

Form 1040

Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

2015

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning

, 2015, ending

, 20

See separate instructions.

Your first name and initial

MICHAEL

S.

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.

[REDACTED]

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).

[REDACTED]

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

ISRAEL

Foreign province/state/county

Foreign postal code

[REDACTED]

Filing Status

1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☒ Married filing separately. Enter spouse's SSN above and full name here. ▶ ELANA LAHAM4 ☐ 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 6ab ☐ Spouse

c Dependents:

(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)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

Boxes checked on 6a and 6b

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 ▶

d Total number of exemptions claimed

Income

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

8b ☒

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

9b ☒

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

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a ☒

b Taxable amount

16a Pensions and annuities

16a 32,222 04

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

20a ☒

b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

23 Educator expenses

23 ☒

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24 ☒

25 Health savings account deduction. Attach Form 8889

25 ☒

26 Moving expenses. Attach Form 3903

26 ☒

27 Deductible part of self-employment tax. Attach Schedule SE

27 ☒

28 Self-employed SEP, SIMPLE, and qualified plans

28 ☒

29 Self-employed health insurance deduction

29 ☒

30 Penalty on early withdrawal of savings

30 ☒

31a Alimony paid b Recipient's SSN ▶ [REDACTED]

31a 16,111 02

32 IRA deduction

32 ☒

33 Student loan interest deduction

33 ☒

34 Tuition and fees. Attach Form 8917

34 ☒

35 Domestic production activities deduction. Attach Form 8903

35 ☒

36 Add lines 23 through 35

36 16,111 02

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37 20,373 30

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Adjusted Gross Income

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

Cat. No. 11320B

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MICHAEL S. LAHAM

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Tax and Credits		38	Amount from line 37 (adjusted gross income)	38	20,373	30
39a Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked <input checked="" type="checkbox"/> 39a <input checked="" type="checkbox"/>						
b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b <input type="checkbox"/>						
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250	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	14,073	30	
	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	10,073	30	
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	1,050	00	
	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	1,050	00	
	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 <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54				
55	Add lines 48 through 54. These are your total credits	55				
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	1,050	00		
Other Taxes	57	Self-employment tax. Attach Schedule SE	57			
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58			
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59			
	60a	Household employment taxes from Schedule H	60a			
	60b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b			
	61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61			
Payments	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62			
	63	Add lines 56 through 62. This is your total tax	63	1,050	00	
	64	Federal income tax withheld from Forms W-2 and 1099	64	1,065	57	
	65	2015 estimated tax payments and amount applied from 2014 return	65			
	66a	Earned income credit (EIC)	66a			
	b	Nontaxable combat pay election 66b <input type="checkbox"/>				
	67	Additional child tax credit. Attach Schedule 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			
Refund	71	Excess social security and tier 1 RRTA tax withheld	71			
	72	Credit for federal tax on fuels. Attach Form 4136	72			
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	1,065	57	
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	15	57		
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	15	57		
Amount You Owe	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number				
77	Amount of line 75 you want applied to your 2016 estimated tax	77				
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78				
79	Estimated tax penalty (see instructions)	79				
Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> 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		Date	Your occupation		Daytime phone number	
Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation			
Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	
Firm's name		Firm's EIN		Phone no.		
Firm's address						