

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning 2015, ending 2015, ending 2015, ending 2015, ending  
 Your first name and initial **EDINE JEAN JACQUES** Last name  
 See separate instructions.  
 Your social security number

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.  
**NE 122nd STREET**  
 Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).  
**NORTH MIAMI FL 33161-**  
 Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

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

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

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

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	No. of children on 6c who:	
					lived with you	did not live with you due to divorce or separation (see instructions)
						<b>0</b>
						<b>0</b>
						<b>0</b>
d Total number of exemptions claimed						<b>1</b>

Income	7	8a	8b	9a	9b	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22	
7 Wages, salaries, tips, etc. Attach Form(s) W-2																						
8a Taxable interest. Attach Schedule B if required																						
b Tax-exempt interest. Do not include on line 8a																						
9a Ordinary dividends. Attach Schedule B if required																						
b Qualified dividends																						
10 Taxable refunds, credits, or offsets of state and local income taxes																						
11 Alimony received																						
12 Business income or (loss). Attach Schedule C or C-EZ								<b>211.</b>														
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>																						
14 Other gains or (losses). Attach Form 4797																						
15a IRA distributions																						
b Taxable amount																						
16a Pensions and annuities																						
b Taxable amount																						
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																						
18 Farm income or (loss). Attach Schedule F																						
19 Unemployment compensation																						
20a Social security benefits			<b>12,156.</b>																			
b Taxable amount																						
21 Other income. List type and amount																						
22 Combine the amounts in the far right col for lines 7 through 21. This is your total income ▶																						<b>211.</b>

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	31b	32	33	34	35	36	37
23 Educator expenses																
24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ																
25 Health savings account deduction. Attach Form 8889																
26 Moving expenses. Attach Form 3903																
27 Deductible part of self-employment tax. Attach Schedule SE																
28 Self-employed SEP, SIMPLE, and qualified plans																
29 Self-employed health insurance deduction																
30 Penalty on early withdrawal of savings																
31a Alimony paid b Recipient's SSN ▶																
32 IRA deduction																
33 Student loan interest deduction																
34 Tuition and fees. Attach Form 8917																
35 Domestic production activities deduction. Attach Form 8903																
36 Add lines 23 through 35																
37 Subtract line 36 from line 22. This is your adjusted gross income ▶																<b>211.</b>

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 211.

39a Check  You were born before Jan. 2, 1951,  Blind.  Spouse was born before Jan. 2, 1951,  Blind. Total boxes checked  39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here  39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 6,300.

41 Subtract line 40 from line 38 41 (6,089.)

42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions 42 4,000.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0

44 Tax (see instructions). Check if any from: a  Form(s) 8814 b  Form 4972 c  44

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47

48 Foreign tax credit. Attach Form 1116 if required. 48

49 Credit for child and dependent care expenses. Attach Form 2441 49

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit. Attach Schedule 8812, if required 52

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a  3800 b  8801 c  54

55 Add lines 48 through 54. These are your total credits 55

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a  4137 b  8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Health care: individual responsibility (see instructions) Full-year coverage  61

62 Taxes from: a  Form 8959 b  Form 8960 c  Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your total tax 63

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64 1,824.

65 2015 estimated tax payments and amount applied from 2014 return 65

66a Earned income credit (EIC) 66a 17.

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Form 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

72 Credit for federal tax on fuels. Attach Form 4136 72

73 Credits from Form: a  2439 b  Re-served C  8965 d  73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 1,841.

Refund

Direct deposit? See instructions.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 1,841.

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here  76a 1,841.

b Routing number: BANK PRODUCT c Type:  Checking  Savings

d Account number: APPLIED FOR

77 Amount of line 75 you want applied to your 2016 estimated tax 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78

79 Estimated tax penalty (see instructions) 79

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name: ANIS BLEMUR Phone no.: 305-653-5295 Personal identification number (PIN): 71621

Sign Here

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

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

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_ Your occupation: SELF Daytime phone number: 305-381-5059

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_ If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 001020

Paid Preparer Use Only

Print/Type preparer's name: ANIS BLEMUR Preparer's signature: ANIS BLEMUR Date: 01/21/2016 Check  if self-employed PTIN: P00544439

Firm's name: AB CONSULTING Firm's EIN: 65-1140304

Firm's address: 685 NE 126TH STREET MIAMI FL 33161 Phone no.: 305-653-5295