

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

Your first name and initial **CHARLES** Last name **VARGAS** Your social security number **5 2 7 7 3 9 8 3 2**

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

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.

P.O. BOX 1325 IN CARE OF MICHAEL HANEY City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **SAN CARLOS, ARIZONA, 85550**

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

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) 5 Qualifying widow(er) with dependent child **3** Married filing separately. Enter spouse's SSN above and full name here. **6** Presidential Election Campaign

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. **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 **7**

c Dependents:		(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)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **7**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 0
 8a Taxable interest. Attach Schedule B if required **8a** 0
 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** 0
 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** 0
 14 Other gains or (losses). Attach Form 4797 **14** 0
 15a IRA distributions **15a** **15b** Taxable amount **15b** 0
 16a Pensions and annuities **16a** **16b** 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** **20b** 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** 0

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 **31a** 0 **31b** Recipient's SSN **31b** 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** 0

38	Amount from line 37 (adjusted gross income)	38		0
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>			
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>			
Standard Deduction for—	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40		0
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41 Subtract line 40 from line 38	41		0
• All others:	42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42		0
Single or Married filing separately, \$6,300	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43		0
Married filing jointly or Qualifying widow(er), \$12,600	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		0
Head of household, \$9,250	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		0
	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 <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		0
	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		0
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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 <input type="checkbox"/>	61		0
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62		0
	63 Add lines 56 through 62. This is your total tax	63		0
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		0
	66a Earned income credit (EIC)	66a		0
	b Nontaxable combat pay election 66b <input type="checkbox"/>	66b		0
	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 <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		0
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74		
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75		0
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a		0
Direct deposit? See instructions.	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number <input type="text"/>			
	77 Amount of line 75 you want applied to your 2016 estimated tax ▶ 77	77		
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78		0
	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 Date Your occupation 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.