Form 1040

**U.S. Individual Income Tax Return**

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning 2015 ending 2020

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**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.
- 6b Spouse
- 6c Dependents:
  - First name: MARTINA Last name: DI BELLA
  - First name: GIULIA Last name: DI BELLA

**Income**

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
- 8a Taxable interest. Attach Schedule B if required
- 8b Tax-exempt interest. Do not include on line 8a
- 9a Ordinary dividends. Attach Schedule B if required
- 9b 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
- 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
- 16a Pensions and annuities
- 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
- 20b 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

**Adjusted Gross Income**

- 23 Educator expenses
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2116 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
- 31b 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 8930
- 36 Add lines 23 through 35
- 37 Subtract line 36 from line 22. This is your adjusted gross income

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

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

Check \[ ] You were born before January 2, 1951, \[ ] Blind. \[ ] Total boxes checked \[ ] 39a

If your spouse itemizes on a separate return or you are a dual-status alien, check here \[ ] 39b

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

Subtract line 40 from line 38 ........................................................................ 41

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

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

Tax (see instructions). Check if any from: \[ ] 8814 \[ ] 4972 c [ ] 44

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

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

Add lines 44, 45 and 46 .................................................................................... 47

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

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

Education credits from Form 8863, line 19 ......................................................... 50

Retirement savings contributions credit. Attach Form 8880 ................................. 51

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

Residential energy credit. Attach Form 8879 ....................................................... 53

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

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

Self-employment tax. Attach Schedule SE .......................................................... 57

Unreported social security and Medicare tax from Form: \[ ] 4137 \[ ] 8919 ................. 58

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

Household employment taxes from Schedule H .................................................. 60a

First-time homebuyer credit repayment. Attach Form 5406 if required ................. 60b

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

Taxes from: \[ ] Form 8859 \[ ] Form 8860 c [ ] Instructions; enter code(s) ................ 62

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

Federal income tax withheld, Forms W-2 and W-3 .............................................. 64

If you have a qualifying child, attach Schedule EIC ........................................... 66a

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

Nontaxable combat pay election ...................................................................... 66b

Additional child tax credit. Attach Schedule 8812 ............................................. 67

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

Net premium tax credit. Attach Form 8892 ....................................................... 69

Amount paid with request for extension to file .................................................... 70

Excess social security and tier 1 RTTA tax withheld .......................................... 71

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

Credits from Form a [ ] 2438 b [ ] 8865 .......................... c [ ] 8865 .......................... 73

Add lines 65, 66, 67, and 68 through 73. These are your total payments ............. 74

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

Amount of line 75 you want refunded to you. If Form 8811 is attached, check here ........ 76a

Routing no. ...................................................................................................... 76a

Account no. .................................................................................................... 76a

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

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

Estimated tax penalty (see instructions) ............................................................. 79

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

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.

Designee’s name \[ ] HRB TAX GROUP INC Phone \[ ] 619-474-8769 Personal identification number (PIN) \[ ] 05695

Your occupation ACCOUNTANT

Daytime phone number

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Print/Type preparer’s name SALVATORE DI BELLA

Preparer’s signature

Date 03-09-2016

Check if self-employed if self-employed

Firm’s name \[ ] HRB TAX GROUP INC Firm’s EIN \[ ] 431871840

Firm’s address \[ ] 1467 E PLAZA BLVD Phone no. 619-474-8769

NATIONAL CITY CA 91950