

Your first name and initial Marie		Last name Lincoln		OMB No. 1545-0074
If a joint return, spouse's first name and initial		Last name		Your social security number 4 1 2 3 4 5 6 7 0
Home address (number and street). If you have a P.O. box, see instructions. 4110 N.E. 13th Street		Apt. no.		Spouse's social security number : : :
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Miami, FL 33127				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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		
		Foreign postal code		

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

Exemptions If more than six dependents, see instructions.	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.				Boxes checked on 6a and 6b 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 2
	b <input type="checkbox"/> 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 qualifying for child tax credit (see instructions)	
	Steven Lincoln		412-34-5672	Son	<input checked="" type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
d Total number of exemptions claimed.						

Income Attach Form(s) W-2 here. Also attach Form(s) 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	43,600
	8a Taxable interest. Attach Schedule B if required.		8a	500
	b Tax-exempt interest. Do not include on line 8a.		8b	
	9a Ordinary dividends. Attach Schedule B if required.		9a	
	b Qualified dividends (see instructions).		9b	
	10 Capital gain distributions (see instructions).		10	
	11a IRA distributions.	11a	11b Taxable amount (see instructions).	11b
	12a Pensions and annuities.	12a	12b Taxable amount (see instructions).	12b
	13 Unemployment compensation and Alaska Permanent Fund dividends.		13	
	14a Social security benefits.	14a	14b Taxable amount (see instructions).	14b
15 Add lines 7 through 14b (far right column). This is your total income .		15	44,100	
Adjusted gross income	16 Educator expenses (see instructions).	16		
	17 IRA deduction (see instructions).	17		
	18 Student loan interest deduction (see instructions).	18		
	19 Reserved for future use.	19		
	20 Add lines 16 through 19. These are your total adjustments .	20		
21 Subtract line 20 from line 15. This is your adjusted gross income .		21	44,100	

Tax, credits, and payments**Standard Deduction for—**

• People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

If you have a qualifying child, attach Schedule EIC.

22	Enter the amount from line 21 (adjusted gross income).	22	44,100
23a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind } Total boxes checked ▶ 23a <input type="checkbox"/>		
b	If you are married filing separately and your spouse itemizes deductions, check here ▶ 23b <input type="checkbox"/>		
24	Enter your standard deduction .	24	9,350
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	34,750
26	Exemptions. Multiply \$4,050 by the number on line 6d.	26	8,100
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income .	27	26,650
28	Tax , including any alternative minimum tax (see instructions).	28	3,334
29	Excess advance premium tax credit repayment. Attach Form 8962.	29	
30	Add lines 28 and 29.	30	3,334
31	Credit for child and dependent care expenses. Attach Form 2441.	31	
32	Credit for the elderly or the disabled. Attach Schedule R.	32	
33	Education credits from Form 8863, line 19.	33	
34	Retirement savings contributions credit. Attach Form 8880.	34	
35	Child tax credit. Attach Schedule 8812, if required.	35	1,000
36	Add lines 31 through 35. These are your total credits .	36	1,000
37	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	2,334
38	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	38	
39	Add line 37 and line 38. This is your total tax .	39	2,334
40	Federal income tax withheld from Forms W-2 and 1099.	40	4,540
41	2017 estimated tax payments and amount applied from 2016 return.	41	
42a	Earned income credit (EIC).	42a	
b	Nontaxable combat pay election. 42b		
43	Additional child tax credit. Attach Schedule 8812.	43	
44	American opportunity credit from Form 8863, line 8.	44	
45	Net premium tax credit. Attach Form 8962.	45	
46	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments .	46	4,540

Refund

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

47	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid .	47	2,206
48a	Amount of line 47 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	48a	2,206
b	Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
49	Amount of line 47 you want applied to your 2018 estimated tax .	49	

Amount you owe

50	Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions.	50	
51	Estimated tax penalty (see instructions).	51	

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes**. Complete the following. ☐ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign here

Joint return? See instructions. Keep a copy for your records.

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the 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.) <input type="text"/>

Paid preparer use only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			