

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

Your first name and initial **Liz** Last name **Brushstroke** Your social security number **333-44-5555**

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

Home address (number and street). If you have a P.O. box, see instructions. **Commonwealth Ave** Apt. no. **5** **▲** 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). **Chestnut Hill MA 02467** **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) **5**  Qualifying widow(er) with dependent child **3**  Married filing separately. Enter spouse's SSN above and full name here. **▶**

**Exemptions** **6a**  Yourself. If someone can claim you as a dependent, do not check box 6a. **6b**  Spouse. **6c 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) **Boxes checked on 6a and 6b** **1** **No. of children on 6c who:** • lived with you • did not live with you due to divorce or separation (see instructions) **Dependents on 6c not entered above** **Add numbers on lines above** **1**

**Income** **7** Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **53,211.** **8a** Taxable interest. Attach Schedule B if required **8a** **8b** Tax-exempt interest. Do not include on line 8a **8b** **9a** Ordinary dividends. Attach Schedule B if required **9a** **9b** 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** **1,171.** **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** **15b** Taxable amount **15b** **16a** Pensions and annuities **16a** **16b** Taxable amount **16b** **17** Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** **18** Farm income or (loss). Attach Schedule F **18** **19** Unemployment compensation **19** **20a** Social security benefits **20a** **20b** Taxable amount **20b** **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** **54,382.**

**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** **83.** **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 **31a** **31b** Recipient's SSN **31b** **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** **83.** **37** Subtract line 36 from line 22. This is your adjusted gross income **▶** **37** **54,299.**

**Tax and Credits**

38 Amount from line 37 (adjusted gross income) 38 54,299.

39a Check  You were born before January 2, 1951,  Blind.  Spouse was born before January 2, 1951,  Blind. Total boxes checked 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 6,300.

41 Subtract line 40 from line 38 41 47,999.

42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions 42 4,000.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 43,999.

44 Tax (see instructions). Check if any from: a  Form(s) 8814 b  Form 4972 c  44 6,788.

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 6,788.

48 Foreign tax credit. Attach Form 1116 if required 48

49 Credit for child and dependent care expenses. Attach Form 2441 49

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit. Attach Schedule 8812, if required. 52

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a  3800 b  8801 c  54

55 Add lines 48 through 54. These are your total credits 55

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 6,788.

**Other Taxes**

57 Self-employment tax. Attach Schedule SE 57 165.

58 Unreported social security and Medicare tax from Form: a  4137 b  8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Health care: individual responsibility (see instructions) Full-year coverage  61

62 Taxes from: a  Form 8959 b  Form 8960 c  Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your total tax 63 6,953.

**Payments**

64 Federal income tax withheld from Forms W-2 and 1099 64 7,144.

65 2015 estimated tax payments and amount applied from 2014 return 65

66a Earned income credit (EIC) No 66a

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

72 Credit for federal tax on fuels. Attach Form 4136 72

73 Credits from Form: a  2439 b  Reserved c  8885 d  73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 7,144.

**Refund**

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 191.

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here  76a 191.

Direct deposit? See instructions. b Routing number X X X X X X X X X X c Type:  Checking  Savings

d Account number X X X X X X X X X X X X X X X X X X

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)?  Yes. Complete below.  No

Designee's name 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

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

Peter Jason Riley CPA Peter Jason Riley CPA 01/24/2016 P00413102

Firm's name RILEY & ASSOCIATES, P.C. Firm's EIN 04-3577120

Firm's address 5 PERRY WAY - P O BOX 157 NEWBURYPORT MA 01950 Phone no. (978)463-9350

**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](http://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 <b>Liz Brushstroke</b>		Social security number (SSN) <b>333-44-5555</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Visual Artist</b>	<b>B</b> Enter code from instructions ► <b>7   1   1   5   1   0</b>	
<b>C</b> Business name. If no separate business name, leave blank. <b>Big Orb Art Studio</b>	<b>D</b> Employer ID number (EIN), (see instr.) 	
<b>E</b> Business address (including suite or room no.) ► <b>Commonwealth Ave</b> City, town or post office, state, and ZIP code <b>Chestnut Hill, MA 02467</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2015, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>I</b> Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Income**

<b>1</b> 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"/>	<b>1</b>	29,540.
<b>2</b> Returns and allowances . . . . .		<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .		<b>3</b>	29,540.
<b>4</b> Cost of goods sold (from line 42) . . . . .		<b>4</b>	10,500.
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		<b>5</b>	19,040.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .		<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .		<b>7</b>	19,040.

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

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	104.
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>	2,379.	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>	845.	<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	207.
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	3,835.
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions) . . . . .	<b>24b</b>	888.
<b>17</b> Legal and professional services	<b>17</b>	250.	<b>25</b> Utilities . . . . .	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .			<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	5,831.
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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 . . . . .			<b>27b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.			<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>	14,339.
<b>32</b> 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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	4,701.
			<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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 . . . . .	<b>30</b>	3,530.
			<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	1,171.
			<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk. <b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input checked="" type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)		
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>	5,000.
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b>	Materials and supplies . . . . .	<b>38</b>	3,000.
<b>39</b>	Other costs . . . . .	<b>39</b>	8,000.
<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b>	16,000.
<b>41</b>	Inventory at end of year . . . . .	<b>41</b>	5,500.
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	10,500.

**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.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶	.....	
<b>44</b>	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:		
<b>a</b>	Business .....		
<b>b</b>	Commuting (see instructions) .....		
<b>c</b>	Other .....		
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use?. . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47a</b>	Do you have evidence to support your deduction? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If "Yes," is the evidence written? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

AMORTIZATION	324.
Graphics Design Fees	395.
Printing	498.
Photo Costs	525.
Processing	314.
Internet Service	304.
Cell & Skype Service	315.
Museum Memberships	220.
See Line 48 Other Expenses	2,936.
<b>48 Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 5,831.

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

► **Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).**  
► **Attach to Form 1040 or Form 1040NR.**

**2015**  
Attachment  
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)  
**Liz Brushstroke**

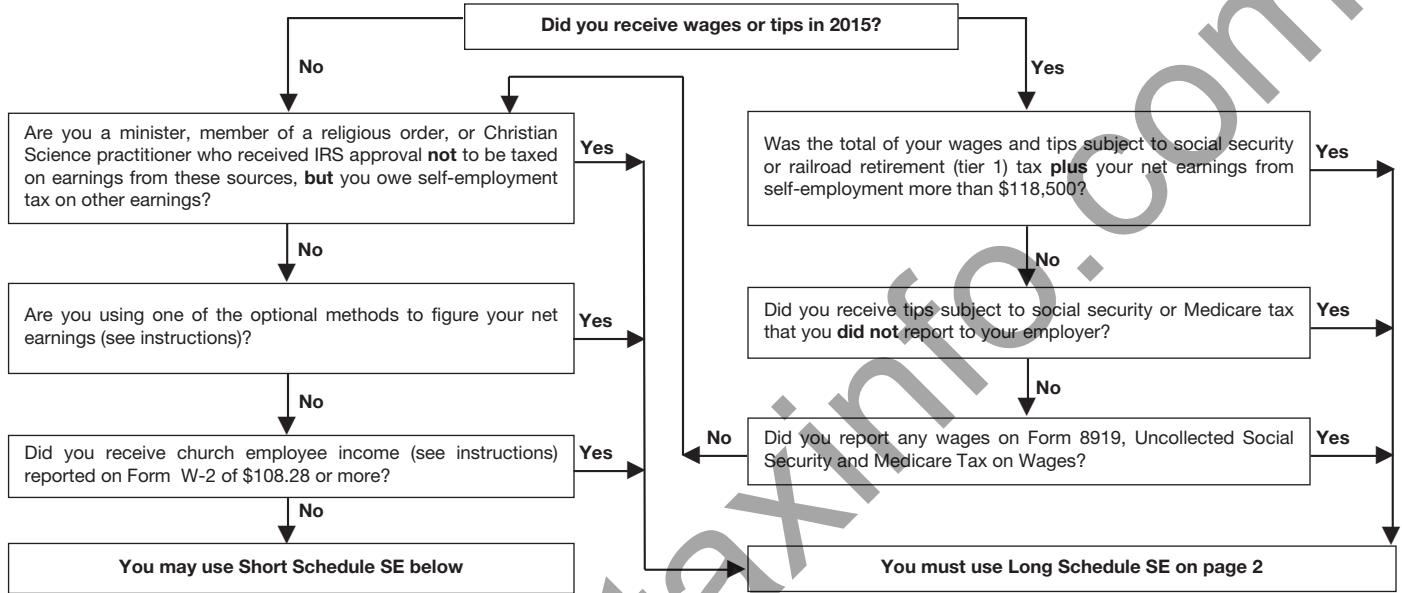
Social security number of person  
with **self-employment** income ►

**333-44-5555**

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b>	( )
<b>2</b>	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	1,171.
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	1,171.
<b>4</b>	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; <b>do not</b> file this schedule unless you have an amount on line 1b . . . . . ►	<b>4</b>	1,081.
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> • More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. Enter the total here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> . . . . .	<b>5</b>	165.
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.50). Enter the result here and on <b>Form 1040, line 27, or Form 1040NR, line 27</b> . . . . .	<b>6</b>	83.

## Expenses for Business Use of Your Home

Department of the Treasury  
Internal Revenue Service (99)

▶ **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

**2015**  
Attachment  
Sequence No. **176**

▶ **Information about Form 8829 and its separate instructions is at [www.irs.gov/form8829](http://www.irs.gov/form8829).**

Name(s) of proprietor(s)

Your social security number

Liz Brushstroke

333-44-5555

<b>Part I Part of Your Home Used for Business</b>		Visual Artist
1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	<b>1</b>	190
2 Total area of home	<b>2</b>	1,085
3 Divide line 1 by line 2. Enter the result as a percentage	<b>3</b>	17.51 %
<b>For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.</b>		
4 Multiply days used for daycare during year by hours used per day	<b>4</b>	hr.
5 Total hours available for use during the year (365 days x 24 hours) (see instructions)	<b>5</b>	8,760 hr.
6 Divide line 4 by line 5. Enter the result as a decimal amount	<b>6</b>	
7 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	<b>7</b>	17.51 %

<b>Part II Figure Your Allowable Deduction</b>		
8 Enter the amount from Schedule C, line 29, <b>plus</b> any gain derived from the business use of your home, <b>minus</b> any loss from the trade or business not derived from the business use of your home (see instructions). See instructions for columns (a) and (b) before completing lines 9-21.	<b>8</b>	4,701.
	<b>(a) Direct expenses</b>	<b>(b) Indirect expenses</b>
9 Casualty losses (see instructions)	<b>9</b>	
10 Deductible mortgage interest (see instructions)	<b>10</b>	
11 Real estate taxes (see instructions)	<b>11</b>	
12 Add lines 9, 10, and 11	<b>12</b>	
13 Multiply line 12, column (b) by line 7	<b>13</b>	
14 Add line 12, column (a) and line 13	<b>14</b>	
15 Subtract line 14 from line 8. If zero or less, enter -0-	<b>15</b>	4,701.
16 Excess mortgage interest (see instructions)	<b>16</b>	
17 Insurance	<b>17</b>	308.
18 Rent	<b>18</b>	19,850.
19 Repairs and maintenance	<b>19</b>	
20 Utilities	<b>20</b>	
21 Other expenses (see instructions)	<b>21</b>	
22 Add lines 16 through 21	<b>22</b>	20,158.
23 Multiply line 22, column (b) by line 7	<b>23</b>	3,530.
24 Carryover of prior year operating expenses (see instructions)	<b>24</b>	
25 Add line 22, column (a), line 23, and line 24	<b>25</b>	3,530.
26 Allowable operating expenses. Enter the <b>smaller</b> of line 15 or line 25	<b>26</b>	3,530.
27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	<b>27</b>	1,171.
28 Excess casualty losses (see instructions)	<b>28</b>	
29 Depreciation of your home from line 41 below	<b>29</b>	
30 Carryover of prior year excess casualty losses and depreciation (see instructions)	<b>30</b>	
31 Add lines 28 through 30	<b>31</b>	
32 Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 27 or line 31	<b>32</b>	
33 Add lines 14, 26, and 32	<b>33</b>	3,530.
34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to <b>Form 4684</b> (see instructions)	<b>34</b>	
35 <b>Allowable expenses for business use of your home.</b> Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	<b>35</b>	3,530.

<b>Part III Depreciation of Your Home</b>	
36 Enter the <b>smaller</b> of your home's adjusted basis or its fair market value (see instructions)	<b>36</b>
37 Value of land included on line 36	<b>37</b>
38 Basis of building. Subtract line 37 from line 36	<b>38</b>
39 Business basis of building. Multiply line 38 by line 7.	<b>39</b>
40 Depreciation percentage (see instructions)	<b>40</b>
41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	<b>41</b>

<b>Part IV Carryover of Unallowed Expenses to 2016</b>	
42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	<b>42</b>
43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	<b>43</b>

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**  
▶ **Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).**

Name(s) shown on return <b>Liz Brushstroke</b>	Business or activity to which this form relates <b>Sch C Visual Artist</b>	Identifying number <b>333-44-5555</b>
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) . . . . .	<b>1</b>	500,000.
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	3,893.
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	0.
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	500,000.
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
Digital Camera	399.	399.
7 Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	399.
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	399.
10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 . . . . .	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	<b>11</b>	54,781.
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	<b>12</b>	399.
13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 . . . . .	<b>13</b>	0.

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	<b>14</b>	
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2015 . . . . .	<b>17</b>	189.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property		3,494.	7.0	MQ	200 DB	257.
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary** (See instructions.)

21 Listed property. Enter amount from line 28 . . . . .	<b>21</b>	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	<b>22</b>	845.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  **Yes**  **No** **24b** If "Yes," is the evidence written?  **Yes**  **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
Auto	01/01/2010	25.57 %				S/L-		
		%				S/L-		
		%				S/L-		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .								<b>29</b>

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) .	4,137											
<b>31</b> Total commuting miles driven during the year	2,650											
<b>32</b> Total other personal (noncommuting) miles driven . . . . .	9,391											
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	16,178											
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	X											
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .	X											
<b>36</b> Is another vehicle available for personal use?		X										

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2015 tax year (see instructions):					
Website Costs	07/01/2015	1,945.	A197	3.00 yrs	324.
<b>43</b> Amortization of costs that began before your 2015 tax year . . . . .					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b> 324.



**Depreciation and Amortization Report**

Tax Year 2015

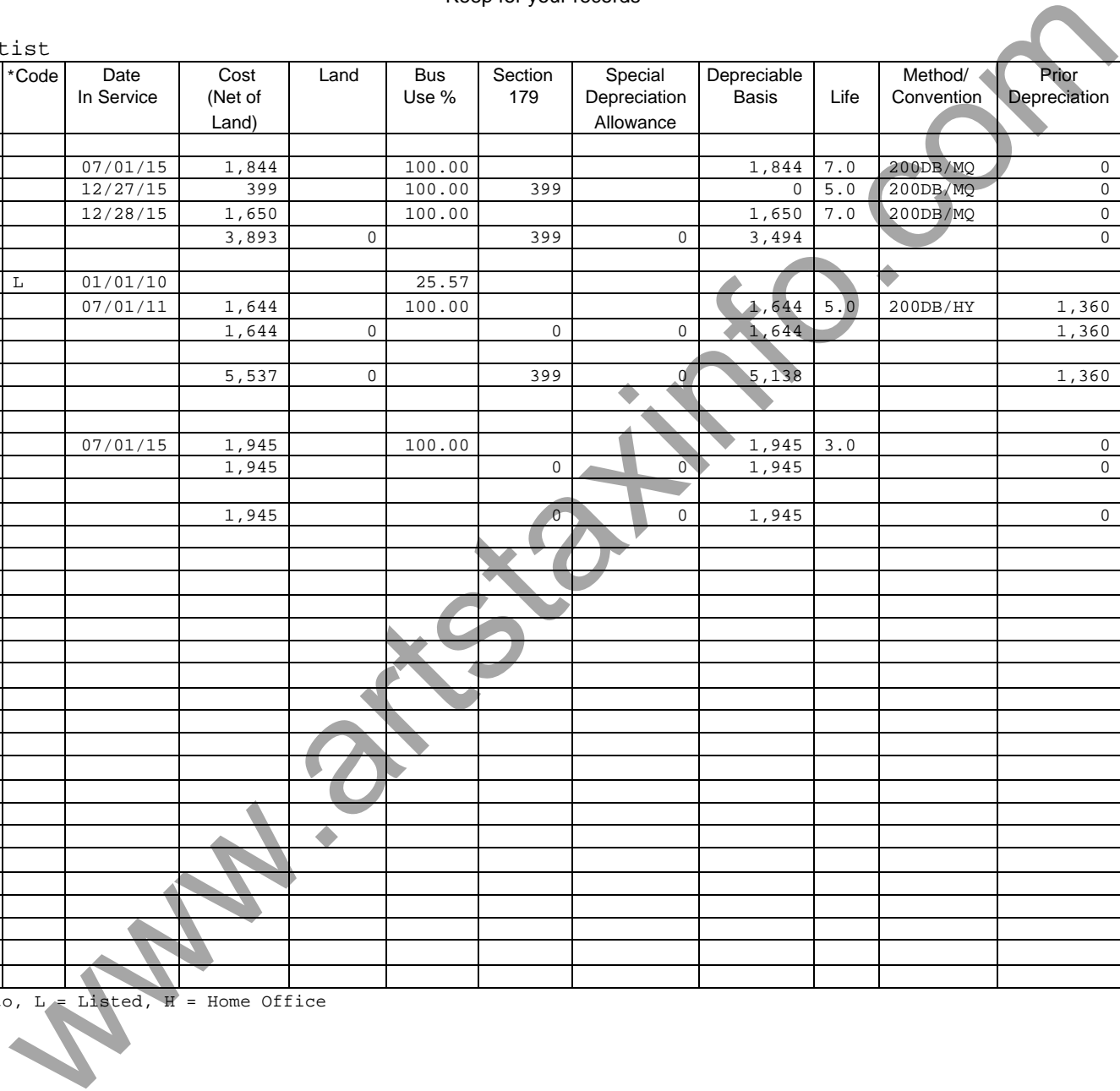
► Keep for your records

Liz Brushstroke  
Sch C - Visual Artist

333-44-5555

Asset Description	*Code	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
<b>DEPRECIATION</b>												
Studio Ventilation		07/01/15	1,844		100.00			1,844	7.0	200DB/MQ	0	198
Digital Camera		12/27/15	399		100.00	399		0	5.0	200DB/MQ	0	0
Flat Files		12/28/15	1,650		100.00			1,650	7.0	200DB/MQ	0	59
SUBTOTAL CURRENT YEAR			3,893	0		399	0	3,494			0	257
<b>AMORTIZATION</b>												
Auto	L	01/01/10			25.57							
Notebook Computer		07/01/11	1,644		100.00			1,644	5.0	200DB/HY	1,360	189
SUBTOTAL PRIOR YEAR			1,644	0		0	0	1,644			1,360	189
TOTALS			5,537	0		399	0	5,138			1,360	446
<b>AMORTIZATION</b>												
Website Costs		07/01/15	1,945		100.00			1,945	3.0		0	324
SUBTOTAL CURRENT YEAR			1,945			0	0	1,945			0	324
TOTALS			1,945			0	0	1,945			0	324

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office



## Additional information from your 2015 Federal Tax Return

### Schedule C (Visual Artist): Profit or Loss from Business

#### Line 39

#### Itemization Statement

Description	Amount
Printing	2,000.
Framing	6,000.
<b>Total</b>	<b>8,000.</b>

### Schedule C (Visual Artist): Profit or Loss from Business

#### Line 48 Other Expenses

#### Continuation Statement

Description	Amount
Gallery Costs	89.
Shipping & Postage	1,341.
Publications	177.
Dues & Memberhips	215.
Show Entry Fees	195.
Art History Class (Ireland)	622.
Promotional Expense	297.
<b>Total</b>	<b>2,936.</b>

Liz Brushstroke 333-44-5555

Schedule C - Other Income

Juror Stipend \$100

Schedule C - Meals Detail Line 24B

Ireland	8	\$126	\$1,008
Phoenix	3	\$59	\$177
Lunch NYC			\$42
NYC	2	\$74	\$148
Other professional meals			\$401
			<u>\$1,776</u> (only 50% deductible)

Schedule C Travel Line 24A

Ireland - Airfare & Transportation		\$1,952
Ireland Airbnb 8 days		\$1,112
Phoenix - Airline		\$348
Phoenix		\$423
		<u>\$3,835</u>

Schedule C - Other Costs of Goods Sold

Printing	\$2,000
Framing	\$6,000
	<u>\$8,000</u>

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