

Filing Checklist for 2016 Tax Return Filed On Standard Forms

Prepared on: 12/12/2016 07:28:51 am

Return: C:\Users\Smokey\Desktop\Tax\2016 Whittenburg\Chapter 4\Walter Bunge 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, Walter and Rebecca 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 E
- Form 8582 - Page 1
- - Form 8582 Page 2 (Regular Tax)
- Form 3903

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

Form W-2: Wage and Tax Statement
1st

Step 3. Mail the return

Mail the return to this address:

**Department of the Treasury
Internal Revenue Service
Fresno, CA 93888-0002**

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

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

Step 4. Keep a copy

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

- - Background Worksheet
- - Last Year's Data Worksheet
- - Rentals and Royalties
- - 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		\$49,221
Adjustments	-	\$5,259
Adjusted gross income		\$43,962
Deductions	-	\$12,600
Exemption(s)	-	\$8,100
Taxable income		\$23,262

Tax withheld or paid already		\$4,800
Actual tax due		\$2,584

Refund applied to next year	-	\$0
Refund		\$2,236

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

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

1

Single

4

Head of hshld. If qual

Status

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- tionship

(4) # Children

Crdt

#

Lived w/

you

Apart -

div

Other

If > 4

depen-

dents,

check

here

d Total number of exemptions claimed

Add nos. above

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

d. Total for line 7

Income

7

Wages, etc

7

50,500

Attach

copy B

8a

Taxable interest income. (Sch B if required)

8a

b

Tax-exempt interest

8b

0

9a

Ordinary dividends

9a

0

b

Qual divs

9b

0

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,	10	Taxable refunds of state and local income taxes	10	0
W-2G, &	11	Alimony received	11	
1099-R	12	Business income or loss. Attach Sched C or C-EZ	12	0
here.	13	Capital gain/loss <input type="checkbox"/>	13	0
	14	Other gains or losses. Attach Form 4797	14	
	15a	IRA's 15a b Taxbl	15b	0
	16a	Pension, annuities 16a b Taxbl	16b	0
	17	Rent, royalty, partnership, S corp, trust (Sch E)	17	-1,279
	18	Farm income or loss. Attach Schedule F	18	0
	19	Unemploy compensation	19	
	20a	Soc Sec benefits 20a b Taxable	20b	
	21	Other income (type and amt)	21	0
	22	Combine lines 7 through 21. Your total income	22	49,221
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	5,259
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
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**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	5,259
	37	Line 22 - line 36. Your adjusted gross income ▶	37	43,962

Walter Bunge

SSN: 700-01-0002

Not
For
Filing

Tax and 38 Amount on line 37 (adjusted gross income) 38 43,962

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 31,362

MINI-WORKSHEET FOR PERSONAL EXEMPTIONS

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

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

c. Amount on Line 38

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

e. Line c minus line d

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

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

h. Line b multiplied by line g

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

42 Exemptions. If line 38 is \$155,650 or less, multiply
\$4,050 by number on line 6d (see instructions) 42 8,100

43 Taxable income. Ln 41 minus 42 (not less than 0) 43 23,262

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	2,564
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	2,564

**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	2,564
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	2,564

**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) 4,800
- c.** Add'l Medicare tax withholding from Form 8959 0
- d.** Total federal tax withheld (to line 64) 4,800

64	Federal income tax withheld	64	4,800	
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	Addl 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 0

74 Lines 64, 65, 66a, 67 - 73. Total payments 74 4,800

Refund 75 If line 74 is larger than line 63, amt overpaid 75 2,236

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

Check if Form 8888 is attached: ☐ 76a 2,236deposit? b Routing number xxxxxxxx c Type: ☒ Checking ☐ Savings

See d Account number xxxxxxxxxxxxxxxxx

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

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

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

Payment Voucher, see IRS instructions.

You Owe 79 Amount of penalty on Form 2210 79

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

gnee Designee's name: Phone PIN

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

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

Sign Signature: Date Your occupation Day tel.

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

Homemaker

Keep Preparer name Preparer signature Date Self- PTIN

copy empl? ☐

your Firm's name Firm's EIN

records. Firm's address Ph

END OF FORM

Note: Before filling out this form, fill out the Rentals & Royalties Worksheets and Schedule(s) K-1. All rental and partnership entries for Schedule E, including passive activities, carry from those forms.

PART I INCOME OR (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instr). Schedule E deals with rental real estate. Report farm rental income or loss from Form 4835 on line 40.

- A Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instr)

☐ Yes ☐ No
- B If "Yes," did you or will you file all required Forms 1099?

☐ Yes ☐ No

1a. Physical address of each property (street, city, state, zip code)

A 123 Buncombe Lane Brian Head UT 84719

Country Province Postal Code

B

Country Province Postal Code

C

Country Province Postal Code

1b. Type of Property (from list below)	2 For each rental above, report fair rental and personal use days. Check QJV only if you meet requirements for qualified joint venture. See instructions.	Fair Rental Days	Pers Use Days	QJV
A 3		A 185	15	<input type="checkbox"/>
B		B		<input type="checkbox"/>
C		C		<input type="checkbox"/>

- Type of Property:**
- 1 Single Fam Residence

3 Vacation/ Short-Term Rent

5 Land

7 Self-Rental
- 2 Multi-Fam Residence

4 Commercial

6 Royalties

8 Other (describe)

Properties				
Income:		A	B	C
3. Rents received	3	16,000		
4. Royalties received	4	0	0	0

Expenses:				
5. Advertising	5	0		
6. Auto and Travel	6	0		
7. Cleaning & maintenance	7	3,589		
8. Commissions	8	0		
9. Insurance	9	0		
10. Legal & professional	10	0		
11. Management fees	11	0		
12. Mortgage interest to banks, etc	12	7,955		
13. Other interest	13	0		
14. Repairs	14	0		
15. Supplies	15	0		
16. Taxes	16	0		
17. Utilities	17	925		
18. Depreciation/depletion	18	0		
19. Other (list) Association dues	19	4,810		
20. Expenses. Lns 5 - 19	20	17,279	0	0
21. Inc/loss. Ln 3 or 4-20	21	-1,279	0	0
22. Deductible rental loss	22	1,279		

CAUTION: Your rental loss may be limited. Line 22 is calculated on, and automatically carries from, the relevant Rentals & Royalties Worksheet. If line 21 is negative, you may have to file Form 6198. See IRS instructions.

Note: Real estate professionals must complete line 43.

23a. Total amounts on line 3 for rentals 23a 16,000

23b. Total amounts on line 4 for royalties 23b 0

23c.	Total amounts on line 12 for all props	23c	<u>7,955</u>	
23d.	Total amounts on line 18 for all props	23d	<u>0</u>	
23e.	Total amounts on line 20 for all props	23e	<u>17,279</u>	
24.	Income. Add positive amounts shown on line 21	24		<u>0</u>
25.	Losses. Royalty losses (line 21) + rental losses (ln 22)	25		<u>1,279</u>
26.	Net inc/loss (ln 24 - 25)	26		<u>-1,279</u>

Note: Lines 24 - 26 also include totals from Sch E Pt I Attachment. The text immediately to the left of line 26 says "Worksheet Att." in that case.

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

PART II INCOME OR LOSS FROM PARTNERSHIPS AND S CORPORATIONS

If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (e) on line 28 and attach **Form 6198**.

Note: This part is filled in automatically from the K-1 Worksheets.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses?..... ☐ **Yes** ☐ **No**

If you answered Yes, see the IRS instructions before completing this section.

Column headings: (a) Name; (b) P for partnership, S for S Corp; (c) "X" if Foreign partnership. (d) Employer ID No. (e) "X" if any amount is not at risk.

28.	(a) Name	(b) P/S	(c) Foreign	(d) EIN	(e) Not at risk
A		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
D		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Passive Activities		Nonpassive Activities		
(f) Pass. loss	(g) Pass. Inc	(h) Nonpass. loss	(i) Sec 179	(j) Nonpass. inc
A				
B				
C				
D				
29a.				
29b.				

30.	Add amounts in columns (g) and (j), line 29a	30	0
31.	Add amounts in columns (f), (h), and (i), line 29b	31	0
Note: If there is an "x" in line 28 column (e) you need to complete Form 6198, and you may need to override one or more amount on line 28 columns (f) through (j) to make sure the "At-Risk" rules are applied before the "Passive Activity" rules. The "At-Risk" rules must be applied or you may overstate your losses.			
32.	Total Partnership,S corp inc/loss, Ln 30-Ln 31	32	0

Note: Line 32 includes totals from Sch E Pt II Attachment. The text to the left of line 32 says, "See Attached" in this case.

PART III INCOME OR LOSS FROM ESTATES AND TRUSTS

Note: If you have estimated taxes paid by a trust and credited to you, write "ES Payment claimed" and the dollar amount next to line 37, below.

33.	(a) Name	(b) Employer ID Number
A		
B		

Passive Activities		Nonpassive Activities	
(c) Passive loss	(d) Passive income	(e) Nonpassive loss	(f) Nonpassive income
A			
B			
34a.			
34b.			

35.	Add amounts in columns (d) and (f), line 34a	35	0
36.	Add amounts in columns (c) and (e), line 34b	36	0
37.	Total income/loss. Ln 35-36	37	0

Note: Line 37 includes totals from Sch E Pt III Attachment. The text to the left of line 37 says, "See Attached" in this case.

PART IV INCOME/LOSS FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS (REMICS)

Line references in the chart below are to Schedule Q.

See IRS instrucs.

MINI-WORKSHEET FOR REMIC INCOME

	From K-1's +	Other Schedule Q's =	Total
Schedule Q Line 1(b)	0		0
Schedule Q Line 2(c)	0		0
Schedule Q Line 3(b)	0		0

38. (a) Name	(b) EIN	(c) Line 2c	(d) Line 1b	(e) Line 3b
		0	0	0
39. Columns (d) and (e)			39	0

PART V SUMMARY

40. Net farm rental income/loss from Form 4835	40	0
41. Total income/loss. To 1040, line 17	41	

Note: Line 41 is the sum of lines 26, 32, 37, 39, and 40.

42. Farmers/fishermen, gross farming/fishing income	42	
---	----	--

Note: You should report on line 42 your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F. See instructions. You will need to complete line 42 MANUALLY.

MINI-WORKSHEET FOR LINE 43, REAL ESTATE PROFESSIONALS

- a. Amounts from Rentals & Royalties Worksheets 0
These amounts carry from column 6 of the Passive Activity Computation chart on those Rentals & Royalties Worksheets on which you indicated that you were a real estate professional.
- b. Other amounts (e.g., K-1's, Form 4797)
Please enter here manually those amounts that we have not included on line a.
- c. Total (line a + line b). Carries to line 43 0

43. Real estate professionals, net income/loss	43	0
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Note: If you were a real estate professional (see Explain This Form), line 43 is for the net income or loss you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules.

Note: You may need to recalculate to get the correct entries to appear on this form.

PART I 2016 PASSIVE ACTIVITY LOSS

Rental Real Estate Activities With Active Participation

1a.	Activities with net income, Worksheet 1, column a	1a	0
1b.	Activities with net loss, Worksheet 1, column b	1b	1,279
1c.	Prior year unallowed losses, Worksheet 1, column c	1c	0
1d.	Combine 1a, 1b, and 1c	1d	-1,279

Commercial Revitalization Deductions from Rental Real Estate

Note: Enter any commercial revitalization deductions on lines 2a and 2b as positive amounts.

2a.	Commercial revitalization deductions from Wksht. 2, col. a	2a	
2b.	Prior year unallowed commercial revitalization deductions from Worksheet 2, col. b	2b	
2c.	Add lines 2a and 2b	2c	0

All Other Passive Activities

3a.	Activities with net income, Worksheet 3, column a	3a	0
3b.	Activities with net loss, Worksheet 3, column b	3b	0
3c.	Prior year unallowed losses, Worksheet 3, column c	3c	0
3d.	Combine 3a, 3b, and 3c	3d	0

4.	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	-1,279
----	---	---	--------

Note: If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go directly to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go directly to line 15.

PART II SPECIAL ALLOWANCE FOR RENTAL REAL ESTATE ACTIVITIES WITH ACTIVE PARTICIPATION

Note: Enter all numbers in Part II as positive amounts. See the IRS instructions for examples.

Note: If you're married filing separately and lived with your spouse at any point in 2016, we blank out Parts II and III.

5.	Smaller of loss on line 1d or loss on line 4	5	1,279
6.	Enter \$150,000 (\$75,000 if filing separately, lived apart)	6	150,000
7.	Modified adjusted gross income, but not less than zero	7	45,241

CAUTION: The computation of modified AGI is very complex. We've made every effort to calculate it correctly, but the number here still might not be correct for your situation. If you're claiming the special allowance for rental real estate, we suggest you consult the IRS instructions or a tax advisor for help on line 7, especially if line 9 is less than \$25,000.

8.	Line 6 minus line 7 (but not less than zero)	8	104,759
9.	50% of Line 8, but not more than \$25,000 (or \$12,500)	9	25,000

The maximum line 9 amount is \$25,000, unless you're married filing separately and lived apart from your spouse all year, in which case it's \$12,500.

10.	Smaller of line 5 or line 9	10	1,279
-----	---------------------------------------	----	-------

PART III SPECIAL ALLOWANCE FOR COMMERCIAL REVITALIZATION DEDUCTIONS

Note: Enter all numbers in Part III as positive amounts. See the IRS instructions for examples.

11.	Enter \$25,000, reduced by amount, if any, on line 10. If married filing separately, see instructions	11		_____
12.	Loss from line 4	12		_____
13.	Reduce line 12 by amount on line 10	13		_____
14.	Smallest of line 2c (treated as a positive amount), line 11, or line 13	14		_____
<hr/>				
PART IV TOTAL LOSSES ALLOWED				
15.	Line 1a + Line 3a (total passive net income)	15		_____ 0
16.	Total losses allowed from all passive activities for 2016.			
	Sum of lines 10, 14, and 15	16		_____ 1,279

KIA

Note: You may need to recalculate to get the correct entries to appear on this form.

PART I 2016 PASSIVE ACTIVITY LOSS

Rental Real Estate Activities With Active Participation

1a. Activities with net income, Worksheet 1, column a	1a	0
1b. Activities with net loss, Worksheet 1, column b	1b	1,279
1c. Prior year unallowed losses, Worksheet 1, column c	1c	0
1d. Combine 1a, 1b, and 1c	1d	-1,279

Commercial Revitalization Deductions from Rental Real Estate

Note: Enter any commercial revitalization deductions on lines 2a and 2b as positive amounts.

2a. Commercial revitalization deductions from Wksht. 2, col. a	2a	
2b. Prior year unallowed commercial revitalization deductions from Worksheet 2, col. b	2b	
2c. Add lines 2a and 2b	2c	0

All Other Passive Activities

3a. Activities with net income, Worksheet 3, column a	3a	0
3b. Activities with net loss, Worksheet 3, column b	3b	0
3c. Prior year unallowed losses, Worksheet 3, column c	3c	0
3d. Combine 3a, 3b, and 3c	3d	0

4. Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used

4	-1,279
----------	--------

Note: If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go directly to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go directly to line 15.

PART II SPECIAL ALLOWANCE FOR RENTAL REAL ESTATE ACTIVITIES WITH ACTIVE PARTICIPATION

Note: Enter all numbers in Part II as positive amounts. See the IRS instructions for examples.

Note: If you're married filing separately and lived with your spouse at any point in 2016, we blank out Parts II and III.

5. Smaller of loss on line 1d or loss on line 4	5	1,279
6. Enter \$150,000 (\$75,000 if filing separately, lived apart)	6	150,000
7. Modified adjusted gross income, but not less than zero	7	45,241

CAUTION: The computation of modified AGI is very complex. We've made every effort to calculate it correctly, but the number here still might not be correct for your situation. If you're claiming the special allowance for rental real estate, we suggest you consult the IRS instructions or a tax advisor for help on line 7, especially if line 9 is less than \$25,000.

8. Line 6 minus line 7 (but not less than zero)	8	104,759
9. 50% of Line 8, but not more than \$25,000 (or \$12,500)	9	25,000

The maximum line 9 amount is \$25,000, unless you're married filing separately and lived apart from your spouse all year, in which case it's \$12,500.

10. Smaller of line 5 or line 9	10	1,279
--	-----------	-------

PART III SPECIAL ALLOWANCE FOR COMMERCIAL REVITALIZATION DEDUCTIONS

Note: Enter all numbers in Part III as positive amounts. See the IRS instructions for examples.

11.	Enter \$25,000, reduced by amount, if any, on line 10. If married filing separately, see instructions	11		_____
12.	Loss from line 4	12		_____
13.	Reduce line 12 by amount on line 10	13		_____
14.	Smallest of line 2c (treated as a positive amount), line 11, or line 13	14		_____
<hr/>				
PART IV TOTAL LOSSES ALLOWED				
15.	Line 1a + Line 3a (total passive net income)	15		_____ 0
16.	Total losses allowed from all passive activities for 2016.			
	Sum of lines 10, 14, and 15	16		_____ 1,279

KIA

Caution: *The worksheets must be filed with your tax return. Keep a copy for your records.*

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c.

Name of Activity	Current Year	Prior Year	Overall Gain or Loss	
	(a) Net inc. (line 1a)	(b) Net loss (1b)	(c) Unall. loss (1c)	(d) Gain (e) Loss
123 Buncombe Lane Br	0	1,279	0	0
Total	0	1,279	0	

Worksheet 2 - For Form 8582, Lines 2a and 2b

Name of Activity	(a) Crnt year deduct	(b) Prior yr unallowed deduct	(c) Overall loss
Total	0	0	

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c

Name of Activity	Current Year	Prior Year	Overall Gain or Loss	
	(a) Net inc.	(b) Net loss	(c) Unall. loss	(d) Gain (e) Loss
Total				

Worksheet 4 - Use this wrksht if an amount is shown on Fm 8582, ln 10 or 14

Name of Activity	Form/Schedule & Line Number	(a) Loss	(b) Ratio	(c) Spec. Allowance	(d) (a) - (c)
123 Buncombe Lane Br	Sch E, line 22A	1,279	1.0000	1,279	
Total		1,279	1.0000	1,279	0

Worksheet 5 - Allocation of Unallowed Losses

Name of Activity	Form/Schedule & Line Number	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.0000	

MINI-WORKSHEET FOR DISTANCE TEST

a. Number of miles from OLD HOME to NEW WORKPLACE3,837

b. Number of miles from OLD HOME to OLD WORKPLACE5

c. Line a minus line b, not less than 03,832

Note: We "X" the box for the distance test if line c. equals or exceeds 50.

Place an "X" here if the move satisfies the distance testX

Place an "X" here if the move satisfies the time test (see instr.)X

Note: In general, you can't deduct moving expenses if you don't meet both the "distance" test and the "time" test. An exception may apply for members of the Armed Forces.

a. Were you moved as a member of the Armed Forces?

b. If yes, is your move due to a permanent change of station?

MINI-WORKSHEET FOR LINE 1

a. Amount you paid for transporting your belongings4,750

b. Amount you paid for storing your belongings

1. Transportation and storage of household goods and personal effects (see instructions)

14,750

MINI-WORKSHEET FOR LINE 2

a. If you used your own car, choose Standard or actual expenses methodX Standard mileage (\$0.19/mile)Actual expenses (such as gas and oil)

b. Miles driven3,837

c. Standard deduction729

d. Amount of actual expenses (such as gas and oil)

e. All other travel expenses (plane, train, cab, bus fare, and any parking or tolls)

f. Amount you paid for overnight accommodation280

2. Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals

21,009

3. Add lines 1 and 2

35,759

4. Total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2. This amount should be shown in box 12 of your Form W-2 with code P

4500

CHARACTERIZATION OF LINE 4 AMOUNT

a. Amount from line 4 excluded from gross income500

b. Amount from line 4 added to wages

5. Is line 3 more than line 4?

No You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on line 7 of Form 1040.

X Yes Subtract line 4 from line 3. Enter the result here and on line 26 of Form 1040. This is your moving expense deduction

55,259

SUPPORTING FORMS

RE: 2016 Tax Returns

PREPARED FOR: Walter Bunge

SSN: 700-01-0002

PRINTED ON: December 12, 2016

PREPARED USING: H&R Block 2016 [3203]

SUPPORTING FORMS WHICH CAN BE SUBMITTED TO THE IRS

SUPPORTING FORMS IN YOUR RETURN

1. - Background Worksheet - Background Information Worksheet
2. - Last Year's Data Worksheet - Last Year's Data Worksheet
3. - Rentals and Royalties - Rentals and Royalties Worksheet
4. - Health Care Coverage - Health Care Coverage1
5. - Health Care Coverage - Health Care Coverage2
6. - Health Care Summary - Health Care Summary1
7. - Health Care Summary - Health Care Summary2

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

1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

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

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

C/O information, if necessary

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any)883 Scrub Brush Street52B

Your city, state, and ZIP codeLas Vegas, NV 89125

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	700-01-0002	222-43-7690
b. Date of birth (MM/DD/YYYY)	6/1/1960	6/1/1960
c. "X" if legally blind	<input type="checkbox"/>	<input type="checkbox"/>
d. Enter "X" if disabled	<input type="checkbox"/>	<input type="checkbox"/>
e. Occupation	Teacher	Homemaker
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:                      DAN:                      Check number:  
**123404567      123-4567      0101**
  - c. Type of account:  
☒ Checking    ☐ Savings
  - d. Amount to be deposited in first account
  - 2a. Routing Transit Number ("RTN")
  - b. Depositor Account Number ("DAN")

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

---

**Applying Refund to Your 2017 Estimated Tax**

---

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



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

222-43-7690

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)

2

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)

44,017

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

23,417

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)

2,591

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

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

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

2015 Schedule D

15 Used Schedule D Tax Worksheet

☐ Yes ☐ No

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

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

17 Line 19 of Schedule D

18 Line 10 of Schedule D Tax Worksheet

19 Line 19 of Schedule D Tax Worksheet

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

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

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

2015 Form 2555

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

22 Line 46 (yours)

23 Line 48 (yours)

24 Line 46 (spouse's)

25 Line 48 (spouse's)

2015 Form 4136

26 Total fuel tax credit (line 17)

## 2015 Form 4952

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

## 2015 Form 5329

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

## 2015 Form 5405

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

## 2015 Form 5695

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

## 2015 Form 6251

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

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

2016

Walter Bunge

SSN: 700-01-0002

## 2015 Form 8801

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

## 2015 Schedule 8812

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

## 2015 Form 8859

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

## Miscellaneous 2015 Taxes

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

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

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

**Not  
For  
Filing**

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

**Electronic Filing Information**

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

**Amounts Needed for Form 2210**

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

Use this Worksheet to enter information about income and expenses from real estate rentals and from royalties. But do NOT use the Worksheet for any of these special situations (see the Help panel for more information):

- Not-for-profit rentals
- Rentals of personal property (unless the property was leased with real estate)
- Operating oil, gas, or mineral interests
- Your business as a self-employed writer, inventor, artist, etc.

**Commercial Revitalization Deductions:** If you are taking a commercial revitalization deduction, you will probably need to manually complete 8582 Worksheet #2 and will probably need to override amounts in your return. See the instructions to Form 8582 for details.

**Multi-family housing.** If this property is multi-family housing and you lived in one of the units, enter information about the rental property only. **Exception:** You can choose to enter your expenses for the total property, and not just the rental portion. See below for details.

Check whose activity this is:

☐ Taxpayer

☐ Spouse

☐ Both

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

☐ Yes

☐ No

If "Yes," did you or will you file all required Forms 1099?

☒ Yes

☐ No

Check which kind of activity this is:

☒ Rental

☐ Royalty

Type of property:

3

If "Other", description:

I. IDENTIFYING INFORMATION

1a. (Rentals only) Enter the following information about this property:

Check here if the property was located in a foreign country:

☐

Street:

123 Buncombe Lane

City/town:

Brian Head

State:

UT

ZIP:

84719

Country:

Province/state/county:

Postal code:

Check here if you provided significant services with the rental (Ex: maid service, meals):

☐

Note: If you provided significant services, don't enter your rental income and expenses here. Enter them on Schedule C instead.

Check here if you don't own this property:

☐

Percent ownership (if less than 100%):

100.0%

Check here if the property was a dwelling (including a room in your home or a multi-family home):

☒

Check here if the property was your main or second home:

☒

Check here if this was a room in your home, without its own kitchen and bathroom:

☐

Check here if the property was a room in your home, with its own kitchen and bathroom:

☐

Check here if this was a multi-family home you owned, and you lived in one unit:

☐

Note: If either of the two preceding boxes is checked, we assume that there was no personal use of the rental property. You might need to override our calculations if this was not the case.

Check here if your average lease was seven days or less:

☐

If your average lease was seven days or less, check here if you materially participated in this rental activity:

☒

Note: If your average lease was seven days or less, do not check either box IV.3 (real estate professional who materially participated) or box IV.4 (active participation) below.

Check here if you meet the requirements to file as a qualified joint venture (QJV). See IRS instructions for more information:

☐

b. (Royalties only) Enter the name of this activity:

Name: \_\_\_\_\_

**II. DAYS OF USE -- DWELLING**

*(Complete this part only if the rental property is a dwelling.)*

- 1a. Number of days rented at fair rental price (and not personal use) ..... 185
- b. Number of days offered for rent (and not rented, not personal use) .....
- c. Number of days of personal use ..... 15
- i. Number of days included on line c. for which you used property as main home if: (i) you rent or try to rent property at fair rental price for 12 or more consecutive months before or after using as main home; or (ii) you rent or try to rent property at fair rental price for less than 12 consecutive months after using as main home, and period ends because you sell or exchange property ..... \_\_\_\_\_
- ii. Number of days included on line c. for which you used property for personal purposes while it was rented at fair rental price ..... \_\_\_\_\_
- iii. Number of days included on line c. for which you rented the property at less than fair rental price ..... \_\_\_\_\_
- d. Total days owned (or days the property was your home, if the rental was a room without its own kitchen and bathroom and you were not the owner) ..... 366

- e. Check here if the rental unit is a "residence" AND it was rented for less than 15 days ..... ☐

**Note:** If box e is checked, STOP HERE. Don't include in income any of the rental income, and don't deduct any expenses as rental expenses.

- f. Check here if the rental unit is a "residence" AND it was rented for 15 days or more ..... ☐
- g. If box 1f is checked, select an allocation method for itemizable expenses:  
☐ IRS Method ☐ Tax Court method

- h. Percentage for allocation of non-itemizable expenses related to dwelling:  $(1a + 1b)/1d$ , but if  $1c > 0$ , then  $(1a + 1c.ii)/(1a + 1c)$  ..... 92.50%
- i. Percentage for allocation of itemizable expenses: Same as line 1h, but if Tax Court's allocation method chosen, then  $(1a + 1c.ii)/1d$  ..... 92.50%

**III. DAYS OF USE -- NON-DWELLING**

*(Complete this part only if the rental property is NOT a dwelling.)*

- 1a. Number of days rented ..... \_\_\_\_\_
- b. Number of days offered for rent (and not rented, not personal use) ..... \_\_\_\_\_
- c. Total days owned ..... \_\_\_\_\_
- d. Percentage for allocation of expenses related to non-dwelling:  $(1a + 1b)/1c$  ..... 0.00%

**IV. AT-RISK/PASSIVE ACTIVITY QUESTIONS**

1. Check here if you are subject to the at-risk rules and some of your investment is NOT at risk ..... ☐  
*If box 1 is checked, you will need to complete and file Form 6198. Carry the appropriate amount from Form 6198 to line 2.*
2. Amount at risk at end of 2016 (or allowed loss from Form 6198): ..... \_\_\_\_\_

*Skip questions 3 - 7 if this is a royalty.*

3. Check here if you were a "real estate professional" and materially participated in this rental activity in 2016 ..... ☐
4. Check here if you actively participated in this rental activity in 2016 ..... ☒

**Note:** We blank out line 4 if you were married filing separately and lived with your spouse at any time during 2016.

5. Prior year passive loss carryforward amount (or zero) ..... 0
6. Check here if you **totally** disposed of this activity in 2016 ..... ☐
7. Gain or loss on disposition of activity or activity property:
- a. For purposes of regular tax ..... \_\_\_\_\_
- b. For purposes of Alternative Minimum Tax ..... \_\_\_\_\_

**Note:** We use the amounts on line 7 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.

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END OF PAGE 1

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**RENTALS/ROYALTIES**

**WORKSHEET FOR RENTALS AND ROYALTIES**

**2016**

**Multi-use property:** If you rented out part of this property and lived in the other part, check one of these buttons to tell us how to treat your expense entries:

☐ Multiply expenses by rental percentage. Choose this if you want to enter your total expenses for the entire property and have us automatically calculate the correct amount to enter for the rental portion of the property.  
Percent rented ..... %

☐ Do not multiply expenses by rental percentage. Choose this if you want to enter the amount of expenses for the rental portion of the property yourself. We won't make any adjustment to your entry to account for rental vs. non-rental portions of the property.

**Note:** We do not multiply your income, auto and travel, mortgage interest and points, or depreciation by your rental percentage. Make any adjustments to those items required as a result of your rental percentage directly on the Vehicle Worksheet, Mortgage Interest Worksheet, or Depreciation Worksheet.

**Part owners:** If your percentage ownership is greater than 0% and less than 100%, check one of these buttons to tell us how to treat your income and expense entries:

☒ Multiply income/expenses by percentage ownership

☐ Do not multiply income/expenses by percentage ownership

**Note:** We do not multiply your auto and travel, mortgage interest and points, or depreciation by your percentage ownership. Make any adjustments to those items required as a result of your partial ownership directly on the Vehicle Worksheet, Home Mortgage Interest Worksheet (unless you enter your mortgage interest directly on line 12 below, in which case you should make your adjustment there as well), or Depreciation Worksheet.

| V. | INCOME                           | Income/<br>Expense | Ownership<br>Portion | Rental<br>Portion | Amount<br>Allowed |
|----|----------------------------------|--------------------|----------------------|-------------------|-------------------|
| 1. | Rents/royalties received         |                    |                      |                   |                   |
| a. | From 1099-MISC, K-1 .....        |                    |                      |                   |                   |
| b. | Other rent/royalty income .....  | 16,000             |                      |                   |                   |
|    | Advance rent .....               |                    |                      |                   |                   |
|    | Security deposit .....           |                    |                      |                   |                   |
|    | First/last month's rent .....    |                    |                      |                   |                   |
|    | Lease termination .....          |                    |                      |                   |                   |
|    | Tenant-paid expenses .....       |                    |                      |                   |                   |
|    | Property/services for rent ..... |                    |                      |                   |                   |
|    | Total monthly rent in 2016 ..... | 16,000             |                      |                   |                   |
|    | Other tenant payments .....      |                    |                      |                   |                   |
| c. | Total income .....               | 16,000             | 16,000               | 16,000            | 16,000            |

| VI. | EXPENSES                       |       |       |       |       |
|-----|--------------------------------|-------|-------|-------|-------|
| 1.  | Advertising .....              |       | 0     | 0     | 0     |
| 2.  | Auto and travel .....          |       |       |       |       |
| a.  | Std mlg & vehicle exp .....    | 0     |       |       |       |
| b.  | Other auto and travel .....    |       |       |       |       |
| c.  | Total travel .....             | 0     | 0     | 0     | 0     |
| 3.  | Cleaning and maintenance ..... | 3,880 | 3,880 | 3,589 | 3,589 |
| 4.  | Commissions .....              |       | 0     | 0     | 0     |
| 5.  | Depletion .....                |       | 0     | 0     | 0     |
| 6.  | Depreciation .....             | 0     | 0     | 0     | 0     |

**Note:** Depreciation carries from the Depreciation Wksht. Perform any allocations for part-year, etc. there.

|     |                                   |  |   |   |   |
|-----|-----------------------------------|--|---|---|---|
| 7.  | FICA & employment taxes .....     |  | 0 | 0 | 0 |
| 8.  | Insurance .....                   |  | 0 | 0 | 0 |
| 9.  | Legal and professional fees ..... |  | 0 | 0 | 0 |
| 10. | Management fees .....             |  | 0 | 0 | 0 |

|                                                                                                                                                                                |       |       |       |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|-------|
| 11. Non-mortgage interest . . . . .                                                                                                                                            |       | 0     | 0     | 0     |
| 12. Mortgage interest and points . . . . .                                                                                                                                     |       |       |       |       |
| a. Mortgage interest paid to banks and shown on Fm 1098 . . . . .                                                                                                              | 8,600 | 8,600 | 7,955 | 7,955 |
| b. Other mortgage interest . . . . .                                                                                                                                           | 0     | 0     | 0     | 0     |
| c. Points paid to banks and shown on Form 1098 . . . . .                                                                                                                       | 0     | 0     | 0     | 0     |
| d. Other points . . . . .                                                                                                                                                      | 0     | 0     | 0     | 0     |
| 13. Property taxes . . . . .                                                                                                                                                   |       | 0     | 0     | 0     |
| Do you want to enter the personal portion of the property taxes on Schedule A as an itemized deduction?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |       |       |       |       |
| 14. Other taxes . . . . .                                                                                                                                                      |       | 0     | 0     | 0     |
| 15. Repairs . . . . .                                                                                                                                                          |       | 0     | 0     | 0     |
| 16. Supplies for rental activity . . . . .                                                                                                                                     |       | 0     | 0     | 0     |
| 17. Utilities . . . . .                                                                                                                                                        | 1,000 | 1,000 | 925   | 925   |
| 18. Other expenses related just to rental activity . . . . .                                                                                                                   |       |       |       |       |
| Type                                                                                                                                                                           |       | 0     | 0     | 0     |
|                                                                                                                                                                                |       | 0     | 0     | 0     |
| 19. Other expenses related to operating or maintaining prop . . . . .                                                                                                          |       |       |       |       |
| Type                                                                                                                                                                           |       |       |       |       |
| Association dues                                                                                                                                                               | 5,200 | 5,200 | 4,810 | 4,810 |
|                                                                                                                                                                                |       | 0     | 0     | 0     |

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

|                                                                                                                                  |        |        |        |        |
|----------------------------------------------------------------------------------------------------------------------------------|--------|--------|--------|--------|
| <b>Totals (bef passive activity calc)</b>                                                                                        |        |        |        |        |
| 20. Adj. for part-rental prop . . . . .                                                                                          |        |        |        |        |
| <b>Note:</b> The line 20 adjustment is made only if "Multiply expenses by rental percentage" is checked at the top of this page. |        |        |        |        |
| 21. Net income or loss . . . . .                                                                                                 | -2,680 | -2,680 | -1,279 | -1,279 |
| ~~~~~                                                                                                                            |        |        |        |        |
| 22. Amount not deducted for rental activity this year.                                                                           |        |        |        |        |
| Any remaining amounts on this line 22 may be deducted in future years (if the activity is conducted "for profit") . . . . .      |        |        |        | 0      |

END OF PAGE 2



VII. PASSIVE ACTIVITY COMPUTATION

Note: To get the passive activity results, do the following:  
Check the program's entries in (1) through (4), and override if necessary.  
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 Schedule E.  
Note: We set column (2) to "N" if this is a rental with an average lease of 7 days or less.

| (1)<br>Is this a<br>passive<br>activity? | (2)<br>Rental real<br>estate w/ active<br>participation? | (3)<br>Activity's<br>net income<br>or loss | (4)<br>Prior year<br>unallowed<br>loss (or 0) | (5)<br>This year<br>unallowed<br>loss. | (6)<br>Allowed income<br>or loss this<br>year. |
|------------------------------------------|----------------------------------------------------------|--------------------------------------------|-----------------------------------------------|----------------------------------------|------------------------------------------------|
| <u>Y</u>                                 | <u>Y</u>                                                 | <u>-1,279</u>                              | <u>0</u>                                      | <u>0</u>                               | <u>-1,279</u>                                  |

VIII. ALTERNATIVE MINIMUM TAX (AMT) WORKSHEET FOR RENTAL ACTIVITIES

Entries in columns (1) and (2) are the same as above. Column (3) includes Alt Min Tax adjustments from the Depreciation Worksheet. You have to enter the amount in column (4). We calculate columns (5) and (6). The difference between Column (6) in Part VI and Part VII carries to Form 6251.

| (1)<br>Is this a<br>passive<br>activity? | (2)<br>Rental real<br>estate w/ active<br>participation? | (3)<br>Activity's<br>net income<br>or loss | (4)<br>Prior year<br>unallowed<br>loss (or 0) | (5)<br>This year<br>unallowed<br>loss. | (6)<br>Allowed income<br>or loss this<br>year. |
|------------------------------------------|----------------------------------------------------------|--------------------------------------------|-----------------------------------------------|----------------------------------------|------------------------------------------------|
| <u>Y</u>                                 | <u>Y</u>                                                 | <u>-1,279</u>                              | <u>0</u>                                      | <u>0</u>                               | <u>-1,279</u>                                  |

## HEALTH CARE COVERAGE

SSN:

Name of individual: Walter Bunge  
Individual's SSN 700-01-0002  
Individual's date of birth: 6/1/1960

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

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

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

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

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

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

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

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

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

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

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

KIA

Not  
For  
Filing

## HEALTH CARE COVERAGE

Not  
For  
Filing

SSN:

Name of individual: Rebecca Bunge  
Individual's SSN 222-43-7690  
Individual's date of birth: 6/1/1960

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

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

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

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

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

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

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

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

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

KIA

HEALTH CARE COVERAGE SUMMARY

Walter Bunge SSN: 700-01-0002

Information about affected individual:  
Name Walter Bunge  
SSN 700-01-0002  
Date of birth (MM/DD/YYYY) 6/1/1960

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

|     | Covered                             | Not Covered              | Exempt                   | Exemption Certificate Number (Marketplace Only) | Exemption Type (Tax Return Only) |       |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------------------|----------------------------------|-------|
|     |                                     |                          |                          |                                                 | 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

Walter \_\_\_\_\_ Bunge \_\_\_\_\_ SSN: 700-01-0002

## Information about affected individual:

Name ..... Rebecca \_\_\_\_\_ Bunge \_\_\_\_\_

SSN ..... 222-43-7690 \_\_\_\_\_

Date of birth (MM/DD/YYYY) ..... 6/1/1960 \_\_\_\_\_

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

|     | Covered                             | Not Covered              | Exempt                   | Exemption Certificate Number (Marketplace Only) | Exemption Type (Tax Return Only) 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 |                                     |                          |                          |                                                 |                                               |

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:

700-01-0002

☐ 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.

50,500

2. Fed Tax WH

4,800

c. Employer/payer name, address, and zip code:

Name1:

Name2:

Street:

City:

State: ZIP:

☐ Check if foreign address.

Country

Province/state/county

Postal code

3. Soc Sec Wages

4. SocSec Tax WH

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)

Walter

Bunge

☐ Do NOT carry name from Bkgd Wkst

11. Nonqual plans

12. See instrns. Code Amt.

P 500

f. Employee's address and ZIP code

Add1: 883 Scrub Brush Street

Add2:

Apt No. 52B

Town/City Las Vegas

State & ZIP NV 89125

☐ 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 . . . ☐

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

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

|                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| Cash and charge tips <b>equal to \$20 or more</b> 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 <b>less than \$20</b> in a calendar month . . . . . |  |
| <b>Note:</b> 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 . . . . . 500

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 . . . . . 1

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 . . . . .     | <div></div> |
| Actual expenses for Parsonage . . . . .      | <div></div> |
| Actual expenses for utilities . . . . .      | <div></div> |
| Fair Rental Value (FRV) of home . . . . .    | <div></div> |
| FRV of home plus cost of utilities . . . . . | <div></div> |

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