Form 1040  
Department of the Treasury—Internal Revenue Service  
U.S. Individual Income Tax Return  

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

Your first and last name  
CHARLES VARGAS  

If a joint return, spouse's first and last name  
Q  

Home address (number and street). If you have a P.O. box, see instructions.  
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  
2 □ Married filing jointly (even if only one had income)  
3 □ Married filing separately, Enter spouse's SSN above  
4 □ Head of household (with qualifying person). (See instructions.)  

Exemptions  
6a □ Yourself, if someone can claim you as a dependent, do not check box 6a  
b □ Spouse  
c □ Dependents:  
(1) □ First name □ Last name (see instructions)  
(2) □ First name □ Last name (see instructions)  
(3) □ First name □ Last name (see instructions)  
(4) □ If child under age 17 qualifying for child tax credit (see instructions)  

Boxes checked on 6a and 6b  
No. of children on 6c:  
- □ lived with you  
- □ did not live with you due to divorce or separation (see instructions)  

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 or 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  
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  
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 □ 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 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 8863  
35 □ Domestic production activities deduction. Attach Form 8990  
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.
Amount from line 37 (adjusted gross income)  

Check □ You were born before January 2, 1951, □ Blind. □ Total boxes 

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

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

Subtract line 40 from line 38 

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

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

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

Alternative minimum tax (see instructions). Attach Form 6251 

Excess advance premium tax credit repayment. Attach Form 8962 

Add lines 44, 45, and 46 

Foreign tax credit. Attach Form 1116 if required 

Credit for child and dependent care expenses. Attach Form 2441 

Education credits from Form 8812, line 19 

Retirement savings contributions credit. Attach Form 8898 

Child tax credit. Attach Schedule 8812, if required. 

Residential energy credits. Attach Form 5695 

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

Add lines 48 through 54. These are your total credits 

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

Self-employment tax. Attach Schedule SE 

Unrecovered social security and Medicare tax from Form: a □ 4137 b □ 8919 

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

Household employment taxes from Schedule H 

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

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

Taxes from: a □ Form 8859 b □ Form 8960 c □ Instructions; enter code(s) 

Add lines 56 through 62. This is your total tax 

Federal income tax withheld from Forms W-2 and 1099 

2015 estimated tax payments and amount applied from 2014 return 

Earned income credit (EIC) 

Nontaxable combat pay election 

Additional child tax credit. Attach Schedule 8812 

American opportunity credit from Form 8863, line 8 

Net premium tax credit. Attach Form 8802 

Amount paid with request for extension to file 

Excess social security and tier 1 RRTA tax withheld 

Credit for federal tax on fuels. Attach Form 4136 

Credits from Form: a □ 2483 b □ 8942 c □ 8885 d □  

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

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

Amount of line 75 you want refunded to you. If Form 8888 is attached, check here □  

Direct deposit? □ b Routing number □ d Account number 

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

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

Estimated tax penalty (see instructions) 

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) □  

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 occupation: 

Your signature: 

Spouse’s signature. If a joint return, both must sign. 

Date 

Spouse’s occupation: 

Date 

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. 

www.irs.gov/form1040