

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning 2015, ending 2015, 20 See separate instructions.

Your first name and initial ELANA Last name LAHAM Your social security number [REDACTED]

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

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign

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

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

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. b [ ] Spouse Boxes checked on 6a and 6b 1 No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) • Dependents on 6c not entered above Add numbers on lines above 1 c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [ ] if child under age 17 qualifying for child tax credit (see instructions)

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 0 8a Taxable interest. Attach Schedule B if required 8a 6578 b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 0 b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 0 11 Alimony received 11 16,111.02 12 Business income or (loss). Attach Schedule C or C-EZ 12 0 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [ ] 13 (1,500.00) 14 Other gains or (losses). Attach Form 4797 14 0 15a IRA distributions 15a b Taxable amount 15b 0 16a Pensions and annuities 16a b Taxable amount 16b 0 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0 18 Farm income or (loss). Attach Schedule F 18 0 19 Unemployment compensation 19 0 20a Social security benefits 20a b Taxable amount 20b 0 21 Other income. List type and amount 21 0 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 14,676.80

Adjusted Gross Income 23 Educator expenses 23 0 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0 25 Health savings account deduction. Attach Form 8889 25 0 26 Moving expenses. Attach Form 3903 26 0 27 Deductible part of self-employment tax. Attach Schedule SE 27 0 28 Self-employed SEP, SIMPLE, and qualified plans 28 0 29 Self-employed health insurance deduction 29 0 30 Penalty on early withdrawal of savings 30 0 31a Alimony paid b Recipient's SSN 31a 0 32 IRA deduction 32 0 33 Student loan interest deduction 33 0 34 Tuition and fees. Attach Form 8917 34 0 35 Domestic production activities deduction. Attach Form 8903 35 0 36 Add lines 23 through 35 36 0 37 Subtract line 36 from line 22. This is your adjusted gross income 37 14,676.80

ELANA LAHAM

~~ELANA LAHAM~~  
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**Tax and Credits**

38 Amount from line 37 (adjusted gross income) 38 14,676 80

39a Check  You were born before January 2, 1951,  Blind. Total boxes    
 if:  Spouse was born before January 2, 1951,  Blind. 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 00

41 Subtract line 40 from line 38 41 8,376 80

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 00

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 4,376 80

44 Tax (see instructions). Check if any from: a  Form(s) 8814 b  Form 4972 c  44 438 00

45 Alternative minimum tax (see instructions). Attach Form 6251 45 0

46 Excess advance premium tax credit repayment. Attach Form 8962 46 0

47 Add lines 44, 45, and 46 47 438 00

48 Foreign tax credit. Attach Form 1116 if required 48 0

49 Credit for child and dependent care expenses. Attach Form 2441 49 0

50 Education credits from Form 8863, line 19 50 0

51 Retirement savings contributions credit. Attach Form 8880 51 0

52 Child tax credit. Attach Schedule 8812, if required 52 0

53 Residential energy credits. Attach Form 5695 53 0

54 Other credits from Form: a  3800 b  8801 c  54 0

55 Add lines 48 through 54. These are your total credits 55 0

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 438 00

**Other Taxes**

57 Self-employment tax. Attach Schedule SE 57 0

58 Unreported social security and Medicare tax from Form: a  4137 b  8919 58 0

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59 0

60a Household employment taxes from Schedule H 60a 0

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b 0

61 Health care: individual responsibility (see instructions) Full-year coverage  61 0

62 Taxes from: a  Form 8959 b  Form 8960 c  Instructions; enter code(s) 62 0

63 Add lines 56 through 62. This is your total tax 63 438 00

**Payments**

64 Federal income tax withheld from Forms W-2 and 1099 64 0

65 2015 estimated tax payments and amount applied from 2014 return 65 420 27

66a Earned income credit (EIC) 66a 0

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67 0

68 American opportunity credit from Form 8863, line 8 68 0

69 Net premium tax credit. Attach Form 8962 69 0

70 Amount paid with request for extension to file 70 0

71 Excess social security and tier 1 RRTA tax withheld 71 0

72 Credit for federal tax on fuels. Attach Form 4136 72 0

73 Credits from Form: a  2439 b  Reserved c  8885 d  73 0

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 420 27

**Refund**

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

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

Direct deposit? ▶ b Routing number ▶ c Type:  Checking  Savings   
 See ▶ d Account number   
 instructions.

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 17 73

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 ▶ Phone no. ▶ Personal identification number (PIN) ▶

**Sign Here**

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

Your signature: [Redacted] Date: 02/19/2016 Your occupation: HOME MAKER Daytime phone number:   
 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.) ▶

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date   
 Check  if self-employed PTIN   
 Firm's name ▶ Firm's EIN ▶   
 Firm's address ▶ Phone no. ▶