

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

, 2015, ending

, 20

See separate instructions.

Your first name and initial

FABIO

Last name

LOURENCONI

Your social security number

616-62-4388

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street).

6 WILDWOOD ROAD

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).

Cromwell

CT

06416

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

You Spouse

Filing Status

- 1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above

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 Yourself. If someone can claim you as a dependent, do not check box 6a
6b Spouse

Boxes checked on 6a and 6b 1

Table with columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) Chk if child under age 17 qualifying for child tax credit (see instructions)

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

d Total number of exemptions claimed

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.

Main income table with rows 7-22 including Wages, interest, dividends, business income, capital gain, etc.

Adjusted Gross Income

Adjusted Gross Income table with rows 23-37 including educator expenses, health savings account deduction, moving expenses, etc.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 37,416
39a Check if: You were born before January 2, 1951, Blind. Total boxes checked 39a
b Spouse was born before January 2, 1951, Blind. checked 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 31,116
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 27,116
44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44 3,608
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 3,608
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 credit. 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 3,608
57 Self-employment tax. Attach Schedule SE 57 5,689
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
60b 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 Form 8959 b Form 8960 c Instructions; enter code(s) 62
63 Add lines 56 through 62. This is your total tax 63 9,297

Standard Deduction for -
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,250

Other Taxes

64 Federal income tax withheld from Forms W-2 and 1099 64
65 2015 estimated tax payments and amount applied from 2014 return 65
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 0
75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a
b Routing number c Type: Checking Savings
d Account number
77 Amount of line 75 you want applied to your 2016 estimated tax 77
78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78 9,464
79 Estimated tax penalty (see instructions) 79 167

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64
65 2015 estimated tax payments and amount applied from 2014 return 65
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 0

Refund

Direct deposit? See instructions.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a
b Routing number c Type: Checking Savings
d Account number
77 Amount of line 75 you want applied to your 2016 estimated tax 77
78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78 9,464
79 Estimated tax penalty (see instructions) 79 167

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78 9,464
79 Estimated tax penalty (see instructions) 79 167

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No X
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
24388 03-18-2016
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Identity Protection PIN (see inst.)

Paid Preparer Use Only

Preparer's signature Date Check X if PTIN self-employed P01636359
Print/Type preparer's name ABDULLAH ISEL
Firm's name ISEL ACCOUNTING AND TAX SERVICES Firm's EIN 47-2215477
Firm's address 234 HOBART STREET Meriden, CT 06450 Phone no. 203-535-2764

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2015**

Department of the Treasury  
Internal Revenue Service (99)

► 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.

Attachment  
Sequence No. **09**

Name of proprietor <b>FABIO LOURENCONI</b>		Social security number (SSN) <b>616-62-4388</b>
A Principal business or profession, including product or service (see instructions) <b>PIZZA RESTAURANT</b>		B Enter code from instructions ► <b>722511</b>
C Business name. If no separate business name, leave blank. <b>FL PIZZA LLC</b>		D Employer ID number (EIN), (see instr.) <b>47-1436050</b>
E Business address (including suite or room no.) ► <b>307 MAIN ST</b> City, town or post office, state, and ZIP code <b>Cromwell CT 06416</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G 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
H If you started or acquired this business during 2015, check here		<input type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income			
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	348,806
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	348,806
4	Cost of goods sold (from line 42)	4	132,082
5	<b>Gross profit.</b> Subtract line 4 from line 3	5	216,724
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	<b>Gross income.</b> Add lines 5 and 6	7	216,724

Part II Expenses. Enter expenses for business use of your home <b>only</b> on line 30.			
8	Advertising	8	7,981
9	Car and truck expenses (see instructions)	9	6,900
10	Commissions and fees	10	11,544
11	Contract labor (see instructions)	11	
12	Depletion	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	
14	Employee benefit programs (other than on line 19)	14	
15	Insurance (other than health)	15	5,623
16	Interest:		
	a Mortgage (paid to banks, etc.)	16a	
	b Other	16b	
17	Legal and professional services	17	1,500
18	Office expense (see instructions)	18	5,929
19	Pension and profit-sharing plans	19	
20	Rent or lease (see instructions):		
	a Vehicles, machinery, and equipment	20a	24,000
	b Other business property	20b	11,510
21	Repairs and maintenance	21	3,751
22	Supplies (not included in Part III)	22	5,401
23	Taxes and licenses	23	220
24	Travel, meals, and entertainment:		
	a Travel	24a	
	b Deductible meals and entertainment (see instructions)	24b	153
25	Utilities	25	18,486
26	Wages (less employment credits)	26	64,826
27	Other expenses (from line 48):		
	a	27a	8,639
	b Reserved for future use	27b	
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28	176,463
29	Tentative profit or (loss). Subtract line 28 from line 7	29	40,261
30	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	30	
31	<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.	31	40,261
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <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.	32a	<input type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

Name(s) **FABIO LOURENCONI** SSN **616-62-4388**

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

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	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
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36 132,082
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 132,082
41	Inventory at end of year	41
42	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4	42 132,082

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	01-01-2015
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:	
	a Business <u>12,000</u> b Commuting (see instructions) _____ c Other _____	
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

BANK SERVICE CHARGES	4,883
TELEPHONE AND INTERNET	3,756
48 <b>Total other expenses.</b> Enter here and on line 27a	48 8,639

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2015**

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.**

Attachment  
Sequence No. **17**

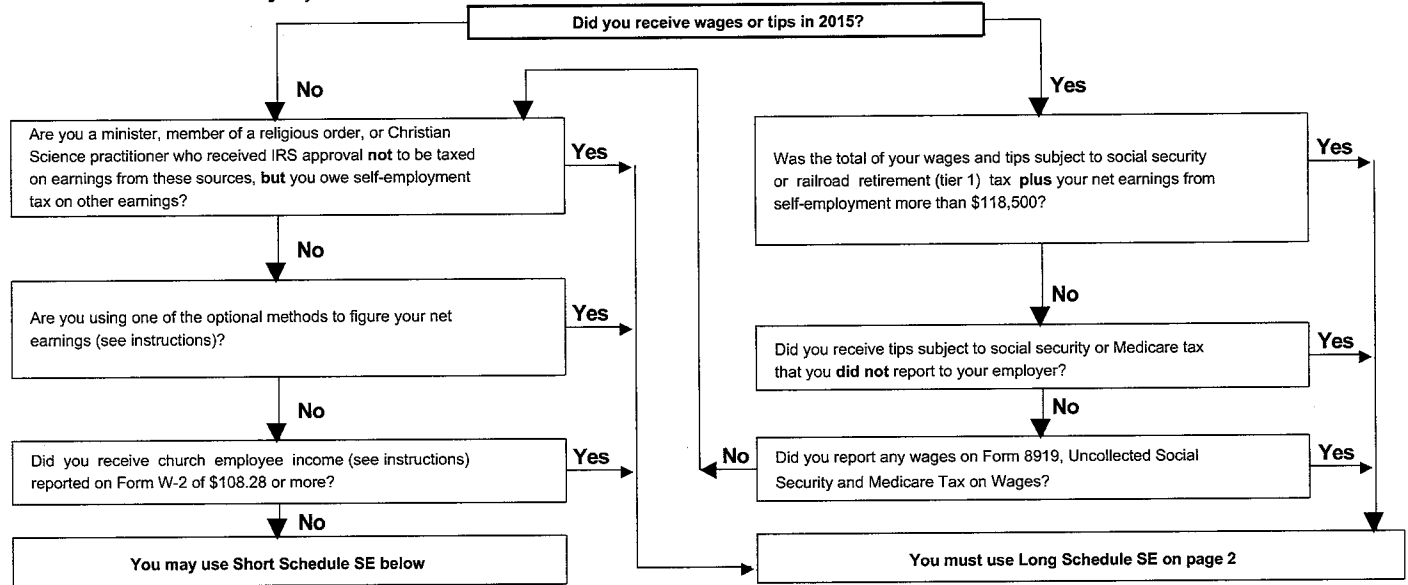
Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)  
**FABIO LOURENCONI**

Social security number of person  
with **self-employment** income ► **616-62-4388**

**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>	40,261
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	40,261
<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>	37,181
<b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>5 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,</b> or <b>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>	5,689
<b>6 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>	2,845

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

**Schedule SE (Form 1040) 2015**

**Payment Voucher Filing Instructions**

**2015**

**Date to file by:** 04-18-2016

**Payment:** \$9,464

**Address to file:** Internal Revenue Service  
P.O. Box 37008  
Hartford, CT 06176-7008

**Other Instructions:** If paper-filing your 2015 return, mail the tax return, voucher, and check to the address on the voucher. Do not staple the voucher and payment to the return or to each other.

If your return was e-filed, mail the voucher and check to the address on the voucher.

Make your check or money order payable to "United States Treasury". Enter your SSN and "2015 Form 1040" on your check or money order.

To pay by credit card, go to [www.1040paytax.com](http://www.1040paytax.com).

**Taxpayer Records:**

**Amount Paid** \_\_\_\_\_

**Check Number** \_\_\_\_\_

**Date Mailed** \_\_\_\_\_

Form **1040-V** (2015)

▼ **Detach Here and Mail With Your Payment and Return** ▼

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

**Payment Voucher**

OMB No. 1545-0074

**2015**

▶ **Do not staple or attach this voucher to your payment or return.**

1 Your social security number (SSN)  616-62-4388	2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	Dollars  9,464	Cents
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EEA

FABIO LOURENCONI  
6 WILDWOOD ROAD  
Cromwell, CT 06416

Internal Revenue Service  
P.O. Box 37008  
Hartford, CT 06176-7008

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

616624388 PL LOUR 30 0 201512 610

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.  
▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at [www.irs.gov/form8879](http://www.irs.gov/form8879).

**2015**

Submission Identification Number (SID) ▶

Taxpayer's name <b>FABIO LOURENCONI</b>		Social security number <b>616-62-4388</b>
Spouse's name		Spouse's social security number

<b>Part I Tax Return Information - Tax Year Ending December 31, 2015</b> (Whole Dollars Only)		
<b>1</b>	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	<b>1</b> 37,416
<b>2</b>	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	<b>2</b> 9,297
<b>3</b>	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	<b>3</b>
<b>4</b>	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	<b>4</b>
<b>5</b>	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	<b>5</b> 9,464

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

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

**Taxpayer's PIN: check one box only**

I authorize ISEL ACCOUNTING AND TAX SER to enter or generate my PIN 24388  
ERO firm name Enter five digits, but do not enter all zeros  
as my signature on my tax year 2015 electronically filed income tax return.

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_  
ERO firm name Enter five digits, but do not enter all zeros  
as my signature on my tax year 2015 electronically filed income tax return.

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only - continue below**

**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 065511-26491  
Do not enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ 03-18-2016

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

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name FABIO LOURENCONI

Taxpayer address (optional)

6 WILDWOOD ROAD

Cromwell, CT 06416

1.  Your federal income tax return for 2015 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by ISEL ACCOUNTING AND TAX SERVI
2.  Your return was accepted on \_\_\_\_\_ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is \_\_\_\_\_.
3.  Your return was accepted on \_\_\_\_\_. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4.  Your electronic funds withdrawal payment request was accepted for processing.
5.  Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6.  Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.  
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

### If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, please allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### **If You Owe Tax**

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### **If You Need to Inquire About Your Electronic Funds Withdrawal Payment**

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### **Tax Refund Related Financial Products**

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

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## **Instructions for Electronic Return Originators**

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**Line 2 - PIN Presence Indicator** - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS e-file Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS e-file Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

**Line 3 - Exception Processing** - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

**Line 4 - Payment Acknowledgement Literal** - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

**Line 5 - Payment Acknowledgement Literal** - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

**Note:** EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

FABIO LOURENCONI

Estimated Tax Voucher Filing Instructions

2016

Name(s) as shown on return

FABIO LOURENCONI

Your social security number

616-62-4388

Date to file by: 04-18-2016

Payment: \$2,330

Payment Method: Make your check or money order payable to "United States Treasury". Do not send cash. Enter "2016 Form 1040-ES" and your SSN on your check or money order. To pay by credit card, go to www.1040paytax.com.

Address to file: Internal Revenue Service
P.O. Box 37007
Hartford, CT 06176-7007

Other Instructions: Detach the appropriate voucher along the dotted line and mail it with your payment. Enclose, but do not staple or attach, your payment with the voucher.

Taxpayer Records:

Amount Paid \_\_\_\_\_

Check Number \_\_\_\_\_

Date Mailed \_\_\_\_\_

(Cut here)

Form 1040-ES

2016 Payment 1 Voucher

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2016 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year -- Due April 18, 2016

Amount of estimated tax you are paying by check or money order.

2,330

1024

FABIO LOURENCONI
6 WILDWOOD ROAD
Cromwell, CT 06416

P.O. Box 37007
Hartford, CT 06176-7007

Estimated Tax Voucher Filing Instructions

2016

Name(s) as shown on return

FABIO LOURENCONI

Your social security number

616-62-4388

Date to file by: 06-15-2016

Payment: \$2,330

Payment Method: Make your check or money order payable to "United States Treasury". Do not send cash. Enter "2016 Form 1040-ES" and your SSN on your check or money order. To pay by credit card, go to www.1040paytax.com.

Address to file: Internal Revenue Service
P.O. Box 37007
Hartford, CT 06176-7007

Other Instructions: Detach the appropriate voucher along the dotted line and mail it with your payment. Enclose, but do not staple or attach, your payment with the voucher.

Taxpayer Records:

Amount Paid \_\_\_\_\_

Check Number \_\_\_\_\_

Date Mailed \_\_\_\_\_

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1040-ES

2016 Payment 2
Voucher

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2016 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year -- Due June 15, 2016

Amount of estimated tax you are paying
by check or
money order.

2,330

1024

FABIO LOURENCONI
6 WILDWOOD ROAD
Cromwell, CT 06416

P.O. Box 37007
Hartford, CT 06176-7007

Estimated Tax Voucher Filing Instructions

2016

Name(s) as shown on return

FABIO LOURENCONI

Your social security number

616-62-4388

Date to file by: 09-15-2016

Payment: \$2,330

Payment Method: Make your check or money order payable to "United States Treasury". Do not send cash. Enter "2016 Form 1040-ES" and your SSN on your check or money order. To pay by credit card, go to www.1040paytax.com.

Address to file: Internal Revenue Service
P.O. Box 37007
Hartford, CT 06176-7007

Other Instructions: Detach the appropriate voucher along the dotted line and mail it with your payment. Enclose, but do not staple or attach, your payment with the voucher.

Taxpayer Records:

Amount Paid \_\_\_\_\_

Check Number \_\_\_\_\_

Date Mailed \_\_\_\_\_

(Cut here)

Form 1040-ES

2016 Payment 3 Voucher

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2016 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year -- Due Sept. 15, 2016

Amount of estimated tax you are paying by check or money order.

2,330

1024

FABIO LOURENCONI
6 WILDWOOD ROAD
Cromwell, CT 06416

P.O. Box 37007
Hartford, CT 06176-7007

Estimated Tax Voucher Filing Instructions

2016

Name(s) as shown on return

FABIO LOURENCONI

Your social security number

616-62-4388

Date to file by: 01-17-2017

Payment: \$2,330

Payment Method: Make your check or money order payable to "United States Treasury". Do not send cash. Enter "2016 Form 1040-ES" and your SSN on your check or money order. To pay by credit card, go to www.1040paytax.com.

Address to file: Internal Revenue Service
P.O. Box 37007
Hartford, CT 06176-7007

Other Instructions: Detach the appropriate voucher along the dotted line and mail it with your payment. Enclose, but do not staple or attach, your payment with the voucher.

Taxpayer Records:

Amount Paid \_\_\_\_\_

Check Number \_\_\_\_\_

Date Mailed \_\_\_\_\_

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1040-ES

2016 Payment 4
Voucher

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2016 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year -- Due Jan. 17, 2017

Amount of estimated tax you are paying
by check or
money order.

2,330

1024

FABIO LOURENCONI
6 WILDWOOD ROAD
Cromwell, CT 06416

P.O. Box 37007
Hartford, CT 06176-7007

**Summary of Estimates**

**2016**

Name(s) as shown on return

**FABIO LOURENCONI**

Your SSN/EIN

**616-62-4388**

Federal

Form: 1040-ES

**Payment Schedule**

Due Date	04-18-2016	06-15-2016	09-15-2016	01-17-2017	Total
Total Installment Amount	2,330	2,330	2,330	2,330	9,320
Overpayment Applied	0	0	0	0	0
Net Installment Due	2,330	2,330	2,330	2,330	9,320

**Taxpayer Records**

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

Keep for Your Records

Name(s) as shown on return

FABIO LOURENCONI

Your social security number

616-62-4388

Use this worksheet if you answered "Yes" to Step 5, question 3.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

**Part 1**

**Self-Employed,  
Members of the  
Clergy, and  
People With  
Church  
Employee  
Income Filing  
Schedule SE**

- 1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies.
- 1b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.
- 1c. Combine lines 1a and 1b.
- 1d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies.
- 1e. Subtract line 1d from 1c.

1a	40,261
+	1b
=	1c 40,261
-	1d 2,845
=	1e 37,416

**Part 2**

**Self-Employed  
NOT Required  
To File  
Schedule SE**

For example, your net earnings from self-employment were less than \$400.

2. Do not include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.
  - a. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A\*.
  - b. Enter any 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\*.
  - c. Combine lines 2a and 2b.

2a	
+	2b
=	2c

\*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.

**Part 3**

**Statutory  
Employees  
Filing Schedule  
C or C-EZ**

3. Enter the amount from Schedule C, line 1c, or Schedule C-EZ, line 1c, that you are filing as a statutory employee.

3	
---	--

**Part 4**

**All Filers Using  
Worksheet B**

4. Combine lines 1e, 2c, and 3. This is your total self-employed income.

4	37,416
---	--------

Need more information or forms? Visit [IRS.gov](http://IRS.gov).

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**Form CT-1040 - 2015**  
Connecticut Resident Income Tax Return

Page 1 of 4

Other taxable year, beginning: and ending:

Y S N FJ N FS N HH N QW

616 - 62 - 4388 - -

FABIO LOURENCONI N Dec.

N Dec.

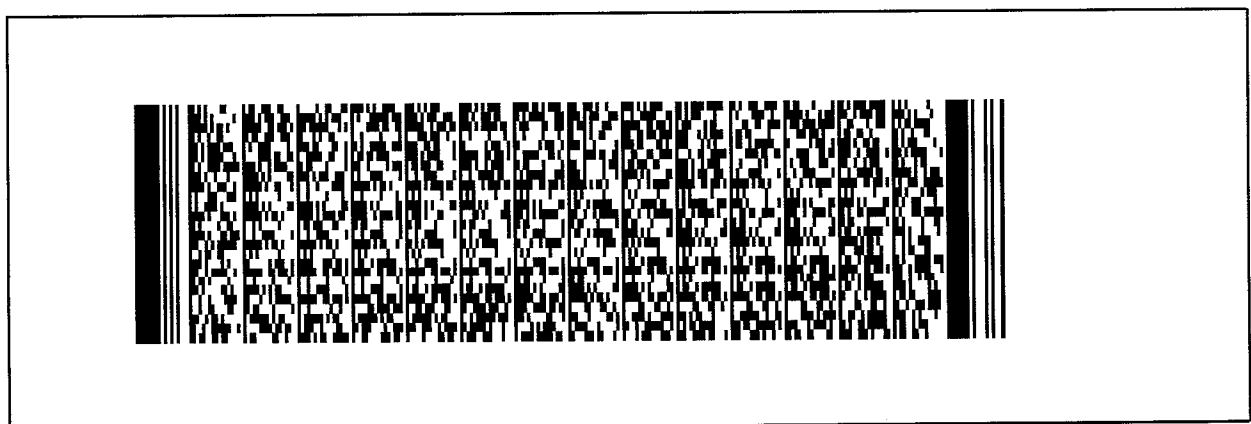
6 WILDWOOD RD N CT-2210

N CT-8379 N CT-1040CRC

CROMWELL CT 06416 - •

1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.	37416
2. Additions to federal adjusted gross income (from Schedule 1, Line 38)	2.	0
3. Add Line 1 and Line 2	3.	37416
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5. <b>Connecticut adjusted gross income:</b> Line 4 subtracted from Line 3.	5.	37416
6. Income tax	6.	1256
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	0
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	1256
9. Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10. Add Line 8 and Line 9.	10.	1256
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68)	11.	0
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	1256
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14. <b>Connecticut income tax:</b> Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	1256
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16. <b>Total tax:</b> Add Line 14 and Line 15.	16.	1256

Clip check here. Do not staple.  
Do not send W-2 or 1099 forms.



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17. Amount from Line 16

17. 1256

W-2, W-2G, and 1099 Information

Col. A - Employer or Payer's Fed. ID #      Col. B - CT Wages, Tips, etc.      Col. C - CT Income Tax Withheld

18a.	-	•	0	0
18b.	-	•	0	0
18c.	-	•	0	0
18d.	-	•	0	0
18e.	-	•	0	0

18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f. 0

18. Total Connecticut income tax withheld: Amounts in Column C.	18.	0
19. All 2015 estimated tax payments and any overpayments applied from a prior year	19.	0
20. Payments made with Form CT-1040 EXT	20.	0
20a. Earned income tax credit (from Schedule CT-EITC, Line 16)	20a.	0
20b. Claim of right credit (from Form CT-1040CRC, Line 6)	20b.	0
21. Total payments: Add Lines 18, 19, 20, 20a and 20b.	21.	0
22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.	22.	0

23. Amount of Line 22 you want applied to your 2016 estimated tax	23.	0
24. CHET contribution (from Schedule CT-CHET, Line 4)	24.	0
24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)	24a.	0

25. Refund: Lines 23, 24, and 24a subtracted from Line 22. **25.** 0  
 If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

25a. Acct. type      Ck.      Sv.      25b. Rout. #      25c. Acct. #

25d. Refund going to a bank account outside the U.S.	25d.	N
26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.	26.	1256
27. If late: Penalty entered. Line 26 multiplied by 10% (.10).	27.	0
28. If late: Interest entered.	28.	0
Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).	29.	0
29. Interest on underpayment of estimated tax (from Form CT-2210)	29.	0
30. Total amount due: Add Lines 26 through 29.	30.	1256

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	24388	Date		Home/cell telephone number
Spouse's signature (if joint return)		Date		Daytime telephone number
Paid preparer's signature	26491	Date	03-18-2016	Preparer's SSN or PTIN
		Telephone number	203-535-2764	P01636359
Firm's name, address, and ZIP code	ISEL ACCOUNTING AND TAX SERVIC			FEIN
	234 HOBART STREET MERIDEN CT 06450			472215477

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)

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Sign Here  
Keep a copy for your records.

10400015V031024



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**Schedule 1 - Modifications to Federal Adjusted Gross Income**

31. Interest on state and local government obligations other than Connecticut	31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	0
33. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	33.	0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	34.	0
35. Loss on sale of Connecticut state and local government bonds	35.	0
36. Domestic production activities (from federal Form 1040, Line 35)	36.	0
37. Other - specify •	37.	0
38. <b>Total additions:</b> Add Lines 31 through 37.	38.	0
39. Interest on U.S. government obligations	39.	0
40. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	40.	0
41. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	41.	0
42. Refunds of state and local income taxes	42.	0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	43.	0
44. Military retirement pay	44.	0
45. 10% of Connecticut teacher's retirement pay	45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	46.	0
47. Gain on sale of Connecticut state and local government bonds	47.	0
48. CHET contributions Acct. #:	48.	0
49. Other - specify •	49.	0
50. <b>Total subtractions:</b> Add Lines 39 through 49.	50.	0

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

51. Modified Connecticut adjusted gross income	51.	0
	<b>Col. A</b>	<b>Col. B</b>
52. Qualifying jurisdiction's name and two-letter code	52.	•
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	0
54. Line 53 divided by Line 51	54.	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0
56. Line 54 multiplied by Line 55	56.	0
57. Income tax paid to a qualifying jurisdiction	57.	0
58. Lesser of Line 56 or Line 57	58.	0
59. Total credit: Add Line 58, all columns.	59.	0

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**Schedule 3 - Property Tax Credit**

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District			
Description of Property			
Date(s) Paid			
Amount Paid	60.	61.	62.
63. Total property tax paid: Add Lines 60, 61, and 62.			63.
64. Maximum property tax credit allowed			64.
65. Lesser of Line 63 or Line 64.			65.
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.			66.
67. Line 65 multiplied by Line 66.			67.
68. Line 67 subtracted from Line 65.			68.

**Schedule 4 - Individual Use Tax**

69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	69a.	0
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	69b.	0
69c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c.	0
69. Individual use tax: Add Lines 69a, 69b, and 69c.	69.	0

**Schedule 5 - Contributions to Designated Charities**

70a. AR	70a.	0
70b. OT	70b.	0
70c. ES/W	70c.	0
70d. BCR	70d.	0
70e. SNS	70e.	0
70f. MR	70f.	0
70g. CBS	70g.	0
70. Total Contributions: Add Lines 70a through 70g.	70.	0
Taxpayer email		



CTWK\_A5

State / Local tax payments made after 12/31/2015 that  
will be deductible on 2016 Federal Schedule A

2015

Name(s) as shown on return

FABIO LOURENCONI

Your Social Security Number

616-62-4388

**A. 2015 Income taxes due that were paid after 12/31/2015**

A1.	4th quarter estimate/extension (may be adj. by refund) . . . . .	_____	
A2.	Amount paid with return . . . . .	<u>1,256</u>	
A3.	Total payments made in 2016 . . . . .	_____	A. <u>1,256</u>

**B. Adjustments made to payments**

B1.	Interest & Penalty . . . . .	_____	
B2.	Contributions, Donations, Checkoffs . . . . .	_____	
B3.	Other Tax payments (Use Tax, property tax, tangible tax, etc) . . . . .	_____	
B4.	Total adjustments . . . . .	_____	B. _____

C.	Total tax payments deductible in 2016 (Line A less line B) . . . . .	_____	C. <u>1,256</u>
----	--	-------	-----------------