

Filing Checklist for 2016 Tax Return Filed On Standard Forms

Prepared on: 12/12/2016 07:14:59 am

Return: C:\Users\Smokey\Desktop\Tax\2016 Whittenburg\Chapter 1\Albert Gaytor Ch 1 2016 Tax Return.T16

To file your 2016 tax return, simply follow these instructions:

Step 1. Sign and date the return

Because you're filing a joint return, Albert and Allison both need to sign the tax return.

If your return is signed by a representative for you, you must have a power of attorney attached that specifically authorizes the representative to sign your return. To do this, you can use Form 2848, Power of Attorney and Declaration of Representative.

Step 2. Assemble the return

These forms should be assembled behind Form 1040 --U.S. Individual Income Tax Return

Staple these documents to the front of the first page of the return:

Form W-2: Wage and Tax Statement

1st

Step 3. Mail the return

Mail the return to this address:

**Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0002**

We recommend that you use one of these IRS-approved methods to send your return. Retain the proof of mailing to avoid a late filing penalty:

- U.S. Postal Service certified mail.
- DHL Express, Express 9:00, Express 10:30, Express 12:00, Express Worldwide, Express Envelope, Import Express 10:30, Import Express 12:00, and Import Express Worldwide.
- FedEx First Overnight, Priority Overnight, Standard Overnight, 2 Day, International Next Flight Out, International Priority, International First, or International Economy.
- United Parcel Service Next Day Air Early AM, Next Day Air, Next Day Air Saver, 2nd Day Air, 2nd Day Air A.M., Worldwide Express Plus, or Worldwide Express.

Step 4. Keep a copy

Print a second copy of the return for your records. We recommend that you also print and retain these supporting forms, which don't need to be sent to the IRS:

- Background Worksheet
- Dependents Worksheet
- Last Year's Data Worksheet
- Form 1099-INT/OID
- Health Care Coverage
- Health Care Summary

2016 return information - Keep this for your records

Here is some additional information about your 2016 return. Keep this information with your records.

You will need your 2016 AGI to electronically sign your return next year.

Quick Summary

Income		\$65,625
Adjustments	-	\$0
Adjusted gross income		\$65,625
Deductions	-	\$12,600
Exemption(s)	-	\$12,150
Taxable income		\$40,875
 Tax withheld or paid already		 \$6,120
Actual tax due	-	\$5,204
Refund applied to next year	-	\$0
Refund		\$916

Frgn ctry,prov/state/county,postal code:

Presidential **Note:** Checking a box below won't change your tax or refund.

Elec Campaign Check if you/spouse want \$3 to go to fund ☐ You ☐ Spouse

Filing Status **1** ☐ Single **4** ☐ Head of hshld. If qual person a child but not your dependent, child's name:

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately

5 ☐ Qual widow w/dep child

one box. Spouse name

Exemp- tions **6a** ☒ Yourself (but NOT if you can be someone's dependent)

b ☒ Spouse

c Dependents:

(1) First	Last Name	(2) SSN	(3) Rela- tionship	(4) # Children Crdt	# Lived w/ you	# Apart - div	# Other
Crocker	Gaytor	261-55-1212	Son		1		

If > 4 dependents, check here ☐ **d** Total number of exemptions claimed Add nos. above 3

MINI-WORKSHEET FOR LINE 7, WAGES

a. Wages not on W-2Self: Spouse:

b. Total from line a 0

Note: Line b includes spouse amounts only if you are married filing a joint return.

c. Wages from W-2's 65,250

d. Total for line 7 65,250

Income **7** Wages, etc 7 65,250

8a Taxable interest income. (Sch B if required) 8a 375

Attach copy B **b** Tax-exempt interest 8b 0

9a Ordinary dividends 9a 0

b Qual divs 9b 0

MINI-WORKSHEET FOR LINE 10, TAXABLE REFUNDS OF STATE AND LOCAL INCOME TAXES

Note: This mini-worksheet requires certain information from your 2015 income tax return. If you did not create this tax return using last year's tax data, complete the Last Year's Data Worksheet before continuing.

a. Sum of "special case" amounts from Forms 1099-G (based on Pub. 525) **a.** 0

(If so, see IRS Pub. 525 and enter your taxable refunds manually on line 10.)

b. Amount of refunds (up to diff betw deds):

i. Refunds received (Form 1099-G) 0

Check to use amount on line i ☒

Check to calculate limit on taxable amt ☐

Limitation on Taxable Amount

H&R Block load last year users who calculated (but did not use) sales tax deduction in 2015:

1. Sales tax you could have deducted in 2015

Line 1 comes from the Last Year's Data Worksheet. We blank out lines 2 - 9 if line 1 is calculated.

Others:

2. 2015 number of exemptions

3. 2015 adjusted gross income

4. 2015 nontaxable income
5. 2015 total available income
6. 2015 states of residence:
- (1) 2015 state at year-end
- 2015 locality
- 2015 state general sales tax rate %
- CA and NV: Enter your 2015 combined state and local general sales tax rate on the following line.**
- 2015 local general sales tax rate %
- (2) 2015 other state
- 2015 dates of residence in other state:
- From to
- 2015 locality
- 2015 state general sales tax rate %
- CA and NV: Enter your 2015 combined state and local general sales tax rate on the following line.**
- 2015 Local general sales tax rate %
7. 2015 total from tables
8. 2015 sales tax for major purchases
9. 2015 state and local sales tax ded (line 7 + line 8)
10. 2015 state and local inc tax ded
11. Ln 10 minus Ln 9 (or line 1, if applicable)
12. Smaller of lines b(i) and 11
- ii. Line b(i) or 12 **b.**
- Note:** We carry line 12 to line b if you indicate that you want to calculate the difference between your 2015 income and sales tax deductions. Otherwise we carry line b(i) to line b.
- c. Itemized deductions allowed in 2015 **c.**
- d. 2015 filing status **d.**
- If line d is "3", "X" if itemizing ☐
- e. 2015 minimum standard deduction **e.**
- f. Number of boxes x'd on 2015 Form 1040, line 39a **f.**
- g. Ln f x \$1200 (\$1550 if Ln d is 1 or 4) **g.**
- h. Reserved **h.**
- i. Reserved **i.**
- j. 2015 standard deduction (Ln e + Ln g) **j.**
- Note:** We blank line j if line d is X'd.
- k. Sum of lines h, i, and j **k.**
- l. Line c - line k (not < 0) **l.**
- m. Smaller of line b or line l **m.**
- n. Sum of lines a and m (to line 10) **n.** 0

of W-2,	10	Taxable refunds of state and local income taxes	10	0
W-2G, &	11	Alimony received	11	
1099-R	12	Business income or loss. Attach Sched C or C-EZ	12	0
here.	13	Capital gain/loss <input type="checkbox"/>	13	0
	14	Other gains or losses. Attach Form 4797	14	
	15a	IRA's 15a b Taxbl	15b	0
	16a	Pension, annuities 16a b Taxbl	16b	0
	17	Rent, royalty, partnership, S corp, trust (Sch E)	17	
	18	Farm income or loss. Attach Schedule F	18	0
	19	Unemploy compensation	19	
	20a	Soc Sec benefits 20a b Taxable	20b	
	21	Other income (type and amt)	21	0
	22	Combine lines 7 through 21. Your total income	22	65,625
Adjusted	23	Educator expenses 23		0

24	Certain bus expenses of reservists, artists, fee-basis gov't officials	24	0
25	Health savings acct ded (Fm 8889)	25	0
26	Moving exps (Form 3903)	26	0
27	Deductible self-empl tax (Sch SE)	27	0
28	SE SEP/SIMPLE/qualified plans.	28	0
29	Self-employed health ins deduction	29	0
30	Penalty on early w/drawal of svgs	30	0
31a	Alimony pd . . bRecip SSN ▶	31a	

**MINI-WORKSHEET FOR LINE 32,
IRA DEDUCTION**

- a. Your IRA deduction
- b. Your spouse's IRA deduction
- c. Total (to line 32) 0

Gross	32	IRA deduction (see instr)	32	0
-------	----	-------------------------------------	----	---

**MINI-WORKSHEET FOR LINE 33,
STUDENT LOAN INTEREST DEDUCTION**

Note: *If you are claimed as a dependent on someone else's return, or if you are married filing a separate return, you are not eligible for this deduction.*

- a. Qualifying interest
- b. Maximum interest deduction
- c. Eligible interest. Smaller line a or b
- d. Total income (Form 1040 line 22)
- e. Total of amounts from Form 1040, lines 23 through 32, and amount to left of line 36
- f. Foreign earned income and housing deduction
- g. Income excluded from Puerto Rico, Guam, American Samoa, or N. Mariana Islands
- h. Modified AGI. Ln d - Ln e + Ins f and g
- i. Phaseout threshold (\$65,000; \$130,000 jnt)
- j. Line h - line i
- k. Reduction amount (line c times line j divided by \$15,000 if not joint, \$30,000 joint)
- l. Deduction (line c - line k). To line 33

Income	33	Student loan interest deduction	33	
	34	Tuition & fees. Attach Form 8917	34	
	35	Dom. prod. act. ded. (Fm 8903)	35	0
	36	Lns 23 - 35 ▶	36	0
	37	Line 22 - line 36. Your adjusted gross income ▶	37	65,625

KIA

END OF PAGE 1

Albert T Gaytor

SSN: 266-51-1966

Not
For
Filing

Tax and 38 Amount from line 37 (adjusted gross income) 38 65,625

Credits 39a You born before Jan 2, 1952 Blind 39a 0
Sp born before Jan 2, 1952 Blind

MINI-WORKSHEET FOR LINE 39b
a. Married, filing separately and spouse itemizes
b. Are you a dual-status alien

b Sp itemizes on sep rtn/dual-status alien 39b

MINI-WORKSHEET FOR LINE 40,
STANDARD VS ITEMIZED DEDUCTION
a. Your standard deduction (calculated) 12,600
b. Itemized deductions (from Schedule A)
c. "X" if you are required to itemize (calculated)
d. "X" if you want to itemize, even if lower deduction
e. "X" if you are married filing separately and
are taking the standard deduction (calculated)
f. Larger of a. and b. (or, if c or d is "X", then b;
if e is "X", then a) Carry to line 40 12,600

40 Itemized deductions or standard deduction 40 12,600

Check here if you itemized

41 Subtract line 40 from line 38 41 53,025

MINI-WORKSHEET FOR PERSONAL EXEMPTIONS
a. Is amount on line 38 more than amount shown
below on line d for your filing status?
X No. Stop. Multiply \$4,000 by line 6d and
enter result on line 42.
Yes. Continue.
b. Line 6d multiplied by \$4,050
c. Amount on Line 38
d. Ceiling amount
Married filing jointly or
Qualifying widow(er) 311,300
Married filing separately 155,650
Single 259,400
Head of household 285,350
e. Line c minus line d
f. Is line e more than \$122,500 (\$61,250 if
married filing separately)?
Yes. Stop. Enter -0- on line 42.
No. Divide line e by \$2,500 (\$1,250
if married filing separately)
g. Line f multiplied by 2% (.02)
Note: We limit line g to 1.00.
h. Line b multiplied by line g
i. Deduction for exemptions.
Line b minus line h (to line 42)

42 Exemptions. If line 38 is \$155,650 or less, multiply
\$4,050 by number on line 6d (see instructions) 42 12,150

43 Taxable income. Ln 41 minus 42 (not less than 0) 43 40,875

FOREIGN EARNED INCOME TAX WORKSHEET
a. Form 1040, line 43
b. Form 2555, line 45 and 50, or Form 2555-EZ,
line 18
c. Total amount of itemized deductions or exclusions
you couldn't claim because they are related to
excluded income
d. Line b minus line c. If zero or less, enter 0
e. Combine lines a and d
f. Tax on line e
g. Tax on line d
h. Line f minus line g. If zero or less, enter 0

44	Tax. See instr. Check if total includes tax from a <input type="checkbox"/> 8814 b <input type="checkbox"/> 4972 c <input type="checkbox"/> _____	44	5,204
45	Alternative minimum tax. (Form 6251)	45	0
46	Excess adv prem tax cr repmt. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	5,204

**MINI-WORKSHEET FOR LINE 48,
FOREIGN TAX CREDIT**

- a.** Foreign tax credit from Form(s) 1099-DIV, 1099-INT, 1099-MISC, and Schedule(s) K-1 (partnerships/S corps) 0
Note: We blank line a if you use Form(s) 1116.
- b.** Smaller of line a. and line 44 0
- c.** Foreign tax credit from Form(s) 1116 0
- d.** Line b + line c. To line 48 0

48	Foreign tax credit (1116 if req'd)	48	0
49	Child care credit (Form 2441)	49	
50	Educ credits from Fm 8863, line 19	50	
51	Retirement savings crdt (Fm 8880)	51	0
52	Child tax credit	52	
Note: Attach Schedule 8812, if required.			
53	Residential energy crdts (Fm 5695)	53	
54	Other credits. Check: a <input type="checkbox"/> Fm 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> Specify _____	54	0
55	Add lines 48 through 54. Your total credits	55	0
56	Subtract line 55 from line 47 (not less than 0)	56	5,204
Other Taxes	57 Self-employment tax. (Sched SE)	57	0
58	Unreported tax from: a <input type="checkbox"/> Fm 4137 b <input type="checkbox"/> Fm 8919	58	0
59	Tax on IRAs, qualified plans, etc. (Form 5329)	59	0
60a	Household employment taxes from Schedule H	60a	0
60b	First-time homebuyer credit repayment. Form 5405	60b	0
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code _____	62	0
63	Lns 56 to 62. Total tax	63	5,204

**MINI-WORKSHEET FOR LINE 64,
FEDERAL TAX WITHHELD**

- a.** Backup withholding (Bkgd Wks, 1099-DIV, 1099-INT/OID, 1099-MISC, 1099-B, 1099-K, K-1) 0
- b.** Oth fed inc tax w/h (W-2, W-2G, 1099-G, 1099-R, SSA-1099, RRB-1099) 6,120
- c.** Add'l Medicare tax withholding from Form 8959 0
- d.** Total federal tax withheld (to line 64) 6,120

64	Federal income tax withheld	64	6,120	
65	2016 est tax + amt from 15 return	65	0	
66a	EIC	66a		
b	Nontax combat pay	66b		
Note: Attach Schedule EIC if you have a qualifying child.				
67	Addl chld tax cr. Attach Sch 8812	67		
68	American opp crdt, Fm 8863, ln 8	68		
69	Net prem tax cr. Attach Form 8962	69		
70	Amt pd with extension request	70		

**MINI-WORKSHEET FOR LINE 71,
EXCESS SOC SEC AND RRTA**

(Fill in W-2's first; leave blank unless 2 or more employers.)

- a.** "X" if more than 1 employer. Self: ☐ Spouse: ☐
- b.** Eligible Soc Sec tax paid. Self: _____ Spouse: _____
- c.** Eligible RRTA tax paid. Self: _____ Spouse: _____
- d.** Uncollected SS/RRTA on tips or group term life insurance. Self: _____ Spouse: _____
- e.** Sum of lines b, c, and d. Self: 0 Spouse: 0
- f.** If a="X", amount on line e minus

\$7,347.. Self: 0 Spouse: 0

g. Total on line f. Carry to ln 71TOTAL: 0

71 Excess Soc Sec & RRTA tax withheld 71 0

72 Crdt for fed tax on fuels (F 4136) 72

**MINI-WORKSHEET FOR LINE 73,
MISCELLANEOUS CREDITS**

a. Credits from Form 2439 or 8885 0

b. Credit for repayment of amounts you included in
income in an earlier year because it appeared
you had a right to the income 0

c. Total for line 73 0

73 Credits from: a ☐ 2439 b ☐ Reserved c ☐ 8885d ☐ 73 0

74 Lines 64, 65, 66a, 67 - 73. Total payments 74 6,120

Refund 75 If line 74 is larger than line 63, amt overpaid 75 916

Direct 76a Amount of line 75 you want refunded to you.

Check if Form 8888 is attached: ☐ 76a 916deposit? b Routing number xxxxxxxx c Type: ☒ Checking ☐ Savings

See d Account number xxxxxxxxxxxxxxxxx

instr. 77 Amt to apply to 2017 estimated tax 77 0

Amount 78 Amount you owe (including Form 2210 penalty) 78

Note: For details on how to pay, see IRS instr.

Payment Voucher, see IRS instructions.

You Owe 79 Amount of penalty on Form 2210 79

Desi- Allow another to discuss return with IRS? ☐ Yes. Complete following ☒ No

gnee Designee's name: Phone PIN

Note: If you are signing for your child, sign his or her name, and
write "By" and then your name, and then, "parent for minor child."

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.

Sign Signature: Date Your occupation Day tel.

here Spouse's sig (req'd if jt.) Date Spouse's occupation IP PIN

Homemaker

Keep Preparer name Preparer signature Date Self- PTIN

copy for empl? ☐

your Firm's name Firm's EIN

records. Firm's address Ph

END OF FORM

SUPPORTING FORMS

RE: 2016 Tax Returns

PREPARED FOR: Albert Gaytor

SSN: 266-51-1966

PRINTED ON: December 12, 2016

PREPARED USING: H&R Block 2016 [3203]

SUPPORTING FORMS WHICH CAN BE SUBMITTED TO THE IRS

SUPPORTING FORMS IN YOUR RETURN

1. - Background Worksheet - Background Information Worksheet
2. - Dependents Worksheet - Worksheet for Dependents
3. - Last Year's Data Worksheet - Last Year's Data Worksheet
4. - Form 1099-INT/OID - Interest Income Worksheet
5. - Health Care Coverage - Health Care Coverage1
6. - Health Care Coverage - Health Care Coverage2
7. - Health Care Coverage - Health Care Coverage3
8. - Health Care Summary - Health Care Summary1
9. - Health Care Summary - Health Care Summary2
10. - Health Care Summary - Health Care Summary3

***** **DO NOT MAIL THIS PAGE** *****

1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

Your name (first, MI, last, Jr/III)Albert T Gaytor

Spouse's name (first,MI,last,Jr/III)Allison A Gaytor

C/O information, if necessary

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any)12340 Cocoshell Road

Your city, state, and ZIP codeCoral Gables, FL 33134

Foreign country

Foreign province/state/county

Foreign postal code

Domestic telephone number (daytime)

Foreign telephone number (daytime)

Mobile phone number (domestic only)

Email address

☐ I live outside the U.S. and Puerto Rico and my main place of work is outside the U.S. and Puerto Rico, or I'm in military or naval service outside the U.S. and Puerto Rico.

☐ Check here if you received a letter from the IRS with an identity protection personal identification number (IP PIN). IP PIN's are uncommon. They are sent to certain taxpayers taxpayers who have had a problem with identity theft.

Taxpayer 6-digit IP PIN

Spouse 6-digit IP PIN

2. GENERAL INFORMATION

	Yours	Your spouse's
a. Social Security number	266-51-1966	266-34-1967
b. Date of birth (MM/DD/YYYY)	9/22/1967	7/1/1968
c. "X" if legally blind	<input type="checkbox"/>	<input type="checkbox"/>
d. Enter "X" if disabled	<input type="checkbox"/>	<input type="checkbox"/>
e. Occupation	Boat Captain	Homemaker
f. "X" if you want \$3 to go to Pres. Elec. Campaign Fund	<input type="checkbox"/>	<input type="checkbox"/>

~~~~~

|                                                                               | Primary taxpayer         | Spouse                   |
|-------------------------------------------------------------------------------|--------------------------|--------------------------|
| g. If this return is for a deceased person, enter the date of death . . . . . |                          |                          |
| h. Full-time student (see help panel for details) . . . . .                   | <input type="checkbox"/> | <input type="checkbox"/> |

3. FILING STATUS

a. Choose your filing status below:

☐ Single

☒ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

If you have not yet made an entry, we choose married filing a joint return. For more information, see the filing status section of the IRS instructions for Form 1040.

b. If you are married filing separately, check the applicable box.

I want to itemize my deductions . . . . .

I want to use the standard deduction . . . . .

c. Check the box if you are married filing separately **AND** you and your spouse lived apart throughout 2016 . . . . .

d. If filing status is head of household, and qualifying person is a child but not your dependent, enter the child's name . . . . . and SSN . . . . .

Click here to clear or make a new selection . . . . .

**Note:** Once you enter information on line d, we will carry that data into a copy of the Dependents Worksheet as a nondependent. To delete or edit this information, you'll need to delete or edit the copy of the Dependents Worksheet that applies to this person. If you determine this person is your dependent after completing the Dependent Worksheet, we'll set the above fields null

- e. If qualifying widow(er), enter the year your spouse died . . . . . \_\_\_\_\_
- f. Check the box if you are married, **AND** your filing status is married  
filing separately or head of household, **AND** your spouse was age 65 or  
older as of January 1, 2017 . . . . . ☐
- g. Dual-Status Alien: Enter "X" if you or your spouse is a dual-status alien  
**AND** you are NOT entering on this tax return your combined worldwide  
income. If you enter "X," your standard deduction is zero . . . . . ☐

---

**BACKGROUND INFO CONTINUED ON PAGE 2**

*END OF PAGE 1*

---

4. EXEMPTIONS FOR YOU AND YOUR SPOUSE

- a. Place an "X" here if anyone else (a parent, e.g.) can claim you as a dependent on his or her tax return. (Joint filers enter "X" only if someone else can claim you, **AND** your tax before withholding is zero.) ☐
- b. Enter "Y" if you are entitled to an exemption for yourself ☒ Y  
(This is always "Y," unless the question above is "X.")
- c. If married, place an "X" here if anyone else (a parent, e.g.) can claim **your spouse** as an exemption on his or her tax return. (Joint filers enter "X" only if someone else can claim your spouse, **AND** your tax before withholding is zero.) ☐
- d. Enter "X" if you are entitled to an exemption for your spouse ☒ X  
(Married filing jointly or, in some cases, married filing separately or head of household. See IRS 1040 instructions for details.)
- e. If you placed an "X" on line 4.a above, then enter "X" here if the other person is actually claiming you as a dependent ☐

- Your Exemption for Alternative Minimum Tax**
- |                                                                                                                                                                                          | YES                      | NO                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| f. You had at least one parent living on the last day of 2016<br>If you answered yes to the previous question and you were ages 18-23 on the last day of 2016, answer the next question. | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Your earned income was less than half of your support in 2016                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |

5. TAXES PAID/WITHHELD

- a. Estimated taxes paid (do not include 2015 refund applied):
- | Date                         | Amount |
|------------------------------|--------|
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
| Total estimated tax payments | 0      |
- Note:** If you and your spouse each filed separate extensions but are now filing a joint return, or if you jointly filed an extension but are now filing separate returns, see the IRS instructions to Form 4868 and adjust the amount on line b. accordingly.
- b. Amount paid with Form 4868 (for October returns)
- c. Withholding on Form 1099-B  0
- d. Withholding on Form 1099-PATR

6. PAYING YOUR TAXES BY CREDIT CARD

- a. Confirmation number, if taxes are being paid by credit card.
- b. Amount charged to credit card (not including convenience fee), if taxes are being paid by credit card

7. REFUND INFORMATION

- Direct Deposit**
- Would you like to speed your refund by having the IRS deposit it directly into your account at a bank or other financial institution in the United States? If so, fill in the following regarding the account and place an X here ☒
- 1a. Routing Transit Number ("RTN")
- b. Depositor Account Number ("DAN")
- Note:** Here is a sample of the numbers you might find at the bottom of a check, with "RTN," "DAN," and check number identified.
- |           |          |               |
|-----------|----------|---------------|
| RTN:      | DAN:     | Check number: |
| 123404567 | 123-4567 | 0101          |
- c. Type of account:  
☒ Checking ☐ Savings
- d. Amount to be deposited in first account
- 2a. Routing Transit Number ("RTN")
- b. Depositor Account Number ("DAN")

- c. Type of account: \_\_\_\_\_  
☒ Checking ☐ Savings
- d. Amount to be deposited in second account ..... \_\_\_\_\_
- 3a. Routing Transit Number ("RTN") ..... \_\_\_\_\_
- b. Depositor Account Number ("DAN") ..... \_\_\_\_\_
- c. Type of account: \_\_\_\_\_  
☒ Checking ☐ Savings
- d. Amount to be deposited in third account ..... \_\_\_\_\_

---

**Applying Refund to Your 2017 Estimated Tax**

---

If you are due a refund this year, do you want to apply any of it to 2017  
estimated tax? If so, please enter the amount here \_\_\_\_\_

---

**BACKGROUND INFO CONTINUED ON PAGE 3**

---

*END OF PAGE 2*

---

Not  
For  
Filing

8. THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the IRS?    ☐ Yes    ☒ No

*If Yes, complete the following information:*

Designee's name: \_\_\_\_\_

Designee's phone number: \_\_\_\_\_

Designee's personal identification number (PIN): \_\_\_\_\_

9. RETURN ASSISTANCE

How was this return prepared:

☒ By yourself.

☐ With help of an IRS-sponsored program (if so, enter one of the following: TC, TCE, TC-X, TCE-X, VITA, VITA-T, Self-Help, IRS-Prepared, IRS-Reviewed, Outreach): \_\_\_\_\_

10. STATE TAX RETURNS

Enter information below about any 2016 state tax returns you're filing.  
For each state, select the residency status that applies for 2016.

| Name of state(s) | Your residency status | Spouse's residency status |
|------------------|-----------------------|---------------------------|
| _____            | _____                 | _____                     |
| _____            | _____                 | _____                     |
| _____            | _____                 | _____                     |

SECTION I BASIC INFORMATION

Tell us about the person you want to claim as a dependent:

|            |    |           |               |               |      |
|------------|----|-----------|---------------|---------------|------|
| First Name | MI | Last Name | Soc. Sec. No. | Date of Birth | ITIN |
| Crocker    |    | Gaytor    | 261-55-1212   | 12/21/1999    |      |

Relationship  
Son

Type of Dependent  
Child Lived with You

Time Lived With You  
Lived With All Year or Born

Months person lived with you

Person's age 17

DOB string December 21, 1999

Person is fosterchild placed with you by court order/placement agency

Was this person a US citizen/resident alien of the US in 2016?

If no, was this person a resident of Canada or Mexico in 2016?

Is this person your adopted child who lived with you all year?

If tax ID is an ITIN is substantial presence test satisfied?

If NO to substantial presence test are there special circumstances?

SECTION II QUICK ENTRY

If you're not sure this person qualifies, check NO and go to Section III.

Are you sure this person qualifies as your dependent in 2016

IF YOU ANSWERED YES - STOP!

You do not need to complete the rest of this worksheet.

We will prevent you from checking this box if you have not completed all the information in Section I, or if we've determined (based upon that information) this person cannot be your dependent.

QUICK ENTRY QUALIFYING CHILD VALIDATION

a. Relationship test

b. Age test

c. Support test

d. Residence test

QUICK ENTRY FORM 8332

Yes No

a. Click YES to create Form 8332

b. Click YES if taxpayer is dependent's parent

c. Click YES if spouse is dependent's parent

d. Click YES Form 8332 covers only this year

e. Click if 8332 covers this and some future years

f. Click if 8332 covers this and all future years

g. Years this release covers

h. Number Form 8332 completed

SECTION III DEPENDENT QUALIFICATION TESTS

Do not complete this Section unless you answered NO in Section II.

PART A ALL DEPENDENTS

1. Will the person named in Section I file a joint return in 2016?

\* If NO, go to line 3.

\* If YES, go to line 2.

2. Does this person satisfy the exception to the dependent joint return test?

See the FAQ to the left to learn about the exception to joint return test.

\* If YES, go to Part B, line 3.

\* If NO STOP. You cannot claim this person as your dependent.

PART B DETERMINE WHETHER PERSON IS YOUR QUALIFYING CHILD

3. If this person is your child, are any of these statements true?

\* You are divorced or legally separated under a decree of divorce or separate maintenance from the child's other parent.

\* You are separated under a written separation agreement from the child's other parent.

\* You lived apart during the last 6 months of the calendar year.

Answer NO if this person is not your child.

\* If NO, go to line 4.

\* If YES, complete the MINI-WORKSHEET FOR LINE 3.

**MINI-WORKSHEET FOR LINE 3  
DIVORCE & SEPARATION RULES  
AND MULTIPLE SUPPORT AGREEMENTS**

**Yes    No**

- a. Did you (and your spouse if married filing jointly) provide more than 1/2 the support for this child during 2016? ..... ☐ ☐  
 \* If YES, skip (b) through (c) and go to line (d).
- b. Did this child's other parent provide more than 1/2 the support for this child during 2016? ..... ☐ ☐  
 \* If YES, skip (c) and go to line (d).
- c. Did both of you together provide more than 1/2 of this child's support during 2016? ..... ☐ ☐  
 \* If NO, skip (d) through (f) and go to line (g).
- d. Did you live with this child for more than 1/2 of 2016? ..... ☐ ☐  
 \* If YES, skip (e) through (g) and go to line (h).
- e. Did this child's other parent live with this child for more than 1/2 of 2016? ..... ☐ ☐  
 \* If YES, skip (f) through (g) and go to line (h).
- f. Was the time this child lived with you and his/her other parent (when combined) more than 1/2 of 2016? ..... ☐ ☐  
 If YES, skip (g) and go to line (h).
- g. Are you eligible to claim a 2016 exemption for this child under a multiple support agreement? ..... ☐ ☐  
 \* If NO, **STOP**.  
 Do not complete the rest of this WORKSHEET.  
 This child is not your dependent this year.  
 \* If YES, do not complete the rest of this MINI-WORKSHEET, but go to line 4.  
**Note:** If this child qualifies as your dependent, make sure you attach Form 2120 to your 2016 tax return.
- h. Does a divorce or separation agreement give you the dependent exemption? ..... ☐ ☐  
 \* If YES, do not complete the rest of this MINI-WORKSHEET, but go to line 4.  
**Note:** Answer YES if you have an agreement to claim this dependent in alternate years, and this is your year.
- i. Does a divorce or separation agreement give this child's other parent the dependent exemption? ..... ☐ ☐  
 \* If NO, and you answered YES to d, do not complete the rest of this MINI-WORKSHEET, but go to line 4.  
**Note:** Answer YES if you have an agreement to claim this dependent in alternate years, and this is NOT your year.
- j. Will the other parent release his/her claim for this person's dependent exemption to you for 2016? ..... ☐ ☐  
 \* If NO, **STOP**.  
 Do not complete the rest of this WORKSHEET.  
 This child is not your dependent this year.  
 \* If YES, go to line 4.  
**Note:** If this child qualifies as your dependent, make sure you attach Form 8332, signed by the child's other parent to your 2016 tax return.

**Yes    No**

4. Did this person live in your home for more than half the year? ..... ☐ ☐  
 If YES, go to line 5.  
 If NO:  
 \* If you also answered NO to line 3 go to Part C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.  
 \* If you answered YES to line 3 and YES to line h or line j of the MINI-WORKSHEET FOR LINE 3 go to line 5.  
 \* If you answered YES to line 3 and you did NOT check line h or line j of the MINI-WORKSHEET FOR LINE 3, go to Part C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.

5. Is this person's relationship valid for a Qualifying Child? ..... ☐ ☐

We calculate this answer based upon the relationship selected in Section I.

☐ Check this box if this person is your fosterchild, placed in your care

by an authorized placement agency or by judgment, decree, or other valid court order.

- \* If YES go to line 6.
- \* If NO go to PART C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.

6. Was this person under age 19 at the end of the year? ☐ ☐

*We calculate this based on this person's date of birth in Section I.*

- \* If YES, skip lines 7-9 and go to line 10.
- \* If NO, go to line 7.

7. Was this person a student in 2016? ☐ ☐

- \* If NO, go to line 9.
- \* If YES, go to line 8.

8. Was this person under age 24 at the end of the year? ☐ ☐

*We calculate this based on this person's date of birth in Section I.*

- \* If YES, skip line 9 and go to line 10.
- \* If NO, go to line 9.

9. Was this person permanently and totally disabled? ☐ ☐

- \* If YES, go to line 11.
- \* If NO go to line 10.

10. Is this person younger than taxpayer (or spouse if MFJ)? ☒ ☐

- \* If YES, go to line 11.
- \* If NO go to PART C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.

11. Did this person provide over half his/her own support in 2016? ☐ ☐

- \* If NO, read the caution below and go to line 12.
- \* If YES, **STOP. You cannot claim this person as your dependent.**

**CAUTION!** *It's possible that someone can be the Qualifying Child of more than one person, but only one person can claim that Qualifying Child as a dependent. If two people claim the same Qualifying Child as a dependent, the exemption will be permitted only for the person with the better claim under law. Use the MINI-WORKSHEET FOR LINE 12 to see if you have the better claim against anyone else who might claim an exemption for this person.*

**TIP!** You can check YES for line 12 without completing the MINI-WORKSHEET FOR LINE 12 if you are this person's parent and you are filing a joint return with his/her other parent.

**MINI-WORKSHEET FOR LINE 12**

**Yes No**

a. Are you this person's parent? ☐ ☐

b. Is the other taxpayer who can claim the person in Section I as a Qualifying Child this person's parent? ☐ ☐

- \* If you answered Yes to (a) and No to (b) **STOP.**

**Your have the better claim.**

- \* If you answered YES to (b) and NO to (a) **STOP.**

**This person's parent has the better claim.**

- \* If you answered NO to (a) and (b) go to (e).

- \* If you answered YES to (a) and (b) go to (c).

c. Did this person reside with you longer than with the other person's parent during 2016? ☐ ☐

If YES **STOP. You have the better claim.**

d. Did this person reside with you for the same amount of time as with the other parent during 2016? ☐ ☐

If NO **STOP. The other parent has the better claim.**

e. Was your federal adjusted gross income (AGI) higher than the AGI of the other taxpayer during 2016? ☐ ☐

If YES **STOP, you have the better claim.**

12. Do you want to claim this person as your dependent? ☐ ☐

*If you do not have the better claim to the dependent exemption, you should only answer YES to line 12 if you know the other taxpayer will not claim this person as a dependent.*

**PART C DETERMINE WHETHER PERSON IS YOUR QUALIFYING RELATIVE**

*Complete this Part only if this person is not a Qualifying Child and we directed you to complete this Part in Part B.*

**Yes No**

13. Although not your Qualifying Child, is this person a Qualifying



Child for somebody else? . . . . . ☐ ☐

*See the FAQ to the left to see who can be a Qualifying Child.*

\* If NO, go to line 14.

\* If YES **STOP**. You cannot claim this person as your dependent.

---

**14.** Is this person's relationship valid for a Qualifying Relative? . . . . . ☐ ☐

*See the FAQ to the left to see who can be a Qualifying Relative.*

\* If YES, go to line 15.

\* If NO **STOP**. You cannot claim this person as your dependent.

---

**15.** Did this person have more than \$4,050 of gross income in 2016? . . . . . ☐ ☐

*See the FAQ to the left to learn what is considered gross income.*

\* If NO, go to line 16.

\* If YES **STOP**. You cannot claim this person as your dependent.

---

**16.** Did you (and your spouse if married filing jointly) provide more  
than half the support for this person during 2016? . . . . . ☐ ☐

**TIP!** Answer YES if a multiple support agreement lets you claim this person.

**Note:** *We calculate line 16 if you completed the MINI-WORKSHEET FOR LINE 5.*

*See the FAQ to the left to learn what is considered support.*

\* If YES, this person is your Qualifying Relative and we'll make  
this person your dependent.

\* If NO, this person is not your Qualifying Relative or your dependent.

---

Use this Worksheet to enter information from your 2015 tax return for use in our calculations.

2015 Form 1040, 1040A or 1040EZ

1a Filing status: 

☐ Single

☒ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

Spouse's Social Security number ..... 637-34-4927

If you and your spouse filed separate returns last year, check the box if your spouse itemized deductions ..... ☐

1b Form filed: 

Eligible for: 

☒ Form 1040

☒ Form 1040A

☐ Form 1040EZ

Filed: 

☒ Form 1040

☐ Form 1040A

☐ Form 1040EZ

2 Number of exemptions (1040 line 6, 1040A line 6) ..... 3

3 Number of additional deductions (1040 line 39a, 1040A line 23a) ..... 0

Note: Your entry on line 3 must be between 0 and 4.

4a Adjusted gross income (1040 line 37, 1040A ln 21, 1040EZ ln 4) ..... 65,380

4b Taxable income (1040 line 43, 1040A ln 27, 1040EZ ln 6) ..... 40,780

4c Foreign earned income tax worksheet, line e (Form 1040) ..... 0

5 Itemized deductions (1040, above line 40) .....

6 Tax less certain credits (1040 line 56, 1040A line 37, 1040EZ line 10) ..... 5,194

7 Self-employment tax (1040 line 57) ..... 0

8 Alternative minimum tax (1040 line 45, 1040A line 28 write-in) ..... 0

9a Household employment tax (1040 line 60a) ..... 0

9b Homebuyer credit repayment, Form 5405, line 8 (1040 line 60b) ..... 0

10 Earned income credit (1040 ln 66a, 1040A ln 42a, 1040EZ ln 8a) ..... 0

11 Refund applied to 2016 (1040 line 77, 1040A line 49) ..... 0

12 Interest on tax due on installment income from lots/timeshares .....

13 Interest on deferred tax on gain from certain installment sales with sales price over \$150,000 .....

14 Tax on income received from nonqualified deferred compensation plan that fails to meet requirements .....

2015 Schedule D

15 Used Schedule D Tax Worksheet ..... ☐ Yes ☐ No

16a Line 6 of Qualified Dividends and Capital Gain Tax Worksheet or line 13 of Schedule D Tax Worksheet .....

16b Line 7 of Qualified Dividends and Capital Gain Tax Worksheet or line 14 of Schedule D Tax Worksheet .....

17 Line 19 of Schedule D .....

18 Line 10 of Schedule D Tax Worksheet .....

19 Line 19 of Schedule D Tax Worksheet .....

Note: Enter the amounts on lines 20 and 21 as positive numbers.

20 Short-term capital loss carryforward (line 8 of Capital Loss Carryover Worksheet in 2016 Schedule D instructions) .....

21 Long-term capital loss carryforward (line 13 of Capital Loss Carryover Worksheet in 2016 Schedule D instructions) .....

2015 Form 2555

Note: Lines 22 - 25 are for the housing deduction carryover.

22 Line 46 (yours) .....

23 Line 48 (yours) .....

24 Line 46 (spouse's) .....

25 Line 48 (spouse's) .....

2015 Form 4136

26 Total fuel tax credit (line 17) .....

## 2015 Form 4952

27 Disallowed investment interest expense (line 7) . . . . .  
28 Disallowed investment interest expense (AMT) (line 7) . . . . .

## 2015 Form 5329

29 Tax on early distribution (line 4) (yours) . . . . .  
30 Tax on early distribution (line 4) (spouse's) . . . . .  
31 Tax on distribution from education account (line 8) (yours) . . . . .  
32 Tax on distribution from education account (line 8) (spouse's) . . . . .

## 2015 Form 5405

33 2015 Homebuyer credit re-payment . . . . .

## 2015 Form 5695

34 Residential energy efficient property cr carryforward (line 12) . . . . .

## 2015 Form 6251

35 Adjusted gross income minus itemized deductions (line 1) . . . . .  
36 Medical and dental expenses (line 2) . . . . .  
37 Taxes from Schedule A if you itemize (line 3) . . . . .  
38 Certain interest on a home mortgage (line 4) . . . . .  
39 Miscellaneous deductions (line 5) . . . . .  
40 Amount from line 6 (enter as negative) . . . . .  
41 Tax refund from Form 1040 (line 7; enter as negative) . . . . .  
42 Investment interest expense (reg. - AMT) (line 8) . . . . .  
43 Depletion differences (line 9) . . . . .  
44 Net operating loss (line 10; enter as positive) . . . . .  
45 Interest from specified private activity bonds (line 12) . . . . .  
46 Qualified small business stock (line 13) . . . . .  
47 Regular tax minus 4972 amount and foreign tax credit (line 34) . . . . .

## LAST YEAR'S DATA (CONT'D) PAGE 3

2016

Albert T Gaytor

SSN: 266-51-1966

## 2015 Form 8801

48 Prior Year AMT less AMT (Line 18) . . . . .  
49 Fuel credit (Line 20) . . . . .  
50 Allowable minimum tax credit (line 25) . . . . .  
51 Minimum tax credit carryforward (line 26) . . . . .

## 2015 Schedule 8812

52 Additional child tax credit (line 13) . . . . .

## 2015 Form 8859

53 DC first-time homebuyer credit carryforward (line 4) . . . . .

## Miscellaneous 2015 Taxes

54 Recapture of investment credit . . . . .  
55 Recapture of low-income housing credit . . . . .  
56 Recapture of Indian employment credit . . . . .  
57 Recapture of new markets credit . . . . .  
58 Section 72(m)(5) excess benefits tax . . . . .  
59 Tax on excess parachute payments . . . . .  
60 Tax on accumulation distribution of trusts . . . . .  
61 Tax on medical savings account distributions . . . . .  
62 Recapture of employer-provided childcare facilities . . . . .  
63 Tax on health savings account distributions . . . . .  
64 Tax on Medicare Advantage MSA distributions . . . . .  
65 Recapture of alternative motor vehicle credit . . . . .  
66 Recapture of alternative fuel vehicle refueling property credit . . . . .  
67 Certain tax on Sec. 457A deferred compensation . . . . .  
68 Tax for failure to maintain HDHP coverage . . . . .  
69 Recap of charitable deduction for fractional tang pers prop int . . . . .  
70 Interest from Frm 8621, ln 16f (Sec 1291 fund distr/disposition) . . . . .  
71 Recapture of qual'd plug-in electric drive motor vehicle credit . . . . .

**Note:** Lines 72 - 76 are for determining whether your state income tax

**Note:** Lines 72 - 76 are for determining whether your state income tax refund is taxable.

**Not  
For  
Filing**

- 72 ☐ Income taxes deducted  
73 ☐ General sales taxes deducted  
73 ☐ Sales tax calculated  
74 State or local income tax deducted .....  
75 Sales tax you could have deducted .....  
76 Sales tax on major purchases .....  
\_\_\_\_\_

**Electronic Filing Information**

- 77 Personal Identification Number (PIN) .....  
Spouse's Personal Identification Number (PIN) .....  
\_\_\_\_\_

**Amounts Needed for Form 2210**

- 78 Refundable Part of the American Opportunity Credit (F8863, L8) .....  
79 Adoption Credit .....  
80 Credit Determined Under Section 1341(a)(5)(B) ..... 0  
81 Premium tax credit (Form 8962) .....  
\_\_\_\_\_

Is this interest for:

What kind of interest is this:

If you need to make any adjustments, also complete the "Adjustments" section at the bottom of this form.

FATCA filing requirement .....

**Box 1 - Interest income:** \$ 375

**Box 2 -** Early withdrawal penalty: \$

**Box 3 -** Interest on U.S. Savings Bonds and Treasury obligations: \$ \_\_\_\_\_  
 Box 3 includes Series EE or I Savings Bond interest . . . . . ☐

**Box 4 -** Federal income tax withheld: \$

**Box 5 -** Investment expenses: \$

**Note:** if you did not receive a Form 1099-INT, don't use boxes 6 and 7 below. Instead, report your foreign taxes on Form 1116.

**Box 6 - Foreign tax paid:** \$ \_\_\_\_\_

**Box 7 - Foreign country or U.S. possession:**

**Box 8 -** Tax-exempt interest: \$ \_\_\_\_\_

**a.** Portion of this interest item that's exempt from state tax in the state for which you'll be filing a state tax return as a full-year resident

**Box 9 -** Specified private activity bond interest: \$ \_\_\_\_\_

**Box 10 -** Market discount:

**Box 11 - Bond premium:** \_\_\_\_\_

**Box 12 -** Bond premium on Treasury obligations

**Box 13 -** Bond premium on tax-exempt bond: \_\_\_\_\_

**Box 14 -** Tax-exempt and tax credit bond CUSIP no.:

**Box 15 - State(s):**

**Box 16 -** State identification number(s): \_\_\_\_\_

**Box 17 - State tax withheld:** \$ \_\_\_\_\_

**Box 1 -** Original issue discount for 2016: \$

**Box 2 -** Other periodic interest: \$ \_\_\_\_\_

Answer the following question if you'll be using a state edition of our program to prepare your state tax return.

**a.** Portion of box 2 from U.S. Treasury obligations \$\_\_\_\_\_

**Box 3 -** Early withdrawal penalty: \$ \_\_\_\_\_

**Box 4 -** Federal income tax withheld: \$ \_\_\_\_\_

**Box 5 -** Market discount: \$ \_\_\_\_\_

|                 |                                                       |          |
|-----------------|-------------------------------------------------------|----------|
| <b>Box 6 -</b>  | Acquisition premium:                                  | \$ _____ |
| <b>Box 8 -</b>  | Original issue discount on U.S. Treasury obligations: | \$ _____ |
| <b>Box 9 -</b>  | Investment expenses:                                  | \$ _____ |
| <b>Box 10 -</b> | Bond premium:                                         | \$ _____ |
| <b>Box 11 -</b> | State(s):                                             | _____    |
| <b>Box 12 -</b> | State identification number(s):                       | _____    |
| <b>Box 13 -</b> | State tax withheld:                                   | \$ _____ |
|                 |                                                       | \$ _____ |

**SELLER-FINANCED MORTGAGE INTEREST**

*If this interest is from a seller-financed mortgage and the buyer used the property as a personal residence, enter the following information:*

Buyer's name . . . . . \_\_\_\_\_

Buyer's Social Security number . . . . . \_\_\_\_\_

Buyer's street address . . . . . \_\_\_\_\_

Buyer's city . . . . . \_\_\_\_\_

Buyer's state . . . . . \_\_\_\_\_

Buyer's ZIP . . . . . \_\_\_\_\_

Interest received in 2016 . . . . . \_\_\_\_\_

**Note:** *Be sure to give your Social Security number to the buyer, or you may be subject to a \$50 penalty.*

**ADJUSTMENTS**

Enter below the type and amount of any adjustments that you may need to make to this interest item:

**Type of adjustment:**

- ☐ Nominee interest
- ☐ OID adjustment
- ☐ Accrued interest adjustment required
- ☐ Amortizable bond premium
- ☐ U.S. Savings Bond adjustment (not the same as Form 8815 adj.)
- ☐ Other adjustment (frozen deposit, etc.)

**Amount of adjustment:** \_\_\_\_\_

**NEW YORK FILERS ONLY, COMPLETE THE FOLLOWING:**

**Payer EIN, address, and ZIP code:**

EIN: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ ZIP: \_\_\_\_\_

☐ Check if foreign address.

Country \_\_\_\_\_

Province/state/county \_\_\_\_\_

Postal code \_\_\_\_\_

**Recipient Name, SSN, address, and ZIP code:**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ ZIP: \_\_\_\_\_

☐ Check if foreign address.

Country \_\_\_\_\_

Province/state/county \_\_\_\_\_

Postal code \_\_\_\_\_

## HEALTH CARE COVERAGE

SSN:

Name of individual: Albert T Gaytor  
Individual's SSN 266-51-1966  
Individual's date of birth: 9/22/1967

Tell us when this individual had minimum essential coverage ("MEC") during 2016.

**Note:** Before filling out this form, make sure to visit and complete the **Health Care Coverage topic** in the Interview.

**Note:** Treat the individual as being covered for a month if the individual had MEC for at least one day during the month.

**Note:** If the individual was **not** covered in January, 2016, also make sure to tell us about any coverage or exemption in November or December of 2015 at the bottom of this form.

☐ Check here to report the same months of coverage in 2016 as the primary taxpayer.

☒ Check here if the individual was covered for **all** of 2016.

Otherwise, check any month for which the individual was covered:

- ☒ January
- ☒ February
- ☒ March
- ☒ April
- ☒ May
- ☒ June
- ☒ July
- ☒ August
- ☒ September
- ☒ October
- ☒ November
- ☒ December

If the individual was **not** covered in January, 2016, tell us if in November or December of 2015 the individual either (i) had coverage; or (ii) was exempt from the coverage requirement for any reason other than a short coverage gap:

- ☐ Covered or exempt (other than short-gap) in November 2015
- ☐ Covered or exempt (other than short-gap) in December 2015

KIA

Not  
For  
Filing

## HEALTH CARE COVERAGE

SSN:

Name of individual: Allison A Gaytor  
Individual's SSN 266-34-1967  
Individual's date of birth: 7/1/1968

Tell us when this individual had minimum essential coverage ("MEC") during 2016.

**Note:** Before filling out this form, make sure to visit and complete the **Health Care Coverage topic** in the Interview.

**Note:** Treat the individual as being covered for a month if the individual had MEC for at least one day during the month.

**Note:** If the individual was **not** covered in January, 2016, also make sure to tell us about any coverage or exemption in November or December of 2015 at the bottom of this form.

☐ Check here to report the same months of coverage in 2016 as the primary taxpayer.

☒ Check here if the individual was covered for **all** of 2016. Otherwise, check any month for which the individual was covered:

- ☒ January
- ☒ February
- ☒ March
- ☒ April
- ☒ May
- ☒ June
- ☒ July
- ☒ August
- ☒ September
- ☒ October
- ☒ November
- ☒ December

If the individual was **not** covered in January, 2016, tell us if in November or December of 2015 the individual either (i) had coverage; or (ii) was exempt from the coverage requirement for any reason other than a short coverage gap:

- ☐ Covered or exempt (other than short-gap) in November 2015
- ☐ Covered or exempt (other than short-gap) in December 2015

KIA

Not  
For  
Filing



## HEALTH CARE COVERAGE

SSN:

Name of individual: Crocker Gaytor  
Individual's SSN 261-55-1212  
Individual's date of birth: 12/21/1999

Tell us when this individual had minimum essential coverage ("MEC") during 2016.

**Note:** Before filling out this form, make sure to visit and complete the **Health Care Coverage topic** in the Interview.

**Note:** Treat the individual as being covered for a month if the individual had MEC for at least one day during the month.

**Note:** If the individual was **not** covered in January, 2016, also make sure to tell us about any coverage or exemption in November or December of 2015 at the bottom of this form.

☐ Check here to report the same months of coverage in 2016 as the primary taxpayer.

☒ Check here if the individual was covered for **all** of 2016. Otherwise, check any month for which the individual was covered:

- ☒ January
- ☒ February
- ☒ March
- ☒ April
- ☒ May
- ☒ June
- ☒ July
- ☒ August
- ☒ September
- ☒ October
- ☒ November
- ☒ December

If the individual was **not** covered in January, 2016, tell us if in November or December of 2015 the individual either (i) had coverage; or (ii) was exempt from the coverage requirement for any reason other than a short coverage gap:

- ☐ Covered or exempt (other than short-gap) in November 2015
- ☐ Covered or exempt (other than short-gap) in December 2015

KIA

Not  
For  
Filing

## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

Albert T Gaytor SSN: 266-51-1966

Information about affected individual:

Name Albert T Gaytor

SSN 266-51-1966

Date of birth (MM/DD/YYYY) 9/22/1967

**Note:** The "Exempt" column is checked for a particular month if there is an exemption that you have explicitly told us about for this individual for the month in question. It does **not** reflect certain additional exemptions (e.g., for initial enrollment and short gaps in coverage) that are calculated automatically by the program. Information about these additional calculated exemptions appears in the "Final" column under "Exemption Type."

|     | Covered                             | Not Covered              | Exempt                   | Exemption Certificate Number (Marketplace Only) | Exemption Type (Tax Return Only) |       |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------------------|----------------------------------|-------|
|     |                                     |                          |                          |                                                 | Prelim                           | Final |
| Jan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Feb | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Mar | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Apr | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| May | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Jun | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Jul | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Aug | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Sep | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Oct | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Nov | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Dec | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| KIA |                                     |                          |                          |                                                 |                                  |       |

## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

Albert T Gaytor SSN: 266-51-1966

## Information about affected individual:

Name Allison A Gaytor  
SSN 266-34-1967  
Date of birth (MM/DD/YYYY) 7/1/1968

**Note:** The "Exempt" column is checked for a particular month if there is an exemption that you have explicitly told us about for this individual for the month in question. It does **not** reflect certain additional exemptions (e.g., for initial enrollment and short gaps in coverage) that are calculated automatically by the program. Information about these additional calculated exemptions appears in the "Final" column under "Exemption Type."

|     | Covered                             | Not Covered              | Exempt                   | Exemption Certificate Number (Marketplace Only) | Exemption Type (Tax Return Only)<br>Prelim Final |  |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------------------|--------------------------------------------------|--|
| Jan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |  |
| Feb | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |  |
| Mar | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |  |
| Apr | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |  |
| May | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |  |
| Jun | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |  |
| Jul | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |  |
| Aug | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |  |
| Sep | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |  |
| Oct | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |  |
| Nov | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |  |
| Dec | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |  |
| KIA |                                     |                          |                          |                                                 |                                                  |  |

## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

Albert T Gaytor SSN: 266-51-1966

## Information about affected individual:

Name ..... Crocker Gaytor  
 SSN ..... 261-55-1212  
 Date of birth (MM/DD/YYYY) ..... 12/21/1999

**Note:** The "Exempt" column is checked for a particular month if there is an exemption that you have explicitly told us about for this individual for the month in question. It does **not** reflect certain additional exemptions (e.g., for initial enrollment and short gaps in coverage) that are calculated automatically by the program. Information about these additional calculated exemptions appears in the "Final" column under "Exemption Type."

|     | Covered                             | Not Covered              | Exempt                   | Exemption Certificate Number (Marketplace Only) | Exemption Type (Tax Return Only) |       |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------------------|----------------------------------|-------|
|     |                                     |                          |                          |                                                 | Prelim                           | Final |
| Jan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Feb | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Mar | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Apr | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| May | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Jun | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Jul | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Aug | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Sep | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Oct | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Nov | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Dec | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| KIA |                                     |                          |                          |                                                 |                                  |       |

Not  
For  
Filing

Is this W-2 for:

☒ Yourself

☐ Your spouse

Note: If your Form W-2 is marked "Void," do not enter it in here.  
You should contact your employer to receive a corrected Form W-2.

☐ Check here if you received a W-2c correcting this W-2.

a. Employee's SSN:

266-51-1966

☐ Do NOT carry SSN from Background Wkst

Void

☐

Note: We do not carry ITINs from the Background Worksheet. You need to manually enter the Social Security number shown in box a of this W-2.

|                                                                                                                                                                                                                |                  |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| b. Employer ID No.                                                                                                                                                                                             | 1. Wages, etc.   | 2. Fed Tax WH    |
|                                                                                                                                                                                                                | 65,250           | 6,120            |
|                                                                                                                                                                                                                | 3. Soc Sec Wages | 4. SocSec Tax WH |
| c. Employer/payer name, address, and zip code:<br>Name1:<br>Name2:<br>Street:<br>City:<br>State: ZIP:<br><input type="checkbox"/> Check if foreign address.<br>Country<br>Province/state/county<br>Postal code | 5. Med. Wages    | 6. Med. Tax WH   |
|                                                                                                                                                                                                                | 7. Soc Sec Tips  | 8. Alloc. tips   |
|                                                                                                                                                                                                                |                  |                  |
|                                                                                                                                                                                                                |                  |                  |

d. Control Number

Ver. code (optional)

10. Depndnt Care

e. Employee's name (1st,Ml,last,Jr)  
Albert T  
Gaytor  
☐ Do NOT carry name from Bkgd Wkst

11. Nonqual plans

12. See instrns. Code Amt.

f. Employee's address and ZIP code  
Add1: 12340 Cocoshell Road  
Add2:  
Apt No.  
Town/City Coral Gables  
State & ZIP FL 33134  
☐ Check if foreign address.  
Country  
Province/state/county  
Postal code  
☐ Do NOT carry addr from Bkgd Wkst

13. Statutory employee .. ☐  
Retirement plan ..... ☐  
Third party sick pay ... ☐  

a Code P amount, complete the additional info. section below.

Note: To e-file your address and your employer's address must be entered exactly as it appears on the W-2.

14. Other Description

Other Amt.

|           |                         |                 |               |                 |               |                   |
|-----------|-------------------------|-----------------|---------------|-----------------|---------------|-------------------|
| 15. State | Employer State Tax ID # | 16. State Wages | 17. State Tax | 18. Local Wages | 19. Local Tax | 20. Locality Name |
|           |                         |                 |               |                 |               |                   |
|           |                         |                 |               |                 |               |                   |
|           |                         |                 |               |                 |               |                   |
|           |                         |                 |               |                 |               |                   |

ADDITIONAL INFORMATION FOR BOX 8 (TIPS) TO CARRY TO FORM 4137

1. If you have records of all unreported tips you received in 2016, and you want to use that amount instead of Box 8, check "Enter my own tips."  
☐ Use box 8  
☐ Enter my own tips

2. Cash and charge tips equal to \$20 or more in a calendar month

Cash and charge tips **equal to \$20 or more** in a calendar month received but not reported to your employer . . . . .

3. Cash and charge tips received but not reported to your employer because the total was **less than \$20** in a calendar month . . . . .

**Note:** The \$20 per month limitation on lines 2 and 3 applies separately to each employer.

**ADDITIONAL INFORMATION FOR BOX 10 (DEPENDENT CARE BENEFITS)**

If an amount appears in box 10 above, check the box that applies.

The benefits were for:

1. A care provider you hired and paid . . . . . ☐
2. A care provider hired and paid by your employer . . . . . ☐
3. On-site care provided by your employer . . . . . ☐

Did you contribute to a flexible spending account during 2016?

- ☐ Yes  
☐ No

**ADDITIONAL INFORMATION FOR BOX 11 (NONQUALIFIED/457(B) PLAN DISTRIBUTIONS)**

- a. Check this box if you received a distribution from a nonqualified plan or nongovernmental Section 457(b) plan . . . . . ☐
- b. Is the amount in box 11 above a distribution from a nonqualified plan or nongovernmental Section 457(b) plan?

- ☐ Yes  
☐ No

- If Yes, we carry the amount from box 11 to line c below.
  - If No, enter the distribution amount received from your nonqualified plan or nongovernmental 457(b) plan . . . . .
- c. Distribution amount received from your nonqualified plan or nongovernmental 457(b) plan (from box 11 of W-2 or line b above) . . . . .

**ADDITIONAL INFORMATION FOR BOX 12 (CODE P)**

If you have a box 12 Code P amount, you received employer-provided relocation benefits. If you moved only once, you will not need to make an additional entry. We'll carry that amount to copy 1 of Form 3903 when you check the box below.

Box 12 amounts with Code P . . . . .

If you moved more than once, check the box and assign the box 12 amount to the copy of Form 3903 corresponding to the move for which these benefits were paid (for example, copy 2 for your 2nd move, copy 3 for your 3rd, etc.).

Number of copies of Form 3903 (moves) presently in your return . . . . . 0

Check here to assign to Form 3903 ☐ Form 3903 Copy # 1

**ADDITIONAL INFORMATION FOR BOX 12 (CODES A AND M)**

If you have a box 12 Code A amount, enter the portion of this amount that consists of uncollected Social Security and Tier 1 RRTA tax on tips.

**DO NOT** include Tier 2 RRTA amounts.

Total box 12 Code A amount (calculated) . . . . . 0

Box 12 Code A amounts, minus Tier 2 RRTA amounts . . . . .

If you have a box 12 Code M amount, tell us the portion of this amount that consists of uncollected Social Security and Tier 1 RRTA tax on group-term life insurance.

**DO NOT** include Tier 2 RRTA amounts.

Total box 12 Code M amount (calculated) . . . . . 0

Box 12 Code M amounts, minus Tier 2 RRTA amounts . . . . .

**ADDITIONAL INFORMATION FOR BOX 13 (STATUTORY EMPLOYEES)**

If the Statutory Employee box in box 13 is checked, we do not carry your box 1 wages to line 7 of Form 1040. Instead, we carry these wages to the Schedule C you designate here . . . . .

**ADDITIONAL MISCELLANEOUS INFORMATION**

- ☐ **Non-standard W-2.** Check here if this W-2 is handwritten, looks like it was prepared on a typewriter, or appears to be altered in any way.
- ☐ **Minister/Religious Employee.** Check this box if you are a minister or religious employee with no Social Security and Medicare tax withheld on your W-2.
- ☐ **International Employee**

**ADDITIONAL INFORMATION FOR CLERGY MEMBERS**

- ☐ **You are exempt from paying Social Security Tax.**
- ☐ **You were provided with a Parsonage.**

FRV Church provided Parsonage . . . . .

Utility allowance, if any . . . . .

Actual expenses for utilities . . . . .

- ☐ **You were provided with a Housing Allowance.**

Parsonage or rental allowance

|                                              |       |
|----------------------------------------------|-------|
| Utility allowance, if separate . . . . .     | _____ |
| Actual expenses for Parsonage . . . . .      | _____ |
| Actual expenses for utilities . . . . .      | _____ |
| Fair Rental Value (FRV) of home . . . . .    | _____ |
| FRV of home plus cost of utilities . . . . . | _____ |
| <hr/>                                        |       |
| KIA                                          |       |

**Not  
For  
Filing**