

Form	1040	Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return	2017	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
For the year Jan. 1–Dec. 31, 2017, or other tax year beginning		, 2017, ending		, 20	
Your first name and initial		Last name		See separate instructions.	
Pierre		Lappin		Your social security number	
If a joint return, spouse's first name and initial		Last name		Spouse's social security number	
Jeannie		Lappin		1 2 3 4 5 6 7 8 9 4 4 5 6 7 9 8 7 8	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	
123 Cottontail Lane				▲ Make sure the SSN(s) above and on line 6c are correct.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				Presidential Election Campaign	
Houston, TX				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.	
Foreign country name		Foreign province/state/county		Foreign postal code	
				<input type="checkbox"/> You <input type="checkbox"/> Spouse	

Filing Status	1 <input type="checkbox"/> Single 2 <input checked="" 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. ▶	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) (see instructions)
Check only one box.		

Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <th style="width:30%;">c Dependents:</th> <th style="width:15%;">(2) Dependent's social security number</th> <th style="width:15%;">(3) Dependent's relationship to you</th> <th style="width:40%;">(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> <tr> <td>(1) First name Last name</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td></td><td></td><td><input type="checkbox"/></td></tr> </table>	c Dependents:	(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)	(1) First name Last name							<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>	Boxes checked on 6a and 6b 2 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 2
c Dependents:	(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)																							
(1) First name Last name																										
			<input type="checkbox"/>																							
			<input type="checkbox"/>																							
			<input type="checkbox"/>																							
			<input type="checkbox"/>																							
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	d Total number of exemptions claimed																									

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 8b 2,000 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 9b 5,000 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a b Taxable amount 15b 16a Pensions and annuities 16a b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount 20b 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	7 70,000 8a 3,000 9a 5,000 10 11 12 13 4,000 14 15b 16b 17 10,000 18 19 20b 21 22 92,000
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.		

Adjusted Gross Income	23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN ▶ 3 4 5 6 7 8 8 9 9 31a 5,000 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 5,000 37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37 87,000
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