

## COVER PAGE

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

Prepared on: 12/12/2016 07:21:00 am

Return: C:\Users\Smokey\Desktop\Tax\2016 Whittenburg\Chapter 2\Carl Conch 2016 Tax Return.T16

---

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

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

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

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

#### Step 2. Assemble the return

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

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

Form W-2: Wage and Tax Statement

1st

#### Step 3. Mail the return

Mail the return to this address:

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

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

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

#### Step 4. Keep a copy

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

- Background Worksheet
- Last Year's Data Worksheet
- Form 1099-INT/OID
- Form 1099-DIV
- Form 1099-G
- 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		\$71,648
Adjustments	-	\$0
<b>Adjusted gross income</b>		<b>\$71,648</b>
Deductions	-	\$12,600
Exemption(s)	-	\$8,100
<b>Taxable income</b>		<b>\$50,948</b>
Tax withheld or paid already		\$8,788
Actual tax due	-	\$6,711
Refund applied to next year	-	\$0
<b>Refund</b>		<b>\$2,077</b>

Form 1040	Department of the Treasury—Internal Revenue Service	(99)	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			Last name		See separate instructions.
Carl			Conch		Your social security number
If a joint return, spouse's first name and initial			Last name		835–21–5423
Mary			Duval		Spouse's social security number
Home address (number and street). If you have an APO, FPO, or MPO, see instructions.			City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		64
1234 Mallory Sq.			Key West FL 33040		633–65–7912
Foreign country name			Foreign province/state/county		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.
Filing Status			1 <input type="checkbox"/> Single		
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)			4 <input type="checkbox"/> Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here.		
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.			5 <input type="checkbox"/> Qualifying widow(er) with dependent child		
Check only one box.					
Exemptions			6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.		
b <input checked="" type="checkbox"/> Spouse			Boxes checked on 6a and 6b 2		
c Dependents:			No. of children on 6c who:		
(1) First name Last name			• lived with you		
social security number			• did not live with you due to divorce (see instructions)		
(2) Relationship to you			Dependents on 6c not entered above		
If more than four dependents, see instructions and check here <input type="checkbox"/>			Add numbers on lines above 2		
d Total number of exemptions claimed					
Income			7 Wages, salaries, tips, etc. Attach Form(s) W-2		
8a Taxable interest. Attach Schedule B if required			7 67,600		
b Tax-exempt interest. Do not include on line 8a			8a 343		
9a Ordinary dividends. Attach Schedule B if required			9a 210		
b Qualified dividends			9b 0		
10 Taxable refunds, credits, or offsets of state and local income taxes			10 0		
11 Alimony received			11 0		
12 Business income or (loss). Attach Schedule C or C-EZ			12 0		
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>			13 0		
14 Other gains or (losses). Attach Form 4797			14 0		
15a IRA distributions			15a 0		
15b Taxable amount			15b 0		
16a Pensions and annuities			16a 0		
16b Taxable amount			16b 0		
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17 0		
18 Farm income or (loss). Attach Schedule F			18 0		
19 Unemployment compensation			19 2,745		
20a Social security benefits			20a 0		
b Taxable amount			20b 750		
21 Other income. List type and amount			21 750		
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income			22 71,648		
Adjusted Gross Income			23 Educator expenses		
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ			24 0		
25 Health savings account deduction. Attach Form 8889			25 0		
26 Moving expenses. Attach Form 3903			26 0		
27 Deductible part of self-employment tax. Attach Schedule SE			27 0		
28 Self-employed SEP, SIMPLE, and qualified plans			28 0		
29 Self-employed health insurance deduction			29 0		
30 Penalty on early withdrawal of savings			30 0		
31a Alimony paid			31a 0		
b Recipient's SSN			31b 0		
32 IRA deduction			32 0		
33 Student loan interest deduction			33 0		
34 Tuition and fees. Attach Form 8859			34 0		
35 Domestic production activities deduction. Attach Form 8903			35 0		
36 Add lines 23 through 35			36 0		
37 Subtract line 36 from line 22. This is your adjusted gross income			37 71,648		
KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.					
Form 1040 (2016)					

## Tax and Credits

## 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

38	Amount from line 37 (adjusted gross income)	38	71,648
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. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	12,600
41	Subtract line 40 from line 38	41	59,048
42	Excess advance premium tax credit repayment. Attach Form 8962	42	0
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	59,048
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	6,711
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	6,711
48	Foreign tax credit. Attach Form 1116 if required	48	0
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	0
52	Child tax credit. Attach Schedule 8812, if required	52	
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	0
55	Add lines 48 through 54. These are your total credits	55	0
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	6,711

## Other Taxes

57	Self-employment tax. Attach Schedule SE	57	0
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	0
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	0
60a	Household employment taxes from Schedule H	60a	0
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	0
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	0
63	Add lines 56 through 62. This is your total tax	63	6,711

## Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	8,788
65	2016 estimated tax payments and amount applied from 2015 return	65	0
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Excess social security and tier 1 RRTA tax withheld	70	0
71	Credit for federal tax on fuels. Attach Form 4136	71	
72	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	72	
73	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	73	0
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	8,788

## Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,077
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	2,077
b	Routing number XXXXXXXXXX	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number XXXXXXXXXXXXXXXXXXXX		
77	Amount of line 75 you want applied to your 2017 estimated tax	77	0

## 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)? ☐ Yes. Complete below ☒ No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

## Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and 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 \_\_\_\_\_ If the IRS sent you an Identity Protection Notice, sign here. \_\_\_\_\_

## Paid Preparer Use Only

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