

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

2015Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.Submission Identification Number (SID) ▶ 

Taxpayer's name

Michael R Pence

Social security number

Spouse's name

Karen S Pence

Spouse's social security number

Part I Tax Return Information—Tax Year Ending December 31, 2015 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	113,026
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	8,956
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	17,118
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	10,162
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	0

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)


Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2015, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Michael Associates, LLC

ERO firm name

to enter or generate my PIN


 Enter five digits, but do not enter all zeros

as my signature on my tax year 2015 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶


Date ▶

Spouse's PIN: check one box only

☒ I authorize Michael Associates, LLC

ERO firm name

to enter or generate my PIN


 Enter five digits, but do not enter all zeros

as my signature on my tax year 2015 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication—Practitioner PIN Method Only**

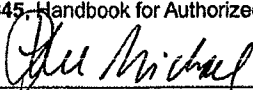
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.



Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶



Date ▶

3/22/16

ERO Must Retain This Form — See Instructions**Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879** (2015)

HTA

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

Your first name **Michael** M.I. **R** Last name **Pence** Suffix **Your social security number**

If a joint return, spouse's first name **Karen** M.I. **S** Last name **Pence** Suffix **Spouse's social security number**

Home address (number and street). If you have a P.O. box, see instructions. 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). **Indianapolis IN 46208** **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) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

Check only one box. First name Last name SSN 5 ☐ Qualifying widow(er) with dependent child

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. 6b ☒ Spouse. Boxes checked on 6a and 6b **2**

c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If child under age 17 qualifying for child tax credit (see instructions) **No. of children on 6c who:**

- lived with you **2**
- 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 **4**

d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 109,807** 8a Taxable interest. Attach Schedule B if required **8a 181** 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 -51** 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 9,370** b Taxable amount **16b 8,996** 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 -3,407** 18 Farm income or (loss). Attach Schedule F **18** 19 Unemployment compensation **19** 20a Social security benefits **20a** b Taxable amount **20b 0** 21 Other income. List type and amount See attached statement **21** 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22 115,526**

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 2,500** 34 Tuition and fees. Attach Form 8917 **34** 35 Domestic production activities deduction. Attach Form 8803 **35** 36 Add lines 23 through 35 **36 2,500** 37 Subtract line 36 from line 22. This is your adjusted gross income **37 113,026**

38 Amount from line 37 (adj. gross income).		38	113,026
Tax and Credits	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		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here. 39b		
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, \$9,260	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	15,534
	41 Subtract line 40 from line 38	41	97,492
	42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	16,000
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	81,492
	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	11,956
	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	11,956
	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	3,000
	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	3,000	
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	8,956	
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	8,956	
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	17,118
	65 2015 estimated tax payments and amount applied from 2014 return	65	
	66a Earned income credit (EIC)	66a	
	b Nontaxable combat pay election 66b	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	2,000
	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"/> 2439 b <input checked="" 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	19,118	
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	10,162
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here.	76a	10,162
	b Routing number Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number			
77 Amount of line 75 you want applied to your 2016 estimated tax	77		
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)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
	Designee's name Leslie Michael Phone no. 317-574-2124 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 Leslie Michael Date 3/22/14 Your occupation Governor Daytime phone number		
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Executive If the IRS sent you an Identity Protection PIN, enter it here (see inst.)		
Paid Preparer Use Only	Print/Type preparer's name Leslie Michael	Preparer's signature Leslie Michael	Date 3/22/14
	Firm's name Michael Associates, LLC	Firm's EIN	Check <input type="checkbox"/> If self-employed
	Firm's address 9225 Priority Way W Dr Suite 340, Indianapolis, IN 46240	Phone no. 317-574-2124	PTIN

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

Michael R and Karen S Pence

Your social security number

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	5,963		
2	Enter amount from Form 1040, line 38	2	113,026		
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	11,303		
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 checked="" type="checkbox"/> Income taxes, or	5	6,502		
b	<input type="checkbox"/> General sales taxes	6			
6	Real estate taxes (see instructions)	7	109		
7	Personal property taxes	8			
8	Other taxes. List type and amount	9			6,611
9	Add lines 5 through 8				
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098			
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		10			
Name		11			
Address		12			
TIN		13			
12 Points not reported to you on Form 1098. See instructions for special rules		14			
13 Mortgage insurance premiums (see instructions)		15			0
14 Investment interest. Attach Form 4952 if required. (See instructions.)					
15 Add lines 10 through 14					
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions			
17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		16	8,723		
18 Carryover from prior year		17	200		
19 Add lines 16 through 18		18			8,923
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			
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.)			
22 Tax preparation fees		21			
23 Other expenses—investment, safe deposit box, etc. List type and amount		22	665		
24 Add lines 21 through 23		23			
25 Enter amount from Form 1040, line 38		24	665		
26 Multiply line 25 by 2% (.02)		25	113,026		
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		26	2,261		0
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount			
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	15,534
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					

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.

2015

Attachment
Sequence No. 08

Name(s) shown on return

Michael R and Karen S Pence

Your social security number

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 on back and list this interest first. Also, show that buyer's social security number and address

(See instructions on back and the 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.

Part II

Ordinary Dividends

(See instructions on back and the 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.

- [illegible]

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

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.

Part III Foreign Accounts and Trusts

(See
instructions on
back.)

- 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 on back

Yes	No
	X
	X

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

Schedule B (Form 1040A or 1040) 2015

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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.

OMB No. 1545-0074

2015

Attachment
Sequence No. **09**

Name of proprietor

Karen S Pence

Social security number (SSN)

[REDACTED]

A Principal business or profession, including product or service (see instructions)

Watercolor Artist

B Enter code from instructions

711510

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code Indianapolis IN 46208

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses. ☒ Yes ☐ No

H If you started or acquired this business during 2015, check here ☐

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions). ☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ 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	495
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	495
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	495
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	495

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

8 Advertising	8		18 Office expense (see instructions)	18	
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):	20	
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	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:	24	
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	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-51	27a Other expenses (from line 48)	27a	546
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		27b Reserved for future use	27b	
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	-51			

- 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** ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

HTA

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? ☐ Yes ☐ No
If "Yes," attach explanation

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	0
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 _____ b Commuting (see instructions) _____ c Other _____

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

47 a 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.

Lockbox	105
Website	441
48 Total other expenses. Enter here and on line 27a	546

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Michael R and Karen S Pence

Your social security number

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Thats My Towel Charm Inc	S	<input type="checkbox"/>		<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss				Nonpassive Income and Loss			
(f) Passive loss allowed (attach Form 8582 if required)		(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1		
A			3,407				
B							
C							
D							
29 a Totals							
b Totals			3,407				
30	Add columns (g) and (j) of line 29a						30
31	Add columns (f), (h), and (i) of line 29b						31 (3,407)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below						32 -3,407

Part III Income or Loss From Estates and Trusts

33		(a) Name		(b) Employer identification number	
A					
B					
Passive Income and Loss				Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1		(e) Deduction or loss from Schedule K-1	
(f) Other income from Schedule K-1					
A					
B					
34 a Totals					
b Totals					
35 Add columns (d) and (f) of line 34a				35	
36 Add columns (c) and (e) of line 34b				36 (
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below				37 0	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39 0

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 28, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	-3,407
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **6251****Alternative Minimum Tax—Individuals**

OMB No. 1545-0074

2015Department of the Treasury
Internal Revenue Service (99)▶ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **32**

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

Your social security number

Michael R and Karen S Pence

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) . . .	1	97,492
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0- . . .	2	0
3	Taxes from Schedule A (Form 1040), line 9 . . .	3	6,611
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line.	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27 . . .	5	
6	If Form 1040, line 38, is \$154,950 or less, enter -0-. Otherwise, see instructions . . .	6	(0)
7	Tax refund from Form 1040, line 10 or line 21 . . .	7	()
8	Investment interest expense (difference between regular tax and AMT) . . .	8	
9	Depletion (difference between regular tax and AMT) . . .	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount . . .	10	
11	Alternative tax net operating loss deduction . . .	11	()
12	Interest from specified private activity bonds exempt from the regular tax . . .	12	
13	Qualified small business stock, see instructions . . .	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income) . . .	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) . . .	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) . . .	16	
17	Disposition of property (difference between AMT and regular tax gain or loss) . . .	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . . .	18	
19	Passive activities (difference between AMT and regular tax income or loss) . . .	19	
20	Loss limitations (difference between AMT and regular tax income or loss) . . .	20	
21	Circulation costs (difference between regular tax and AMT) . . .	21	
22	Long-term contracts (difference between AMT and regular tax income) . . .	22	
23	Mining costs (difference between regular tax and AMT) . . .	23	
24	Research and experimental costs (difference between regular tax and AMT) . . .	24	
25	Income from certain installment sales before January 1, 1987 . . .	25	()
26	Intangible drilling costs preference . . .	26	
27	Other adjustments, including income-based related adjustments . . .	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$246,250, see instructions.) . . .	28	104,103

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2015, see instructions.) . . .		
IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .			
	Single or head of household . . .	\$119,200 . . .	\$53,600
	Married filing jointly or qualifying widow(er) . . .	158,900 . . .	83,400
	Married filing separately . . .	79,450 . . .	41,700
29			83,400
If line 28 is over the amount shown above for your filing status, see instructions.			
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34 . . .	30	20,703
31	<ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. All others: If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result. 	31	5,383
32	Alternative minimum tax foreign tax credit (see instructions) . . .	32	
33	Tentative minimum tax. Subtract line 32 from line 31 . . .	33	5,383
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions) . . .	34	11,956
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 . . .	35	0

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

Form **6251** (2015)

HTA

Form **8863**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or Form 1040A.

▶ Information about Form 8863 and its separate instructions is at www.irs.gov/form8863.

OMB No. 1545-0074

2015Attachment
Sequence No. **50**

Michael R and Karen S Pence

Your social security number

*Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	5,000
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	180,000
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	113,026
4	Subtract line 3 from line 2. If zero or less, stop ; you cannot take any education credit.	4	66,974
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	20,000
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.00000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you cannot take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	5,000
8	Refundable American opportunity credit. Multiply line 7 by 40% (.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below	8	2,000

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	3,000
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	0
11	Enter the smaller of line 10 or \$10,000	11	0
12	Multiply line 11 by 20% (.20)	12	0
13	Enter: \$130,000 if married filing jointly; \$65,000 if single, head of household, or qualifying widow(er)	13	
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	0
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	0.00000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	0
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33	19	3,000

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

Form **8863** (2015)

HTA

Name(s) shown on return

Your social security number

Michael R and Karen S Pence



Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information
See instructions.

20 Student name (as shown on page 1 of your tax return)

Audrey Pence

21 Student social security number (as shown on page 1 of your tax return)**22** Educational institution information (see instructions)**a.** Name of first educational institution

Northeastern University

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.360 Huntington Ave
Boston, MA 02115**b.** Name of second educational institution (if any)**(1)** Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.**(2)** Did the student receive Form 1098-T from this institution for 2015? ☒ Yes ☐ No**(2)** Did the student receive Form 1098-T from this institution for 2015? ☐ Yes ☐ No**(3)** Did the student receive Form 1098-T from this institution for 2014 with Box 2 filled in and Box 7 checked? ☐ Yes ☒ No**(3)** Did the student receive Form 1098-T from this institution for 2014 with Box 2 filled in and Box 7 checked? ☐ Yes ☐ NoIf you checked "No" in both **(2)** and **(3)**, skip **(4)**.If you checked "No" in both **(2)** and **(3)**, skip **(4)**.**(4)** If you checked "Yes" in **(2)** or **(3)**, enter the institution's federal identification number (from Form 1098-T).
04-1679980**(4)** If you checked "Yes" in **(2)** or **(3)**, enter the institution's federal identification number (from Form 1098-T).**23** Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2015?☐ Yes — **Stop!**
Go to line 31 for this student. ☒ No — Go to line 24.**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2015 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)☒ Yes — Go to line 25. ☐ No — **Stop!** Go to line 31 for this student.**25** Did the student complete the first 4 years of postsecondary education before 2015 (see instructions)?☐ Yes — **Stop!**
Go to line 31 for this student. ☒ No — Go to line 26.**26** Was the student convicted, before the end of 2015, of a felony for possession or distribution of a controlled substance?☐ Yes — **Stop!**
Go to line 31 for this student. ☒ Complete lines 27 through 30 for this student.

You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000.	27	4,000
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	2,000
29 Multiply line 28 by 25% (.25)	29	500
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	2,500

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	0
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Name(s) shown on return

Michael R and Karen S Pence

Your social security number



Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information

See instructions.

20 Student name (as shown on page 1 of your tax return) Charlotte Pence	21 Student social security number (as shown on page 1 of your tax return) <div style="background-color: black; width: 100px; height: 1.2em;"></div>
22 Educational institution information (see instructions)	
a. Name of first educational institution DePaul University (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 E Jackson Blvd Chicago, IL 60604	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2015? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2014 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2014 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked "No" in both (2) and (3), skip (4).	
(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T). 36-2167048	(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2015?	
<input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2015 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)	
<input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2015 (see instructions)?	
<input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
26 Was the student convicted, before the end of 2015, of a felony for possession or distribution of a controlled substance?	
<input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> Complete lines 27 through 30 for this student.	



You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000	27	4,000
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	2,000
29 Multiply line 28 by 25% (.25)	29	500
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	2,500

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	0
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Health Savings Accounts (HSAs)▶ Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.

▶ Attach to Form 1040 or Form 1040NR.

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

Michael R Pence

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶**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 2,003
10	Qualified HSA funding distributions.	10
11	Add lines 9 and 10.	11 2,003
12	Subtract line 11 from line 8. If zero or less, enter -0-.	12 4,647
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.

14 a	Total distributions you received in 2015 from all HSAs (see instructions).	14a 2,037
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 2,037
15	Qualified medical expenses paid using HSA distributions (see instructions).	15 2,037
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 0
17 a	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"/>	
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

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** 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 III for each spouse.

18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20		0
21	Additional tax. Multiply line 20 by 10% (.10). 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 "HDHP" and the amount on the line next to the box	21		0

1099-R Summary by Payers (1099R (Worksheet))

Payers		F/S	1 Gross Dist	2a Taxable Amount	Amount of rollover in box 2a	3 Cap gain in box 2a	4 Federal Tax	7 Dist Code	IRA	12a State 1 Tax	13a ST 1	12b State 2 Tax	13b ST 2
1	Office of Personnel Management	F	9,370	8,996	0	0	229	7		0	IN	0	
Total this page			9,370	8,996	0	0	229			0		0	