

PERRY D LAMB JR
HEIDI LAMB
BRADLEY AVE
LAFAYETTE, GA 30728

See separate instructions.
Your social security number
Spouse's social security number
Make sure the SSN(s) above and on line 6c are correct.
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 Foreign province/state/county Foreign postal code

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.) If a qualifying person is a child but not your dependent, enter this child's name here.
2 Married filing jointly (even if one spouse had no income). If a qualifying person is a child but not your dependent, enter this child's name here.
3 Married filing separately (enter spouse's name above). If a qualifying person is a child but not your dependent, enter this child's name here.
Check only one box. Qualifying widow(er) with dependent child

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 (2) Dependent's social security number (3) Dependent's relationship to you (4) If qual. child <17 for child tax cr. (see inst.)
If more than four dependents, see inst and check here
Boxes checked on 6a and 6b: 2
No. of children on 6c who:
lived with you
did not live with you due to divorce or separation (see inst.)
Dependents on 6c not entered above
Add numbers on lines above: 2

Income

7	Wages, salaries, tips, etc. Attach Form(s) 1099-NEC, 1099-MISC, and 1099-INT.	7	130,105.
8a	Taxable interest. Attach Schedule B if required.	8a	
b	Tax-exempt interest. Do not include on line 8a.		
9a	Ordinary dividends. Attach Schedule B if required.	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ.	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or losses. Attach Form 1797.	14	
15a	IRA distribution. Attach Form 1099-R. Taxable amount	15b	
16a	Pensions and annuities. Attach Form 1099-R. Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, estates, trusts, and REMICs. Attach Schedule E.	17	
18	Farm income or (loss). Attach Schedule F.	18	
19	Unemployment compensation	19	
20a	Social security benefits. Attach Form 1099-R. Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income.	22	130,105.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 1065 or 1065-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	31a	
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	
37	Subtract line 36 from line 22. This is your adjusted gross income.	37	130,105.

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38 Amount from line 37 (adjusted gross income)		38	130,105.	
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1951. <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a			
	if: <input type="checkbox"/> Spouse was born before January 2, 1951. <input type="checkbox"/> Blind checked <input type="checkbox"/> 39b			
b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b				
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	18,783.	
41 Subtract line 40 from line 38		41	111,322.	
42 Exemptions. If line 38 is \$134,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions		42	8,000.	
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	103,322.	
44 Tax (see inst.) Check if any from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>		44	17,418.	
45 Alternative minimum tax (see instructions). Attach Form 6251		45		
46 Excess advance premium tax credit repayments. Attach Form 8879		46		
47 Add lines 44, 45, and 46		47	17,418.	
48 Foreign tax credit. Attach Form 1116, if required				
49 Credit for child and dependent care expenses. Attach Form 2441				
50 Education credits from Form 8833, line 3				
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 in 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	17,418.	
Other Taxes	57 Self-employment tax. Attach Schedule SE	57		
	58 Unreported social security and Medicare taxes from Form 4139, b <input type="checkbox"/> 8919	58		
	59 Additional tax on IRAs, other qualified retirement plans, and Attach Form 529 if required	59		
	60a Household employment taxes from Schedule	60a		
b First-time homebuyer credit repayment. Attach Form 5405, if required		60b		
61 Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>		61		
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	17,418.	
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	17,912.	
	65 2015 estimated tax payments and amount applied from 2014 return	65		
	66a Earned income credit (EIC)	66a		
	b Nontaxable combat pay election. Attach Form 866b			
	67 Additional child tax credit. Attach Schedule 8812	67		
	68 American opportunity credit from Form 8833, line 8	68		
	69 Net premium tax credit from Form 8862	69		
	70 Amount paid for request for information to file			
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	17,912.	
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	494.	
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	494.	
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 2015 estimated tax				
Amount You Owe	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)			

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 ID 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.

Joint return? See instructions. Keep a copy for your records.

Your signature _____ Date _____ Your occupation **SURG TECH** Daytime phone number _____

Spouse's signature, if a joint return, both must sign. _____ Date _____ Spouse's occupation **MEDICAL BILLING** If the IRS sent you an ID 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. _____

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2015

Attachment
Sequence No. **07**

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
Attach to Form 1040.

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Your social security number

PERRY D JR & HEIDI LAMB

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1		
2	Enter amount from Form 1040, line 36	2		
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) if	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -	4		
Taxes You Paid				
5	State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes	5	6,981.	
6	Real estate taxes (see instructions) SEE ATTACHMENT	6	2,975.	
7	Personal property taxes	7		
8	Other taxes. List type and amount	8		
9	Add lines 5 through 8	9		9,956.
Interest You Paid				
10	Home mortgage interest and points reported to you on Form 1098	10	8,827.	
11	Home mortgage interest not reported to you on Form 1098. If loan to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address	11		
12	Points not reported to you on Form 1098. See instructions for special rules	12		
13	Mortgage insurance premiums (see instructions)	13		
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14		
15	Add lines 10 through 14	15		8,827.
Gifts to Charity				
16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16		
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	17		
18	Carryover from prior year	18		
19	Add lines 16 through 18	19		
Casualty and Theft Losses				
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
Job Expenses and Certain Miscellaneous Deductions				
21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See inst.)	21		
22	Tax preparation fees	22		
23	Other expenses - investment, safe deposit box, etc. List type and amount	23		
24	Add lines 21 through 23	24		
25	Enter amount from Form 1040, line 36	25		
26	Multiply line 25 by 2% (.02)	26		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -	27		
Other Miscellaneous Deductions				
28	Other - from list in instructions. List type and amount	28		
Total Itemized Deductions				
29	Is Form 1040, line 36, over \$154,950? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 26. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29		18,783.
30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			

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Schedule A (Form 1040) 2015