

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 20

Your first name and initial **LISA A.** Last name **BULLOCK** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **STEPHEN C.** Last name **BULLOCK** Spouse's social security number [REDACTED]

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.
HELENA, MT 59601

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 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 Qualifying widow(er) with dependent child

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

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If child under age 17 qualifying for child tax credit	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)
(1) First name	Last name				
CAROLINE G	BULLOCK	[REDACTED]	DAUGHTER	X	3
ALEXANDRIA F	BULLOCK	[REDACTED]	DAUGHTER	X	
CAMERON S	BULLOCK	[REDACTED]	SON	X	

If more than four dependents, see instructions and check here Add numbers on lines above **5**

d Total number of exemptions claimed **5**

Income	7	8a	9a	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22	
7 Wages, salaries, tips, etc. Attach Form(s) W-2																				136,914.
8a Taxable interest. Attach Schedule B if required																				1.
b Tax-exempt interest. Do not include on line 8a		8b																		
9a Ordinary dividends. Attach Schedule B if required																				235.
b Qualified dividends			235.																	
10 Taxable refunds, credits, or offsets of state and local income taxes																				
11 Alimony received																				
12 Business income or (loss). Attach Schedule C or C-EZ																				
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input checked="" type="checkbox"/>																				633.
14 Other gains or (losses). Attach Form 4797																				
15a IRA distributions	15a																			
b Taxable amount																				
16a Pensions and annuities	16a																			
b Taxable amount																				
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																				9,528.
18 Farm income or (loss). Attach Schedule F																				
19 Unemployment compensation																				
20a Social security benefits	20a																			
b Taxable amount																				
21 Other income. List type and amount																				
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income																				147,311.

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
23 Educator expenses															
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ															
25 Health savings account deduction. Attach Form 8889															
26 Moving expenses. Attach Form 3903															
27 Deductible part of self-employment tax. Attach Schedule SE															
28 Self-employed SEP, SIMPLE, and qualified plans															
29 Self-employed health insurance deduction															
30 Penalty on early withdrawal of savings															
31a Alimony paid b Recipient's SSN ▶															
32 IRA deduction															
33 Student loan interest deduction															
34 Tuition and fees. Attach Form 8917															
35 Domestic production activities deduction. Attach Form 8903															
36 Add lines 23 through 35															
37 Subtract line 36 from line 22. This is your adjusted gross income															147,311.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	147,311.
	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 <input type="checkbox"/> 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	28,406.
	41	Subtract line 40 from line 38	41	118,905.
	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see Inst.	42	20,000.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	98,905.
	44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	16,224.
	45	Alternative minimum tax. Attach Form 6251	45	0.
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	16,224.
	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	1,100.
	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	1,100.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	15,124.
	57	Self-employment tax. Attach Schedule SE	57	
Other Taxes	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"/> Inst.; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	15,124.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	15,199.
	65	2015 estimated tax payments and amount applied from 2014 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election <input type="checkbox"/> 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 withhold	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	15,199.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	75.
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	75.
	b	Routing number <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings Account number <input type="checkbox"/>		
	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)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name	JUSTIN L MOSNESS, CPA	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
			IT PROGRAM MANAGER	
	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
			GOVERNOR	
Paid Preparer Use Only	Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	JUSTIN L MOSNESS, CPA	JUSTIN L MOSNESS, CPA	04/15/16	
	Firm's name	Firm's EIN		PTIN
	WIPFLI LLP			
	Firm's address			Phone no.
	910 N LAST CHANCE GULCH			
	HELENA, MT 59601			