

SOLUTIONS FOR
ADDITIONAL COMPREHENSIVE TAX RETURN PROBLEMS

Form 1040	Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return	2016	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																																																																												
For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20			See separate instructions.																																																																													
Your first name and initial Noah		Last name Arc		Your social security number 434 11 3311																																																																												
If a joint return, spouse's first name and initial Joan		Last name Arc		Spouse's social security number 456 87 5432																																																																												
Home address (number and street). If you have a P.O. box, see instructions. 4342 Josie Jo			Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct. 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 checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse																																																																												
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Santee, CA 92071																																																																																
Foreign country name		Foreign province/state/county	Foreign postal code																																																																													
Filing Status Check only one box. <table style="width: 100%;"> <tr> <td style="width: 50%;"> 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. ▶ </td> <td style="width: 50%;"> 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) with dependent child </td> </tr> </table>					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) with dependent child																																																																										
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) with dependent child																																																																															
Exemptions 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 b <input checked="" type="checkbox"/> Spouse } No. of children on 6c who: 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) <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 25%;">(1) Billie Bob</td> <td style="width: 25%;">Last name Arc</td> <td style="width: 25%;">(2) 598 01 2345</td> <td style="width: 25%;">(3) Son</td> <td style="width: 20%;">(4) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Mary Sue</td> <td>Arc</td> <td>554 33 2411</td> <td>Daughter</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/></td> </tr> </table> If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;">d Total number of exemptions claimed</td> <td style="width: 20%; text-align: center;">4</td> </tr> </table>					(1) Billie Bob	Last name Arc	(2) 598 01 2345	(3) Son	(4) <input checked="" type="checkbox"/>	Mary Sue	Arc	554 33 2411	Daughter	<input checked="" type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	d Total number of exemptions claimed	4																																																						
(1) Billie Bob	Last name Arc	(2) 598 01 2345	(3) Son	(4) <input checked="" type="checkbox"/>																																																																												
Mary Sue	Arc	554 33 2411	Daughter	<input checked="" type="checkbox"/>																																																																												
				<input type="checkbox"/>																																																																												
				<input type="checkbox"/>																																																																												
d Total number of exemptions claimed	4																																																																															
Income 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. <table style="width: 100%;"> <tr> <td style="width: 70%;">7 Wages, salaries, tips, etc. Attach Form(s) W-2</td> <td style="width: 10%; text-align: center;">7</td> <td style="width: 10%; text-align: right;">27,600</td> <td style="width: 10%;"></td> </tr> <tr> <td>8a Taxable interest. Attach Schedule B if required</td> <td style="text-align: center;">8a</td> <td></td> <td></td> </tr> <tr> <td>b Tax-exempt interest. Do not include on line 8a</td> <td style="text-align: center;">8b</td> <td></td> <td></td> </tr> <tr> <td>9a Ordinary dividends. Attach Schedule B if required</td> <td style="text-align: center;">9a</td> <td style="text-align: right;">842</td> <td></td> </tr> <tr> <td>b Qualified dividends</td> <td style="text-align: center;">9b</td> <td style="text-align: right;">842</td> <td></td> </tr> <tr> <td>10 Taxable refunds, credits, or offsets of state and local income taxes</td> <td style="text-align: center;">10</td> <td></td> <td></td> </tr> <tr> <td>11 Alimony received</td> <td style="text-align: center;">11</td> <td></td> <td></td> </tr> <tr> <td>12 Business income or (loss). Attach Schedule C or C-EZ</td> <td style="text-align: center;">12</td> <td style="text-align: right;">42,020</td> <td></td> </tr> <tr> <td>13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/></td> <td style="text-align: center;">13</td> <td style="text-align: right;">11,050</td> <td></td> </tr> <tr> <td>14 Other gains or (losses). Attach Form 4797</td> <td style="text-align: center;">14</td> <td></td> <td></td> </tr> <tr> <td>15a IRA distributions</td> <td style="text-align: center;">15a</td> <td></td> <td></td> </tr> <tr> <td>16a Pensions and annuities</td> <td style="text-align: center;">16a</td> <td></td> <td></td> </tr> <tr> <td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td> <td style="text-align: center;">17</td> <td style="text-align: right;">1,755</td> <td></td> </tr> <tr> <td>18 Farm income or (loss). Attach Schedule F</td> <td style="text-align: center;">18</td> <td></td> <td></td> </tr> <tr> <td>19 Unemployment compensation</td> <td style="text-align: center;">19</td> <td></td> <td></td> </tr> <tr> <td>20a Social security benefits</td> <td style="text-align: center;">20a</td> <td></td> <td></td> </tr> <tr> <td>b Taxable amount</td> <td style="text-align: center;">20b</td> <td></td> <td></td> </tr> <tr> <td>21 Other income. List type and amount</td> <td style="text-align: center;">21</td> <td></td> <td></td> </tr> <tr> <td>22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶</td> <td style="text-align: center;">22</td> <td style="text-align: right;">83,267</td> <td></td> </tr> </table>					7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	27,600		8a Taxable interest. Attach Schedule B if required	8a			b Tax-exempt interest. Do not include on line 8a	8b			9a Ordinary dividends. Attach Schedule B if required	9a	842		b Qualified dividends	9b	842		10 Taxable refunds, credits, or offsets of state and local income taxes	10			11 Alimony received	11			12 Business income or (loss). Attach Schedule C or C-EZ	12	42,020		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	11,050		14 Other gains or (losses). Attach Form 4797	14			15a IRA distributions	15a			16a Pensions and annuities	16a			17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	1,755		18 Farm income or (loss). Attach Schedule F	18			19 Unemployment compensation	19			20a Social security benefits	20a			b Taxable amount	20b			21 Other income. List type and amount	21			22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	83,267	
7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	27,600																																																																														
8a Taxable interest. Attach Schedule B if required	8a																																																																															
b Tax-exempt interest. Do not include on line 8a	8b																																																																															
9a Ordinary dividends. Attach Schedule B if required	9a	842																																																																														
b Qualified dividends	9b	842																																																																														
10 Taxable refunds, credits, or offsets of state and local income taxes	10																																																																															
11 Alimony received	11																																																																															
12 Business income or (loss). Attach Schedule C or C-EZ	12	42,020																																																																														
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	11,050																																																																														
14 Other gains or (losses). Attach Form 4797	14																																																																															
15a IRA distributions	15a																																																																															
16a Pensions and annuities	16a																																																																															
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	1,755																																																																														
18 Farm income or (loss). Attach Schedule F	18																																																																															
19 Unemployment compensation	19																																																																															
20a Social security benefits	20a																																																																															
b Taxable amount	20b																																																																															
21 Other income. List type and amount	21																																																																															
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	83,267																																																																														
Adjusted Gross Income <table style="width: 100%;"> <tr> <td style="width: 70%;">23 Educator expenses</td> <td style="width: 10%; text-align: center;">23</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ</td> <td style="text-align: center;">24</td> <td></td> <td></td> </tr> <tr> <td>25 Health savings account deduction. Attach Form 8889</td> <td style="text-align: center;">25</td> <td></td> <td></td> </tr> <tr> <td>26 Moving expenses. Attach Form 3903</td> <td style="text-align: center;">26</td> <td></td> <td></td> </tr> <tr> <td>27 Deductible part of self-employment tax. Attach Schedule SE</td> <td style="text-align: center;">27</td> <td style="text-align: right;">2,969</td> <td></td> </tr> <tr> <td>28 Self-employed SEP, SIMPLE, and qualified plans</td> <td style="text-align: center;">28</td> <td></td> <td></td> </tr> <tr> <td>29 Self-employed health insurance deduction</td> <td style="text-align: center;">29</td> <td></td> <td></td> </tr> <tr> <td>30 Penalty on early withdrawal of savings</td> <td style="text-align: center;">30</td> <td></td> <td></td> </tr> <tr> <td>31a Alimony paid b Recipient's SSN ▶</td> <td style="text-align: center;">31a</td> <td></td> <td></td> </tr> <tr> <td>32 IRA deduction</td> <td style="text-align: center;">32</td> <td></td> <td></td> </tr> <tr> <td>33 Student loan interest deduction</td> <td style="text-align: center;">33</td> <td></td> <td></td> </tr> <tr> <td>34 Tuition and fees. Attach Form 8917</td> <td style="text-align: center;">34</td> <td></td> <td></td> </tr> <tr> <td>35 Domestic production activities deduction. Attach Form 8903</td> <td style="text-align: center;">35</td> <td></td> <td></td> </tr> <tr> <td>36 Add lines 23 through 35</td> <td style="text-align: center;">36</td> <td style="text-align: right;">2,969</td> <td></td> </tr> <tr> <td>37 Subtract line 36 from line 22. This is your adjusted gross income ▶</td> <td style="text-align: center;">37</td> <td style="text-align: right;">80,298</td> <td></td> </tr> </table>					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	2,969		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 ▶	31a			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	2,969		37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	80,298																	
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	2,969																																																																														
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 ▶	31a																																																																															
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	2,969																																																																														
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	80,298																																																																														
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2016)																																																																																

Form 1040 (2016)		Noah & Joan Arc		434-11-3311		Page 2	
		38	Amount from line 37 (adjusted gross income)	38	80,298		
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. checked ▶ 39a <input type="checkbox"/>					
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>					
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	17,335		
	41	Subtract line 40 from line 38		41	62,963		
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions		42	16,200		
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	46,763		
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>		44	4,409		
	45	Alternative minimum tax (see instructions). Attach Form 6251		45			
	46	Excess advance premium tax credit repayment. Attach Form 8962		46			
	47	Add lines 44, 45, and 46		47	4,409		
	48	Foreign tax credit. Attach Form 1116 if required		48			
	49	Credit for child and dependent care expenses. Attach Form 2441		49	600		
Other Taxes	50	Education credits from Form 8863, line 19		50			
	51	Retirement savings contributions credit. Attach Form 8880		51			
	52	Child tax credit. Attach Schedule 8812, if required		52	2,000		
	53	Residential energy credits. Attach Form 5695		53			
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>		54			
	55	Add lines 48 through 54. These are your total credits		55	2,600		
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-		56	1,809		
	57	Self-employment tax. Attach Schedule SE		57	5,937		
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		58			
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59			
Payments	60a	Household employment taxes from Schedule H		60a			
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b			
	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(s)		62			
	63	Add lines 56 through 62. This is your total tax		63	7,746		
	64	Federal income tax withheld from Forms W-2 and 1099		64	5,050		
	65	2016 estimated tax payments and amount applied from 2015 return		65	12,000		
	66a	Earned income credit (EIC)		66a			
	b	Nontaxable combat pay election 66b					
	67	Additional child tax credit. Attach Schedule 8812		67			
Refund	68	American opportunity credit from Form 8863, line 8		68			
	69	Net premium tax credit. Attach Form 8962		69			
	70	Amount paid with request for extension to file		70			
	71	Excess social security and tier 1 RRTA tax withheld		71			
	72	Credit for federal tax on fuels. Attach Form 4136		72			
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>		73			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments		74	17,050		
	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75	9,304		
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		76a	9,304		
	b	Routing number		c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Amount You Owe	d	Account number					
	77	Amount of line 75 you want applied to your 2017 estimated tax ▶		77			
Third Party Designee	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶		78			
	79	Estimated tax penalty (see instructions)		79			
Sign Here	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No						
	Designee's name ▶		Phone no. ▶		Personal identification number (PIN) ▶		
Paid Preparer Use Only	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.						
	Your signature		Date	Your occupation		Daytime phone number	
Joint return? See instructions. Keep a copy for your records.	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.)	
	Print/Type preparer's name		Preparer's signature		Date	PTIN	
Firm's name ▶		Firm's EIN ▶		Check <input type="checkbox"/> if self-employed			
Firm's address ▶		Phone no.					

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

OMB No. 1545-0074

2016Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Noah and Joan Arc

434-11-3311

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	700		
2	Enter amount from Form 1040, line 38	2	80,298		
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	8,030		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0
Taxes You Paid		5 State and local (check only one box):			
	a <input checked="" type="checkbox"/> Income taxes, or	5	2,260		
	b <input type="checkbox"/> General sales taxes	6	1,350		
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8	9			3,610
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098			
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	10	11,100		
Note: Your mortgage interest deduction may be limited (see instructions).		11			
	12 Points not reported to you on Form 1098. See instructions for special rules.	12			
	13 Mortgage insurance premiums (see instructions).	13			
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14			
	15 Add lines 10 through 14	15			11,100
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.			
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16	2,625		
	18 Carryover from prior year	17			
	19 Add lines 16 through 18	18			
		19			2,625
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► Employee Business Expenses			
	22 Tax preparation fees	21	125		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	22	350		
		23			
	24 Add lines 21 through 23	24	475		
	25 Enter amount from Form 1040, line 38	25	80,298		
	26 Multiply line 25 by 2% (0.02)	26	1,606		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			0
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ►			
		28			
Total Itemized Deductions		29 Is Form 1040, line 38, over \$155,650?			
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		29	17,335
		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat. No. 17145C

Schedule A (Form 1040) 2016

SCHEDULE B
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

► Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

2016Attachment
Sequence No. **08**

Your social security number

434-11-3311

Part I**Interest**(See instructions
on back and the
instructions for
Form 1040A, or
Form 1040,
line 8a.)**Note:** If you
received a Form
1099-INT, Form
1099-OID, or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1**
- List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ►

Exxon

Coca-Cola

Texas Utilities

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a

Note: If line 4 is over \$1,500, you must complete Part III.**Part II****Ordinary
Dividends**(See instructions
on back and the
instructions for
Form 1040A, or
Form 1040,
line 9a.)**Note:** If you
received a Form
1099-DIV or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5**
- List name of payer ►

Exxon

Coca-Cola

Texas Utilities

- 6**
- Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a

Note: If line 6 is over \$1,500, you must complete Part III.**Part III
Foreign
Accounts
and Trusts**(See
instructions on
back.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a**
- At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b**
- If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8**
- During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

Yes No

	X

--	--

	X

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 17146N

Schedule B (Form 1040A or 1040) 2016

* Because this amount is less than \$1,500, Schedule B is not required to be prepared.

**SCHEDULE C
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**
(Sole Proprietorship)► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor Noah Arc		Social security number (SSN) 434-11-3311
A Principal business or profession, including product or service (see instructions) Pet Store		B Enter code from instructions 453910
C Business name. If no separate business name, leave blank. The Arc		D Employer ID number (EIN), (see instr.) 959876556
E Business address (including suite or room no.) ► 18542 Mission Road City, town or post office, state, and ZIP code Santee, CA 92071		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2016, check here . . . <input type="checkbox"/>		
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . <input type="checkbox"/>	1	144,300
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	144,300
4	Cost of goods sold (from line 42)	4	61,900
5	Gross profit. Subtract line 4 from line 3	5	82,400
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	82,400

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depreciation	12		b	Other business property	20b	7,600
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	780	23	Taxes and licenses	23	2,250
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	200
17	Legal and professional services	17	1,800	25	Utilities	25	2,650
				26	Wages (less employment credits)	26	25,100
				27a	Other expenses (from line 48)	27a	
				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	40,380				
29	Tentative profit or (loss). Subtract line 28 from line 7	29	42,020				
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30					
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	42,020				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P

Schedule C (Form 1040) 2016

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2016
Attachment
Sequence No. **12**

Name(s) shown on return

Noah and Joan Arc

Your social security number

434-11-3311

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	6,000	5,300		700
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 700

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	16,700	4,000		12,700
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (2,350)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 10,350

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11338H

Schedule D (Form 1040) 2016

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <p>• If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</p> <p>• If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</p> <p>• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</p> <p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions . . . ▶</p> <p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶</p> <p>20 Are lines 18 and 19 both zero or blank?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <p>• The loss on line 16 or</p> <p>• (\$3,000), or if married filing separately, (\$1,500) }</p> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>	<p>16 11,050</p> <p>18 0</p> <p>19 0</p> <p>21 ()</p>
--	--

Schedule D (Form 1040) 2016

Form **8949**
Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2016
Attachment
Sequence No. **12A**

Name(s) shown on return

Noah and Joan Arc

Social security number or taxpayer identification number

434-11-3311

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Yellow Co.	01/31/16	06/05/16	6,000	5,300			700
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				6,000	5,300			700

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2016)

Form 8949 (2016)

Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Noah and Joan Arc

Social security number or taxpayer identification number

434-11-3311

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Blue Co.	02/11/06	08/15/16	4,500	2,400			2,100
	Red Co.	10/02/07	10/07/16	12,200	1,600			10,600
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				16,700	4,000			12,700

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2016)

Qualified Dividends and Capital Gain Tax Worksheet—Line 44

Keep for Your Records



Before you begin: ✓ See the earlier instructions for line 44 to see if you can use this worksheet to figure your tax.
 ✓ Before completing this worksheet, complete Form 1040 through line 43.
 ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1.	Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	46,763
2.	Enter the amount from Form 1040, line 9b*	2.	842
3.	Are you filing Schedule D?*		
	<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-.	3.	10,350
	<input type="checkbox"/> No. Enter the amount from Form 1040, line 13.		
4.	Add lines 2 and 3	4.	11,192
5.	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	0
6.	Subtract line 5 from line 4. If zero or less, enter -0-	6.	11,192
7.	Subtract line 6 from line 1. If zero or less, enter -0-	7.	35,571
8.	Enter:		
	\$37,650 if single or married filing separately, \$75,300 if married filing jointly or qualifying widow(er), \$50,400 if head of household.	8.	75,300
9.	Enter the smaller of line 1 or line 8	9.	46,763
10.	Enter the smaller of line 7 or line 9	10.	35,571
11.	Subtract line 10 from line 9. This amount is taxed at 0%	11.	11,192
12.	Enter the smaller of line 1 or line 6	12.	11,192
13.	Enter the amount from line 11	13.	11,192
14.	Subtract line 13 from line 12	14.	0
15.	Enter:		
	\$415,050 if single, \$233,475 if married filing separately, \$466,950 if married filing jointly or qualifying widow(er), \$441,000 if head of household.	15.	466,950
16.	Enter the smaller of line 1 or line 15	16.	46,763
17.	Add lines 7 and 11	17.	46,763
18.	Subtract line 17 from line 16. If zero or less, enter -0-	18.	0
19.	Enter the smaller of line 14 or line 18	19.	0
20.	Multiply line 19 by 15% (0.15)	20.	0
21.	Add lines 11 and 19	21.	11,192
22.	Subtract line 21 from line 12	22.	0
23.	Multiply line 22 by 20% (0.20)	23.	0
24.	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	4,409
25.	Add lines 20, 23, and 24	25.	4,409
26.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	6,089
27.	Tax on all taxable income. Enter the smaller of line 25 or line 26. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	27.	4,409

*If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

**SCHEDULE E
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2016Attachment
Sequence No. **13**

Noah and Joan Arc

Your social security number

434-11-3311

Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C or C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.**A** Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)☒ **Yes** ☐ **No****B** If "Yes," did you or will you file required Forms 1099?☒ **Yes** ☐ **No****1a** Physical address of each property (street, city, state, ZIP code)**A** 6431 Gary Court, San Diego, CA 92115**B****C****1b** Type of Property
(from list below)**2** For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions.**Fair Rental Days****Personal Use Days****QJV****A** 1**A**

365

B**B****C****C****Type of Property:**

1 Single Family Residence

3 Vacation/Short-Term Rental

5 Land

7 Self-Rental

2 Multi-Family Residence

4 Commercial

6 Royalties

8 Other (describe)

Income:**Properties:****A****B****C****3** Rents received**3**

13,800

4 Royalties received**4****Expenses:****5** Advertising**5****6** Auto and travel (see instructions)**6****7** Cleaning and maintenance**7****8** Commissions.**8****9** Insurance**9**

575

10 Legal and other professional fees**10****11** Management fees**11****12** Mortgage interest paid to banks, etc. (see instructions)**12**

6,870

13 Other interest.**13****14** Repairs.**14****15** Supplies**15****16** Taxes**16**

1,000

17 Utilities**17****18** Depreciation expense or depletion**18**

3,000

19 Other (list) ▶ Miscellaneous**19**

600

20 Total expenses. Add lines 5 through 19**20**

12,045

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198****21**

1,755

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)**22**

()

23a Total of all amounts reported on line 3 for all rental properties**23a** 13,800**b** Total of all amounts reported on line 4 for all royalty properties**23b****c** Total of all amounts reported on line 12 for all properties**23c** 6,870**d** Total of all amounts reported on line 18 for all properties**23d** 3,000**e** Total of all amounts reported on line 20 for all properties**23e** 12,045**24** **Income.** Add positive amounts shown on line 21. **Do not** include any losses**24**

1,755

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here**25**

()

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2**26**

1,755

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11344L

Schedule E (Form 1040) 2016

Schedule E (Form 1040) 2016

Attachment Sequence No. **13**Page **2**

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Noah and Joan Arc

Your social security number

434-11-3311

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** **Note:** If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (e) on line 28 and attach **Form 6198**. See instructions.**27** Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ **Yes** ☐ **No**

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A			<input type="checkbox"/>		<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss	
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562
A			
B			
C			
D			
29a Totals			
b Totals			
30 Add columns (g) and (i) of line 29a		30	
31 Add columns (f), (h), and (i) of line 29b		31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below		32	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a		35	
36 Add columns (c) and (e) of line 34b		36	()
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Schedule E (Form 1040) 2016

SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Self-Employment Tax**► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Noah Arc

Social security number of person
with self-employment income ►

434-11-3311

Before you begin: To determine if you must file Schedule SE, see the instructions.**May I Use Short Schedule SE or Must I Use Long Schedule SE?****Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b ()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	42,020
3 Combine lines 1a, 1b, and 2	3	42,020
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b. ► Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	38,805
5 Self-employment tax. If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$118,500, multiply line 4 by 2.9% (0.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	5,937
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	2,969

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11358Z

Schedule SE (Form 1040) 2016

Schedule SE (Form 1040) 2016

Attachment Sequence No. **17**Page **2**Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

Noah Arc

Social security number of person

with **self-employment** income ▶

434-11-3311

Section B—Long Schedule SE**Part I Self-Employment Tax**

Note. If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ▶ <input type="checkbox"/>		
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	
3	Combine lines 1a, 1b, and 2	3	
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue ▶	4c	
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income 5a		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6	Add lines 4c and 5b	6	
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2016	7	118,500 00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11	8a	
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c	Wages subject to social security tax (from Form 8919, line 10)	8c	
d	Add lines 8a, 8b, and 8c	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	
11	Multiply line 6 by 2.9% (0.029)	11	
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12	
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 13		

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$7,560, or (b) your net farm profits ² were less than \$5,457.		
14 Maximum income for optional methods	14	5,040 00
15 Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$5,040. Also include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,457 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Schedule SE (Form 1040) 2016

Form 2441 **Child and Dependent Care Expenses**

Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040, Form 1040A, or Form 1040NR.
► Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

OMB No. 1545-0074
2016
Attachment Sequence No. **21**

Name(s) shown on return
Noah and Joan Arc

Your social security number
434-11-3311

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Roundup Day Care Center	123 Any Street Santee, CA 92071	95-1234567	3,200

Did you receive dependent care benefits? ☐ No ☒ Yes

Complete only Part II below.
Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2016 for the person listed in column (a)
First Last		
Mary Sue Arc	554-33-2411	3,200

3 Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31

4 Enter your **earned income**. See instructions

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

6 Enter the **smallest** of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$29,000—31,000		.27
15,000—17,000		.34	31,000—33,000		.26
17,000—19,000		.33	33,000—35,000		.25
19,000—21,000		.32	35,000—37,000		.24
21,000—23,000		.31	37,000—39,000		.23
23,000—25,000		.30	39,000—41,000		.22
25,000—27,000		.29	41,000—43,000		.21
27,000—29,000		.28	43,000—No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11862M Form **2441** (2016)

Form 2441 (2016)

Page **2****Part III Dependent Care Benefits**

12 Enter the total amount of dependent care benefits you received in 2016. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	
13 Enter the amount, if any, you carried over from 2015 and used in 2016 during the grace period. See instructions	13	
14 Enter the amount, if any, you forfeited or carried forward to 2017. See instructions	14	()
15 Combine lines 12 through 14. See instructions	15	
16 Enter the total amount of qualified expenses incurred in 2016 for the care of the qualifying person(s)	16	
17 Enter the smaller of line 15 or 16	17	
18 Enter your earned income . See instructions	18	
19 Enter the amount shown below that applies to you.	19	
<ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 		
20 Enter the smallest of line 17, 18, or 19	20	
21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19).	21	
22 Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.)		
<input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	
23 Subtract line 22 from line 15	23	
24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25 Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	25	
26 Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB".	26	

To claim the child and dependent care credit, complete lines 27 through 31 below.

27 Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28 Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	
29 Subtract line 28 from line 27. If zero or less, stop. You cannot take the credit. Exception. If you paid 2015 expenses in 2016, see the instructions for line 9	29	
30 Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here.	30	
31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	

Form **2441** (2016)

Form	1040	Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return	2016	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																									
For the year Jan. 1–Dec. 31, 2016, or other tax year beginning _____, 2016, ending _____, 20																														
Your first name and initial Gregory R.		Last name Clifden		See separate instructions. Your social security number 543 88 9756																										
If a joint return, spouse's first name and initial Lulu B.		Last name Clifden		Spouse's social security number 256 43 8819																										
Home address (number and street). If you have a P.O. box, see instructions. 33333 Fume Blanc Way				Apt. no. _____																										
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Temecula, CA 92591				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 checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse																										
Foreign country name _____		Foreign province/state/county _____		Foreign postal code _____																										
Filing Status Check only one box. 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) with dependent child																														
Exemptions 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 2 b <input checked="" type="checkbox"/> Spouse } No. of children on 6c who: 3 c Dependents: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td>Gerald</td> <td>Clifden</td> <td>466 74 1131</td> <td>Son</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gary</td> <td>Clifden</td> <td>465 76 8375</td> <td>Son</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Glenn</td> <td>Clifden</td> <td>475 23 1426</td> <td>Son</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="5">If more than four dependents, see instructions and check here ▶ <input type="checkbox"/></td> </tr> </tbody> </table> d Total number of exemptions claimed 5						(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)	Gerald	Clifden	466 74 1131	Son	<input type="checkbox"/>	Gary	Clifden	465 76 8375	Son	<input checked="" type="checkbox"/>	Glenn	Clifden	475 23 1426	Son	<input checked="" type="checkbox"/>	If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				
(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)																										
Gerald	Clifden	466 74 1131	Son	<input type="checkbox"/>																										
Gary	Clifden	465 76 8375	Son	<input checked="" type="checkbox"/>																										
Glenn	Clifden	475 23 1426	Son	<input checked="" type="checkbox"/>																										
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>																														
Income 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.																														
7 Wages, salaries, tips, etc. Attach Form(s) W-2		7 10,200																												
8a Taxable interest. Attach Schedule B if required		8a 1,955																												
b Tax-exempt interest. Do not include on line 8a		8b 1,490																												
9a Ordinary dividends. Attach Schedule B if required		9a 336																												
b Qualified dividends		9b 336																												
10 Taxable refunds, credits, or offsets of state and local income taxes		10																												
11 Alimony received		11																												
12 Business income or (loss). Attach Schedule C or C-EZ		12 33,725																												
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13 1,225																												
14 Other gains or (losses). Attach Form 4797		14																												
15a IRA distributions		15a		b Taxable amount																										
16a Pensions and annuities		16a 9,300		b Taxable amount																										
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17																												
18 Farm income or (loss). Attach Schedule F		18																												
19 Unemployment compensation		19																												
20a Social security benefits		20a		b Taxable amount																										
21 Other income. List type and amount Form 8814		21 1,300																												
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22 58,041																												
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 2,383 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 384 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN ▶ 566 23 5431 31a 6,000 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 8,767 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 49,274																														
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2016)																														

Form 1040 (2016) Gregory R & Lulu B Clifden		543-88-9756		Page 2
Tax and Credits	38	Amount from line 37 (adjusted gross income)		38 49,274
	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Total boxes checked ▶ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40 20,965
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	41	Subtract line 40 from line 38		41 28,309
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions		42 20,250
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43 8,059
	44	Tax (see instructions). Check if any from: a <input checked="" type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>		44 753 *
	45	Alternative minimum tax (see instructions). Attach Form 6251		45
	46	Excess advance premium tax credit repayment. Attach Form 8962		46
	47	Add lines 44, 45, and 46		47 753
	48	Foreign tax credit. Attach Form 1116 if required		48
	49	Credit for child and dependent care expenses. Attach Form 2441		49
	50	Education credits from Form 8863, line 19		50
51	Retirement savings contributions credit. Attach Form 8880		51	
52	Child tax credit. Attach Schedule 8812, if required		52 753	
53	Residential energy credits. Attach Form 5695		53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>		54	
55	Add lines 48 through 54. These are your total credits		55 753	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-		56 0	
Other Taxes	57	Self-employment tax. Attach Schedule SE		57 4,765
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		58
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59
	60a	Household employment taxes from Schedule H		60a
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b
	61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>		61 695
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)		62	
63	Add lines 56 through 62. This is your total tax		63 5,460	
Payments If you have a qualifying child, attach Schedule EIC.	64	Federal income tax withheld from Forms W-2 and 1099		64 2,850
	65	2016 estimated tax payments and amount applied from 2015 return		65 2,000
	66a	Earned income credit (EIC)		66a
	b	Nontaxable combat pay election 66b		66b
	67	Additional child tax credit. Attach Schedule 8812		67 1,247
	68	American opportunity credit from Form 8863, line 8		68
	69	Net premium tax credit. Attach Form 8962		69 10,800
	70	Amount paid with request for extension to file		70
	71	Excess social security and tier 1 RRTA tax withheld		71
	72	Credit for federal tax on fuels. Attach Form 4136		72
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>		73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments		74 16,897	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75 11,437
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		76a 11,437
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>			
77	Amount of line 75 you want applied to your 2017 estimated tax ▶ 77		77	
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶		78
	79	Estimated tax penalty (see instructions)		79
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶ <input type="text"/>	
Sign Here	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.			
	Your signature	Date	Your occupation	Daytime phone number
	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	Firm's name ▶		Check <input type="checkbox"/> if self-employed	
	Firm's address ▶		Firm's EIN ▶	
			Phone no.	

* Includes \$105 tax from Form 8814.

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Itemized Deductions► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2016Attachment
Sequence No. **07**

Your social security number

Gregory R. and Lulu B. Clifden

543-88-9756

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	2,600		
2	Enter amount from Form 1040, line 38	2	49,274		
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	4,927		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0	
Taxes You Paid		State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	7,120		
b	<input type="checkbox"/> General sales taxes	6	820		
6	Real estate taxes (see instructions)	7	450		
7	Personal property taxes	8			
8	Other taxes. List type and amount ►	9		8,390	
9	Add lines 5 through 8				
Interest You Paid		Home mortgage interest and points reported to you on Form 1098			
10	Home mortgage interest and points reported to you on Form 1098	10	7,600		
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11			
12	Points not reported to you on Form 1098. See instructions for special rules	12			
13	Mortgage insurance premiums (see instructions)	13			
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14	3,100		
15	Add lines 10 through 14	15		10,700	
Gifts to Charity		Gifts by cash or check. If you made any gift of \$250 or more, see instructions.			
16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	16	1,875		
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17			
18	Carryover from prior year	18			
19	Add lines 16 through 18	19		1,875	
Casualty and Theft Losses		Casualty or theft loss(es). Attach Form 4684. (See instructions.)			
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			
Job Expenses and Certain Miscellaneous Deductions		Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)			
21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	21			
22	Tax preparation fees	22	475		
23	Other expenses—investment, safe deposit box, etc. List type and amount ►	23			
24	Add lines 21 through 23	24	475		
25	Enter amount from Form 1040, line 38	25	49,274		
26	Multiply line 25 by 2% (0.02)	26	985		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		0	
Other Miscellaneous Deductions		Other—from list in instructions. List type and amount ►			
28	Other—from list in instructions. List type and amount ►	28			
Total Itemized Deductions		Is Form 1040, line 38, over \$155,650?			
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		29	20,965
		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat. No. 17145C

Schedule A (Form 1040) 2016

SCHEDULE B
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service (99)**Interest and Ordinary Dividends**

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

2016Attachment
Sequence No. **08**

Name(s) shown on return

Gregory R. and Lulu B. Clifden

Your social security number

543-88-9756

Part I**Interest**(See instructions
on back and the
instructions for
Form 1040A, or
Form 1040,
line 8a.)**Note:** If you
received a Form
1099-INT, Form
1099-OID, or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1**
- List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶

Vintage Bank

Bob's Big Bank

Bank of Ireland

Amount

1,375

360

220

- 2**
- Add the amounts on line 1
-
- 3**
- Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
-
- 4**
- Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

2 1,955**3****4** 1,955**Note:** If line 4 is over \$1,500, you must complete Part III.**Amount****Part II****Ordinary
Dividends**(See instructions
on back and the
instructions for
Form 1040A, or
Form 1040,
line 9a.)**Note:** If you
received a Form
1099-DIV or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5**
- List name of payer ▶

Southwest Airlines

Heinz Foods

110

226

- 6**
- Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

6 336**Note:** If line 6 is over \$1,500, you must complete Part III.**Part III
Foreign
Accounts
and Trusts**(See
instructions on
back.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a**
- At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

Yes **No**

X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

X

- b**
- If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

- 8**
- During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

X

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 17146N

Schedule B (Form 1040A or 1040) 2016

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**
(Sole Proprietorship)► **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.**
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor Gregory Clifden		Social security number (SSN) 543-88-9756
A Principal business or profession, including product or service (see instructions) Bed & Breakfast		B Enter code from instructions 721100
C Business name. If no separate business name, leave blank. Rock Glen House Bed & Breakfast		D Employer ID number (EIN), (see instr.) 951234567
E Business address (including suite or room no.) 33333 Fume Blanc Way City, town or post office, state, and ZIP code Temecula, CA 92591		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2016, check here		<input type="checkbox"/>
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	139,250
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	139,250
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	139,250
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	2,325
7	Gross income. Add lines 5 and 6		7	141,575

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	4,810	18	Office expense (see instructions)	18	2,400
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	18,100	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	8,870
15	Insurance (other than health)	15	6,300	23	Taxes and licenses	23	6,420
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a	33,010	a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	1,850	25	Utilities	25	6,350
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	15,450
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	4,290
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	33,725				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P

Schedule C (Form 1040) 2016

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____ / _____ / _____

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ **Yes** ☐ **No**

46 Do you (or your spouse) have another vehicle available for personal use? ☐ **Yes** ☐ **No**

47a Do you have evidence to support your deduction? ☐ **Yes** ☐ **No**

b If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

Laundry Expense	4,290	
48 Total other expenses. Enter here and on line 27a	48 4,290	

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2016
Attachment
Sequence No. **12**

Name(s) shown on return

Gregory R. and Lulu B. Clifden

Your social security number

543-88-9756

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	12,100	14,200		(2,100)
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 (2,100)

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	8,575	5,250		3,325
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 3,325

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11338H

Schedule D (Form 1040) 2016

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	1,225
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 			
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes . Go to line 18. <input type="checkbox"/> No . Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions . . . ▶	18	0
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶	19	0
20	Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes . Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No . Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%);">21 ()</div> </div> </div> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes . Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No . Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2016

Form 8949 Department of the Treasury Internal Revenue Service	Sales and Other Dispositions of Capital Assets ► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949 . ► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div> Attachment Sequence No. 12A
--	---	---

Name(s) shown on return Gregory R & Lulu B Clifden	Social security number or taxpayer identification number 543-88-9756
--	--

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Gold Co.	03/27/16	09/18/16	12,100	14,200			(2,100)
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				12,100	14,200			(2,100)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2016)

Form 8949 (2016)

Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Gregory R & Lulu B Clifden

Social security number or taxpayer identification number

543-88-9756

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Orange Co.	02/11/06	06/19/16	6,100	3,800			2,300
	Green Co.	10/31/06	10/23/16	2,475	1,450			1,025
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				8,575	5,250			3,325

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2016)

SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Self-Employment Tax**► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

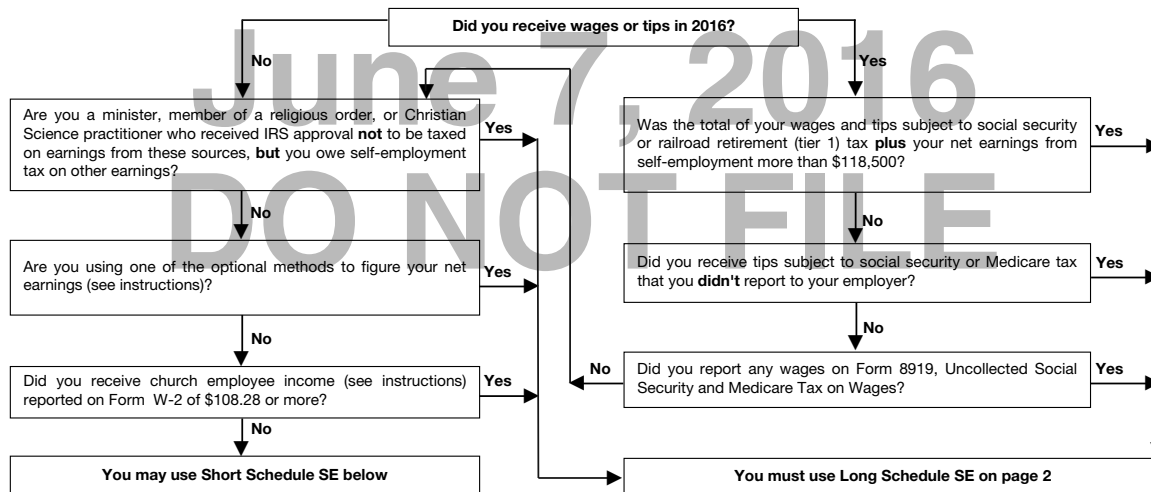
2016
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Gregory R. Clifden

Social security number of person
with self-employment income ►

543-88-9756

Before you begin: To determine if you must file Schedule SE, see the instructions.**May I Use Short Schedule SE or Must I Use Long Schedule SE?****Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a		
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	33,725	
3	Combine lines 1a, 1b, and 2	3	33,725	
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b. ►	4	31,145	
Note.	If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
5	Self-employment tax. If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$118,500, multiply line 4 by 2.9% (0.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	4,765	
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	2,383	

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11358Z

Schedule SE (Form 1040) 2016

Form 8814 Department of the Treasury Internal Revenue Service (99)	Parents' Election To Report Child's Interest and Dividends ► Information about Form 8814 and its instructions is at www.irs.gov/form8814 . ► Attach to parents' Form 1040 or Form 1040NR.	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2016</div> Attachment Sequence No. 40
Name(s) shown on your return Gregory R. and Lulu B. Clifden		Your social security number 543-88-9756
Caution: The federal income tax on your child's income, including qualified dividends and capital gain distributions, may be less if you file a separate tax return for the child instead of making this election. This is because you cannot take certain tax benefits that your child could take on his or her own return. For details, see <i>Tax benefits you cannot take</i> in the instructions.		
A Child's name (first, initial, and last) Gary T. Clifden		B Child's social security number 465-76-8375
C If more than one Form 8814 is attached, check here <input type="checkbox"/>		
Part I Child's Interest and Dividends To Report on Your Return		
1a Enter your child's taxable interest. If this amount is different from the amounts shown on the child's Forms 1099-INT and 1099-OID, see the instructions		1a 3,400
b Enter your child's tax-exempt interest. Do not include this amount on line 1a		1b
2a Enter your child's ordinary dividends, including any Alaska Permanent Fund dividends. If your child received any ordinary dividends as a nominee, see the instructions		2a
b Enter your child's qualified dividends included on line 2a. See the instructions		2b
3 Enter your child's capital gain distributions. If your child received any capital gain distributions as a nominee, see the instructions		3
4 Add lines 1a, 2a, and 3. If the total is \$2,100 or less, skip lines 5 through 12 and go to line 13. If the total is \$10,500 or more, do not file this form. Your child must file his or her own return to report the income		4 3,400
5 Base amount		5 2,100 00
6 Subtract line 5 from line 4		6 1,300
If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and go to line 12. Otherwise, go to line 7.		
7 Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)		7
8 Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)		8
9 Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return		9
10 Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return		10
11 Add lines 9 and 10		11 0
12 Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you checked the box on line C above, see the instructions. Go to line 13 below		12 1,300
Part II Tax on the First \$2,100 of Child's Interest and Dividends		
13 Amount not taxed		13 1,050 00
14 Subtract line 13 from line 4. If the result is zero or less, enter -0-		14 2,350
15 Tax. Is the amount on line 14 less than \$1,050? <input checked="" type="checkbox"/> No. Enter \$105 here and see the Note below. <input type="checkbox"/> Yes. Multiply line 14 by 10% (.10). Enter the result here and see the Note below.		15 105
Note: If you checked the box on line C above, see the instructions. Otherwise, include the amount from line 15 in the tax you enter on Form 1040, line 44, or Form 1040NR, line 42. Be sure to check box a on Form 1040, line 44, or Form 1040NR, line 42.		
For Paperwork Reduction Act Notice, see your tax return instructions.		

Cat. No. 10750J

Form **8814** (2016)

SCHEDULE 8812
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Child Tax Credit

► **Attach to Form 1040, Form 1040A, or Form 1040NR.**
 ► Information about Schedule 8812 and its separate instructions is at
www.irs.gov/schedule8812.



OMB No. 1545-0074

2016Attachment
Sequence No. 47

Gregory R. and Lulu B. Clifden

Your social security number
543-88-9756**Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)**

Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.
 If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here ☐

Part II Additional Child Tax Credit Filers

- 1** If you file Form 2555 or 2555-EZ **stop** here; you cannot claim the additional child tax credit.

If you are required to use the worksheet in **Pub. 972**, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:

1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).

1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).

1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).

2 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	2	753
3 Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	1,247
4a Earned income (see separate instructions)	4a	41,542 *
b Nontaxable combat pay (see separate instructions)	4b	
5 Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	38,542
6 Multiply the amount on line 5 by 15% (0.15) and enter the result	6	5,781
Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.		

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 59761M

Schedule 8812 (Form 1040A or 1040) 2016


* \$10,200 of wage income + \$33,725 from Schedule C – \$2,383 for one-half of self-employment taxes.

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	7				
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.	8				
	1040A filers: Enter -0-.					
	1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.					
9	Add lines 7 and 8	9				
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71.					
	1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).	10				
	1040NR filers: Enter the amount from Form 1040NR, line 67.					
11	Subtract line 10 from line 9. If zero or less, enter -0-	11				
12	Enter the larger of line 6 or line 11	12				
	Next, enter the smaller of line 3 or line 12 on line 13.					

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	1,247	
-----------	--	-----------	-------	--



Enter this amount on
Form 1040, line 67,
Form 1040A, line 43, or
Form 1040NR, line 64.

Form 8962 Department of the Treasury Internal Revenue Service	Premium Tax Credit (PTC) ▶ Attach to Form 1040, 1040A, or 1040NR. ▶ Information about Form 8962 and its separate instructions is at www.irs.gov/form8962 .	OMB No. 1545-0074 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2016</div> Attachment Sequence No. 73				
Name shown on your return Gregory R. and Lulu B. Clifden		Your social security number 543-88-9756				
You cannot claim the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box. <input type="checkbox"/>						
Part I Annual and Monthly Contribution Amount						
1 Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d		1 5				
2a Modified AGI. Enter your modified AGI (see instructions)	<div style="border: 1px solid black; padding: 2px;">2a 52,864</div>	b Enter the total of your dependents' modified AGI (see instructions)				
3 Household income. Add the amounts on lines 2a and 2b (see instructions)		3 52,864				
4 Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. <input type="checkbox"/> Alaska <input type="checkbox"/> Hawaii <input checked="" type="checkbox"/> Other 48 states and DC		4 28,410				
5 Household income as a percentage of federal poverty line (see instructions)		5 186 %				
6 Did you enter 401% on line 5? (See instructions if you entered less than 100%.) <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.						
7 Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions		7 .0575				
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	<div style="border: 1px solid black; padding: 2px;">8a 3,040</div>	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount				
		8b 253				
Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit						
9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)? <input type="checkbox"/> Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. <input checked="" type="checkbox"/> No. Continue to line 10.						
10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23. <input type="checkbox"/> Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12–23 and continue to line 24. <input checked="" type="checkbox"/> No. Continue to lines 12–23. Compute your monthly PTC and continue to line 24.						
Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)
12 January						
13 February						
14 March						
15 April						
16 May	1,520	1,603	253	1,350	1,350	0
17 June	1,520	1,603	253	1,350	1,350	0
18 July	1,520	1,603	253	1,350	1,350	0
19 August	1,520	1,603	253	1,350	1,350	0
20 September	1,520	1,603	253	1,350	1,350	0
21 October	1,520	1,603	253	1,350	1,350	0
22 November	1,520	1,603	253	1,350	1,350	0
23 December	1,520	1,603	253	1,350	1,350	0
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here						24 10,800
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here						25 0
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27						26 10,800
Part III Repayment of Excess Advance Payment of the Premium Tax Credit						
27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here						27
28 Repayment limitation (see instructions)						28
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44						29

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37784Z

Form **8962** (2016)

* \$49,274 AGI + \$1,490 tax-exempt interest + \$2,100 for Gary's income not included on parents' return.

Qualified Dividends and Capital Gain Tax Worksheet—Line 44

Keep for Your Records



Before you begin: ✓ See the earlier instructions for line 44 to see if you can use this worksheet to figure your tax.
 ✓ Before completing this worksheet, complete Form 1040 through line 43.
 ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1.	Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	8,059
2.	Enter the amount from Form 1040, line 9b*	2.	336
3.	Are you filing Schedule D?*		
	<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-.	3.	1,225
	<input type="checkbox"/> No. Enter the amount from Form 1040, line 13.		
4.	Add lines 2 and 3	4.	1,561
5.	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	0
6.	Subtract line 5 from line 4. If zero or less, enter -0-	6.	1,561
7.	Subtract line 6 from line 1. If zero or less, enter -0-	7.	6,498
8.	Enter: \$37,650 if single or married filing separately, \$75,300 if married filing jointly or qualifying widow(er), \$50,400 if head of household.	8.	75,300
9.	Enter the smaller of line 1 or line 8	9.	8,059
10.	Enter the smaller of line 7 or line 9	10.	6,498
11.	Subtract line 10 from line 9. This amount is taxed at 0%	11.	1,561
12.	Enter the smaller of line 1 or line 6	12.	1,561
13.	Enter the amount from line 11	13.	1,561
14.	Subtract line 13 from line 12	14.	0
15.	Enter: \$415,050 if single, \$233,475 if married filing separately, \$466,950 if married filing jointly or qualifying widow(er), \$441,000 if head of household.	15.	466,950
16.	Enter the smaller of line 1 or line 15	16.	8,059
17.	Add lines 7 and 11	17.	8,059
18.	Subtract line 17 from line 16. If zero or less, enter -0-	18.	0
19.	Enter the smaller of line 14 or line 18	19.	0
20.	Multiply line 19 by 15% (0.15)	20.	0
21.	Add lines 11 and 19	21.	1,561
22.	Subtract line 21 from line 12	22.	0
23.	Multiply line 22 by 20% (0.20)	23.	0
24.	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	648
25.	Add lines 20, 23, and 24	25.	648
26.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	808
27.	Tax on all taxable income. Enter the smaller of line 25 or line 26. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	27.	648

*If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

2016 Child Tax Credit Worksheet—Line 52

Keep for Your Records



1. To be a qualifying child for the child tax credit, the child must be your dependent, **under age 17** at the end of 2016, and meet all the conditions in Steps 1 through 3 in the instructions for line 6c. Make sure you checked the box on Form 1040, line 6c, column (4), for each qualifying child.
2. If you do not have a qualifying child, you cannot claim the child tax credit.
3. Be sure to see “Social security number” in the instructions for line 6c. If your qualifying child has an ITIN instead of an SSN, file Schedule 8812.
4. Do **not** use this worksheet, but use Pub. 972 instead, if:
 - a. You are claiming the adoption credit, mortgage interest credit, District of Columbia first-time homebuyer credit, or residential energy efficient property credit;
 - b. You are excluding income from Puerto Rico; or
 - c. You are filing Form 2555, 2555-EZ, or 4563.

Part 1

1. Number of qualifying children: <u>2</u> × \$1,000. Enter the result.	1	2,000
<hr/>		
2. Enter the amount from Form 1040, line 38.	2	49,274
<hr/>		
3. Enter the amount shown below for your filing status.		
<ul style="list-style-type: none"> ● Married filing jointly — \$110,000 ● Single, head of household, or qualifying widow(er) — \$75,000 ● Married filing separately — \$55,000 	3	110,000
<hr/>		
4. Is the amount on line 2 more than the amount on line 3?		
<input checked="" type="checkbox"/> No. Leave line 4 blank. Enter -0- on line 5, and go to line 6.	4	
<input type="checkbox"/> Yes. Subtract line 3 from line 2. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.		
<hr/>		
5. Multiply the amount on line 4 by 5% (0.05). Enter the result.	5	0
<hr/>		
6. Is the amount on line 1 more than the amount on line 5?		
<input type="checkbox"/> No. You cannot take the child tax credit on Form 1040, line 52. You also cannot take the additional child tax credit on Form 1040, line 67. Complete the rest of your Form 1040.		
<input checked="" type="checkbox"/> Yes. Subtract line 5 from line 1. Enter the result. Go to Part 2.	6	2,000

2016 Child Tax Credit Worksheet—Continued

Keep for Your Records



Before you begin Part 2: ✓ Figure the amount of any credits you are claiming on Form 5695, Part II; Form 8910; Form 8936; or Schedule R.

Part 2

7. Enter the amount from Form 1040, line 47.

7	753
---	-----

8. Add any amounts from:

Form 1040, line 48 _____

Form 1040, line 49 + _____

Form 1040, line 50 + _____

Form 1040, line 51 + _____

Form 5695, line 30 + _____

Form 8910, line 15 + _____

Form 8936, line 23 + _____

Schedule R, line 22 + _____

Enter the total.

8	0
---	---

9. Are the amounts on lines 7 and 8 the same?

☐ **Yes.**

You cannot take this credit because there is no tax to reduce. However, you may be able to take the **additional child tax credit**. See the **TIP** below.

☒ **No.** Subtract line 8 from line 7.

9	753
---	-----

10. Is the amount on line 6 more than the amount on line 9?

☒ **Yes.** Enter the amount from line 9.

Also, you may be able to take the **additional child tax credit**. See the **TIP** below.

This is your child tax credit.

☐ **No.** Enter the amount from line 6.

10	753
----	-----

Enter this amount on Form 1040, line 52.

**TIP**

You may be able to take the **additional child tax credit** on Form 1040, line 67, if you answered "Yes" on line 9 or line 10 above.

- First, complete your Form 1040 through lines 66a and 66b.
- Then, use Schedule 8812 to figure any additional child tax credit.

Shared Responsibility Payment Worksheet*

If you or another member of your tax household had neither minimum essential coverage nor a coverage exemption for any month during 2016, use the Shared Responsibility Payment Worksheet, below, to figure your shared responsibility payment. You will enter the amount from line 14 of the worksheet on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11.

Complete the monthly columns by placing "X's" in each month in which you or another member of your tax household had neither minimum essential coverage nor a coverage exemption.												
Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Gregory Clifden	X	X	X	X								
Lulu Clifden	X	X	X	X								
Gerald Clifden	X	X	X	X								
Gary Clifden	X	X	X	X								
Glenn Clifden	X	X	X	X								
1. Total number of X's in a month. If 5 or more, enter 5	5	5	5	5								
2. Total number of X's in a month for individuals 18 or over*	2	2	2	2								
3. One-half the number of X's in a month for individuals under 18*	1.5	1.5	1.5	1.5								
4. Add lines 2 and 3 for each month	3.5	3.5	3.5	3.5								
5. Multiply line 4 by \$695 for each month. If \$2,085 or more, enter \$2,085	2,085	2,085	2,085	2,085								
6. Sum of the monthly amounts entered on line 1											20	
7. Enter your household income											52,864	
8. Enter your filing threshold											20,700	
9. Subtract line 8 from line 7											32,264	
10. Multiply line 9 by 2.5% (0.025)											807	
11. Is line 10 more than \$2,085?												
<input type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero												
<input checked="" type="checkbox"/> No. Enter the amount from line 14 of the <u>Flat Dollar Amount Worksheet</u>											8,340	
12. Divide line 11 by 12.0											695	
13. Multiply line 6 by \$223**											4,460	
14. Enter the smaller of line 12 or line 13 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11. This is your shared responsibility payment											695	


*For purposes of figuring the shared responsibility payment, an individual is considered under 18 for an entire month if he or she did not turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born. For example, someone born on March 1, 2000, is considered age 18 on March 1, 2018, and, therefore, is not considered age 18 for purposes of the shared responsibility payment until April 2018.

**\$223 is the 2016 national average premium for a bronze level health plan available through the Marketplace for one individual and should not be changed.

* At the time we went to press, the 2016 shared responsibility worksheets were not available. The 2015 worksheets have been adapted to 2016 use.

** \$49,274 AGI + \$1,490 tax-exempt interest + \$2,100 for Gary's income not included on parents' return.

Flat Dollar Amount Worksheet



Do not complete this worksheet unless the amount on line 10 of the [Shared Responsibility Payment Worksheet](#) is less than \$2,085.

	Yes	No
For each month, is the amount on line 5 of the Shared Responsibility Payment Worksheet less than the amount on line 10 of the Shared Responsibility Payment Worksheet?*	Enter the amount from line 10	Enter the amount from line 5
1. January		2,085
2. February		2,085
3. March		2,085
4. April		2,085
5. May		
6. June		
7. July		
8. August		
9. September		
10. October		
11. November		
12. December		
13. Add the amounts in each column	0	8,340
14. Add the amounts on line 13 of both columns. Enter the result on line 11 of the Shared Responsibility Payment Worksheet		8,340

*If the amount on line 1 of the Shared Responsibility Payment Worksheet is -0- for any month, leave both columns of this worksheet blank for that month.