Must say 2017

The same of the Treasury - Internal Revenue Service (99)

U.S. Individual Income Tax Return

Must say 2017

or 2016

For the year Jan. 1-	Dec. 31, 201	6. or other tax year harringing			2016 ***	dea	00	007-9 11-0			ne or staple in this i	space.
For the year Jan. 1-Dec. 31, 2016, or other tax year beginning Your first name and initial If a joint return, spouse's first name and initial			Last name		, 2016, en	unig	, 20		_		e instructions.	
			TOTAL CONTROL OF					1.0	Your social security number			
			Last name						Se	ouse's socia	al security number	
											second number	
Home address (num	ber and stre	et).						Apt. no.	+	▲ Make s	ure the SSN(s)	ahove
									14		n line 6c are co	
City, fown or post of	ffice, state, a	nd ZIP code. If you have a foreign as	idress, also	complete s	paces below (se	e instructions).			$\top$	President	lal Election Campa	ign
											ou, or your spouse if	
Foreign country nan	ne			Foreign	province/state/ci	ounty	Foreign	postal code	ab	ox below will	to go to this fund. Cl not change your ta	
									ref	und.	You X	Spouse
Filing 1	Single									See instruction		
Status		rried filling jointly (even if only one had income) the qualifying person is a child but not your de child's name here.								репоси, еп	er uns	
Check only one		red filing separately. Enter spouse's SSN above										
oox.		name here.			- 5		widow(er	) with dep	enden	t child		
Exemptions		Yourself. If someone ca	in claim y	ou as a o	lependent, d	o not check l	box 6a			}	Boxes checked on 6a and 6b	1 2
	ь	X Spouse			<del>,</del>				1000		No. of children	-
	C	Dependents:			(2) Deno	odenře	(3) Depen relationship		age	hk if child und 17 qualifying		w 1
	(1) First nan	Provide the tax do	: H	NO	TE: If you	file			(500	nild tax credit instructions	did not live	with
f more than four		you're claimed on-	- H	sepa	rately, pro	ovide –			₩-	౼	_ or separation (see instruction	
lependents, see		your name will be o	n H	vour o	wn tax do	c AND			-	H	Dependents or	
hock here		one of these lines	H	•	parent's ta				₩	-H-	_ not entered ab	OV9
nock field	d		-			_			1		- Add numbers on lines	
	7	Wages, salaries, tips, etc. /								· · ·	above	
ncome	8a	Taxable interest. Attach So				2 2 E				7		
	ь	Tax-exempt interest. Do n				8b				8a		
ttach Form(s)	9a	Ordinary dividends. Attach				00				0-		
V-2 here. Also ttach Forms	ь	Qualified dividends	3G leddie	Dill led	ulled	9ь				9a		
V-2G and	10	Taxable refunds, credits, or	offsets of	f state a	d local inco					10		
099-R if tax	11	Alimony received							11			
was withheld.	12	Business income or (loss).	Attach S	chedule	C or C-EZ					12		
	13	Capital gain or (loss). Attac						. <u>.</u>	$\Box$	13		
f you did not get a W-2,	14	Other gains or (losses). At								14		
ee instructions.	15a	IRA distributions	15a			b Ta	xable amo	unt		15b		
	16a	Pensions and annuities	16a			b Ta	xable amo	unt		16b		
	17	Rental real estate, royalties	, partners	ships, S	corporations	trusts, etc. A	Attach Sch	edule E		17		
	18	Farm income or (loss). Attach Schedule F							18			
	19	Unemployment compensati	on							19		
	20 a	Social security benefits 20a b Taxable amount							20b			
	21	Other income							21			
	22	Combine the amounts in the fa	r right colu	mn for line	s 7 through 2	1. This is your	total incon	ю	. ▶	22		
Adjusted	23	Educator expenses				🥫 23						
Gross	24	Certain business expenses of			_							
Income		fee-basis government officials.				-						
	25	Health savings account dec								8.3		
	26	Moving expenses. Attach Form 3903								10.00		
	27	Deductible part of self-employment tax. Attach Schedule SE . Self-employed SEP, SIMPLE, and qualified plans										
	28											
	29 30	Self-employed health insura										
	31a	Penalty on early withdrawa	or saving	<i>j</i> s	6060	30				8 . 3		
	31a	Alimony paid b Recipient's IRA deduction	S SSNP_			31a						
	33	Student loan interest deduc								17.4		
	34	Tuition and fees. Attach Fo										
	35	Domestic production activit								10.4	Adj	usted Gi
	36					J				36	Inco	ome (AG
	37	Subtract line 36 from line 2								37	fo	ound her

om 1040 (2015).			Be :	sure to incl	ude -					Page 2
	38	Amount from line 37 (adjusted	nam	e 2 of the 1	040			38		+-
ax and	39a	Check You were born	DOION	e z or ule a	1040	Total boxes				
redits		if: Spouse was bo				J checked ►				
	b	If your spouse itemizes on a se	parate return or	you were a dua	al-status alie	en, check here!	39b			
tandard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)  Subtract line 40 from line 38								-
eduction r-	41									
People who	42	Exemptions. If line 36 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions								
neck any ox on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0								
a or 39b or	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c						44		
no can be laimed as a	45	Alternative minimum tax (see instructions). Altach Form 6251						45		
lependent,	46	Excess advance premium tax credit repayment. Attach Form 8962								
structions.	47	Add lines 44, 45, and 46								
All others: Single or Married filing	48	Foreign tax credit, Attach For			_			5111		
	49	Credit for child and dependent care expenses. Attach Form 2441 49 Education credits from Form 8863, line 19								
eparately, 6,300	50									
tarried filing	51	Retirement savings contributions credit. Attach Form 8880 51								
intly or	52	Child tax credit. Attach Schedule 8812, if required								
tualifying ridow(er),										
12,600	53	Residential energy credits. Attach Form 5695								4
lead of ousehold,	54					1		55		+
9,250	55	Add lines 48 through 54. These are your total credits								+-
	56	Subtract line 55 from line 47.						56		+
	57	Self-employment tax. Attach Schedule SE								-
Other	58	Unreported social security ar	nd Medicare tax	from Form: 1	a 4137	b 🗌 891	9	58		-
axes	59	Additional tax on IRAs, other of	qualified retireme	int plans, etc. A	ttach Form	5329 if require	d	59		
anos	60a	Household employment taxes	from Schedule I	н				60a		
	b	First-time homebuyer credit re	epayment. Attach	Form 5405 if r	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	s is your total to	ж				63		
ayments	64	Federal income tax withheld						1000		
aymonto	65	2015 estimated tax payments a			-					
you have a	66a	Earned income credit (EIC)	200		_					
jualifying [	b									
child, attach Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67								
	68	- CONTROL OF THE PROPERTY OF T								
	080	American opportunity credit from Form 8863, line 8 68  Net premium tax credit, Attach Form 8962 69						-		
	69	그 보고 있는데 이번 사람들은 얼마를 가는데 보고 있다면 하다 없었다.					_			
	70	Amount paid with request fo			70		_	-		
	71	Excess social security and tier 1 RRTA tax withheld					_	-		
	72	Credit for federal tax on fuels. Attach Form 4136					_			
	73	Credits from Form: a 2439 b			73					
	74	Add lines 64, 65, 66s, and 6	7 through 73. Th	nese are your to	otal payme	ents		74		
Refund	75	If line 74 is more than line 60	3, subtract line	63 from line 74	. This is th	e amount you	overpaid	75		
	76a	그들이 얼마나면 되었다면 하고 말이 아니다 하는데								
Direct deposit?	<b>▶</b> b	Routing number		Aud dans Obsession	► c Type:	Checking [	Savings			
See	Þ d	Account number								1
instructions,	77	Amount of line 75 you want ap	oplied to your 20	16 estimated t	tax ▶   77					
Amount	78	Amount you owe. Subtract					uctions >	78		
You Owe	79	Estimated tax penalty (see in				1	1	10		100
	-	o you want to allow another pe					12 TV	e Comple	to balau   [	No
Third Party		esignee's	a son to discuss	Phone	in and and to	see mandenons	Personal ide	s. Comple	te below.	_ 140
Designee		ame >		no. Þ			number (PII			
Sign		nder penalties of perjury, I declare tha								bellet.
		ey are true, correct, and complete. De								
		Your signature Date Your occupation							phone number	
Here										
Here Joint return? See	1			Spouse's signature. If a joint return, both must sign. Date Spouse's occupation						Protecti
Here Joint return? See instructions. Keep a copy for	1	pouse's signature, If a joint return, I	both must sign.	Date	apruse a	o cuapanon		CRN andre		
Here Joint return? See instructions. Keep a copy for	1	pouse's signature. If a joint return, I	both must sign.	Date	Spulse a			PIN, enter here (see i	1	- 0
Here Joint return? See instructions, Keep a copy for your records.	S	pouse's signature. If a joint return, int/Type preparer's name	both must sign. Preparer's signati		spuise a 1	Date	_	here (see i	rst) PTIN	- 0
Here Joint return? See instructions. Keep a copy for your records.  Paid	S		- 5		Spruse a				rest.) PTIN	
Here Joint return? See instructions. Keep a copy for your records.  Paid Preparer Use Only	S		- 5		Spuces			Check	rst.) PTIN	