

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

Your first name and initial ASTER B Last name MOHAMED Your social security number [REDACTED]

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

Home address (number and street). If you have a P.O. box, see instructions. 7960 SW 145 AVENUE 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). MIAMI FL 33183 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.

Foreign country name Foreign province/state/country Foreign postal code You Spouse

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 [X] 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. JOHANAH CASTELLON-MOHA 5 Qualifying widow(er) with dependent child

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse Boxes checked on 6a and 6b 1 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 1

Income table with columns for line number, description, and amount. Includes rows for wages, interest, dividends, and total income of 36,776.

Adjusted Gross Income table with columns for line number, description, and amount. Includes rows for educator expenses, business expenses, and adjusted gross income of 36,776.

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Tax and Credits

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

38 Amount from line 37 (adjusted gross income) 38 36,776
39a Check [X] You were born before January 2, 1951, [ ] Blind. Total boxes checked 39a 1
[ ] Spouse was born before January 2, 1951, [ ] Blind.
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b [ ]
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 10,800
41 Subtract line 40 from line 38 41 25,976
42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions 42 4,000
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 21,976
44 Tax (see instr.). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ] 44 2,639
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 2,639
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 [ ] 3800 b [ ] 8801 c [ ] 54
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 2,639

Other Taxes

57 Self-employment tax. Attach Schedule SE 57
58 Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 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
60b First-time homebuyer credit repayment. Attach Form 5405 if required 60b
61 Health care: individual responsibility (see instructions) Full-year coverage [X] 61
62 Taxes from: a [ ] Form 8959 b [ ] Form 8960 c [ ] Instructions; enter code(s) 62
63 Add lines 56 through 62. This is your total tax 63 2,639

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64 5,686
65 2015 estimated tax payments and amount applied from 2014 return 65
66a Earned income credit (EIC) 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 [ ] 2439 b [X] Reserved c [ ] 8885 d [ ] 73
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 5,686

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 3,047
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here [ ] 76a 3,047
b Routing number [ ] c Type: [X] Checking [ ] Savings
d Account number [ ]
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
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)? [X] Yes. Complete below. [ ] No
Designee's name [ ] Personal identification number (PIN) [ ]
[ ] Phone no. [ ] 305-596-7883

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 [ ]
[ ] Spouse's signature. If a joint return, both must sign. [ ] Date [ ] Spouse's occupation [ ]

Paid

Print/Type preparer's name [ ] Preparer's signature [ ] Date [ ] Check [ ] if [ ] PTIN [ ]
[ ] 06/08/16 self-employed [ ]

Preparer

Firm's name [ ] Firm's EIN [ ]

Use Only

Firm's address [ ] Phone no. [ ]

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Form **1040****Social Security Worksheet****2015**

Name

Taxpayer Identification Number

**ASTER B MOHAMED**

If you are married filing separately and you lived apart from your spouse for all of 2015:

- Form 1040: Enter "D" to the right of the word "benefits" on line 20a.
- Form 1040A: Enter "D" to the right of the word "benefits" on line 14a.

1. Enter the total amount from <b>box 5</b> of all your <b>Forms SSA-1099</b> and <b>Forms RRB-1099</b> (if applicable) .....	1.	<u>28,895</u>
Also enter this amount on Form 1040, line 20a or Form 1040A, line 14a.		
2. Enter one-half of line 1. ....	2.	<u>14,448</u>
3. Add the amounts on Form 1040, lines 7, 8a, 8b, 9a, 10 through 14, 15b, 16b, 17 through 19, and line 21. Also, enter the total of any exclusion/adjustments for Qualified U.S. savings bond interest (Form 8815, line 14), adoption benefits (Form 8839, line 24), foreign earned income or housing (Form 2555, lines 45 and 50), certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico .....	3.	<u>26,430</u>
4. Add lines 2 and 3 .....	4.	<u>40,878</u>
5. Enter the total adjustments from Form 1040, line 36, minus any amounts on Form 1040, lines 33, 34, and 35 .....	5.	<u>40,878</u>
6. Subtract line 5 from line 4 .....	6.	<u>40,878</u>
7. Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time during 2015) .....	7.	<u>25,000</u>
8. Subtract line 7 from line 6. If zero or less, enter -0- .....	8.	<u>15,878</u>
● If line 8 is zero, stop here. None of your benefits are taxable. Enter -0- on Form 1040, line 20b or on Form 1040A, line 14b. If you are married filing separately and you lived apart from your spouse for all of 2015, enter -0- on Form 1040, line 20b, or on Form 1040A, line 14b		
● If line 8 is more than zero, go to line 9.		
9. Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time during 2015) .....	9.	<u>9,000</u>
10. Subtract line 9 from line 8. If zero or less, enter -0- .....	10.	<u>6,878</u>
11. Enter the smaller of line 8 or line 9 .....	11.	<u>9,000</u>
12. Enter one half of line 11 .....	12.	<u>4,500</u>
13. Enter the smaller of line 2 or line 12 .....	13.	<u>4,500</u>
14. Multiply line 10 by 85% (.85). If line 10 is zero, enter -0- .....	14.	<u>5,846</u>
15. Add lines 13 and 14 .....	15.	<u>10,346</u>
16. Multiply line 1 by 85% (.85) .....	16.	<u>24,561</u>
17. Taxable benefits. Enter the smaller of line 15 or line 16. Also enter this amount on Form 1040, line 20b or Form 1040A, line 14b. ....	17.	<u>10,346</u>

**Note:** If part of your benefits are taxable for 2015 and they include benefits paid in 2015 that were for an earlier year, you may be able to reduce the taxable amount shown on the worksheet. See Pub. 915 for details.

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Form <b>1040</b>	<b>IRA Distribution Report</b>	<b>2015</b>
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Name: **ASTER B MOHAMED** Taxpayer Identification Number: [REDACTED]

T/S	Payer	Gross Distribution 1099-R Box 1	Taxable Amount 1099-R Box 2a <small>[less rollover amount]</small>
A	THRIVENT FINANCIAL FOR LUTHERANS	3,511	3,511
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
	Taxpayer	3,511	3,511
	Spouse		
	Total	3,511	3,511

T/S	Amount Of Rollover	Federal Withholding	State Withholding	Local Withholding	Traditional IRA Converted to Roth IRA	Original Conversion or Recharacterization	Qualified Roth IRA Distribution
A		351					
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
Tp		351					
Sp							
Total		351					

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Form **1040**

**Pension/Annuity Report**

**2015**

Name

Taxpayer Identification Number

**ASTER B MOHAMED**



T/S	Payer	Gross Distribution	Rollover	Taxable Amount
A	FLORIDA RETIREMENT SYSTEM	21,707		21,707
B	TRANSAMERICA RETIREMENT SOLUTIONS	1,212		1,212
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
	Taxpayer Spouse Total	22,919		22,919
		22,919		22,919

NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A			2,450		
B			121		
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
			2,571		
			2,571		

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