Form **1040** Department of the Treasury — Internal Revenue Service (99)

U.S. Individual Income Tax Return 2015

OMB No. 1545-0074 | IRS Use Only — Do not write or staple in this space.

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

Your first name and initial: EDWARD J MARKEY | Last name | Your social security number: [redacted]

If a joint return, spouse's first name and initial | Last name | Spouse's social security number: [redacted]

Home address (number and street). If you have a P.O. box, see instructions. [redacted] | 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).

MALDEN, MA 02148

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

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. [X] You [ ] Spouse

Filing Status

Check only one box.

1 [ ] Single

2 [ ] Married filing jointly (even if only one had income)

3 [X] Married filing separately. Enter spouse's SSN above & full name here .. ► SUSAN J BLUMENTHAL

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. ►

5 [ ] Qualifying widow(er) with dependent child

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a

b [ ] **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

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)
			[ ]
			[ ]
			[ ]
			[ ]

If more than four dependents, see instructions and check here ... ► [ ]

d Total number of exemptions claimed: 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	139,564.
8a	**Taxable** interest. Attach Schedule B if required	8a	14.
b	**Tax-exempt** interest. **Do not** include on line 8a. 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	1,742.
b	Qualified dividends 9b 331.		
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	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► [X]	13	1,046.
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 D 20a 30,771.	b Taxable amount 20b	26,155.
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	168,521.

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	168,521.

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	168,521.
	39a Check if: [X] You were born before January 2, 1951, [ ] Blind. [ ] Spouse was born before January 2, 1951, [ ] Blind. Total boxes checked ► 39a	1	
	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, $9,250	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	33,572.
	41 Subtract line 40 from line 38	41	134,949.
	42 Exemptions. If line 38 is $154,950 or less, multiply $4,000 by the number on line 6d. Otherwise, see instrs.	42	3,120.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	131,829.
	44 Tax (see instructions). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]	44	31,021.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	2,627.
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46 ►	47	33,648.
	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 crs from Form: a [X] 3800 b [ ] 8801 c [ ] — 54	0.	
	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	33,648.
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 [X]	61	
	62 Taxes from: a [X] Form 8959 b [X] Form 8960 c [ ] Instrs; enter code(s)	62	422.
	63 Add lines 56 through 62. This is your total tax ►	63	34,070.
Payments If you have a qualifying child, attach Schedule EIC.	64 Federal income tax withheld from Forms W-2 and 1099 — 64	39,972.	
	65 2015 estimated tax payments and amount applied from 2014 return — 65	385.	
	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 [ ] Reserved c [ ] 8885 d [ ] — 73		
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments ►	74	40,357.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	6,287.
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► [ ]	76a	6,287.
Direct deposit? See instructions.	► b Routing number XXXXXXXXX ► c Type: [ ] Checking [ ] Savings		
	► d Account number XXXXXXXXXXXXXXXXXXXXXX		
	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 ► [redacted] Phone no. ► [redacted] Personal identification number (PIN) ► 01234

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.

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

Your signature	Date	Your occupation	Daytime phone number
		U.S. SENATOR	[redacted]
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.)

Paid Preparer Use Only

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

Firm's name ► [redacted] Firm's EIN ► [redacted]

Firm's address ► [redacted] Phone no. [redacted]

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.

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2015

Attachment Sequence No. 07

Name(s) shown on Form 1040: EDWARD J MARKEY

Your social security number: [redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040, line 38 2			
	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		
	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	[X] Income taxes, **or**	5	8,430.	
	b	[ ] General sales taxes			
	6	Real estate taxes (see instructions)	6	8,222.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ►	8		
	9	Add lines 5 through 8		9	16,652.
Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10	12,187.	
	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 ►	11		
Note. Your mortgage interest deduction may be limited (see instructions).	12	Points not reported to you on Form 1098. See instrs for spcl rules	12		
	13	Mortgage insurance premiums (see instructions)	13		
	14	Investment interest. Attach Form 4952 if required. (See instrs.)	14		
	15	Add lines 10 through 14		15	12,187.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instrs	16	5,140.	
If you made a gift and got a benefit for it, 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	17		
	18	Carryover from prior year	18		
	19	Add lines 16 through 18		19	5,140.
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? [ ] 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. [X] Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	REDUCTION -407.	29	33,572.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ► [ ]			

BAA **For Paperwork Reduction Act Notice, see Form 1040 instructions.**

FDIA0301L 12/29/15

Schedule A (Form 1040) 2015

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.
► Information about Schedule B and its instructions is at *www.irs.gov/scheduleb*.

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2015

Attachment Sequence No. 08

Name(s) shown on return: EDWARD J MARKEY

Your social security number: [redacted]

Part I Interest

(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.

		Amount
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 ► CONGRESSIONAL FEDERAL CREDIT UNION	1	14.
2 Add the amounts on line 1	2	14.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ►	4	14.

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.

		Amount
5 List name of payer ► FIDELITY INVESTMENTS	5	1,742.
6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ►	6	1,742.

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

Part III Foreign Accounts and Trusts

(See instructions on back.)

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.

	Yes	No
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.		X
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		X

Form **3800**

Department of the Treasury
Internal Revenue Service (99)

General Business Credit

► Information about Form 3800 and its separate instructions is at *www.irs.gov/form3800.*
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

2015

Attachment Sequence No. 22

Name(s) shown on return: EDWARD J MARKEY

Identifying number: [redacted]

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked		1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2		
3	Enter the applicable passive activity credits allowed for 2015 (see instructions)		3	0.
4	Carryforward of general business credit to 2015. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach. Hybrid car		4	1,820.
5	Carryback of general business credit from 2016. Enter the amount from line 2 of Part III with box D checked (see instructions)		5	
6	Add lines 1, 3, 4, and 5		6	1,820.

Part II Allowable Credit

7	Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44. • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return. • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return		7	31,021.
8	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35. • Corporations. Enter the amount from Form 4626, line 14. • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56		8	2,627.
9	Add lines 7 and 8		9	33,648.
10a	Foreign tax credit	10a		
b	Certain allowable credits (see instructions)	10b		
c	Add lines 10a and 10b		10c	
11	**Net income tax.** Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16		11	33,648.
12	**Net regular tax.** Subtract line 10c from line 7. If zero or less, enter -0-	12 31,021.		
13	Enter 25% (.25) of the excess, if any, of line 12 over $25,000 (see instructions)	13 1,505.		
14	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33. • Corporations. Enter the amount from Form 4626, line 12. • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54	14 33,648.		
15	Enter the greater of line 13 or line 14		15	33,648.
16	Subtract line 15 from line 11. If zero or less, enter -0-		16	0.
17	Enter the **smaller** of line 6 or line 16 **C corporations:** See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		17	

BAA **For Paperwork Reduction Act Notice, see separate instructions.**

Form **3800** (2015)

FDIZ0513L 12/28/15

Part III Allowable Credit *(Continued)*

Note. If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (.75) (see instructions)		18	
19	Enter the greater of line 13 or line 18		19	
20	Subtract line 19 from line 11. If zero or less, enter -0-		20	
21	Subtract line 17 from line 20. If zero or less, enter -0-		21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked		22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23		
24	Enter the applicable passive activity credit allowed for 2015 (see instructions)		24	0.
25	Add lines 22 and 24		25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25		26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-		27	32,143.
28	Add lines 17 and 26		28	
29	Subtract line 28 from line 27. If zero or less, enter -0-		29	32,143.
30	Enter the general business credit from line 5 of all Parts III with box A checked		30	
31	Reserved		31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32		
33	Enter the applicable passive activity credits allowed for 2015 (see instructions)		33	0.
34	Carryforward of business credit to 2015. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach		34	
35	Carryback of business credit from 2016. Enter the amount from line 5 of Part III with box D checked (see instructions)		35	
36	Add lines 30, 33, 34, and 35		36	
37	Enter the **smaller** of line 29 or line 36		37	
38	**Credit allowed for the current year.** Add lines 28 and 37.			
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b		38	0.

Name(s) shown on return: EDWARD J MARKEY

Identifying number: [redacted]

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

A [ ] General Business Credit From a Non-Passive Activity

B [ ] General Business Credit From a Passive Activity

C [X] General Business Credit Carryforwards

D [ ] General Business Credit Carrybacks

E [ ] Reserved

F [ ] Reserved

G [ ] Eligible Small Business Credit Carryforwards

H [ ] Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ► [ ]

Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		1,820.
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		1,820.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		0.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		1,820.

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax – Individuals

► Information about Form 6251 and its separate instructions is at *www.irs.gov/form6251*.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR: EDWARD J MARKEY

Your social security number: [redacted]

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	134,949.
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	
3	Taxes from Schedule A (Form 1040), line 9	3	16,652.
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	-407.
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	151,194.

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

If line 28 is **over** the amount shown above for your filing status, see instructions. — 29: 23,764.

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: 127,430.

31
- 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: 33,648.

32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	33,648.
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	31,021.
35	**AMT.** Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	2,627.

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

FDIA5312L 09/02/15

Form 6251 (2015)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	127,430.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	1,377.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	1,377.
40	Enter the **smaller** of line 36 or line 39	40	1,377.
41	Subtract line 40 from line 36	41	126,053.
42	If line 41 is $185,400 or less ($92,700 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract $3,708 ($1,854 if married filing separately) from the result ►	42	33,441.
43	Enter: • $74,900 if married filing jointly or qualifying widow(er), • $37,450 if single or married filing separately, or • $50,200 if head of household.	43	37,450.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	130,452.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the **smaller** of line 36 or line 37	46	1,377.
47	Enter the **smaller** of line 45 or line 46. This amount is taxed at 0%	47	
48	Subtract line 47 from line 46	48	1,377.
49	Enter: • $413,200 if single • $232,425 if married filing separately • $464,850 if married filing jointly or qualifying widow(er) • $439,000 if head of household	49	232,425.
50	Enter the amount from line 45	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	130,452.
52	Add line 50 and line 51	52	130,452.
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	101,973.
54	Enter the smaller of line 48 or line 53	54	1,377.
55	Multiply line 54 by 15% (.15) ►	55	207.
56	Add lines 47 and 54	56	1,377.
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57	Subtract line 56 from line 46	57	
58	Multiply line 57 by 20% (.20) ►	58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (.25) ►	61	
62	Add lines 42, 55, 58, and 61	62	33,648.
63	If line 36 is $185,400 or less ($92,700 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract $3,708 ($1,854 if married filing separately) from the result	63	33,826.
64	Enter the **smaller** of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	33,648.

Form **8959**

Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.
► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
► Information about Form 8959 and its instructions is at *www.irs.gov/form8959.*

OMB No. 1545-0074

2015

Attachment Sequence No. 71

Name(s) shown on return: EDWARD J MARKEY

Your social security number: [redacted]

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	160,556.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	160,556.	
5	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000	5	125,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-			6 35,556.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II			7 320.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-			12
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III			13

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-			16
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV			17

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18	320.

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	2,328.	
20	Enter the amount from line 1	20	160,556.	
21	Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages	21	2,328.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)			23
24	**Total Additional Medicare Tax withholding.** Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)			24

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

FDIA6301 08/31/15

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax – Individuals, Estates, and Trusts

▸ Attach to your tax return.
▸ Information about Form 8960 and its separate instructions is at *www.irs.gov/form8960.*

OMB No. 1545-2227

2015

Attachment Sequence No. 72

Name(s) shown on your tax return: EDWARD J MARKEY

Your social security number or EIN: [redacted]

Part I Investment Income

☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	14.
2	Ordinary dividends (see instructions)		2	1,742.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	1,046.	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	1,046.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	26.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	2,828.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b	141.	
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	141.
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	141.

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-		12	2,687.
	Individuals:			
13	Modified adjusted gross income (see instructions)	13	168,521.	
14	Threshold based on filing status (see instructions)	14	125,000.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	43,521.	
16	Enter the smaller of line 12 or line 15		16	2,687.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). **Enter here and include on your tax return** (see instructions)		17	102.
	Estates and Trusts:			
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). **Enter here and include on your tax return** (see instructions)		21	

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

Form **8948**
(Rev September 2012)
Department of the Treasury
Internal Revenue Service

Preparer Explanation for Not Filing Electronically

► Attach to taxpayer's Form 1040, 1040A, 1040EZ, or Form 1041.
► Information about Form 8948 and its instructions is available at *www.irs.gov/form8948*.

OMB No. 1545-2200

Attachment Sequence No. 173

Name(s) on tax return	Tax year of return	Taxpayer's identifying number
EDWARD J MARKEY	2015	[redacted]

Preparer's name	Preparer Tax Identification Number (PTIN)
[redacted]	[redacted]

Three out of four taxpayers now use IRS e-file. Go to *www.irs.gov/efile* for details on using IRS e-file. The benefits of electronic filing include the following:
- Faster refunds
- More accurate returns
- Secure transmissions
- Easier filing method
- E-payment options
- Receipt acknowledged

Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box.

1 [X] Taxpayer chose to file this return on paper.

2 [ ] The preparer received a waiver from the requirement to electronically file the tax return.

Waiver Reference Number _____ Approval Letter Date _____

3 [ ] The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically.

4 [ ] This return was rejected by IRS *e-file* and the reject condition could not be resolved.

Reject code: _____ Number of attempts to resolve reject: _____

5 [ ] The preparer's e-file software package does not support Form _____ or Schedule _____ attached to this return.

6 Check the box that applies and provide additional information if requested.

a [ ] The preparer is ineligible to file electronically because IRS *e-file* does not accept foreign preparers without social security numbers who live and work abroad.

b [ ] The preparer is ineligible to participate in IRS *e-file*

c [ ] Other: Describe below the circumstances that prevented the preparer from filing this return electronically.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

EDWARD J MARKEY [redacted]

STATEMENT 1
FORM 1040
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	LOCAL W/H
UNITED STATES SENATE	139,564.	32,279.	7,347.	2,328.	6,864.	
GRAND TOTAL	139,564.	32,279.	7,347.	2,328.	6,864.	0.

2015 Form 1 MA1500111032

Massachusetts Resident Income Tax Return
FOR FULL YEAR RESIDENTS ONLY

For the year January 1 — December 31, 2015 or other taxable

Year beginning Ending

EDWARD J MARKEY [redacted]

[redacted] MALDEN MA 02148

Apt. no.

State Election Campaign Fund: X $1 You $1 Spouse TOTAL ► 1

Check if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle ► You ► Spouse

Taxpayer deceased ► You Spouse

Check if under age 18 ► You ► Spouse

► Name/address changed since 2014

Federal adjusted gross income ► 168521 ► Check if noncustodial parent

► Check if filing Schedule TDS

1 **Filing status** (select one only): ► Single

Married filing jointly

X Married filing separate return

Head of household ► You are a custodial parent who has released claim to exemption for child(ren)

2 **Exemptions:**

a Personal exemptions			2a	4400
b No. of dependents. (Do not include yourself or your spouse.) Enter no.	►	x $1,000 =	2b	
c Age 65 or over before 2016 1 You + Spouse =	► 1	x $700 =	2c	700
d Blindness You + Spouse =	►	x $2,200 =	2d	
e 1 Medical/dental ► 2 Adoption ►		1 + 2 =	2e	
f Total exemptions. Add lines 2a through 2e. Enter here and on line 18		►	2f	5100
3 Wages, salaries, tips		►	3	139564
4 Taxable pensions and annuities		►	4	
5 Mass. bank interest: a ► - b exemption		=	5	
6 Business/profession or farm income or loss		►	6	
7 Rental, royalty and REMIC, partnership, S corp., trust income/loss		►	7	
8a Unemployment		►	8a	
8b Mass. lottery winnings		►	8b	
9 Other income from Schedule X, line 5		►	9	
10 **TOTAL 5.15% INCOME**			10	139564

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

May the Department of Revenue discuss this return with the preparer shown here? ► X Yes

I do not want preparer to file my return electronically ► X (this may delay your refund)

Print paid preparer's name [redacted] Date Check if self-employed Paid preparer's SSN ► [redacted]

Paid preparer's signature [redacted] Paid preparer's phone [redacted] Paid preparer's EIN ► [redacted]

[redacted]

[redacted]

11 a	Amount paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	► 11 a	2000
11 b	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	► 11 b	
12	Child under age 13, or disabled dependent/spouse care expenses	► 12	
13	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/15, or disabled dependent(s) **Not more than two.** a ►	x $3,600 = ► 13	
		÷ 2 = ► 14	
14	Rental deduction. a ►	► 15	
15	Other deductions from Schedule Y, line 18	► 16	2000
16	**Total deductions.** Add lines 11 through 15	17	137564
17	**5.15% INCOME AFTER DEDUCTIONS.** Subtract line 16 from line 10. **Not less than '0'**	18	5100
18	Exemption amount	19	132464
19	**5.15% INCOME AFTER EXEMPTIONS.** Subtract line 18 from line 17. **Not less than '0'**	► 20	1756
20	**INTEREST AND DIVIDEND INCOME**	21	134220
21	**TOTAL TAXABLE 5.15% INCOME.** Add lines 19 and 20	22	6912
22	**TAX ON 5.15% INCOME.** Note: If choosing the optional 5.85% tax rate, check and multiply line 21 and the amount in Schedule D, line 21 by .0585 ►	x .12 = 23	
23	**12% INCOME.** Not less than '0' a ►	► 24	54
24	**TAX ON LONG-TERM CAPITAL GAINS.** Not less than '0'. Check if filing Schedule D-IS ► Check if any excess exemptions were used in calculating lines 20, 23 or 24 ►	► 25	
25	Credit recapture amount ► BC EOA LIH HR	► 26	
26	Additional tax on installment sale		
27	If you qualify for No Tax Status, check here and enter '0' on line 28 ►	28	6966
28	**TOTAL INCOME TAX.** Add lines 22 through 26	► 29	
29	Limited Income Credit	► 30	
30	Other credits from Schedule Z, line 15	31	6966
31	**INCOME TAX AFTER CREDITS.** Subtract the total of lines 29 and 30 from line 28. **Not less than '0'**		

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

2015 Form 1, pg. 3 MA1500131032

Massachusetts Resident Income Tax Return

[redacted]

32	**Voluntary Contributions**		
	a Endangered Wildlife Conservation	► 32a	10
	b Organ Transplant Fund	► 32b	10
	c Massachusetts AIDS Fund	► 32c	10
	d Massachusetts U.S. Olympic Fund	► 32d	10
	e Massachusetts Military Family Relief Fund	► 32e	10
	f Homeless Animal Prevention and Care	► 32f	10
	Total. Add lines 32a through 32f	32	60
33	Use tax due on Internet, mail order and other out-of-state purchases	► 33	
34	Health care penalty a You ► + b Spouse ► - c Fed. health care penalty ►	34	
35	**INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.** Add lines 31 through 34	35	7026
36	Massachusetts income tax withheld	► 36	6864
37	2014 overpayment applied to your 2015 estimated tax	► 37	1175
38	2015 Massachusetts estimated tax payments	► 38	
39	Payments made with extension	► 39	
40	Earned Income Credit. a Number of qualifying children ► Amount from U.S. return ► x .15 =	► 40	
41	Senior Circuit Breaker Credit	► 41	
42	Other Refundable Credits	► 42	
43	**TOTAL.** Add lines 36 through 42	43	8039
44	**Overpayment.** Subtract line 35 from line 43	► 44	1013
45	Amount of overpayment you want **applied to your 2016 estimated tax**	► 45	1013
46	**Refund.** Subtract line 45 from line 44. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	► 46	

Direct deposit of refund. Type of account ► checking savings

RTN # ► account # ►

47	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204	► 47	
	Interest ► Penalty ► M-2210 amt. ►	►	EX enclose Form M-2210

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

041116 045237 P

2015 Schedule B MA1501011032

EDWARD J MARKEY [redacted]

Part 1. Interest and Dividend Income

1	Total interest income	1	14
2	Total ordinary dividends	2	1742
3	Other interest and dividends not included above	3	
4	Total interest and dividends	4	1756
5	Total interest from Massachusetts banks	5	
6	Other interest and dividends to be excluded	6	
7	Subtotal	7	1756
8	Allowable deductions from your trade or business	8	
9	Subtotal	9	1756

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10	Short-term capital gains	10	
11	Long-term capital gains on collectibles and pre-1996 installment sales	11	
12	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13	Add lines 10 through 12	13	
14	Allowable deductions from your trade or business	14	
15	Subtotal	15	
16	Short-term capital losses	16	
17	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18	Prior short-term unused losses for years beginning after 1981	18	
19	Combine lines 15 through 18	19	
20	Short-term losses applied against interest and dividends	20	

EDWARD J MARKEY

21	Available short-term losses	21
22	Short-term losses applied against long-term gains	22
23	Short-term losses available for carryover in 2016	23
24	Short-term gains and long-term gains on collectibles	24
25	Long-term losses applied against short-term gain	25
26	Subtotal	26
27	Long-term gains deduction	27
28	Short-term gains after long-term gains deduction	28

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29	Enter the amount from line 9	29
30	Short-term losses applied against interest and dividends	30
31	Subtotal interest and dividends	31
32	Long-term losses applied against interest and dividends	32
33	Adjusted interest and dividends	33
34	Enter the amount from line 28	34

Part 4. Taxable Interest, Dividends and Certain Capital Gains

35	Adjusted gross interest, dividends and certain capital gains	► 35
36	Excess exemptions	36
37	Subtract line 36 from line 35	37
38	Interest and dividends taxable at 5.15%	► 38
39	Taxable 12% capital gains	► 39
40	Available short-term losses for carryover in 2016	40

1756

2015 Schedule D MA1501211032

Long-Term Capital Gains and Losses
Excluding Collectibles

EDWARD J MARKEY [redacted]

Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1	Enter amounts included in U.S. Schedule D, lines 8a and 8b, column h	1	
2	Enter amounts included in U.S. Schedule D, line 9, column h	2	
3	Enter amounts included in U.S. Schedule D, line 10, column h	3	
4	Enter amounts included in U.S. Schedule D, line 11, column h	4	
5	Enter amounts included in U.S. Schedule D, line 12, column h	5	
6	Enter amounts included in U.S. Schedule D, line 13, column h	6	1046
7	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	7	
8	Carryover losses from prior years	8	
9	Combine lines 1 through 8	9	1046
10	Differences, if any	10	
11	Adjusted capital gains and losses	11	1046
12	Long-term gains on collectibles and pre-1996 installment sales	12	
13	Subtotal	13	1046
14	Capital losses applied against capital gains	14	
15	Subtotal	15	1046
16	Long-term capital losses applied against interest and dividends	16	
17	Subtotal	17	1046
18	Allowable deductions from your trade or business	18	
19	Subtotal	► 19	1046
20	Excess exemptions	20	
21	Taxable long-term capital gains	► 21	1046
22	Tax on long-term capital gains	► 22	54
23	Available losses for carryover	23	

041116 045237 P

2015 Schedule HC MA1502911032

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). **Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

EDWARD J MARKEY [redacted]

1 a Date of birth ► [redacted] 1 b Spouse's date of birth ► 1 c Family size ► 2

2 Federal adjusted gross income ► 2 168521

3 Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. **Note:** MassHealth, Commonwealth Care, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2015, you turned 18, you were a part-year resident or a taxpayer was deceased.

► 3 a You:	X	Full-year MCC	Part-year MCC	No MCC/None
► 3 b Spouse:		Full-year MCC	Part-year MCC	No MCC/None

If you checked full-year or part-year MCC, go to line 4. If you checked No MCC/None, go to line 6.

4 Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2015, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, check line(s) 4f and/or 4g and see instructions. Check if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4 a Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below).	X You	Spouse
4 b MassHealth or Commonwealth Care. Check and go to line 5	You	Spouse
4 c Medicare (including a replacement or supplemental plan). Check and go to line 5	You	Spouse
4 d U.S. Military (including Veterans Administration and Tri-Care). Check and go to line 5	You	Spouse
4 e Other government program (enter the program name(s) only in lines 4f and/or 4g below).	You	Spouse

Note: Health Safety Net is not considered insurance or minimum creditable coverage.

4 f Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Check if you were not issued Form MA 1099-HC.

GROUP HOSP AND MEDICAL SERVICES [redacted] [redacted]

4 g Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Check if you were not issued Form MA 1099-HC.

5 If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2015, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2015
Massachusetts
Department of
Revenue

1. Name of insurance company or administrator
Group Hospitalization and Medical Services, Inc.

2. FID number of insurance co. or administrator
[redacted]

3. Name of subscriber
EDWARD MARKEY

4. Date of birth
[redacted]

5. Subscriber number
[redacted]

6. Address
[redacted] MALDEN MA 02148

Corrected:

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:
☒ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

a. Name of dependent
SUSAN BLUMENTHAL

Date of birth
[redacted]

Subscriber number
[redacted]

Corrected:

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:
☒ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

b. Name of dependent

Date of birth

Subscriber number

Corrected:

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:
☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

c. Name of dependent

Date of birth

Subscriber number

Corrected:

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:
☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

d. Name of dependent

Date of birth

Subscriber number

Corrected:

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:
☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

e. Name of dependent

Date of birth

Subscriber number

Corrected:

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:
☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

f. Name of dependent

Date of birth

Subscriber number

Corrected:

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:
☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

g. Name of dependent

Date of birth

Subscriber number

Corrected:

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:
☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

h. Name of dependent

Date of birth

Subscriber number

Corrected:

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:
☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

i. Name of dependent

Date of birth

Subscriber number

Corrected:

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:
☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

j. Name of dependent

Date of birth

Subscriber number

Corrected:

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:
☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Taxpayer/Record Copy

2015 Schedule INC MA15INC11032

EDWARD J MARKEY [redacted]

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SOCIAL SECURITY WITHHELD	E. SPOUSE SOCIAL SECURITY WITHHELD	F. SOURCE OF WITHHOLDING
53-6002558	6864	139564	9371		W2
53-0227896		14			1099INT
04-3523567		1742			1099DIV
TOTALS	6864	141320	9371		

032916 115655 A

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