

The ASG has adopted legislation providing that the U.S. Internal Revenue Code in effect on December 31, 2000, shall be applicable in American Samoa for all years thereafter, except as amended or incompatible with other American Samoa laws. Please use the 2000 tax table for computation of your tax

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

Please print or type	Your first name and initial	Last name	Your social security number	
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number	
	Home address (name of village). If you have a P.O. Box		Home phone No.	Business phone No.
	City, town or post office, state, and ZIP code. If you have a foreign address		Do you live in a rental home Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

**Filing Status**

Check only one box.

1  Single

2  Married filing joint return (even if only one had income)

3  Married filing separate return. Enter spouse's social security no. above and full name here. ▶

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

5  Qualifying widow(er) with dependent child (year spouse died \_\_\_\_\_).

**Exemptions**

6a  Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

6b  Spouse

c Dependents:		(2) Date of Birth	(3) Dependent's social security number	(4) Dependent's relationship to you	(5) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 20)
(1) First name	Last name				
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

d Total number of exemptions claimed

No. of boxes checked on 6a & 6b

No. of your children on 6c

- lived with you
- did not live with you due to divorce or separation

Dependents on 6c not entered above

Add numbers entered on lines above

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	<input type="text"/>
7b	Tax-exempt income (as per ASCA PL 27-13) Attach Worksheet	7b	<input type="text"/>
8a	Taxable interest. Attach Schedule B if required	8a	<input type="text"/>
8b	Tax-exempt interest. Do not include on line 8a	8b	<input type="text"/>
9	Ordinary dividends. Attach Schedule B if required	9	<input type="text"/>
10	Taxable refunds, credits, or offsets of state and local income taxes	10	<input type="text"/>
11	Alimony received	11	<input type="text"/>
12	Business income or (loss). Attach Schedule C or C-EZ	12	<input type="text"/>
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	<input type="text"/>
14	Other gains or (losses). Attach Form 4797	14	<input type="text"/>
15a	Total IRA distributions	15a	<input type="text"/>
15b	Taxable amount	15b	<input type="text"/>
16a	Total pensions and annuities	16a	<input type="text"/>
16b	Taxable amount	16b	<input type="text"/>
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	<input type="text"/>
18	Farm income or (loss). Attach Schedule F	18	<input type="text"/>
19	Unemployment compensation	19	<input type="text"/>
20a	Social security benefits	20a	<input type="text"/>
20b	Taxable amount	20b	<input type="text"/>
21	Other income. List type and amount	21	<input type="text"/>
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	<input type="text"/>

**Adjusted Gross Income**

23	IRA deduction	23	<input type="text"/>
24	Student loan interest deduction	24	<input type="text"/>
25	Medical savings account deduction. Attach Form 8853	25	<input type="text"/>
26	Moving expenses. Attach Form 3903	26	<input type="text"/>
27	One-half of self-employment tax. Attach Schedule SE / 1040ES	27	<input type="text"/>
28	Self-employed health insurance deduction	28	<input type="text"/>
29	Self-employed SEP, SIMPLE, and qualified plans	29	<input type="text"/>
30	Penalty on early withdrawal of savings	30	<input type="text"/>
31a	Alimony paid b Recipient's SSN ▶ : :	31a	<input type="text"/>
32	Add lines 23 through 31a	32	<input type="text"/>
33	Subtract line 32 from line 22. This is your adjusted gross income ▶	33	<input type="text"/>

	34 Amount from line 33 (adjusted gross income)		34	
<b>Tax and Credits</b>  <b>Standard Deduction for Most people</b> Single: \$4,400.00 Head of household: \$6,450.00 Married filing jointly or Qualifying widow(er): \$7,350.00 Married filing separately: \$3,675.00	35a Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind, <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	▶ 35a		
	35b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, check here	▶ 35b		
	36 Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent			
	37 Subtract line 36 from line 34			
	38 If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, use the worksheet (page 14) for the amount to enter			
	39 <b>Taxable income.</b> Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-			
	40 <b>Tax</b> (2000 Tax Table). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972			
	41 Alternative minimum tax. Attach Form 6251			
	42 Add lines 40 and 41			
	43 Foreign tax credit. Attach Form 1116 if required	▶ 43		
44 Credit for child and dependent care expenses. Attach Form 2441	▶ 44			
45 Credit for the elderly or the disabled. Attach Schedule R	▶ 45			
46 Education credits. Attach Form 8863	▶ 46			
47 Child tax credit	▶ 47			
48 Adoption credit. Attach Form 8839	▶ 48			
49 Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	▶ 49			
50 Add lines 43 through 49. These are your total credits				
51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-				
<b>Other Taxes</b>	52 Self-employment tax. Attach Schedule SE			
	53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required			
	54 Household employment taxes. Attach Schedule H			
	55 Add lines 51 through 54.			
	56 American Samoa Minimum Tax (4% of the AGI, line 34 or attach worksheet if PL 27-13 applies)			
	57a This is your <b>total income tax</b> : line 55 or 56 whichever is larger			
	57b Wage Tax (2% of line 7)			
57c Total tax (add line 57a and line 57b)				
<b>Payments</b>  Attach Forms W-2AS, W-2G and 1099 on the front	58 Samoa income and wage tax withheld from Forms W-2AS and 1099	▶ 58		
	59 2015 estimated tax payments and amount applied from 2013 return	▶ 59		
	60 Earned income credit (EIC). (Not applicable in American Samoa)	▶ 60		
	61 Excess social security and RRTA tax withheld (Not Applicable)	▶ 61		
	62 Additional child tax credit. Attach Form 8812	▶ 62		
	63 Amount paid with request for extension to file.	▶ 63		
	64 Other payments. Check if from <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	▶ 64		
65 Add lines 58, 59, and 62 through 64. These are your <b>total payments</b>				
66 If line 65 is more than line 57c, subtract line 57c from line 65. This is the amount you overpaid				
67 Amount of line 66 you want refunded to you				
68 Amount of line 66 you want applied to your 2016 estimated tax	▶ 68			
<b>Amount you owe</b>	69 If line 57c is more than line 65, subtract line 65 from line 57c. This is the amount you owe. For details on how to pay, (Call the ASG Tax Office, refer to the Collection Section)			
	70 Estimated tax penalty. Also include on line 69	▶ 70		
<b>Third Party Designee</b>	71 Do you want to allow another person to discuss this return with the Tax Office? <input type="checkbox"/> Yes Complete the following <input type="checkbox"/> No			
	Designee's Name _____ Telephone Number _____ Personal Identification Number (PIN) _____			
<b>Sign Here</b>	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? Both spouses must sign. Keep a copy for records	Your signature _____ Date _____ Your occupation _____ Day time phone number _____		
	Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____ Day time phone number _____			
<b>Paid preparer's Use Only</b>	Preparer's signature _____ Date _____ Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN _____			
	Firm's name (or yours if self-employed), address, and ZIP code _____ EIN _____ Phone no. ( ) _____			