

COVER PAGE

Filing Checklist for 2016 Tax Return Filed On Standard Forms

Prepared on: 12/12/2016 07:25:15 am

Return: C:\Users\Smokey\Desktop\Tax\2016 Whittenburg\Chapter 3\Ken Booth 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, Ken and Amy 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

- Schedule C
- Schedule D
- - Form 8949
- Form 1040-V
- - Attachments Worksheet

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

Form W-2: Wage and Tax Statement

1st

2nd

Step 3. Pay the balance due on your taxes

Make your check or money order for \$1116 payable to "United States Treasury." Don't send cash.

Write the following on your check or money order:

- "2016 Form 1040"
- Ken's name and address
- Ken's daytime phone number
- Ken's Social Security Number

On the right side of the check or money order write the dollar amount of the payment, like this: \$1116.00.

Don't staple or otherwise attach the payment to the return. Instead, just place it loose in the envelope with the return.

Step 4. Mail the return

Mail the return to this address:

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

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 5. Keep a copy

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

- - Background Worksheet
- - Dependents Worksheet

- Last Year's Data Worksheet
- Form 1099-INT/OID
- Capital Gains and Losses 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		\$61,444
Adjustments	-	\$0
Adjusted gross income		\$61,444
Deductions	-	\$12,600
Exemption(s)	-	\$16,200
Taxable income		\$32,644
Tax withheld or paid already		\$2,850
Actual tax due	-	\$3,966
Refund applied to next year	-	\$0
You Owe		\$1,116

Presidential

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

Elec Campaign

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

You

Spouse

Filing Status

1

Single

4

Head of hshld. If qual

2

Married filing jointly

person a child but not your

Check

(even if only one had income)

dependent, child's name:

one

3

Married filing separately

box.

Spouse name

5

Qual widow w/dep child

Exemp- 6a

tions

6a

Spouse

c Dependents:

(1) First

Last Name

(2) SSN

(3) Rela-

(4) # Children

If > 4

Rod

Booth

124-80-9050

Parent

Crdr

Lived w/

depen-

Mary

Booth

489-37-6676

Parent

you

check

Other

here

d Total number of exemptions claimed

Add nos. above

Income

7

Wages, etc

7

46,235

8a

Taxable interest income. (Sch B if required)

8a

712

Attach

copy B

8b

Tax-exempt interest

8b

0

9a

Ordinary dividends

9a

0

9b

Qual divs

9b

0

MINI-WORKSHEET FOR LINE 7, WAGES

a. Wages not on W-2

Self:

Spouse:

b. Total from line a

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

c. Wages from W-2's

46,235

d. Total for line 7

46,235

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)

i.

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	-2,328	
	13	Capital gain/loss	<input type="checkbox"/>	13	-3,000	
	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)SEE ATTACHED		21	19,825	
	22	Combine lines 7 through 21. Your total income		22	61,444	
	Adjusted 23	Educator expenses	23	0		

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

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

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

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

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

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

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

Income	33	Student loan interest deduction	33	
	34	Tuition & fees. Attach Form 8917	34	
	35	Dom. prod. act. ded. (Fm 8903)	35	0
	36	Lns 23 - 35 ▶	36	0
	37	Line 22 - line 36. Your adjusted gross income ▶	37	61,444

KIA

END OF PAGE 1

Not
For
Filing

Tax and 38 Amount from line 37 (adjusted gross income) 38 61,444

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

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

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

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

40 Itemized deductions or standard deduction 40 12,600

Check here if you itemized

41 Subtract line 40 from line 38 41 48,844

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

42 Exemptions. If line 38 is \$155,650 or less, multiply
\$4,050 by number on line 6d (see instructions) 42 16,200

43 Taxable income. Ln 41 minus 42 (not less than 0) 43 32,644

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

44	Tax. See instr. Check if total includes tax from a <input type="checkbox"/> 8814 b <input type="checkbox"/> 4972 c <input type="checkbox"/>	44	3,966
45	Alternative minimum tax. (Form 6251)	45	0
46	Excess adv prem tax cr repmt. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	3,966

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

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

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

Note: Attach Schedule 8812, if required.

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

55	Add lines 48 through 54. Your total credits	55	0
56	Subtract line 55 from line 47 (not less than 0)	56	3,966

Other Taxes	57	Self-employment tax. (Sched SE)	57	0
	58	Unreported tax from: a <input type="checkbox"/> Fm 4137 b <input type="checkbox"/> Fm 8919	58	0
	59	Tax on IRAs, qualified plans, etc. (Form 5329)	59	0
	60a	Household employment taxes from Schedule H	60a	0
	b	First-time homebuyer credit repayment. Form 5405	60b	0
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code	62	0
	63	Lns 56 to 62. Total tax	63	3,966

**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) 2,850
c. Add'l Medicare tax withholding from Form 8959 0
d. Total federal tax withheld (to line 64) 2,850

Pay-ments	64	Federal income tax withheld	64	2,850
	65	2016 est tax + amt from 15 return	65	0
	66a	EIC	66a	
	b	Nontax combat pay 66b		
		Note: Attach Schedule EIC if you have a qualifying child.		
	67	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: 0
f. If a="X", amount on line e minus

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

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

71 Excess Soc Sec & RRTA tax withheld 71 0

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

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

a. Credits from Form 2439 or 8885 0

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

c. Total for line 73 0

73 Credits from: a ☐ 2439 b ☐ Reserved c ☐ 8885d ☐ 73 074 Lines 64, 65, 66a, 67 - 73. **Total payments** 74 2,850**Refund** 75 If line 74 is larger than line 63, amt **overpaid** 75**Direct** 76a Amount of line 75 you want refunded to you.Check if Form 8888 is attached: ☐ 76ab Routing number XXXXXXXXXX c Type: ☐ Checking ☐ Savingsd Account number XXXXXXXXXXXXXXXXXX77 Amt to **apply to 2017 estimated tax** 77**Amount** 78 **Amount you owe** (including Form 2210 penalty) 78 1,116**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 0Desi- 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 here	Signature: _____	Date _____	Your occupation <u>Salesperson</u>	Day tel. _____
	Spouse's sig (req'd if jt.) _____	Date _____	Spouse's occupation <u>Bookstore Owner/Nurse</u>	IP PIN _____
Keep a copy for your records.	Preparer name _____	Preparer signature _____	Date _____	Self-empl? <input type="checkbox"/> PTIN _____
	Firm's name _____	Firm's EIN _____		
	Firm's address _____	Ph _____		

END OF FORM

Whose business is this? ☐ Self ☒ Spouse

You must pick one. If you run a business with your spouse, you must report the income or loss from that business by:

* Filing a partnership return on form (1065), and report your income on our K-1 Worksheet; or

* You and your spouse can each file a separate Schedule C after allocating your income, expense, loss, and credit. See the Schedule C instructions for electing to be taxed as a **Qualified Joint Venture**; or

* You and your spouse must file a separate Schedule C after allocating your income, expense, loss, and credit if you live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin). See the Schedule C instructions for the **Community Income Exception**.

This business qualifies to file Schedule C-EZYes ☐ No ☒

We will automatically create and file Schedule C-EZ if appropriate for this business. Check the box if you would like to file Schedule C instead... ☐

Name of proprietor Soc Sec No

Amy Booth 123-45-7890

A Principal bus/profession & product/service B Code

Select business category

Retail Stores and Dealers

Select code

451211

Computer Bookstore Enter code 451211

C Business Name (blank if no separate name) D Employer ID num. (EIN)

The Disk Drive 27-1234567

E Business address 2000 Broadway Street

City, State, ZIP Menomonie, WI 54751

☐ Check if foreign address.

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

F Accounting method: ☒ 1. Cash. ☐ 2. Accrual ☐ 3. Other.

If "3. Other," specify.

☐ I'm filing Form 3115 due to a change in accounting method.

Yes No

G Did you "materially participate" in the operation in 2016? ☒ ☐

If "No," check here if you totally disposed of this activity in 2016? ☐

If you disposed of this activity, gain or loss on disposition

If you disposed of activity, gain or loss for Alt Min Tax

Note: We use the disposition amounts above solely for purposes of our passive activity computations. If you have a gain or loss on disposition of this activity or activity property, make sure to enter information about the disposition on Form 4797 and/or Schedule D as well. In certain circumstances you may need to adjust the gain or loss that you would otherwise enter on Form 4797 and/or Schedule D to reflect the application of the passive activity limitations.

Note: If you answer "No" to G, we treat this as a passive activity. See the Passive Activity Worksheet at the bottom of this form.

H If you started or acquired this business during 2016, check here ☐

Did you make any payments in 2016 that would require you to file Forms(s) 1099? (see instructions) ☐ ☒

J If "Yes" did you or will you file required Forms 1099? ☐ ☒

PART I INCOME

Check this box if the owner of this business is a minister ☐

Check this box if you're filing this Schedule C as a minister and you received a self-employment tax exemption based on Form 4361 ☐

Check this box if the owner of this business was provided with a parsonage or with a housing allowance ☐

MINI-WORKSHEET FOR GROSS RECEIPTS OR SALES

a. Gross receipts not from 1099-MISC or W-2 320,115

b. From Form 1099-MISC 0

c. From Form 1099-K 0

d. Total gross receipts or sales 320,115

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	320,115
2. Returns and allowances plus other adjustments (see instrs.)		2	
3. Line 1 - Line 2		3	320,115
4. Cost of goods sold and/or operations (from line 42 below)		4	184,455
5. Gross profit. Line 3 - Line 4		5	135,660
6. Other income, including gas or fuel tax credit or refund		6	
7. Gross income. Line 5 + line 6		7	135,660

PART II EXPENSES Enter expenses for business use of home only on line 30

NEW! If total expenses are less than \$5,000, enter your "EZ-Path" expenses on line 27b (see instructions).

Note: Don't count as an expense amounts such as depreciation, freight and supplies that are already included as Cost of Goods Sold in Part III below.
Enter expenses for business use of your home on Form 8829.

MINI-WORKSHEET FOR CAR AND TRUCK EXPENSES

LINE 9

- a. Standard mileage (From Vehicle Worksheet) a. 0
- b. Other car/truck expenses (Vehicle Worksheet) b. 0
- c. Total car/truck expenses (to line 9) c. 0

MINI-WORKSHEET FOR RENTAL AND LEASE EXPENSES FOR VEHICLES, MACHINERY, AND EQUIPMENT

LINE 20a

- a. Vehicle rental or lease costs a. 0

Note: The amount on line a above comes from line c of the "Special Section for Certain Self-Employed Taxpayers" section of the Vehicle Worksheet. However, if there is a standard mileage amount on line 11b of the Vehicle Worksheet, we don't carry lease payments from that copy of the Vehicle Worksheet to line a above.

- b. Other rental or lease costs b. 0
- c. Total rental or lease costs (to line 20a) c. 0

MINI-WORKSHEET FOR TRAVEL EXPENSES

LINES 24a

Note: Enter your total travel expenses on the lines below. Enter only those expenses that are eligible for a deduction. Do not enter an expense twice. If you enter an amount on line a, do not also enter it on line b or c.

DO NOT ENTER ANY EXPENSE ENTERED IN THE VEHICLE WORKSHEET OVERNIGHT TRAVEL EXPENSES:

- a. Plane or rail fares a. 0
- b. Car rentals, taxi, or public transport b. 0
- c. Lodging, baggage, and tipss c. 0
- d. Laundry and cleaning d. 0
- e. Telecommunications e. 0
- f. TOTAL OVERNIGHT TRAVEL EXPENSES f. 0

LOCAL TRANSPORTATION EXPENSES:

- g. Local parking fees and tolls g. 0
- h. Other local transportation expenses h. 0
- i. TOTAL LOCAL TRAVEL EXPENSES i. 0

MINI-WORKSHEET SNACKS AND MEALS FOR DAYCARE PROVIDERS

1/1-6/30 7/1-12/31

- a. Breakfasts served in 2016 a. 0
- b. Lunches served in 2016 b. 0
- c. Snacks served in 2016 c. 0
- d. IRS Standard Rate amount for 2016 d. 0

Note: This amount does not apply if you had a daycare in Alaska or Hawaii.

- e. Actual cost of meals and snacks in 2016 e. 0
- f. Higher of IRS Standard Rate amount or cost f. 0
- g. Use the IRS Standard Rate amount g. ☐

- h. Use the actual cost of meals and snacks ☐ h. ☐
i. Higher of IRS Standard Rate amount or cost ☐ i. ☐

MINI-WORKSHEET FOR MEAL AND ENTERTAINMENT EXPENSES

LINES 24b

Note: Enter your total business meal and entertainment expenses on the lines below. Enter only those expenses that are eligible for a deduction (e.g., do not enter country club fees). Do not enter an expense twice. If you enter an amount on line a, do not also enter it on line b or c. Most people will enter their expenses on line a only.

a. Expenses that are 50% deductible **a.** _____

Note: We carry 50% of line a to line 24b.

b. Expenses that are 80% deductible **b.** _____

Note: We carry 80% of line b to line 24b.

Line b is for individuals subject to the Department of Transportation hours of service limits and includes business meals consumed during, or incident to, any period of duty for which those limits are in effect.

c. Expenses that are 100% deductible **c.** _____

Note: We carry line c to line 24b. Line c is for meals and entertainment provided to:

- an employee (if you properly treat the expense as wages subject to withholding)
- a nonemployee (to the extent the expenses are includible in the gross income of that person and reported on Form 1099-MISC.

d. Expenses that are 100% deductible from the Mini-Worksheet for Snacks and Meals for Daycare Providers **d.** _____

Note: This line is only calculated for Premium users.

e. Sum of a,b,c, and d **e.** _____ 0

Note: We carry the sum of the following to 24b.

- 50% line a above
- 80% line b above
- 100% line c above
- 100% line d above

MINI-WORKSHEET CLERGY PARSONAGE & EXPENSES

Enter Parsonage information ONLY if not entered on Form W-2.

☐ Parsonage information entered on W-2.

☐ 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 (FV) RV of home _____

FRV of home plus cost of utilities _____

Enter your expenses here and not on lines 8 - 28.

Use of car for church business for entire year:

_____ miles x 54 cents (\$.54) _____

Meals and entertainment \$ _____ x 50% (.50) _____

Depreciation and Sec. 179 deduction _____

Total expenses _____

Non-deductible exps. (Total x _____ % Clergy Wks 1) _____

Allowable expenses _____

We carry allowable expenses to line 27a and attach Clergy Wks 2 to your tax return.

8. Advertising **8** 11,800 18. Office expense **18** 6,150

9. Car/truck exps **9** 0 19. Pension,profit-sh **19** _____

10.	Commissions, fees . . .	10		20.	Rent or lease		
11.	Contract labor	11		a.	Vehicle/machn/equip	20a	0
12.	Depletion	12		b.	Other bus property	20b	16,000
13.	Deprec. and sec.			21.	Repair/Maintenance	21	
	179 deduction	13	0	22.	Supplies	22	
14.	Employee benefit	14		23.	Taxes, licenses	23	9,488
15.	Insurance	15		24a.	Travel	24a	0
16.	Interest			24b.	Deductible meals	24b	0
a.	Mortgage (to bank)	16a		25.	Utilities	25	8,000
b.	Other interest	16b		26.	Wages,less job cr	26	83,550
17.	Legal/profession	17		27a	Other exp (ln 48)	27a	3,000
				27b	Reserved	27b	

- ☐ I'm electing to expense supplies that cost \$2,500 or less per item.
- ☐ I'm electing to expense improvements. The total of my maintenance, repairs and improvements to this building for 2016 cost less than 2%of the original cost of the building and less than \$10,000.

28.	Total expenses before bus. use of home.(Ln 8 through 27a)	28	137,988
29.	Profit/loss before business use of home. Line 7 - line 28	29	-2,328
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) 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	0
	<i>To use the Simplified Method Worksheet go to the Form 8829 used for this business, but do NOT attach that form to your tax return when filing.</i>		
31.	Net profit or (loss). Subtract line 30 from line 29	31	-2,328
	* If a profit, enter on Form 1040, line 12 and on Schedule SE, line 2.		
	* If you checked the box on line 1, see instructions.		
	* If a loss, you must go to line 32.		

Note: If "PAL" appears next to line 31, complete the passive activity worksheet at the bottom of this form.

32.	If you have a loss, } 32a. All investment is at risk	32a	<input checked="" type="checkbox"/>
	check 32a or 32b: } 32b. Some investment is not at risk	32b	<input type="checkbox"/>
	* If you checked 32a, enter the loss on both Form 1040, line 12 , and on Schedule SE, line 2 (Statutory employees do not report this amount on Schedule SE, line 2).		
	* If you checked 32b, you must attach Form 6198. Your loss may be limited.		
	If 32b is "X" you MUST fill out Form 6198 and OVERRIDE line 31 (for non-passive businesses) or column (3) on the Passive Activity Worksheet below (for passive activity businesses) with the allowable loss from Form 6198. Additional adjustments may be required for former passive activities.		

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END OF PAGE 1

PART IIICOST OF GOODS SOLD

33. Method(s) used to value closing inventory.
☒ a. Cost. ☐ b. Lower of cost or market. ☐ c. Other
If inventory method is "c. Other," then attach an explanation.

34. Any change in determining quantities, costs, valuations in 2016?
If any change in determining quantities, costs or valuations between opening and closing inventory, answer "Yes" and attach explanation.
There was a change in accounting method
There was a mathematical error

35. Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	250,000
36. Purchases less cost of items withdrawn for personal use	36	166,000
37. Cost of labor. Do not include salary paid to yourself	37	
38. Materials and supplies	38	
39. Other costs	39	
40. Sum of lines 35 through 39	40	416,000
41. Inventory at end of year	41	231,545
42. Cost of goods sold (line 40 - line 41). To line 4, above	42	184,455

PART IVINFORMATION ON YOUR VEHICLE

Note: Complete this part only if you're claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business.

Note: You can use this part of Schedule C instead of Form 4562 to report business vehicle information if you're claiming the standard mileage rate, you lease your vehicle, or your vehicle is fully depreciated. However, if Form 4562 must be filed for any other reason, you must continue to use Part V of Form 4562 to report vehicle information.

Note: The information in Part IV carries from the Vehicle Worksheet. If you want to change any of this information, you should change it there.

43. When did you place your vehicle in service for bus. purposes?

44. Enter the number of miles you used your vehicle during 2016 for:
a. Business: b. Commuting: c. Other:

45. Was your vehicle available for use during off-duty hours?

46. Do you (or spouse) have another vehicle available for pers. use?

47. a. Do you have evidence to support your deduction?
b. If "Yes," is the evidence written?

PART VOTHER EXPENSES

Note: List below business expenses not included on lines 8-26 or line 30.

Other3,000

48. Total Other Expenses. To line 27a

48. Total Other Expenses. To line 27a	48	3,000
---------------------------------------	----	-------

VI. PASSIVE ACTIVITY COMPUTATION: Few sole proprietorships are passive activities. But if this one is, we can help with the calculation.

Note: To get the passive activity results, fill in column (4). Check our entries in (1) through (3), and override if necessary. Then recalculate the tax return. Everything else is done

Then recalculate the tax return. Everything else is done automatically. This year's unallowed loss appears in column (5). Allowed loss or gain appears in column (6). Column (6) is carried to line 31 above.

(1)	(2)	(3)	(4)	(5)	(6)
Is this a passive activity?	Business with active participation?	Activity's net income or loss	Prior year unallowed loss (or 0)	This year unallowed loss.	Allowed income or loss this year.
N	N	-2,328	0	0	-2,328

VII. ALTERNATIVE MINIMUM TAX (AMT) WORKSHEET FOR SCHEDULE C

Note: Entries in columns (1) and (2) are the same as above. Column (3) includes Alt Min Tax adjustments from the Depreciation Worksheets, the Vehicle Worksheets, and Form 8829. You have to enter the amount in column (4). We calculate columns (5) and (6). Column (6) carries to Form 6251. You may have to recalculate the return to update these entries.

(1)	(2)	(3)	(4)	(5)	(6)
Is this a passive activity?	Business with active participation?	Activity's net income or loss	Prior year unallowed loss (or 0)	This year unallowed loss.	Allowed income or loss this year.
N	N	-2,328	0	0	-2,328

END OF PAGE 2

Not
For
Filing

CONTINUATION SHEET FOR PART IV -- INFORMATION ON YOUR VEHICLE

Note: The information on this Continuation Sheet carries from the Vehicle Worksheet. If you want to change any of this information, you should change it there.

43. When did you place your vehicle in service for bus. purposes? ▶
44. Enter the number of miles you used your vehicle during 2016 for:
a. Business: b. Commuting: c. Other:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 45. Was your vehicle available for use during off-duty hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you (or spouse) have another vehicle available for pers. use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. a. Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If "Yes," is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

43. When did you place your vehicle in service for bus. purposes? ▶
44. Enter the number of miles you used your vehicle during 2016 for:
a. Business: b. Commuting: c. Other:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 45. Was your vehicle available for use during off-duty hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you (or spouse) have another vehicle available for pers. use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. a. Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If "Yes," is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

43. When did you place your vehicle in service for bus. purposes? ▶
44. Enter the number of miles you used your vehicle during 2016 for:
a. Business: b. Commuting: c. Other:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 45. Was your vehicle available for use during off-duty hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you (or spouse) have another vehicle available for pers. use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. a. Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If "Yes," is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjust to gain/loss from Fm 8949, Pt I, ln 2(g)	(h) Gain or (loss) (d) - (e) and combine (g)
1a Short-term totals from Form 1099-B for which basis was reported to IRS and for which you have no adjustments (see instructions)	0	0		0
1b Totals from all transx on Form 8949 with Box A checked	0	0	0	0
2 Totals from all transx on Form 8949 with Box B checked	0	0	0	0
3 Totals from all transx on Form 8949 with Box C checked	0	10,000	0	-10,000

MINI-WORKSHEET FOR LINE 4,
SHORT-TERM GAIN/LOSS FROM OTHER FORMS

a. Short-term gain from Form 6252

0

b. Short-term gain/loss from Form 4684

c. Short-term gain/loss from Form 6781

d. Short-term gain/loss from Form 8824

e. Total short-term gain/loss from other forms

0

4 Short-term gain/loss from other forms40

Note: Line 5h includes capital loss carryovers from K-1 (Est/Tr), line 11, code B.

5 Net sht-term gain/loss, p'ship, S corp, fiduciary5

Note: We carry the amount on line 6 from the Last Year's Data Worksheet.

6 Short-term capital loss carryover6-17,000

7 Net short-term gain/loss. Combine lns 1a-6, col h7-27,000

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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjust to gain/loss from Fm 8949, Pt II, l 2(g)	(h) Gain or (loss) (d) - (e) and combine (g)
8a Long-term totals from Form 1099-B for which basis was reported to IRS and for which you have no adjustments (see instructions)	0	0		0
8b Totals from all transx on Form 8949 with Box D checked	0	0	0	0
9 Totals from all transx on Form 8949 with Box E checked	0	0	0	0
10 Totals from all transx on Form 8949 with Box F checked	0	0	0	0

MINI-WORKSHEET FOR LINE 11,
LONG-TERM GAIN/LOSS FROM OTHER FORMS

a. Gain from Form 4797, Part I

b. Long-term gain from Form 2439

0

Gain/Loss
Whole Year

c.	Long-term gain from Form 6252	0
d.	Long-term gain/loss from Form 4684	
e.	Long-term gain/loss from Form 6781	
f.	Long-term gain/loss from Form 8824	
g.	Total long-term gain/loss from other forms	0

11 Long-term gain/loss from other forms 11 0

Note: Line 12h includes capital loss carryovers from K-1 (Est/Tr), line 11, code C.

12 Net long-term gain/loss, p'ship, S corp, fiduciary 12

Note: We enter any capital gain distributions from Form 8814 next to ln 13.

13 Capital gn distrib 13 0

Note: We carry the amount on line 14 from the Last Year's Data Worksheet.

14 Long-term capital loss carryover 14 0

15 Net long-term gain/loss. Combine lns 8a-14, col h ▶ 15 0

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END OF PAGE 1

PART III

Summary

16 Combine lines 7 and 15...16-27,000

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, line 13. 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. Then go to line 22.
- 17 Are lines 15 and 16 **both** gains?
- ☐ **Yes.** Go to line 18.
- ☐ **No.** Skip lines 18 - 21, and go to line 22.

MINI-WORKSHEET FOR LINE 18,
28% RATE GAIN/LOSS

a. Collectibles gain or (loss) from Capital Gains and Losses Worksheet

b. Section 1202 exclusion from Capital Gains and Losses Worksheet

Note: The calculated amount on line b. will be incorrect if you are claiming a Section 1202 exclusion with respect to gain reported on Form 1099-DIV or Form 2439. Override line b. to make sure it includes the portion of the Section 1202 gain from the Form 1099-DIV or Form 2439 you didn't exclude on the Capital Gains/Losses Worksheet. Additional modifications might be necessary for gain reported on Form 6252. See the Schedule D instructions for more information.

c. Collectibles gain or (loss) from:

i. Form 4684, line 4 (but only if Form 4684, line 15, is more than zero)

ii. Form 6252

iii. Form 6781, Part II

iv. Form 8824

d. Collectibles gain reported to you on:

i. Form 1099-DIV, box 2d

ii. Form 2439, box 1d

iii. Schedule K-1 from a partnership, S corporation, estate, or trust

e. 28% rate gain from charitable gift annuity on Form 1099-R

f. Gain (but not loss) from the sale or exchange of an interest in a partnership, S corporation, or trust held for more than 1 year and attributable to unrealized appreciation of collectibles, if not already included on lines a - e. Attach required statement

g. Long-term capital loss carryover from Schedule D, ln 14, and Sch K-1 (Form 1041), box 11, code C.....

h. Loss, if any, from Schedule D, line 7

i. Combine lines a - h (not less than zero)

18 28% rate gain18

MINI-WORKSHEET FOR LINE 19,
UNRECAPTURED SECTION 1250 GAIN

Gain/Loss

a. Unrecaptured gain from Form 4797, Part III

Note: Line a doesn't include unrecaptured gain from installment sales.

b. Unrecaptured gain from Form(s) 6252 for trade or business property held more than one year

c. Unrecaptured gain from Schedules K-1 (P/S)

d. Line a + line b + line c

e. Smaller of line d and Form 4797, line 7

f. Form 4797, line 8

g. Line e minus line f

h. Unrecaptured gain from Form(s) 6252 for property held more than one year not reported on line b

i. Unrecaptured gain from the sale or exchange of an interest in a partnership attributable to section 1250 gain, reported on a Schedule K-1

j. Unrecaptured gain from the sale or exchange of an interest in a partnership attributable to section 1250 gain, **not** reported on a Schedule K-1

k. Other unrecaptured section 1250 gain from the sale or disposition of section 1250 property.
(1) From sale of residence
(2) From other 1250 property
Total other unrecaptured 1250 gain

l. Unrecaptured gain from Form(s) 2439

m. Unrecaptured gain from Schedule K-1 (E/T), REIT or mutual fund not reported on Form 2439

n. Lines g through m

o. Lines a - f of Mini-Worksheet for Line 18

p. Loss, if any, from Schedule D, line 7

q. Long-term capital loss carryover from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code C

r. Combine lines o - q. If a loss, enter as a positive amount. If zero or a gain, enter 0

s. Unrecaptured section 1250 gain. Line n minus line r (not less than zero)

19 Unrecaptured section 1250 gain19

Note: The program incorporates the *Qualified Dividends and Capital Gain Tax Worksheet* referred to on lines 20 and 22 into the *Schedule D Tax Worksheet* shown below.

20 Are lines 18 and 19 **both** zero or blank?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the 1040 instructions. Do not complete lines 21 and 22 below.

☐ **No. Complete the Schedule D Tax Worksheet. Do not** complete lines 21 and 22 below.

21 If ln 16 is a loss, enter here and on F1040, ln 13 the **smaller** of:

21 3,000

- The loss on line 16
- \$3,000 (\$1,500 if married filing separately)

22 Do you have qualified dividends on Form 1040, line 9b?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the 1040 instructions.

☒ **No.** Complete the rest of Form 1040.

SCHEDULE D TAX WORKSHEET

1 Taxable income from Form 1040, line 43

2 Qualified dividends from Form 1040, line 9b

3 Form 4952, line 4g

4 Form 4952, line 4e (or write-in amount, if smaller)

5 Line 3 - line 4 (not less than zero)

6 Line 2 - line 5 (not less than zero)

7 Smaller of ln 15 or ln 16 of Sched D

8 Smaller of line 3 or line 4

9 Line 7 - line 8 (not less than zero)

10 Line 6 + line 9

11 Sched D, line 18 + Sched D, line 19

12 Smaller of line 9 or line 11

13 Line 10 - line 12

14 Line 1 - line 13 (not less than zero)

15 Enter:

- \$37,650 if single or married filing separately }
- \$75,300 if married filing jointly }

	or qualifying widow(er); or	}	
	• \$50,400 if head of household	}	
16	Smaller of line 1 or line 15		
17	Smaller of line 14 or line 16		
18	Line 1 - line 10 (not less than zero)		
19	Larger of line 17 or 18	▶	
20	Line 16 - line 17. This amount is taxed at 0%	▶	
If lines 1 and 16 are the same, skip lines 21 - 41 and go to line 42.			
Otherwise, go to line 21.			
21	Smaller of line 1 or line 13		
22	Amount from line 20		
23	Line 21 - line 22 (not less than zero)		
24	Enter:		
	• \$415,050 if single or	}	
	• \$233,475 if married filing	}	
	separately	}	
	• \$466,950 if married filing jointly	}	
	or qualifying widow(er); or	}	
	• \$441,000 if head of household	}	
25	Smaller of line 1 or line 24		
26	Line 19 + line 20		
27	Line 25 - line 26 (not less than zero)		
28	Smaller of line 23 or line 27		
29	Line 28 times 15% (.15)		
30	Line 22 + line 28		
If lines 1 and 30 are the same, skip lines 31 - 41 and go to line 42.			
Otherwise, go to line 31.			
31	Line 21 minus line 30		
32	Line 31 times 20% (.20)		
33	Smaller line 9 or Schedule D, line 19		
34	Line 10 plus line 19		
35	Amount from line 1		
36	Line 34 - line 35 (not less than 0)		
37	Line 33 - line 36 (not less than 0)	▶	
38	Line 37 times 25% (.25)		
If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.			
39	Lines 19, 20, 28, 31, and 37		
40	Line 1 minus line 39		
41	Line 40 times 28% (.28)		
42	Tax on line 19 amount using Tax Tables or Tax Comp Wksht	▶	
43	Lines 29, 32, 38, 41, and 42		
44	Tax on line 1 amount		
45	Tax on all taxable income. Smaller of line 43 or 44. To Form 1040, line 44		

CAPITAL LOSS CARRYOVER WORKSHEET

You may deduct capital losses up to the amount of your capital gains plus \$3,000 (\$1,500 if married filing separate returns). Capital losses that exceed this amount are carried forward to later years.

Use this worksheet to figure your capital loss carryovers from 2016 to 2017 if line 21 is a loss and (a) that loss is smaller than the loss on line 16 or (b) Form 1040, line 41, is less than zero.

1	Amount on Form 1040, line 41 (may be less than 0)	1	48,844
2	Amount of the loss from line 21, as a positive amount	2	3,000
3	Combine lines 1 and 2 (not less than 0)	3	51,844
4	Smaller of line 2 or 3	4	3,000
Note: If line 7 of Schedule D is a loss, go to line 5; otherwise, enter 0 on line 5 and go to line 9.			
5	Loss from Schedule D, line 7, as a positive amount	5	27,000
6	Gain, if any, from Schedule D, line 15	6	0
7	Line 4 plus line 6	7	3,000
8	Short-term capital loss carryover to 2017. Line 5 minus line 7, but not less than zero	8	24,000

Note: If line 15 of Schedule D is a loss, go to line 9.

Note: If line 15 of Schedule D is a loss, go to line 9;
otherwise, skip lines 9 through 13.

9	Loss from Schedule D, line 15, as a positive amount	9	0
10	Gain, if any, from Schedule D, line 7	10	0
11	Line 4 minus line 5, but not less than zero	11	0
12	Line 10 plus line 11	12	0
13	Long-term capital loss carryover to 2017. Line 9 minus line 12, but not less than zero	13	0

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SSN: 343-75-3456

[illegible]

					0
					0
					0
					0

2 Totals. Add amounts in cols (d), (e), (g), and (h) (subtract negative amounts). Enter here and include on Sched 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).	2	0	10,000	0	-10,000
---	----------	---	--------	---	---------

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 instructions for how to figure the amount of the adjustment.

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 one 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

[illegible]

**Not
For
Filing**

2 Totals. Add amounts in cols (d), (e), (g), and (h) (subtract negative amounts). Enter here and include on Sched 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).

▶4

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 instructions for how to figure the amount of the adjustment.

Form		PAYMENT VOUCHER		OMB No. 1545-0074
1040-V		Do not staple or attach this voucher to your payment or return.		2016
1. Your SSN <u>343-75-3456</u>	2. If joint return, spouse's SSN <u>123-45-7890</u>	3. Amt you are paying by check or money order	\$ <u>1,116</u>	
If you are paying an amount other than the amount on Form 1040, line 78, enter that amount here. We will carry that amount to line 3				
4. Your first name and initial <u>Ken</u>		Last name <u>Booth</u>		
If jt return, spouse's first name and initial <u>Amy</u>		Last name <u>Booth</u>		
Home address (number and street) <u>2345 Wilson Ave.</u>			Apt. no. _____	
City, state, ZIP (If a foreign address, also complete spaces below.) <u>Menomonie</u> , <u>WI</u> <u>54751</u>				
Foreign country, foreign province/state/county, foreign postal code _____				

KIA

This Worksheet consists of five separate sections:

- Other Income (Form 1040, Line 21)
- Alimony Paid (Form 1040, Line 31a)
- Other Adjustments (Form 1040, Line 36)
- Other Taxes (Form 1040, Line 62)
- Miscellaneous Items

Make sure to review each section and enter any amounts that apply.

OTHER INCOME
Form 1040, Line 21

2016

Name: Ken Booth Soc Sec No: 343-75-3456

Use this worksheet to report any other income not reported elsewhere on your return or other schedules.

Note: Don't report any income that is nontaxable, such as child support; money that you inherited or which you received as a gift; or life insurance proceeds received because of a person's death.

See the IRS instructions for details.

Type of Income	Amount
1. Child's interest and dividend income from Form 8814	1 <u>0</u>
MINI-WORKSHEET FOR LINE 2, GAMBLING WINNINGS a. Gambling winnings on Form W-2G's <u>22,000</u> b. Gambling winnings from K-1's <u>0</u> c. Gambling winnings not on K-1 or W-2G d. Line a + line b + line c (for line 2) <u>22,000</u> Note: Do not offset losses against winnings and report the difference. You can take gambling losses as an itemized deduction on Schedule A (up to the amount of your winnings).	
2. Gambling winnings	2 <u>22,000</u>
3. Non-business rentals of pers prop from 1099-MISC, Box 1	3 <u>0</u>
4. Prizes, awards, damages, etc. from Form 1099-MISC, Box 3	4 <u>0</u>
5. Nonemployee compensation from Form 1099-MISC, Box 7	5 <u>0</u>
6. Payments in lieu of int or div from Form 1099-MISC, Box 8	6 <u>0</u>
7. Foreign earned income or housing excl. (enter as negative)	
a. Form 2555	7a <u>0</u>
b. Form 2555-EZ	7b <u>0</u>
8. Refunds and reimbursements of tax benefit items	
a. Medical expenses	8a _____
b. Real estate taxes	8b _____
c. Overpaid home mortgage interest	8c <u>0</u>
d. General sales taxes	8d _____
e. Other items	8e _____
f. From K-1's	8f <u>0</u>
Note: Report reimbursements and refunds above if they relate to an item which you deducted in an earlier year and which reduced your taxes. See Recoveries in IRS Pub. 525. Caution: Do not include in lines 8a through 8e amounts reported on a Schedule K-1.	
9. Jury fees-enter even if gave to employer	9 _____
10. Nonprofessional fiduciary fees	10 _____
11. Alaska Permanent Fund dividends	11 _____
12. Income from for-profit rental of personal property	12 _____
Note: Report deductible expenses relating to line 12 in the Other Adjustments section of this worksheet.	
13. Income from non-profit activity	13 _____
Note: Deduct related expenses on Schedule A.	
14. Recapture of clean-fuel vehicle deduction	14 _____
15. Loss on corrective distrib. made in 2016 (enter as neg)	15 _____

MINI-WORKSHEET FOR LINE 16, NOL CARRYFORWARDS

- a.** NOL carryforwards not on K-1's
(enter as negative) -2,175
Enter an explanation of your carryforward.
From 2015
- b.** NOL carryforwards from K-1's 0
- c.** Sum of line a and line b (for line 16) -2,175

16. Net operating loss carried forward to 2016 (enter as neg) **16** -2,175
Explanation From 2015

17. Archer MSA distributions **17** 0

18. Medicare Advantage MSA distributions **18** 0

19. Long-term care payments **19** 0

20. Taxable grants from Form(s) 1099-G **20** 0

21. Taxable distributions from a qualified tuition program (QTP):
Yours **21a**
Your spouse's **21b**

22. Taxable distributions from a Coverdell education savings account (ESA):
Yours **22a**
Your spouse's **22b**

23. Taxable distributions from an ABLE account:
Yours **23a**
Your spouse's **23b**

**MINI-WORKSHEET FOR LINES 21, 22, AND 23 EXCEPTIONS TO
ADDITIONAL TAX ON CERTAIN ACCT DISTRIBS**

- a.** Your distributions on ln 21a, 22a or 23a **not** subject
to additional tax
- b.** Your spouse's distributions on ln 21b, 22b or 23b
not subject to additional tax

24. Taxable HSA distributions **24** 0

25. ATAA or RTAA payments **25** 0

26. Income from cancellation of debt **26**

27. Taxable part of disaster relief payments **27**

	You	Spouse
28. Excludable Medicaid waiver payments on W-2 <i>Enter as a negative</i> 28
29. Excludable Medicaid waiver payments on 1099-MISC, Box 3 <i>Enter as a negative</i> 29
30. Other:	30a
.....	30b
.....	30c

31. Total of all income items for line 21 **31** 19,825

END OF PAGE 1

ALIMONY PAID

2016

2016

Amount Paid

OTHER ADJUSTMENTS

2016

**Not
For
Filing**

OTHER ADJUSTMENTS Form 1040, Line 36

2016

Name: Ken Booth Soc Sec No: 343-75-3456

Use this worksheet to report adjustments on line 36 of Form 1040.

Type of Adjustment	Description	Amount
1. Foreign housing deduction		<u>1</u> <u>0</u>
2. Jury duty pay given to employer		<u>2</u>
3. Reforestation amortization and expenses		<u>3</u>
4. Repayment of sub-pay under Trade Act of 1974		<u>4</u>
Note: <i>You may be able to claim a credit instead. See IRS Pub. 525.</i>		
5. Contribs to section 501(c)(18)(D) plans		<u>5</u> <u>0</u>
6. Expenses from rental of personal property		<u>6</u>
7. Contributions by chaplains to 403(b) plans		<u>7</u>
8. Archer MSA deduction (Form 8853)		<u>8</u> <u>0</u>
9. Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instr)		<u>9</u>
10. Attorney fees and court costs paid by you in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations (see instructions)		<u>10</u>
11. Total of adjustments for line 36		<u>11</u> <u>0</u>

END OF PAGE 3

OTHER TAXES

2016

OTHER TAXES
Form 1040, Line 62

2016

Name: Ken Booth Soc Sec No: 343-75-3456

Type of Tax	Descrip	Amount
1. Recapture of investment credit (Form 4255)		1
2. Recapture of low-income housing cr (8611)		2
3. Interest from Form 8621, line 16f, relating to distributions from and dispositions of stock of a section 1291 fund		3
4. Recapture of Indian employment credit		4
5. Recapture of Fed mortgage subsidy (Fm 8828)		5
6. Recapture of new markets crdt (see Fm 8874)		6
7. Recapture of credit for employer-provided child care facilities (see Form 8882)		7
8. Recapture of alternative motor vehicle credit (see Form 8910)		8
9. Recapture of alternative fuel vehicle refueling property credit (see Form 8911)		9
10. Recapture of qualified plug-in electric drive motor vehicle cr (see Form 8936)		10
11. Section 72(m)(5) excess benefits tax		11
12. FICA and Medicare owed on tips, life ins Note: We carry to line 12 any amount reported on a Form W-2, Box 12, which was assigned Code A, B, M or N.		12 0

**MINI-WORKSHEET FOR LINE 13,
TAX ON EXCESS GOLDEN PARACHUTE PAYMENTS**

- a. Amount of tax identified on W-2 (Code K) 0
- b. Excess parachute payment shown on 1099-MISC 0
- c. Line b * 20% 0
- d. Sum of line a and line c (for line 13) 0

13. Tax on excess parachute payments	13	0
14. Tax on accum distrib of trusts (Form 4970)	14	
15. Tax on Archer MSA distributions (Fm 8853)	15	0
16. Tax on Med+MSA distributions (Form 8853)	16	0
17. Excise tax on insider stock compensation from an expatriated corporation	17	
18. Tax on HSA distributions (Fm 8889, Pt II)	18	0
19. Additional tax for failure to maintain HDHP coverage (Fm 8889, Pt III)	19	0
20. Additional tax on income received from nonqualified deferred compensation plan that fails to meet requirements (IRC 409A)	20	
21. Interest on tax due on installment income from sale of certain residential lots and timeshares	21	
22. Interest on deferred tax on gain from certain installment sales with a sales price over \$150,000	22	
23. Additional tax on recapture of a charitable donation deduction relating to the donation of a fractional interest in tangible personal property	23	
24. Look-back interest under section 167(g) or 460(b)	24	

25.	Additional tax on certain compensation received from a nonqualified deferred compensation plan described in section 457A	25	
26.	Interest amount from Form 8621, line 24	26	
27.	Total additional taxes for line 62	27	0

END OF PAGE 4

	MISCELLANEOUS ITEMS	2016
--	---------------------	------

Name: Ken Booth Soc Sec No: 343-75-3456

I. MISCELLANEOUS INCOME ITEMS

Complete line 1 below if, in 2016, you (and/or your spouse, if married filing jointly) made a contribution to a traditional IRA or Roth IRA, and the contribution was returned to you in 2017 (with any related earnings or less any loss) by the due date (including extensions) of your 2016 tax return.

Note: This kind of distribution may be reported on a 2017 1099-R with code P in box 7.

- | | You | Spouse |
|---|-----|--------|
| 1. IRA contribution made in 2016 and returned in 2017 | | |
| a. Total amount distributed from IRA (original contribution, plus earnings or minus loss) | | |
| b. Earnings, if any, on contribution. Do not enter a negative number | | |
| i. Traditional IRA | | |
| ii. Roth IRA | | |

Enter an explanation of the distribution on the lines below. See the instructions to Form 8606 for information on what to include in the explanation. Enter information about you and your spouse separately.

You:

Spouse:

- | | |
|---|--|
| 2. Wages received for work done as an inmate in a penal institution | |
|---|--|

II. MISCELLANEOUS ADJUSTMENTS

**MINI-WORKSHEET FOR LINE 1,
EDUCATOR EXPENSES**

- | | |
|---|---|
| a. Your educator expenses (up to \$250) | |
| b. Spouse's educator expenses (up to \$250) | |
| c. Sum of line a (up to \$250) and line b (up to \$250) (carried to line 1 below) | 0 |

- | | | |
|---|----------|---|
| 1. Educator expenses | 1 | 0 |
| 2. Domestic production activities deduction from cooperatives (Form 1099-PATR, box 6) | 2 | |

III. MISCELLANEOUS CREDITS, EXCLUSIONS, AND TAXES

- | | | |
|--|----------|--|
| 1. Exclusion of income from American Samoa (Form 4563) | 1 | |
| 2. Exclusion of income from Puerto Rico | 2 | |
| 3. Exclusion of income from Guam | 3 | |
| 4. Exclusion of income from Northern Mariana Islands | 4 | |
| 5. Recapture of education credit (see Form 8863 instr) | 5 | |
| 6. Credit for federal tax paid on fuels (Form 4136) | 6 | |

END OF PAGE 5

	MISCELLANEOUS ITEMS	2016
IV.	MISCELLANEOUS PENSION AND ANNUITY PLAN ITEMS	
1.	Recapture amount on distribution from a designated Roth account allocable to an in-plan Roth rollover - Self	1 _____
2.	Recapture amount on distribution from a designated Roth account allocable to an in-plan Roth rollover - Spouse	2 _____
<i>END OF PAGE 6</i>		

SUPPORTING FORMS

RE: 2016 Tax Returns

PREPARED FOR: Ken Booth

SSN: 343-75-3456

PRINTED ON: December 12, 2016

PREPARED USING: H&R Block 2016 [3203]

SUPPORTING FORMS WHICH CAN BE SUBMITTED TO THE IRS

SUPPORTING FORMS IN YOUR RETURN

1. - Background Worksheet - Background Information Worksheet
2. - Dependents Worksheet - Worksheet for Dependents1
3. - Dependents Worksheet - Worksheet for Dependents2
4. - Last Year's Data Worksheet - Last Year's Data Worksheet
5. - Form 1099-INT/OID - Interest Income Worksheet
6. - Capital Gains and Losses Worksheet - Capital Gains and Losses
7. - Health Care Coverage - Health Care Coverage1
8. - Health Care Coverage - Health Care Coverage2
9. - Health Care Coverage - Health Care Coverage3
10. - Health Care Coverage - Health Care Coverage4
11. - Health Care Summary - Health Care Summary1
12. - Health Care Summary - Health Care Summary2
13. - Health Care Summary - Health Care Summary3
14. - Health Care Summary - Health Care Summary4

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

1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

Your name (first, MI, last, Jr/III)KenBooth

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

C/O information, if necessary

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any)2345 Wilson Ave.

Your city, state, and ZIP codeMenomonieWI 54751

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	343-75-3456	123-45-7890
b. Date of birth (MM/DD/YYYY)	7/1/1985	7/4/1987
c. "X" if legally blind	<input type="checkbox"/>	<input type="checkbox"/>
d. Enter "X" if disabled	<input type="checkbox"/>	<input type="checkbox"/>
e. Occupation	Salesperson	Bookstore Owner/Nurse
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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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: 123404567      DAN: 123-4567      Check number: 0101
  - c. Type of account:  
☒ Checking      ☐ Savings
  - d. Amount to be deposited in first account \_\_\_\_\_
  - 2a. Routing Transit Number ("RTN") \_\_\_\_\_
  - b. Depositor Account Number ("DAN") \_\_\_\_\_

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

---

**Applying Refund to Your 2017 Estimated Tax**

---

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

---

**BACKGROUND INFO CONTINUED ON PAGE 3**

---

*END OF PAGE 2*

---

Not  
For  
Filing

8. THIRD PARTY DESIGNEE

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

*If Yes, complete the following information:*

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

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

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

9. RETURN ASSISTANCE

How was this return prepared:

☒ By yourself.

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

10. STATE TAX RETURNS

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

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



SECTION I BASIC INFORMATION

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

|            |    |           |               |               |      |
|------------|----|-----------|---------------|---------------|------|
| First Name | MI | Last Name | Soc. Sec. No. | Date of Birth | ITIN |
| Rod        |    | Booth     | 124-80-9050   | 6/1/1932      |      |

|              |                     |
|--------------|---------------------|
| Relationship | Type of Dependent   |
| Parent       | Other               |
|              | Time Lived With You |
|              | Did Not Live With   |

Months person lived with you .....  
Person's age ..... 84  
DOB string ..... June 1, 1932  
Person is fosterchild placed with you by court order/placement agency .....  
Was this person a US citizen/resident alien of the US in 2016? .....  
If no, was this person a resident of Canada or Mexico in 2016? .....  
Is this person your adopted child who lived with you all year? .....  
If tax ID is an ITIN is substantial presence test satisfied?... .....  
If NO to substantial presence test are there special circumstances? .....

SECTION II QUICK ENTRY

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

Are you sure this person qualifies as your dependent in 2016 ..... Yes No  
.....

IF YOU ANSWERED YES - STOP!

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

QUICK ENTRY QUALIFYING CHILD VALIDATION

a. Relationship test .....  
b. Age test .....  
c. Support test.....  
d. Residence test.....

QUICK ENTRY FORM 8332

|                                                          |     |    |
|----------------------------------------------------------|-----|----|
|                                                          | Yes | No |
| a. Click YES to create Form 8332 .....                   |     |    |
| b. Click YES if taxpayer is dependent's parent .....     |     |    |
| c. Click YES if spouse is dependent's parent.. ..        |     |    |
| d. Click YES Form 8332 covers only this year .....       |     |    |
| e. Click if 8332 covers this and some future years ..... |     |    |
| f. Click if 8332 covers this and all future years .....  |     |    |
| g. Years this release covers .....                       |     |    |
| h. Number Form 8332 completed .....                      |     |    |

SECTION III DEPENDENT QUALIFICATION TESTS

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

PART A ALL DEPENDENTS

1. Will the person named in Section I file a joint return in 2016? ..... Yes No  
\* If NO, go to line 3.  
\* If YES, go to line 2.

2. Does this person satisfy the exception to the dependent joint return test? .....  
See the FAQ to the left to learn about the exception to joint return test.  
\* If YES, go to Part B, line 3.  
\* If NO STOP. You cannot claim this person as your dependent.

PART B DETERMINE WHETHER PERSON IS YOUR QUALIFYING CHILD

3. If this person is your child, are any of these statements true? .....  
\* You are divorced or legally separated under a decree of divorce or separate maintenance from the child's other parent.  
\* You are separated under a written separation agreement from the child's other parent.  
\* You lived apart during the last 6 months of the calendar year.  
Answer NO if this person is not your child.  
\* If NO, go to line 4.  
\* If YES, complete the MINI-WORKSHEET FOR LINE 3.

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

Yes No

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

Yes No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## MINI-WORKSHEET FOR LINE 12

Yes No

a. Are you this person's parent? ☐ ☐

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

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

**Your have the better claim.**

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

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

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

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

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

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

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

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

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

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

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

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

## PART C DETERMINE WHETHER PERSON IS YOUR QUALIFYING RELATIVE

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

Yes No

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

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

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

\* If NO, go to line 14.

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

---

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

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

\* If YES, go to line 15.

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

---

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

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

\* If NO, go to line 16.

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

---

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

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

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

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

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

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

---

SECTION I BASIC INFORMATION

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

|            |    |           |               |               |      |
|------------|----|-----------|---------------|---------------|------|
| First Name | MI | Last Name | Soc. Sec. No. | Date of Birth | ITIN |
| Mary       |    | Booth     | 489-37-6676   | 6/1/1932      |      |

|              |                     |
|--------------|---------------------|
| Relationship | Type of Dependent   |
| Parent       | Other               |
|              | Time Lived With You |
|              | Did Not Live With   |

Months person lived with you  
Person's age 84  
DOB string June 1, 1932  
Person is fosterchild placed with you by court order/placement agency  
Was this person a US citizen/resident alien of the US in 2016?  
If no, was this person a resident of Canada or Mexico in 2016?  
Is this person your adopted child who lived with you all year?  
If tax ID is an ITIN is substantial presence test satisfied?  
If NO to substantial presence test are there special circumstances?

SECTION II QUICK ENTRY

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

Are you sure this person qualifies as your dependent in 2016

Yes No

IF YOU ANSWERED YES - STOP!

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

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

QUICK ENTRY QUALIFYING CHILD VALIDATION

a. Relationship test  
b. Age test  
c. Support test  
d. Residence test

QUICK ENTRY FORM 8332

a. Click YES to create Form 8332  
b. Click YES if taxpayer is dependent's parent  
c. Click YES if spouse is dependent's parent  
d. Click YES Form 8332 covers only this year  
e. Click if 8332 covers this and some future years  
f. Click if 8332 covers this and all future years  
g. Years this release covers  
h. Number Form 8332 completed

SECTION III DEPENDENT QUALIFICATION TESTS

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

PART A ALL DEPENDENTS

1. Will the person named in Section I file a joint return in 2016?  
\* If NO, go to line 3.  
\* If YES, go to line 2.

2. Does this person satisfy the exception to the dependent joint return test?  
See the FAQ to the left to learn about the exception to joint return test.  
\* If YES, go to Part B, line 3.  
\* If NO STOP. You cannot claim this person as your dependent.

PART B DETERMINE WHETHER PERSON IS YOUR QUALIFYING CHILD

3. If this person is your child, are any of these statements true?  
\* You are divorced or legally separated under a decree of divorce or separate maintenance from the child's other parent.  
\* You are separated under a written separation agreement from the child's other parent.  
\* You lived apart during the last 6 months of the calendar year.  
Answer NO if this person is not your child.  
\* If NO, go to line 4.  
\* If YES, complete the MINI-WORKSHEET FOR LINE 3.

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

Yes No

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

Yes No

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

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

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

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

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

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

6. Was this person under age 19 at the end of the year? ☐ ☐  
*We calculate this based on this person's date of birth in Section I.*  
 \* If YES, skip lines 7-9 and go to line 10.  
 \* If NO, go to line 7.
7. Was this person a student in 2016? ☐ ☐  
 \* If NO, go to line 9.  
 \* If YES, go to line 8.
8. Was this person under age 24 at the end of the year? ☐ ☐  
*We calculate this based on this person's date of birth in Section I.*  
 \* If YES, skip line 9 and go to line 10.  
 \* If NO, go to line 9.
9. Was this person permanently and totally disabled? ☐ ☐  
 \* If YES, go to line 11.  
 \* If NO go to line 10.
10. Is this person younger than taxpayer (or spouse if MFJ)? ☐ ☒  
 \* If YES, go to line 11.  
 \* If NO go to PART C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.
11. Did this person provide over half his/her own support in 2016? ☐ ☐  
 \* If NO, read the caution below and go to line 12.  
 \* If YES, **STOP. You cannot claim this person as your dependent.**

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

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

**MINI-WORKSHEET FOR LINE 12**

|                                                                                                                                                                                                                                                                                               | Yes                      | No                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Are you this person's parent? . . . . .                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is the other taxpayer who can claim the person in Section I as a Qualifying Child this person's parent? . . . . .                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| * If you answered Yes to (a) and No to (b) <b>STOP. You have the better claim.</b><br>* If you answered YES to (b) and NO to (a) <b>STOP. This person's parent has the better claim.</b><br>* If you answered NO to (a) and (b) go to (e).<br>* If you answered YES to (a) and (b) go to (c). |                          |                          |
| c. Did this person reside with you longer than with the other person's parent during 2016? . . . . .                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES <b>STOP. You have the better claim.</b>                                                                                                                                                                                                                                                |                          |                          |
| d. Did this person reside with you for the same amount of time as with the other parent during 2016? . . . . .                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| If NO <b>STOP. The other parent has the better claim.</b>                                                                                                                                                                                                                                     |                          |                          |
| e. Was your federal adjusted gross income (AGI) higher than the AGI of the other taxpayer during 2016? . . . . .                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES <b>STOP, you have the better claim.</b>                                                                                                                                                                                                                                                |                          |                          |

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

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

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

13. Although not your Qualifying Child, is this person a Qualifying Yes No

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

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

\* If NO, go to line 14.

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

---

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

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

\* If YES, go to line 15.

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

---

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

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

\* If NO, go to line 16.

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

---

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

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

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

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

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

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

---



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

2015 Form 1040, 1040A or 1040EZ

1a Filing status:

☐ Single

☒ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

Spouse's Social Security number

123-45-7890

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)

4

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

0

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

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

61,344

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

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

0

5 Itemized deductions (1040, above line 40)

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

7 Self-employment tax (1040 line 57)

0

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

0

9a Household employment tax (1040 line 60a)

0

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

0

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

0

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

0

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

0

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

0

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

0

2015 Schedule D

15 Used Schedule D Tax Worksheet

☐ Yes ☐ No

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

0

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

0

17 Line 19 of Schedule D

0

18 Line 10 of Schedule D Tax Worksheet

0

19 Line 19 of Schedule D Tax Worksheet

0

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)

17,000

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

0

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)

0

Not  
For  
Filing

## 2015 Form 4952

|    |                                                       |   |
|----|-------------------------------------------------------|---|
| 27 | Disallowed investment interest expense (line 7)       | 0 |
| 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)       | 61,344 |
| 36 | Medical and dental expenses (line 2)                           | 0      |
| 37 | Taxes from Schedule A if you itemize (line 3)                  | 0      |
| 38 | Certain interest on a home mortgage (line 4)                   | 0      |
| 39 | Miscellaneous deductions (line 5)                              | 0      |
| 40 | Amount from line 6 (enter as negative)                         | 0      |
| 41 | Tax refund from Form 1040 (line 7; enter as negative)          | 0      |
| 42 | Investment interest expense (reg. - AMT) (line 8)              | 0      |
| 43 | Depletion differences (line 9)                                 | 0      |
| 44 | Net operating loss (line 10; enter as positive)                | 4,752  |
| 45 | Interest from specified private activity bonds (line 12)       | 0      |
| 46 | Qualified small business stock (line 13)                       | 0      |
| 47 | Regular tax minus 4972 amount and foreign tax credit (line 34) | 3,986  |

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

2016

Ken Booth SSN: 343-75-3456

## 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                                   | 0 |
| 55 | Recapture of low-income housing credit                           | 0 |
| 56 | Recapture of Indian employment credit                            | 0 |
| 57 | Recapture of new markets credit                                  | 0 |
| 58 | Section 72(m)(5) excess benefits tax                             | 0 |
| 59 | Tax on excess parachute payments                                 | 0 |
| 60 | Tax on accumulation distribution of trusts                       | 0 |
| 61 | Tax on medical savings account distributions                     | 0 |
| 62 | Recapture of employer-provided childcare facilities              | 0 |
| 63 | Tax on health savings account distributions                      | 0 |
| 64 | Tax on Medicare Advantage MSA distributions                      | 0 |
| 65 | Recapture of alternative motor vehicle credit                    | 0 |
| 66 | Recapture of alternative fuel vehicle refueling property credit  | 0 |
| 67 | Certain tax on Sec. 457A deferred compensation                   | 0 |
| 68 | Tax for failure to maintain HDHP coverage                        | 0 |
| 69 | Recap of charitable deduction for fractional tang pers prop int  | 0 |
| 70 | Interest from Frm 8621, ln 16f (Sec 1291 fund distr/disposition) | 0 |
| 71 | Recapture of qual'd plug-in electric drive motor vehicle credit  | 0 |

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

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

**Not  
For  
Filing**

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

**Electronic Filing Information**

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

**Amounts Needed for Form 2210**

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

Is this interest for:

What kind of interest is this:

☐ Other interest (fill in 1099-INT below)

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

FATCA filing requirement .....

## FORM 1099-INT

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

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

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

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

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

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

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

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

**MINI-WORKSHEET FOR LINE 8**

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

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

**Box 10 -** Market discount:

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

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

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

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

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

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

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

**FORM 1099-OID**

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

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

### MINI-WORKSHEET FOR LINE 2

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

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

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

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

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

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

## SELLER-FINANCED MORTGAGE INTEREST

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

Buyer's name . . . . . \_\_\_\_\_  
 Buyer's Social Security number . . . . . \_\_\_\_\_  
 Buyer's street address . . . . . \_\_\_\_\_  
 Buyer's city . . . . . \_\_\_\_\_  
 Buyer's state . . . . . \_\_\_\_\_  
 Buyer's ZIP . . . . . \_\_\_\_\_  
 Interest received in 2016 . . . . . \_\_\_\_\_

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

## ADJUSTMENTS

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

### Type of adjustment:

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

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

## NEW YORK FILERS ONLY, COMPLETE THE FOLLOWING:

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

EIN: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_ ZIP: \_\_\_\_\_  
☐ Check if foreign address.  
 Country \_\_\_\_\_  
 Province/state/county \_\_\_\_\_  
 Postal code \_\_\_\_\_

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

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_ ZIP: \_\_\_\_\_  
☐ Check if foreign address.  
 Country \_\_\_\_\_  
 Province/state/county \_\_\_\_\_  
 Postal code \_\_\_\_\_

Use this worksheet to enter sales and other dispositions of capital assets. We'll sort the transactions according to whether they are short- or long-term and carry the information to the correct lines of Schedule D. Do **NOT** use this form to report the sale of:

- Your principal residence (use the Sale of Home Worksheet)
- Property used for business purposes (use Form 4797)

**Note:** See the help panel for special instructions if you are entering information about a group of transactions for which basis was reported to the IRS on Form 1099-B and for which you have no adjustments.

1. Description:Non-Business Bad Debt

Form 1099-B or substitute broker's statement received?☐ Yes ☒ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments☐

Code:

Date acquired: 1/01/2016Date sold: 12/31/2016

Sales price: 0

Cost/other basis (Form 1099-B, box 1e if applicable): 10,000

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked?☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct):

Type of gain/loss, if shown in box 2:  
☐ Short-term☐ Long-term☐ Ordinary

Type of gain/loss in box 2 is **not** correct:☐

Gain/loss before adjustment: -10,000

Adjustment for corrected basis:

Gain/loss after adjustment for corrected basis: -10,000

Accrued market discount:

Accrued market discount adjustment:

Wash sale loss disallowed:

Other adjustments to gain/loss:

Income tax withholding:

Federal income tax withheld:

State AbbreviationState ID No.State Tax Withheld

The item sold was a collectible:☐

2. Description:

Form 1099-B or substitute broker's statement received?☐ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments☐

Code:

Date acquired: Date sold:

Sales price:

Cost/other basis (Form 1099-B, box 1e if applicable):

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked?☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct):

Type of gain/loss, if shown in box 2:  
☐ Short-term☐ Long-term☐ Ordinary

Type of gain/loss in box 2 is **not** correct:☐

Gain/loss before adjustment: 0

Adjustment for corrected basis:

Gain/loss after adjustment for corrected basis: 0

Accrued market discount: \_\_\_\_\_  
 Accrued market discount adjustment: \_\_\_\_\_  
 Wash sale loss disallowed: \_\_\_\_\_  
 Other adjustments to gain/loss: \_\_\_\_\_  
 \_\_\_\_\_

Income tax withholding:

Federal income tax withheld: \_\_\_\_\_  
 State Abbreviation State ID No. State Tax Withheld  
 \_\_\_\_\_  
 \_\_\_\_\_

The item sold was a collectible: ☐

**3. Description:** \_\_\_\_\_

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Date sold: \_\_\_\_\_

Sales price: \_\_\_\_\_

Cost/other basis (Form 1099-B, box 1e if applicable): \_\_\_\_\_  
 \_\_\_\_\_

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): \_\_\_\_\_

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: \_\_\_\_\_ 0

Adjustment for corrected basis: \_\_\_\_\_

Gain/loss after adjustment for corrected basis: \_\_\_\_\_ 0

Accrued market discount: \_\_\_\_\_

Accrued market discount adjustment: \_\_\_\_\_

Wash sale loss disallowed: \_\_\_\_\_

Other adjustments to gain/loss: \_\_\_\_\_  
 \_\_\_\_\_

Income tax withholding:

Federal income tax withheld: \_\_\_\_\_  
 State Abbreviation State ID No. State Tax Withheld  
 \_\_\_\_\_  
 \_\_\_\_\_

The item sold was a collectible: ☐

**4. Description:** \_\_\_\_\_

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Date sold: \_\_\_\_\_

Sales price: \_\_\_\_\_

Cost/other basis (Form 1099-B, box 1e if applicable): \_\_\_\_\_  
 \_\_\_\_\_

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): \_\_\_\_\_

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: \_\_\_\_\_ 0

Adjustment for corrected basis: \_\_\_\_\_

Gain/loss after adjustment for corrected basis: \_\_\_\_\_ 0  
Accrued market discount: \_\_\_\_\_  
Accrued market discount adjustment: \_\_\_\_\_  
Wash sale loss disallowed: \_\_\_\_\_  
Other adjustments to gain/loss: \_\_\_\_\_

Income tax withholding:

Federal income tax withheld: \_\_\_\_\_

State Abbreviation \_\_\_\_\_ State ID No. \_\_\_\_\_

State Tax Withheld \_\_\_\_\_

The item sold was a collectible: ☐

**5. Description:** \_\_\_\_\_

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Date sold: \_\_\_\_\_

Sales price: \_\_\_\_\_

Cost/other basis (Form 1099-B, box 1e if applicable): \_\_\_\_\_

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): \_\_\_\_\_

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: \_\_\_\_\_ 0

Adjustment for corrected basis: \_\_\_\_\_

Gain/loss after adjustment for corrected basis: \_\_\_\_\_ 0

Accrued market discount: \_\_\_\_\_

Accrued market discount adjustment: \_\_\_\_\_

Wash sale loss disallowed: \_\_\_\_\_

Other adjustments to gain/loss: \_\_\_\_\_

Income tax withholding:

Federal income tax withheld: \_\_\_\_\_

State Abbreviation \_\_\_\_\_ State ID No. \_\_\_\_\_

State Tax Withheld \_\_\_\_\_

The item sold was a collectible: ☐

**6. Description:** \_\_\_\_\_

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Date sold: \_\_\_\_\_

Sales price: \_\_\_\_\_

Cost/other basis (Form 1099-B, box 1e if applicable): \_\_\_\_\_

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): \_\_\_\_\_

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐



Gain/loss before adjustment: \_\_\_\_\_ 0  
Adjustment for corrected basis: \_\_\_\_\_  
Gain/loss after adjustment for corrected basis: \_\_\_\_\_ 0  
Accrued market discount: \_\_\_\_\_  
Accrued market discount adjustment: \_\_\_\_\_  
Wash sale loss disallowed: \_\_\_\_\_  
Other adjustments to gain/loss: \_\_\_\_\_  
-----

Income tax withholding:  
Federal income tax withheld: \_\_\_\_\_  
  
State Abbreviation                      State ID No.                      State Tax Withheld  
\_\_\_\_\_  
\_\_\_\_\_  
-----

The item sold was a collectible: ☐

**7. Description:** \_\_\_\_\_

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis  
was reported to the IRS and for which you have  
no adjustments ☐

Code: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Date sold: \_\_\_\_\_

Sales price: \_\_\_\_\_

Cost/other basis (Form 1099-B, box 1e if applicable): \_\_\_\_\_  
-----

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): \_\_\_\_\_

Type of gain/loss, if shown in box 2:

☐ Short-term      ☐ Long-term      ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: \_\_\_\_\_ 0

Adjustment for corrected basis: \_\_\_\_\_

Gain/loss after adjustment for corrected basis: \_\_\_\_\_ 0

Accrued market discount: \_\_\_\_\_

Accrued market discount adjustment: \_\_\_\_\_

Wash sale loss disallowed: \_\_\_\_\_

Other adjustments to gain/loss: \_\_\_\_\_  
-----

Income tax withholding:  
Federal income tax withheld: \_\_\_\_\_

State Abbreviation                      State ID No.                      State Tax Withheld  
\_\_\_\_\_  
\_\_\_\_\_  
-----

The item sold was a collectible: ☐

**8. Description:** \_\_\_\_\_

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis  
was reported to the IRS and for which you have  
no adjustments ☐

Code: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Date sold: \_\_\_\_\_

Sales price: \_\_\_\_\_

Cost/other basis (Form 1099-B, box 1e if applicable): \_\_\_\_\_  
-----

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): \_\_\_\_\_

Type of gain/loss, if shown in box 2:

☐ Short-term      ☐ Long-term      ☐ Ordinary

Type of gain/loss in box 2 is **not** correct:

Gain/loss before adjustment: \_\_\_\_\_ 0  
Adjustment for corrected basis: \_\_\_\_\_  
Gain/loss after adjustment for corrected basis: \_\_\_\_\_ 0  
Accrued market discount: \_\_\_\_\_  
Accrued market discount adjustment: \_\_\_\_\_  
Wash sale loss disallowed: \_\_\_\_\_  
Other adjustments to gain/loss: \_\_\_\_\_

Income tax withholding:

Federal income tax withheld: \_\_\_\_\_

| State Abbreviation | State ID No. | State Tax Withheld |
|--------------------|--------------|--------------------|
| _____              | _____        | _____              |
| _____              | _____        | _____              |

The item sold was a collectible: ☐

**9. Description:** \_\_\_\_\_

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Date sold: \_\_\_\_\_

Sales price: \_\_\_\_\_

Cost/other basis (Form 1099-B, box 1e if applicable): \_\_\_\_\_

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): \_\_\_\_\_

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: \_\_\_\_\_ 0

Adjustment for corrected basis: \_\_\_\_\_

Gain/loss after adjustment for corrected basis: \_\_\_\_\_ 0

Accrued market discount: \_\_\_\_\_

Accrued market discount adjustment: \_\_\_\_\_

Wash sale loss disallowed: \_\_\_\_\_

Other adjustments to gain/loss: \_\_\_\_\_

Income tax withholding:

Federal income tax withheld: \_\_\_\_\_

| State Abbreviation | State ID No. | State Tax Withheld |
|--------------------|--------------|--------------------|
| _____              | _____        | _____              |
| _____              | _____        | _____              |

The item sold was a collectible: ☐

**10. Description:** \_\_\_\_\_

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Date sold: \_\_\_\_\_

Sales price: \_\_\_\_\_

Cost/other basis (Form 1099-B, box 1e if applicable): \_\_\_\_\_

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): \_\_\_\_\_

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: \_\_\_\_\_ 0  
Adjustment for corrected basis: \_\_\_\_\_  
Gain/loss after adjustment for corrected basis: \_\_\_\_\_ 0  
Accrued market discount: \_\_\_\_\_  
Accrued market discount adjustment: \_\_\_\_\_  
Wash sale loss disallowed: \_\_\_\_\_  
Other adjustments to gain/loss: \_\_\_\_\_

Income tax withholding:

Federal income tax withheld: \_\_\_\_\_

| State Abbreviation | State ID No. | State Tax Withheld |
|--------------------|--------------|--------------------|
|--------------------|--------------|--------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The item sold was a collectible: ☐

**11. Description:** \_\_\_\_\_

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Date sold: \_\_\_\_\_

Sales price: \_\_\_\_\_

Cost/other basis (Form 1099-B, box 1e if applicable): \_\_\_\_\_

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): \_\_\_\_\_

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: \_\_\_\_\_ 0  
Adjustment for corrected basis: \_\_\_\_\_  
Gain/loss after adjustment for corrected basis: \_\_\_\_\_ 0  
Accrued market discount: \_\_\_\_\_  
Accrued market discount adjustment: \_\_\_\_\_  
Wash sale loss disallowed: \_\_\_\_\_  
Other adjustments to gain/loss: \_\_\_\_\_

Income tax withholding:

Federal income tax withheld: \_\_\_\_\_

| State Abbreviation | State ID No. | State Tax Withheld |
|--------------------|--------------|--------------------|
|--------------------|--------------|--------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The item sold was a collectible: ☐

**12. Description:** \_\_\_\_\_

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Date sold: \_\_\_\_\_

Sales price: \_\_\_\_\_

Cost/other basis (Form 1099-B, box 1e if applicable): \_\_\_\_\_

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct):

Type of gain/loss, if shown in box 2:

☐ Short-term      ☐ Long-term      ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: \_\_\_\_\_ 0

Adjustment for corrected basis: \_\_\_\_\_

Gain/loss after adjustment for corrected basis: \_\_\_\_\_ 0

Accrued market discount: \_\_\_\_\_

Accrued market discount adjustment: \_\_\_\_\_

Wash sale loss disallowed: \_\_\_\_\_

Other adjustments to gain/loss: \_\_\_\_\_

Income tax withholding:

Federal income tax withheld: \_\_\_\_\_

| State Abbreviation | State ID No. | State Tax Withheld |
|--------------------|--------------|--------------------|
|--------------------|--------------|--------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

The item sold was a collectible: ☐

## HEALTH CARE COVERAGE

SSN:

Name of individual: Ken Booth  
Individual's SSN 343-75-3456  
Individual's date of birth: 7/1/1985

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

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

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

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

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

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

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

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

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

KIA

Not  
For  
Filing

## HEALTH CARE COVERAGE

|  |  |                   |
|--|--|-------------------|
|  |  | <b>SSN:</b> _____ |
|--|--|-------------------|

Name of individual: Amy Booth

Individual's SSN 123-45-7890

Individual's date of birth: 7/4/1987

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

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

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

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

---

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

---

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

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

---

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

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

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

**KIA**

## HEALTH CARE COVERAGE

SSN:

Name of individual: Rod Booth  
Individual's SSN 124-80-9050  
Individual's date of birth: 6/1/1932

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

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

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

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

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

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

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

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

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

KIA

Not  
For  
Filing

**HEALTH CARE COVERAGE****SSN:**

Name of individual: Mary Booth  
Individual's SSN 489-37-6676  
Individual's date of birth: 6/1/1932

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

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

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

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

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

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

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

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

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

**KIA****Not  
For  
Filing**



## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

Ken Booth SSN: 343-75-3456

## Information about affected individual:

Name Ken Booth  
SSN 343-75-3456  
Date of birth (MM/DD/YYYY) 7/1/1985

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

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

## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

Ken \_\_\_\_\_ Booth \_\_\_\_\_ SSN: 343-75-3456

## Information about affected individual:

Name ..... Amy \_\_\_\_\_ Booth \_\_\_\_\_  
SSN ..... 123-45-7890  
Date of birth (MM/DD/YYYY) ..... 7/4/1987

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

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

## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

Ken \_\_\_\_\_ Booth \_\_\_\_\_ SSN: 343-75-3456

## Information about affected individual:

Name ..... Rod \_\_\_\_\_ Booth \_\_\_\_\_  
SSN ..... 124-80-9050  
Date of birth (MM/DD/YYYY) ..... 6/1/1932

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

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

## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

Ken \_\_\_\_\_ Booth \_\_\_\_\_ SSN: 343-75-3456

## Information about affected individual:

Name ..... Mary \_\_\_\_\_ Booth \_\_\_\_\_

SSN ..... 489-37-6676

Date of birth (MM/DD/YYYY) ..... 6/1/1932

**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>                                      |
| KIA |                                     |                          |                          |                                                 |                                                  |

Is this W-2 for:

☒ Yourself

☐ Your spouse

Note: If your Form W-2 is marked "Void," do not enter it in here.

You should contact your employer to receive a corrected Form W-2.

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

a. Employee's SSN:

343-75-3456

☐ Do NOT carry SSN from Background Wkst

Void

☐

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

|                                                |                  |                  |
|------------------------------------------------|------------------|------------------|
| b. Employer ID No.                             | 1. Wages, etc.   | 2. Fed Tax WH    |
|                                                | 28,345           | 2,200            |
|                                                | 3. Soc Sec Wages | 4. SocSec Tax WH |
|                                                |                  |                  |
| c. Employer/payer name, address, and zip code: | 5. Med. Wages    | 6. Med. Tax WH   |
|                                                |                  |                  |
|                                                | 7. Soc Sec Tips  | 8. Alloc. tips   |
|                                                |                  |                  |

d. Control Number

Ver. code (optional)

10. Depndnt Care

e. Employee's name (1st,Ml,last,Jr)

Ken

Booth

☐ Do NOT carry name from Bkgd Wkst

11. Nonqual plans

12. See instrns. Code Amt.

f. Employee's address and ZIP code

Add1: 2345 Wilson Ave.

Add2:

Apt No.

Town/City Menomonie

State & ZIP WI 54751

☐ Check if foreign address.

Country

Province/state/county

Postal code

☐ Do NOT carry addr from Bkgd Wkst

13. Statutory employee .. ☐

Retirement plan . . . . . ☐

Third party sick pay . . . ☐

Note: If you have a Code P amount, complete the additional info. section below.

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

14. Other Description

Other Amt.

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

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

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

☐ Use box 8

☐ Enter my own tips

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

Not  
For  
Filing

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 . . . . . | _____ |

KIA

Not  
For  
Filing

Is this W-2 for:

☐ Yourself

☒ Your spouse

Note: If your Form W-2 is marked "Void," do not enter it in here.

You should contact your employer to receive a corrected Form W-2.

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

a. Employee's SSN:

123-45-7890

☐ Do NOT carry SSN from Background Wkst

Void

☐

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

|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------|-----------------|---------------|-------------------|
| b. Employer ID No.                                                                                                                                                                                                                                                                                    | 1. Wages, etc.                                                                                                                                            | 2. Fed Tax WH                                                                   |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                       | 17,890                                                                                                                                                    | 650                                                                             |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                       | 3. Soc Sec Wages                                                                                                                                          | 4. SocSec Tax WH                                                                |               |                 |               |                   |
| c. Employer/payer name, address, and zip code:<br>Name1:<br>Name2:<br>Street:<br>City:<br>State: ZIP:<br><input type="checkbox"/> Check if foreign address.<br>Country<br>Province/state/county<br>Postal code                                                                                        | 5. Med. Wages                                                                                                                                             | 6. Med. Tax WH                                                                  |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                       | 7. Soc Sec Tips                                                                                                                                           | 8. Alloc. tips                                                                  |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
| d. Control Number                                                                                                                                                                                                                                                                                     | Ver. code (optional)                                                                                                                                      | 10. Depndnt Care                                                                |               |                 |               |                   |
| e. Employee's name (1st,Ml,last,Jr)<br>Amy<br>Booth<br><input type="checkbox"/> Do NOT carry name from Bkgd Wkst                                                                                                                                                                                      | 11. Nonqual plans                                                                                                                                         | 12. See instrns. Code Amt.                                                      |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                       | 13. Statutory employee .. <input type="checkbox"/><br>Retirement plan ..... <input type="checkbox"/><br>Third party sick pay ... <input type="checkbox"/> | Note: If you have a Code P amount, complete the additional info. section below. |               |                 |               |                   |
| f. Employee's address and ZIP code<br>Add1: 2345 Wilson Ave.<br>Add2:<br>Apt No.<br>Town/City Menomonie<br>State & ZIP WI 54751<br><input type="checkbox"/> Check if foreign address.<br>Country<br>Province/state/county<br>Postal code<br><input type="checkbox"/> Do NOT carry addr from Bkgd Wkst |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
| Note: To e-file your address and your employer's address must be entered exactly as it appears on the W-2.                                                                                                                                                                                            |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
| 14. Other Description Other Amt.                                                                                                                                                                                                                                                                      |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
| 15. State                                                                                                                                                                                                                                                                                             | Employer State Tax ID #                                                                                                                                   | 16. State Wages                                                                 | 17. State Tax | 18. Local Wages | 19. Local Tax | 20. Locality Name |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                           |                                                                                 |               |                 |               |                   |

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

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

☐ Use box 8

☐ Enter my own tips

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

Not  
For  
Filing



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 . . . . . | _____ |

KIA

Not  
For  
Filing