

## COVER PAGE

### Filing Checklist for 2016 Tax Return Filed On Standard Forms

Prepared on: 12/12/2016 07:13:34 am

Return: C:\Users\Smokey\Desktop\Tax\2016 Whittenburg\Chapter 1\Patty Banyan 2016 Tax Return.T16

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

#### Step 1. Sign and date the return

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

#### Step 2. Assemble the return

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

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

Form W-2: Wage and Tax Statement

1st

#### Step 3. Mail the return

Mail the return to this address:

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

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

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

#### Step 4. Keep a copy

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

- Background Worksheet
- Last Year's Data Worksheet
- Health Care Coverage
- Health Care Summary

#### 2016 return information - Keep this for your records

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

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

##### Quick Summary

Income		\$19,600
Adjustments	-	\$0
<b>Adjusted gross income</b>		<b>\$19,600</b>
Deductions	-	\$6,300
Exemption(s)	-	\$4,050
<b>Taxable income</b>		<b>\$9,250</b>
 Tax withheld or paid already		 \$2,940
Actual tax due	-	\$928
Refund applied to next year	-	\$0
<b>Refund</b>		<b>\$2,012</b>

Presidential

Elec Campaign

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

Check if you/spouse want \$3 to go to fund

You Spouse

Filing Status

1 Single

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

3 Married filing separately

4 Head of hshld. If qual person a child but not your dependent, child's name:

5 Qual widow w/dep child

one box.

Spouse name

Exemp- tions

6a Yourself (but NOT if you can be someone's dependnt)

b Spouse

c Dependents:

(1) First Last Name (2) SSN (3) Rela- tionship (4) # Children Crdt # Lived w/ you

If > 4 depend- ents, check here

d Total number of exemptions claimed . . . . . Add nos. above . . . . .

Income

7 Wages, etc

7 19,600

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

8a

8b Tax-exempt interest

8b 0

9a Ordinary dividends

9a 0

9b Qual divs

9b 0

Attach copy B

MINI-WORKSHEET FOR LINE 7, WAGES

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

b. Total from line a . . . . . 0

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

c. Wages from W-2's . . . . . 19,600

d. Total for line 7 . . . . . 19,600

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

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

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

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

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

i. Refunds received (Form 1099-G) . . . . . 0

Check to use amount on line i . . . . .

Check to calculate limit on taxable amt . . . . .

Limitation on Taxable Amount

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

1. Sales tax you could have deducted in 2015 . . . . .

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

Others:

2. 2015 number of exemptions . . . . .

3. 2015 adjusted gross income . . . . .

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

of W-2, W-2G, & 1099-R here.	10	Taxable refunds of state and local income taxes .....		10	0	
	11	Alimony received .....		11		
	12	Business income or loss. Attach Sched C or C-EZ .....		12	0	
	13	Capital gain/loss ..... <input type="checkbox"/>		13	0	
	14	Other gains or losses. Attach Form 4797 .....		14		
	15a	IRA's .....	15a	b Taxbl	15b	0
	16a	Pension,annuities .....	16a	b Taxbl	16b	0
	17	Rent, royalty, partnership, S corp, trust (Sch E) .....		17		
	18	Farm income or loss. Attach Schedule F .....		18	0	
	19	Unemploy compensation .....		19		
	20a	Soc Sec benefits ....	20a	b Taxable ..	20b	
	21	Other income (type and amt) .....		21	0	
	22	Combine lines 7 through 21. Your <b>total income</b> .....		22	19,600	
Adjusted	23	Educator expenses .....	23			

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

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

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

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

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

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

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

Income 33 Student loan interest deduction . . . . . 33

34 Tuition & fees. Attach Form 8917 . . . . . 34

35 Dom. prod. act. ded. (Fm 8903) . . . . . 35 0

36 Lns 23 - 35 . . . . . ▶ 36 0

37 Line 22 - line 36. Your **adjusted gross income** . . . . . ▶ 37 19,600

KIA

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END OF PAGE 1

Patty      Banyan

SSN: 466-33-1234

Not  
For  
Filing

**Tax and Credits**    **38** Amount on line 37 (adjusted gross income) ..... **38** 19,600

**39a**    ☐ You born before Jan 2, 1952      ☐ Blind ... **39a** 0  
         ☐ Sp born before Jan 2, 1952      ☐ Blind

MINI-WORKSHEET FOR LINE 39b

a. Married, filing separately and spouse itemizes .....

b. Are you a dual-status alien .....

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

MINI-WORKSHEET FOR LINE 40,  
STANDARD VS ITEMIZED DEDUCTION

a. Your standard deduction (calculated) ..... 6,300

b. Itemized deductions (from Schedule A) .....

c. "X" if you are required to itemize (calculated) ..... ☐

d. "X" if you want to itemize, even if lower deduction ..... ☐

e. "X" if you are married filing separately and  
are taking the standard deduction (calculated) ..... ☐

f. Larger of a. and b. (or, if c or d is "X", then b;  
if e is "X", then a) Carry to line 40 ..... 6,300

**40** Itemized deductions or standard deduction ..... **40** 6,300

Check here if you itemized ..... ☐

**41** Subtract line 40 from line 38 ..... **41** 13,300

MINI-WORKSHEET FOR PERSONAL EXEMPTIONS

a. Is amount on line 38 more than amount shown  
below on line d for your filing status?  
☒ **No.** Stop. Multiply \$4,000 by line 6d and  
enter result on line 42.  
☐ **Yes.** Continue.

b. Line 6d multiplied by \$4,050 .....

c. Amount on Line 38 .....

d. Ceiling amount .....  
Married filing jointly or  
Qualifying widow(er) .....311,300  
Married filing separately .....155,650  
Single .....259,400  
Head of household .....285,350

e. Line c minus line d .....

f. Is line e more than \$122,500 (\$61,250 if  
married filing separately)?  
☐ **Yes.** Stop. Enter -0- on line 42.  
☐ **No.** Divide line e by \$2,500 (\$1,250  
if married filing separately) .....

g. Line f multiplied by 2% (.02) .....  
**Note: We limit line g to 1.00.**

h. Line b multiplied by line g .....

i. **Deduction for exemptions.**  
Line b minus line h (to line 42) .....

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

**43** Taxable income. Ln 41 minus 42 (not less than 0) ..... **43** 9,250

FOREIGN EARNED INCOME TAX WORKSHEET

a. Form 1040, line 43 .....

b. Form 2555, line 45 and 50, or Form 2555-EZ,  
line 18 .....

c. Total amount of itemized deductions or exclusions  
you couldn't claim because they are related to  
excluded income .....

d. Line b minus line c. If zero or less, enter 0 .....

e. Combine lines a and d .....

f. Tax on line e .....

g. Tax on line d .....

h. Line f minus line g. If zero or less, enter 0 .....

44	<b>Tax.</b> See instr. Check if total includes tax from <b>a</b> <input type="checkbox"/> 8814 <b>b</b> <input type="checkbox"/> 4972 <b>c</b> <input type="checkbox"/> _____	44	928
45	<b>Alternative minimum tax.</b> (Form 6251) . . . . .	45	0
46	Excess adv prem tax cr repmt. Attach Form 8962 . . . . .	46	
47	Add lines 44, 45, and 46 . . . . .	47	928

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

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

48	Foreign tax credit (1116 if req'd) . . . . .	48	0
49	Child care credit (Form 2441) . . . . .	49	
50	Educ credits from Fm 8863, line 19 . . . . .	50	
51	Retirement savings crdt (Fm 8880) . . . . .	51	0
52	Child tax credit . . . . .	52	

**Note:** Attach Schedule 8812, if required.

53	Residential energy crdts (Fm 5695) . . . . .	53	
54	Other credits. Check: <b>a</b> <input type="checkbox"/> Fm 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> Specify _____	54	0

55	Add lines 48 through 54. Your <b>total credits</b> . . . . .	55	0
56	Subtract line 55 from line 47 (not less than 0) . . . . .	56	928

57	Self-employment tax. (Sched SE) . . . . .	57	0
58	Unreported tax from: <b>a</b> <input type="checkbox"/> Fm 4137 <b>b</b> <input type="checkbox"/> Fm 8919	58	0
59	Tax on IRAs, qualified plans, etc. (Form 5329) . . . . .	59	0
60a	Household employment taxes from Schedule H . . . . .	60a	0
60b	First-time homebuyer credit repayment. Form 5405 . . . . .	60b	0

61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code _____	62	0
63	Lns 56 to 62. <b>Total tax</b> . . . . .	63	928

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

- a.** Backup withholding (Bkgd Wks, 1099-DIV, 1099-INT/OID, 1099-MISC, 1099-B, 1099-K, K-1) . . . . . 0
- b.** Oth fed inc tax w/h (W-2, W-2G, 1099-G, 1099-R, SSA-1099, RRB-1099) . . . . . 2,940
- c.** Add'l Medicare tax withholding from Form 8959 . . . . . 0
- d.** Total federal tax withheld (to line 64) . . . . . 2,940

64	Federal income tax withheld . . . . .	64	2,940
65	2016 est tax + amt from 15 return . . . . .	65	0
66a	<b>EIC</b> . . . . .	66a	
66b	Nontax combat pay . . . . .	66b	
67	Add'l chld tax cr. Attach Sch 8812 . . . . .	67	
68	American opp crdt, Fm 8863, ln 8 . . . . .	68	
69	Net prem tax cr. Attach Form 8962 . . . . .	69	
70	Amt pd with extension request . . . . .	70	

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

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

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

Other  
Taxes

Pay-  
ments

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

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

71 Excess Soc Sec &amp; RRTA tax withheld ..... 71 0

72 Crdt for fed tax on fuels (F 4136) ..... 72 0

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

a. Credits from Form 2439 or 8885 ..... 0

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

c. Total for line 73 ..... 0

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

74 Lines 64, 65, 66a, 67 - 73. Total payments ..... 74 2,940

Refund 75 If line 74 is larger than line 63, amt overpaid ..... 75 2,012

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

Check if Form 8888 is attached: ☐ ..... 76a 2,012deposit? b Routing number XXXXXXXXXX c Type: ☒ Checking ☐ Savings

See d Account number XXXXXXXXXXXXXXXXXX

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

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

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

Payment Voucher, see IRS instructions.

You Owe 79 Amount of penalty on Form 2210 ..... 79

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

gnee Designee's name: ..... Phone ..... PIN .....

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Signature: ..... Date ..... Your occupation ..... Day tel. ....

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

Keep Preparer name ..... Preparer signature ..... Date ..... Self-empl? ☐ ..... PTIN .....

a copy for Firm's name ..... Firm's EIN .....

your Firm's address ..... Ph .....

records. ....

END OF FORM

## **SUPPORTING FORMS**

**RE:** 2016 Tax Returns

**PREPARED FOR:** Patty Banyan

**SSN:** 466-33-1234

**PRINTED ON:** December 12, 2016

**PREPARED USING:** H&R Block 2016 [3203]

## **SUPPORTING FORMS WHICH CAN BE SUBMITTED TO THE IRS**

### **SUPPORTING FORMS IN YOUR RETURN**

1. - Background Worksheet - Background Information Worksheet
2. - Last Year's Data Worksheet - Last Year's Data Worksheet
3. - Health Care Coverage - Health Care Coverage
4. - Health Care Summary - Health Care Summary

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



1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

Your name (first, MI, last, Jr/III) . . . . .Patty . . . . .Banyan . . . . .

Spouse's name (first,MI,last,Jr/III) . . . . . . . . . .

C/O information, if necessary . . . . .

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any) . . . . .543 Space Drive . . . . .

Your city, state, and ZIP code . . . . .Houston . . . . .TX 77099 . . . . .

Foreign country . . . . .

Foreign province/state/county . . . . .

Foreign postal code . . . . .

Domestic telephone number (daytime) . . . . .

Foreign telephone number (daytime) . . . . .

Mobile phone number (domestic only) . . . . .

Email address . . . . .

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

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

Taxpayer 6-digit IP PIN . . . . .

Spouse 6-digit IP PIN . . . . .

2. GENERAL INFORMATION

	Yours	Your spouse's
a. Social Security number . . . . .	466-33-1234	
b. Date of birth (MM/DD/YYYY) . . . . .	1/1/1960	
c. "X" if legally blind . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
d. Enter "X" if disabled . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
e. Occupation . . . . .	Parking Attendant	
f. "X" if you want \$3 to go to Pres. Elec. Campaign Fund . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

~~~~~

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

3. FILING STATUS

a. Choose your filing status below:

☒ Single

☐ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

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

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

I want to itemize my deductions . . . . .

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

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

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

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

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

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

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**BACKGROUND INFO CONTINUED ON PAGE 2**

*END OF PAGE 1*

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Patty Banyan

SSN: 466-33-1234

Not  
For  
Filing

4. EXEMPTIONS FOR YOU AND YOUR SPOUSE

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

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

5. TAXES PAID/WITHHELD

- a. Estimated taxes paid (do not include 2015 refund applied):

| Date  | Amount |
|-------|--------|
| _____ | _____  |
| _____ | _____  |
| _____ | _____  |
| _____ | _____  |
| _____ | _____  |
| _____ | _____  |
| _____ | _____  |
| _____ | _____  |

Total estimated tax payments ..... 0  
**Note:** If you and your spouse each filed separate extensions but are now filing a joint return, or if you jointly filed an extension but are now filing separate returns, see the IRS instructions to Form 4868 and adjust the amount on line b. accordingly.
- b. Amount paid with Form 4868 (for October returns) .....
- c. Withholding on Form 1099-B ..... 0
- d. Withholding on Form 1099-PATR .....

6. PAYING YOUR TAXES BY CREDIT CARD

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

7. REFUND INFORMATION

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

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

---

**Applying Refund to Your 2017 Estimated Tax**

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

---

**BACKGROUND INFO CONTINUED ON PAGE 3**

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*END OF PAGE 2*

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Not  
For  
Filing

8. THIRD PARTY DESIGNEE

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

*If Yes, complete the following information:*

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

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

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

9. RETURN ASSISTANCE

How was this return prepared:

☒ By yourself.

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

10. STATE TAX RETURNS

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

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

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

2015 Form 1040, 1040A or 1040EZ

1a Filing status:

☒ Single

☐ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

Spouse's Social Security number

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

1b Form filed:

Eligible for:

☒ Form 1040

☒ Form 1040A

☒ Form 1040EZ

Filed:

☒ Form 1040

☐ Form 1040A

☐ Form 1040EZ

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

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

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

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

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

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

5 Itemized deductions (1040, above line 40)

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

7 Self-employment tax (1040 line 57)

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

9a Household employment tax (1040 line 60a)

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

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

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

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

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

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

2015 Schedule D

15 Used Schedule D Tax Worksheet

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

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

17 Line 19 of Schedule D

18 Line 10 of Schedule D Tax Worksheet

19 Line 19 of Schedule D Tax Worksheet

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

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

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

2015 Form 2555

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

22 Line 46 (yours)

23 Line 48 (yours)

24 Line 46 (spouse's)

25 Line 48 (spouse's)

2015 Form 4136

26 Total fuel tax credit (line 17)

## 2015 Form 4952

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

## 2015 Form 5329

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

## 2015 Form 5405

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

## 2015 Form 5695

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

## 2015 Form 6251

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

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

2016

Patty Banyan

SSN: 466-33-1234

## 2015 Form 8801

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

## 2015 Schedule 8812

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

## 2015 Form 8859

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

## Miscellaneous 2015 Taxes

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

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

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

**Not  
For  
Filing**

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

**Electronic Filing Information**

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

**Amounts Needed for Form 2210**

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



## HEALTH CARE COVERAGE

Not  
For  
Filing

SSN:

Name of individual: Patty Banyan  
Individual's SSN 466-33-1234  
Individual's date of birth: 1/1/1960

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

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

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

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

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

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

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

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

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

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

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## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

Patty \_\_\_\_\_ Banyan \_\_\_\_\_ SSN: 466-33-1234

## Information about affected individual:

Name ..... Patty \_\_\_\_\_ Banyan \_\_\_\_\_

SSN ..... 466-33-1234

Date of birth (MM/DD/YYYY) ..... 1/1/1960

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

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

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1. If you have records of all unreported tips you received in 2016, and you want to use that amount instead of Box 8, check "Enter my own tips."  
☐ Use box 8  
☐ Enter my own tips
2. Cash and charge tips **equal to \$20 or more** in a calendar month

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

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

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

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

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

The benefits were for:

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

Did you contribute to a flexible spending account during 2016?

- ☐ Yes  
☐ No

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

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

- ☐ Yes  
☐ No

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

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

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

Box 12 amounts with Code P . . . . .

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ADDITIONAL MISCELLANEOUS INFORMATION**

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

**ADDITIONAL INFORMATION FOR CLERGY MEMBERS**

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

FRV Church provided Parsonage . . . . .

Utility allowance, if any . . . . .

Actual expenses for utilities . . . . .

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

Parsonage or rental allowance

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

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For  
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