

Federal Electronic Filing Instructions

Tax Year 2015

These instructions are provided to help you understand and complete the final steps for electronically filing your Federal Return. We HIGHLY recommend you print this for your reference.

You are responsible for confirming the status of your electronically filed return. You can confirm the status of your return by going to <http://efstatus.taxact.com>. You will need to enter the Primary Social Security Number and Last Name on the return along with your ZIP Code.

Self Select PIN: You do not need to mail any paper signature forms to the IRS. Your return has been successfully filed once you receive your acceptance from the IRS.

Refund:

You have elected to receive your refund of \$220 via direct deposit.

You can start checking the status of your refund, within 24 hours of e-filing, at the IRS Website <https://www.irs.gov/Refunds> under Where's My Refund. The IRS issues most refunds in less than 21 days. Updates to refund status are made once daily - usually at night.

**If you are unable to complete the above instructions, or you need assistance in completing them contact us at: efilesupport@taxact.com.

2016 Estimated Tax Worksheet

Keep for Your Records

1	Adjusted gross income you expect in 2016 (see instructions)	1	90,000.
2	<p>● If you plan to itemize deductions, enter the estimated total of your itemized deductions.</p> <p>Caution: If line 1 is over \$155,650 your deduction may be reduced. See Pub. 505 for details.</p> <p>● If you do not plan to itemize deductions, enter your standard deduction.</p>		
3	Subtract line 2 from line 1	2	16,000.
		3	74,000.
4	Exemptions. Multiply \$4,050 by the number of personal exemptions. Caution: See Worksheet 2-6 in Pub. 505 to figure the amount to enter if line 1 is over: \$155,650	4	12,150.
5	Subtract line 4 from line 3	5	61,850.
6	<p>Tax. Figure your tax on the amount on line 5 by using the 2016 Tax Rate Schedules.</p> <p>Caution: If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-7 and 2-8 in of Pub. 505 to figure the tax</p>	6	8,350.
7	Alternative minimum tax from Form 6251 or included on Form 1040A, line 28	7	
8	Add lines 6 and 7. Add to this amount any other taxes you expect to include in the total on Form 1040, line 44	8	8,350.
9	Credits (see instructions). Do not include any income tax withholding on this line	9	
10	Subtract line 9 from line 8. If zero or less, enter -0-	10	8,350.
11	Self-employment tax (see instructions)	11	
12	Other taxes (see instructions).	12	
13a	Add lines 10 through 12	13a	8,350.
b	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, and refundable American opportunity credit, and refundable credit from Form 8885.	13b	
c	Total 2016 estimated tax. Subtract line 13b from line 13a. If zero or less, enter -0- ▶	13c	8,350.
14a	Multiply line 13c by 90% (66 ² / ₃ % for farmers and fishermen)	14a	7,515.
b	Required annual payment based on prior year's tax (see instructions)	14b	7,369.
c	<p>Required annual payment to avoid a penalty. Enter the smaller of line 14a or 14b ▶</p> <p>Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 14c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 13c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 13c. For details, see chapter 2 of Pub. 505.</p>	14c	7,369.
15	Income tax withheld and estimated to be withheld during 2016 (including income tax withholding on pensions, annuities, certain deferred income, etc.)	15	
16a	Subtract line 15 from line 14c.	16a	7,369.
	Is the result zero or less?		
	<input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments.		
	<input checked="" type="checkbox"/> No. Go to line 16b.		
b	Subtract line 15 from line 13c.	16b	8,350.
	Is the result less than \$1,000?		
	<input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments.		
	<input checked="" type="checkbox"/> No. Go to line 17 to figure your required payment.		
17	If the first payment you are required to make is due April 18, 2016, enter 1/4 of line 16a (minus any 2015 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order.	17	2,088.

UYA

2016 Estimated Tax

Payment
Voucher **3**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2016 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Sept. 15, 2016	
Amount of estimated tax you are paying	
by check or money order.	Dollars Cents
	2,088.00

Print or type	Your first name and initial Muhammad A	Your last name Husain	Your social security number 543-02-0648
	If joint payment, complete for spouse		
	Spouse's first name and initial Nazma	Spouse's last name Akhter	Spouse's social security number 636-25-8987
	Address (number, street, and apt. no.) 7805 Silverado Trail		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) McKinney, TX 75070		
	Foreign country name	Foreign province/county	Foreign postal code

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

Form 1040-ES (2016)

UYA

Tear off here

2016 Estimated Tax

Payment
Voucher **2**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2016 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due June 15, 2016	
Amount of estimated tax you are paying	
by check or money order.	Dollars Cents
	2,087.00

Print or type	Your first name and initial Muhammad A	Your last name Husain	Your social security number 543-02-0648
	If joint payment, complete for spouse		
	Spouse's first name and initial Nazma	Spouse's last name Akhter	Spouse's social security number 636-25-8987
	Address (number, street, and apt. no.) 7805 Silverado Trail		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) McKinney, TX 75070		
	Foreign country name	Foreign province/county	Foreign postal code

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

Form 1040-ES (2016)

UYA

Tear off here

2016 Estimated Tax

Payment
Voucher **1**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2016 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due April 18, 2016	
Amount of estimated tax you are paying	
by check or money order.	Dollars Cents
	2,088.00

Print or type	Your first name and initial Muhammad A	Your last name Husain	Your social security number 543-02-0648
	If joint payment, complete for spouse		
	Spouse's first name and initial Nazma	Spouse's last name Akhter	Spouse's social security number 636-25-8987
	Address (number, street, and apt. no.) 7805 Silverado Trail		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) McKinney, TX 75070		
	Foreign country name	Foreign province/county	Foreign postal code

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

Form 1040-ES (2016)

UYA

Where To File Your Estimated Tax Payment Voucher if Paying by Check or Money Order

Mail your estimated tax payment voucher and check or money order to the address shown below for the place where you live. Do not mail your tax return to this address or send an estimated tax payment without a payment voucher. Also, do not mail your estimated tax payments to the address shown in the Form 1040 or 1040A instructions. If you need more payment vouchers, you can make a copy of one of your unused vouchers.

Caution: For proper delivery of your estimated tax payment to a P.O. box, you must include the box number in the address. Also, note that only the U.S. Postal Service can deliver to P.O. boxes. Therefore, you cannot use a private delivery service to make estimated tax payments required to be sent to a P.O. box.

Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia

Internal Revenue Service
P.O. Box 931100
Louisville, KY 40293-1100

Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, West Virginia

Internal Revenue Service
P.O. Box 37007
Hartford, CT 06176-7007

IF you live in . . .

THEN send it to "Internal Revenue Service" at . . .



A foreign country, American Samoa, or Puerto Rico, (or are excluding income under Internal Revenue Code 933) or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the Virgin Islands

Internal Revenue Service
P.O. Box 1300
Charlotte, NC 28201-1300
USA

Florida, Louisiana, Mississippi, Texas

Internal Revenue Service
P.O. Box 1300
Charlotte, NC 28201-1300

Guam:
Bona fide residents*

Department of
Revenue and Taxation
Government of Guam
P.O. Box 23607
GMF, GU 96921

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

Internal Revenue Service
P.O. Box 510000
San Francisco, CA 94151-5100

U.S. Virgin Islands:
Bona fide residents*

Virgin Islands Bureau of
Internal Revenue
6115 Estate Smith Bay
Suite 225
St. Thomas, VI 00802

Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin

Internal Revenue Service
P.O. Box 802502
Cincinnati, OH 45280-2502

* Bona fide residents must prepare separate vouchers for estimated income tax and self-employment tax payments. Send the income tax vouchers to the address for bona fide residents and the self-employment tax vouchers to the address for non-bona fide residents.

Tear off here

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2016 Estimated Tax

Payment Voucher 4

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2016 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Jan. 17, 2017

Amount of estimated tax you are paying

by check or
money order.

Dollars	Cents
2,087	00

Print or type	Your first name and initial Muhammad A	Your last name Husain	Your social security number 543-02-0648
	If joint payment, complete for spouse		
	Spouse's first name and initial Nazma	Spouse's last name Akhter	Spouse's social security number 636-25-8987
	Address (number, street, and apt. no.) 7805 Silverado Trail		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) McKinney, TX 75070		
	Foreign country name	Foreign province/county	Foreign postal code

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

Form 1040-ES (2016)

UYA

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

Your first name and initial **Muhammad A** Last name **Husain** Your social security number **543-02-0648**

If a joint return, spouse's first name and initial **Nazma** Last name **Akhter** Spouse's social security number **636-25-8987**

Home address (number and street). If you have a P.O. box, see instructions. **7805 Silverado Trail** 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). **McKinney, TX 75070** Presidential Election Campaign

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

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. **Check only one box.**

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. } Boxes checked on 6a and 6b **2**
b Spouse. } No. of children on 6c who:
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) X if child under age 17 qualifying for child tax credit (see instr.)
● lived with you **1**
● did not live with you due to divorce or separation (see instructions) **0**
Dependents on 6c not entered above **0**
Add numbers on lines above **3**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if child under age 17 qualifying for child tax credit (see instr.)
Faiyaz	Husain	637-25-0165	Son	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed **3**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 86,147.**
8a Taxable interest. Attach Schedule B if required **8a 33.**
b Tax-exempt interest. Do not include on line 8a **8b**
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 -1,551.**
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. **13**
14 Other gains or (losses). Attach Form 4797 **14**
15a IRA distributions **15a** b Taxable amount **15b**
16a Pensions and annuities **16a** b Taxable amount **16b**
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**
18 Farm income or (loss). Attach Schedule F **18**
19 Unemployment compensation **19**
20a Social security benefits **20a** b 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 84,629.**

Adjusted Gross Income 23 Educator expenses **23 394.**
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 **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 **36 394.**
37 Subtract line 36 from line 22. This is your adjusted gross income **37 84,235.**

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	84,235.
	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 0		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	16,956.
	41	Subtract line 40 from line 38	41	67,279.
	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions.	42	12,000.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	55,279.
	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	7,369.
	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	7,369.	
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	0.	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	7,369.	

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

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	
	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	7,369.

Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	7,589.
	65	2015 estimated tax payments and amount applied from 2014 return	65	
	66a	Earned income credit (EIC). NO	66a	
	b	Nontaxable combat pay election. 66b		
	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	
	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"/> 2439b <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	7,589.	

If you have a qualifying child, attach Schedule EIC.

Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	220.
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	220.
	b	Routing number <u>111900659</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <u>0047615901</u>		
77	Amount of line 75 you want applied to your 2016 estimated tax ▶	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.)
		IT Professional / Busines	(214) 226-9426
		Retail Consultant	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

▶ Attach to Form 1040.

OMB No. 1545-0074

2015

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Muhammad A Husain and Nazma Akhter

Your social security number

543-02-0648

Medical and Dental Expenses	1	Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions)	1	1,293.	
	2	Enter amount from Form 1040, line 38 2 84,235.			
	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) instead	3	8,424.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0.
Taxes You Paid	5	State and local (check only one box) a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes	5	1,290.	
	6	Real estate taxes (see instructions).	6	5,198.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ▶ _____	8		
	9	Add lines 5 through 8	9		6,488.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	7,701.	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ _____ _____ _____ Note. Your mortgage interest deduction may be limited (see instructions).	11		
	12	Points not reported to you on Form 1098. See instructions for special rules	12		
	13	Mortgage insurance premiums (see instructions)	13	1,717.	
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14		
	15	Add lines 10 through 14	15		9,418.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	1,000.	
	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	50.	
	18	Carryover from prior year	18		
	19	Add lines 16 through 18.	19		1,050.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		0.
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 instructions.) ▶ _____	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 38 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 -0-	27		0.
Other Miscellaneous Deductions	28	Other – from list in instructions. List type and amount ▶ _____	28		0.
Total Itemized Deductions	29	Is Form 1040, line 38, 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 28. 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		16,956.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>			

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2015

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

Name(s) shown on return

Muhammad A Husain and Nazma Akhter

Your social security number

543-02-0648

Part I
Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶

ALLY BANK

(See instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

33.

33.

33.

Part II

Ordinary Dividends

5 List name of payer ▶

(See instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

Note: If line 6 is over \$1,500, you must complete Part III.

Amount

Part III
Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located▶

8 During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2015
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor Muhammad A Husain		Social security number (SSN) 543-02-0648
A Principal business or profession, including product or service (see instructions) data entry service, document conversion		B Enter code from instructions ▶ 518210
C Business name. If no separate business name, leave blank. Electronic Input Company		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ▶ 7805 Silverado Trl City, town or post office, state, and ZIP code McKinney, TX 75070		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2015, check here <input type="checkbox"/>		
I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099?. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	15,648.
2 Returns and allowances	2	
3 Subtract line 2 from line 1.	3	15,648.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	15,648.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	15,648.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	350.	18 Office expense (see instructions)	18	200.
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	300.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services.	17		25 Utilities	25	
			26 Wages (less employment credits).	26	
			27a Other expenses (from line 48)	27a	16,349.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	17,199.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-1,551.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. ● If a loss, you must go to line 32.	31	-1,551.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. ● If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.	42	0.

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:
a Business 0 b Commuting (see instructions) 0 c Other 0

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Data Entry Cost to vendor in Bangladesh	16,349.
48 Total other expenses. Enter here and on line 27a	48 16,349.

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.
▶ Attach to Form 1040 or Form 1040NR.

2015
Attachment
Sequence No. **53**

Name(s) shown on Form 1040 or Form 1040NR

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

Nazma Akhter

636-25-8987

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2015 (see instructions) ▶		<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family	
2 HSA contributions you made for 2015 (or those made on your behalf), including those made from January 1, 2016, through April 18, 2016, that were for 2015. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2			
3 If you were under age 55 at the end of 2015, and on the first day of every month during 2015, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,650 for family coverage). All others , see the instructions for the amount to enter	3		6,650.	
4 Enter the amount you and your employer contributed to your Archer MSAs for 2015 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2015, also include any amount contributed to your spouse's Archer MSAs	4			
5 Subtract line 4 from line 3. If zero or less, enter -0-	5		6,650.	
6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2015, see the instructions for the amount to enter.	6		6,650.	
7 If you were age 55 or older at the end of 2015, married, and you or your spouse had family coverage under an HDHP at any time during 2015, enter your additional contribution amount (see instructions)	7			
8 Add lines 6 and 7	8		6,650.	
9 Employer contributions made to your HSAs for 2015	9		1,917.	
10 Qualified HSA funding distributions	10			
11 Add lines 9 and 10	11		1,917.	
12 Subtract line 11 from line 8. If zero or less, enter -0-.	12		4,733.	
13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13			

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a Total distributions you received in 2015 from all HSAs (see instructions)				
b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b			
c Subtract line 14b from line 14a	14c			
15 Qualified medical expenses paid using HSA distributions (see instructions)	15			
16 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	16			
17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>	17a			
b Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b			

For Paperwork Reduction Act Notice, see your tax return instructions.