

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning , ending		See separate instructions.
Your first name and initial Rodney L	Last name Larson	Your social security number 478-52-1117
If a joint return, spouse's first name and initial Jovelisa C	Last name Larson	Spouse's social security number 476-49-9995
Home address (number and street). If you have a P.O. box, see instructions. P.O. Box 44847		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Eden Prairie, MN 55344		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 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)	
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶	5 ☐ Qualifying widow(er) with dependent child

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.	
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.)	No. of children on 6c who: • lived with you 0 • 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 ▶ 2
If more than four dependents, see instructions and check here ▶ ☐	
d Total number of exemptions claimed	

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 216,676.
8a Taxable interest. Attach Schedule B if required	8a 3.
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	10 818.
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. . . ▶ ☐	13 -3,000.
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 31,966. b Taxable amount	20b 27,171.
21 Other income. List type and amount See Attached	21 -100,800.
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22 140,868.

Adjusted Gross Income

23 Educator expenses	23
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 0.
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37 140,868.

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	140,868.
39a	Check ☒ You were born before January 2, 1951, ☐ Blind. ☐ Spouse was born before January 2, 1951, ☐ Blind. Total boxes checked 1		
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	23,545.
41	Subtract line 40 from line 38	41	117,323.
42	Exemptions. If line 38 is \$154,950 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	109,323.
44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	29,098.
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	29,098.
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	0.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	29,098.

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 ☐ 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	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage ☐	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	29,098.

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	21,965.
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 ☐ 2439b ☐ Reserved c ☐ 8885 d ☐	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	21,965.

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 ☐	76a	0.
b	Routing number	c	Type: ☐ 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	7,133.
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

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

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 Engineer	Daytime phone number (952)960-1935
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation housewife	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.		