

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 YOUNG SOO	Last name KIM	Your social security number 152-04-0907
If a joint return, spouse's first name and initial HYUN JUNG	Last name YOO	Spouse's social security number 050-98-8300

Home address (number and street). If you have a P.O. box, see instructions.
43-31 194TH STREET 1ST FL 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).
FLUSHING NY 11358

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

Filing Status

1	<input type="checkbox"/> Single	4	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	5	<input type="checkbox"/> Qualifying widow(er) with dependent child
3	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶		

Check only one box.

Exemptions

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

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qual. for child tax credit (see instr.)
ABRAHAM J	KIM	112-96-2006	Son	<input checked="" type="checkbox"/>
DAVID J	KIM	112-96-0029	Son	<input checked="" type="checkbox"/>
JOSEPH	KIM	071-02-6782	Son	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed **5**

Boxes checked on 6a and 6b **2**

No. of children on 6c who:

- lived with you **3**
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **5**

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	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	25,882
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
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	20a	
b	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	25,882

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of performing artists, and fee-basis government artists. Attach Form 2106 or 2106-EZ	24	
25	Health insurance for self and spouse. Attach Form 8889	25	
26	Medical expenses. Attach Form 8889	26	
27	Self-employment tax. Attach Schedule SE	27	1,829
28	Self-employment tax	28	
29	Self-employment tax	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony	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	1,829
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	24,053

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

DAA

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