

## COVER PAGE

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

Prepared on: 12/12/2016 07:32:50 am

Return: C:\Users\Smokey\Desktop\Tax\2016 Whittenburg\Chapter 5\Bea Jones 2016 Tax Return.T16

---

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

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

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

#### Step 2. Assemble the return

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

- Schedule A
- Schedule B
- Form 4684

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

Form W-2: Wage and Tax Statement  
1st

#### Step 3. Mail the return

Mail the return to this address:

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

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

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

#### Step 4. Keep a copy

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

- Background Worksheet
- Last Year's Data Worksheet
- Form 1099-INT/OID
- Home Mortgage Interest 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		\$51,790
Adjustments	-	\$0
<b>Adjusted gross income</b>		<b>\$51,790</b>
Deductions	-	\$17,898
Exemption(s)	-	\$4,050
<b>Taxable income</b>		<b>\$29,842</b>

Tax withheld or paid already		\$7,800
Actual tax due	-	\$4,010
Refund applied to next year		\$8

Refund

\$3,790

Frngn 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

Filing Status

1 Single

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

3 Married filing separately

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

5 Qual widow w/dep child

Exemp- 6a Yourself (but NOT if you can be someone's dependent)

tions b Spouse

c Dependents:

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

If > 4 dependents, check here

d Total number of exemptions claimed

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 42,175

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

8a 2,175

Attach copy B 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, W-2G, & 1099-R here.	10	Taxable refunds of state and local income taxes . . . . .		10	0	
	11	Alimony received . . . . .		11	7,440	
	12	Business income or loss. Attach Sched C or C-EZ . . . . .		12	0	
	13	Capital gain/loss . . . . . <input type="checkbox"/>		13	0	
	14	Other gains or losses. Attach Form 4797 . . . . .		14		
	15a	IRA's . . . . .	15a	b Taxbl	15b	0
	16a	Pension,annuities . . . . .	16a	b Taxbl	16b	0
	17	Rent, royalty, partnership, S corp, trust (Sch E) . . . . .		17		
	18	Farm income or loss. Attach Schedule F . . . . .		18	0	
	19	Unemploy compensation . . . . .		19		
	20a	Soc Sec benefits . . . . .	20a	b Taxable . . . . .	20b	
	21	Other income (type and amt) . . . . .		21	0	
	22	Combine lines 7 through 21. Your <b>total income</b> . . . . .		22	51,790	
Adjusted	23	Educator expenses . . . . .	23			

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

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

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

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

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

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

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

<b>Income</b>	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 <b>adjusted gross income</b> . . . . . ▶	37	51,790

**KIA**

---

END OF PAGE 1

Not  
For  
Filing

Tax and 38 Amount from line 37 (adjusted gross income) 38 51,790

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) 6,300

b. Itemized deductions (from Schedule A) 17,898

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 17,898

40 Itemized deductions or standard deduction 40 17,898

Check here if you itemized

41 Subtract line 40 from line 38 41 33,892

MINI-WORKSHEET FOR PERSONAL EXEMPTIONS

a. Is amount on line 38 more than amount shown below on line d for your filing status?

No. Stop. Multiply \$4,000 by line 6d and enter result on line 42.

Yes. Continue.

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

c. Amount on Line 38

d. Ceiling amount

Married filing jointly or Qualifying widow(er) 311,300

Married filing separately 155,650

Single 259,400

Head of household 285,350

e. Line c minus line d

f. Is line e more than \$122,500 (\$61,250 if married filing separately)?

Yes. Stop. Enter -0- on line 42.

No. Divide line e by \$2,500 (\$1,250 if married filing separately)

g. Line f multiplied by 2% (.02)

Note: We limit line g to 1.00.

h. Line b multiplied by line g

i. Deduction for exemptions.

Line b minus line h (to line 42)

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

43 Taxable income. Ln 41 minus 42 (not less than 0) 43 29,842

FOREIGN EARNED INCOME TAX WORKSHEET

a. Form 1040, line 43

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

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

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

e. Combine lines a and d

f. Tax on line e

g. Tax on line d

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

44	<b>Tax.</b> See instr. Check if total includes tax from <b>a</b> <input type="checkbox"/> 8814 <b>b</b> <input type="checkbox"/> 4972 <b>c</b> <input type="checkbox"/> _____	44	4,010
45	<b>Alternative minimum tax.</b> (Form 6251) . . . . .	45	0
46	Excess adv prem tax cr repmt. Attach Form 8962 . . . . .	46	
47	Add lines 44, 45, and 46 . . . . .	47	4,010

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

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

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

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

53	Residential energy crdts (Fm 5695) . . . . .	53	
54	Other credits. Check: <b>a</b> <input type="checkbox"/> Fm 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> Specify _____	54	0
55	Add lines 48 through 54. Your <b>total credits</b> . . . . .	55	0
56	Subtract line 55 from line 47 (not less than 0) . . . . .	56	4,010

<b>Other Taxes</b>	57	Self-employment tax. (Sched SE) . . . . .	57	0
	58	Unreported tax from: <b>a</b> <input type="checkbox"/> Fm 4137 <b>b</b> <input type="checkbox"/> Fm 8919	58	0
	59	Tax on IRAs, qualified plans, etc. (Form 5329) . . . . .	59	0
	60a	Household employment taxes from Schedule H . . . . .	60a	0
	60b	First-time homebuyer credit repayment. Form 5405 . . . . .	60b	0
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code _____	62	0
	63	Lns 56 to 62. <b>Total tax</b> . . . . .	63	4,010

**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) . . . . . 7,800
- c.** Add'l Medicare tax withholding from Form 8959 . . . . . 0
- d.** Total federal tax withheld (to line 64) . . . . . 7,800

<b>Pay-ments</b>	64	Federal income tax withheld . . . . .	64	7,800
	65	2016 est tax + amt from 15 return . . . . .	65	0
	66a	EIC . . . . .	66a	
	66b	Nontax combat pay . . . . .	66b	
	67	Add'l chld tax cr. Attach Sch 8812 . . . . .	67	
	68	American opp crdt, Fm 8863, ln 8 . . . . .	68	
	69	Net prem tax cr. Attach Form 8962 . . . . .	69	
	70	Amt pd with extension request . . . . .	70	

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

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

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

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

g. Total on line f. Carry to ln 71 .....TOTAL: 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 .....
- c. Total for line 73 ..... 0

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

74 Lines 64, 65, 66a, 67 - 73. **Total payments** ..... 74 7,800

**Refund** 75 If line 74 is larger than line 63, amt **overpaid** ..... 75 3,790

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

Check if Form 8888 is attached: ☐ 76a 3,790

deposit? 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 \_\_\_\_\_

**Keep a** Preparer name \_\_\_\_\_ Preparer signature \_\_\_\_\_ Date \_\_\_\_\_ Self-empl? ☐ PTIN \_\_\_\_\_

**copy for** Firm's name \_\_\_\_\_ Firm's EIN \_\_\_\_\_

**your** Firm's address \_\_\_\_\_ Ph \_\_\_\_\_

**records.**

END OF FORM



**Note:** If you and your spouse paid expenses jointly and are filing separate returns for 2016, see IRS Publication 504 to figure the portion of joint expenses that you can claim as itemized deductions.

**CAUTION:** Don't include medical expenses reimbursed or paid by others.  
If you are a retired public safety officer, do not include premiums you paid to the extent they were paid for with a tax-free distribution from your retirement plan.

MINI-WORKSHEET FOR LINE 1,  
MEDICAL EXPENSES  
(MILEAGE AND TRANSPORTATION)

a. Miles driven for medical purposes:

i. Miles driven between 1/1 and 12/31

ii. Deductible amount

0

b. Other transportation and lodging for treatment

c. Total medical mileage and transportation.

Line a.ii + line b. Include on line 1

0

MINI-WORKSHEET FOR LINE 1,  
MEDICAL EXPENSES  
(OTHER THAN MILEAGE AND TRANSPORTATION)

a. Self-employed health ins premium (from 1040)

b. Medicare Part B and D

0

c. Other Insurance

d. Doctors, dentists, and other care providers

2,564

e. Prescriptions and insulin

f. Tests and lab fees

g. Hospitalization

3,250

h. Medical aids and devices

i. Other eligible expenses not previously entered

720

j. Total. Include on line 1

6,534

MEDICAL	1.	Medical and dental expenses (See instructions.)	1	6,534	
AND	2.	Amount on 1040, line 38	2	51,790	

MINI-WORKSHEET FOR LINE 3,  
AGE 65 OR OVER

a. Check here if you were born before January 2, 1952

☐

b. Check here if your spouse was born before January 2, 1952

☐

DENTAL	3.	Amount on line 2 times 10% (7.5% if you or your spouse was born before Jan. 2, 1952)	3	5,179	
EXPENSES	4.	Line 1 minus line 3, but not less than zero	4	1,355	

MINI-WORKSHEET FOR LINE 5,  
STATE AND LOCAL INCOME TAXES

a. Taxes withheld (W-2, W-2G, 1099-B, 1099-K, 1099-R, 1099-G, 1099-DIV, 1099-INT, 1099-OID, 1099-MISC)

0

b. Tax payments from State and Local Tax Payments Worksheet

0

c. Total state and local taxes (a+b) for line 5

0

MINI-WORKSHEET FOR LINE 5,  
STATE AND LOCAL SALES TAXES

a. General sales taxes paid in 2016 on motor vehicles and other major purchases:

i. Sales tax for major purchase 1

ii. Sales tax for major purchase 2

iii. Sales tax for major purchase 3

iv. Sales tax for major purchase 4

Total sales tax on major purchases

0

b. Other general sales taxes paid in 2016 ..... 820

c. Information for IRS Optional Sales Tax Tables

i. Number of exemptions ..... 1

ii. Adjusted gross income ..... 51,790

iii. Tax-exempt interest,  
nontaxable social security and  
railroad retirement benefits ..... 0

iv. Other nontaxable income (not  
including rollovers) .....

v. Total available income ..... 51,790

vi. States of residence:

(1) State at year-end ..... FL

Locality ....

State general sales tax rate ..... 6.0000 %

**CA & NV:** If your total sales tax rate is  
higher when shopping at local stores, enter  
the higher total sales tax rate on the  
following line.

Local general sales tax rate ..... %

(2) Other state .....

Dates of residence in other state:

From 01/01/2016 to .....

Locality ....

State general sales tax rate ..... %

**CA & NV:** If your total sales tax rate is  
higher when shopping at local stores, enter  
the higher total sales tax rate on the  
following line.

Local general sales tax rate ..... %

d. Total from tables ..... 607

e. Larger of line b. or line d. .... 820

f. Total sales tax for deduction  
(line a + line e) ..... 820

**TAXES** 5. State and local (check only one box) ..... 5 | 820 |

a. ☐ Income taxes, or

b. ☒ General sales taxes

**MINI-WORKSHEET FOR LINE 6,  
REAL ESTATE TAXES**

a. Property tax from Rentals and Royalties Wksht ..... 0

b. Property tax from Forms 8829 for Sch C ..... 0

c. Property tax from Forms 1098 ..... 0

d. Other real estate taxes you paid:

i. Amount #1 ..... 3,233

ii. Amount #2 .....

iii. Amount #3 .....

e. Total real estate taxes (a+b+c+d) for line 6 ..... 3,233

**YOU** 6. Real estate taxes ..... 6 | 3,233 |

**MINI-WORKSHEET FOR LINE 7,  
PERSONAL PROPERTY TAXES**

a. Personal property taxes from Vehicle Wksht ..... 0

b. Vehicle tax amount #1 .....

c. Vehicle tax amount #2 .....

d. Other personal property taxes you paid .....

e. Total pers. prop. taxes (a+b+c+d) for ln 7 ..... 0

**PAID** 7. Personal property taxes ..... 7 | 0 |

**MINI-WORKSHEET FOR LINE 8,  
OTHER TAXES**

a. Other taxes from Rentals & Royalties, K-1 ..... 0

b. Occupational taxes. Amount carried to miscellaneous  
itemized expenses on line 23 .....

c. Other taxes you paid .....

**Note:** Do NOT enter any foreign taxes here if the  
total amount entered (or to be entered) on your  
1040 is and K-1 is \$200 or less (\$200 or less if

1099's and K-1's is \$300 or less (\$600 or less if filing jointly). If your foreign taxes are less than those amounts, we automatically carry the total to Form 1040 as a credit.

d. Total other taxes (a+c) for line 8 ..... 0

8. Other taxes (list type and amount)

8 0

9. Sum of lines 5 through 8. Total taxes ..... 9 4,053

**Note:** Report on line 10 only interest that was reported to you on a Form 1098. Report other mortgage interest on lines 11 and 12.

**MINI-WORKSHEET FOR LINE 10,  
HOME MORTGAGE INTEREST FROM FORM 1098**

a. Interest and points shown on a Form 1098 ..... 8,780  
b. Less int/pts alloc'd through Rent/Rylyt Wksht ..... 0  
c. Less int/pts for home office on Sch. C ..... 0  
d. Less int/pts for farm bus. on Sch. F ..... 0  
e. Less mortgage interest credit (Form 8396) ..... 0  
f. Total home mortgage interest for Ln 10 ..... 8,780

**INTEREST** 10. Interest and points shown on Form 1098 ..... 10 8,780

**MINI-WORKSHEET FOR LINE 11,  
HOME MORTGAGE INTEREST NOT FROM FORM 1098**

a. Interest from Wksts not shown on a Form 1098 ..... 0  
b. Less interest alloc'd through Rent/Rylyt Wkst ..... 0  
c. Less interest for home office on Sch. C ..... 0  
d. Less interest for farm bus. on Sch. F ..... 0  
e. Less mortgage interest credit (Form 8396) ..... 0  
f. Total mortgage interest not on Form 1098 ..... 0

**YOU** 11. Other home mortgage interest.

**PAID**

Mtg. interest deduction may be limited.

Payee name, identifying #, address

11 0

**MINI-WORKSHEET FOR LINE 12,  
POINTS NOT REPORTED ON FORM 1098**

a. Other points (not Form 1098 box 2) from Home Mortgage Interest worksheets ..... 0  
b. Less points alloc'd through Rent/Rylyt Wksht ..... 0  
c. Less points for home office on Sch. C ..... 0  
d. Less points for farm bus. on Sch. F ..... 0  
e. Total deductible points (to line 12) ..... 0

12. Points not reported to you on Fm 1098 ..... 12 0

**MINI-WORKSHEET FOR LINE 13,  
MORTGAGE INSURANCE PREMIUMS**

a. Qualified mortgage insurance premiums ..... 0  
b. Less premiums allocated through Rentals/Royalties Worksheet ..... 0  
c. Less premiums for home office on Sch. C ..... 0  
d. Less premiums for farm bus. on Sch. F ..... 0  
e. Total premiums before phaseout ..... 0  
f. Form 1040, line 38 ..... 51,790  
g. \$100,000 (\$50,000 if married filing sep) ..... 100,000  
h. Is line f. more than line g?  
☒ **No.** Enter amount from line e. on line 13.  
☐ **Yes.** Line f. minus line g. If result is not a multiple of \$1,000 (\$500 if married filing sep), increase it to next multiple of \$1,000 (\$500 if married filing sep) .....  
i. Line h. divided by \$10,000 (\$5,000 if married filing sep), not more than 1.0 .....  
j. Line e. times line i .....  
k. Qualified mortgage insurance premiums deduction. Line e. minus line j. To line 13 ..... 0

13. Mortgage insurance premiums ..... **13** 0

**Alternative Minimum Tax (AMT) Adjustments**

- a. Home mortgage interest (lines 10-13) from post-6/30/82 debt NOT used to buy, build, etc. your "main home" or second home ..... 0
- b. Home mortgage interest (lines 10-13) from pre-7/1/82 debt which was not used to buy, build, etc. your "main home" or second home AND which was not secured by your "main home" or second home when the mortgage was taken out ..... 0
- c. Interest on a mortgage used to refinance to the extent the refinancing proceeds exceeded balance on refinanced mortgage ..... 0
- d. Total (a+b+c) added to line 4, Form 6251 ..... 0

**Line 14: Form 4952 Not Needed?**

Please check this box if you don't need to file Form 4952 (See IRS instructions) ..... ☐

Then enter the amount of your deductible investment interest on Line 14 below.

14. Deductible investment interest (4952) ..... **14** 0

15. Sum of lines 10 to 14. Total interest ..... **15** 8,780

**GIFTS TO** 16. Gifts by cash or check ..... **16** 0

17. Other than cash (Fm 8283 if over \$500) ..... **17** 0

**Note:** If any gift is \$250 or more, see the IRS instructions.

**CHARITY** 18. Carryover from prior year ..... **18** 0

19. Sum of lines 16 - 18 ..... **19** 0

**Note:** The amount on line 19 above comes from line 4 of Part VI of our Charitable Donations Worksheet.

**CASUALTY**

**AND LOSS** 20. Casualty or theft loss(es). (Form 4684) ..... **20** 2,421

**MINI-WORKSHEET FOR LINE 21,  
EMPLOYEE BUSINESS EXPENSES**

**Note:** Don't include on lines a. or b. below any educator expenses you claimed on Form 1040, line 23, or tuition and fees deduction you claimed on Form 1040, line 34.

- a. Unreimbursed employee expenses from Form 2106 and Form 2106-EZ ..... 0
- b. If no Form 2106 or 2106-EZ, enter ordinary and necessary unreimbursed employee business expenses here ..... 1,725
- If you are filing electronically, enter a description of the expenses that appear on line b ..... 0
- c. Total unreimbursed expenses (to line 21) ..... 1,725

**JOB EXPENSES** 21. Unreimbursed employee expenses-- job travel, dues. (Form 2106, 2106-EZ) ..... **21** 1,725

Description ► Job-hunting expenses 925

Union dues 800

22. Tax preparation fees ..... **22** 600

**MINI-WORKSHEET FOR LINE 23,  
MISCELLANEOUS EXPENSES SUBJECT TO 2% LIMIT**

- a. Safe-deposit box fees ..... 0
- b. Legal expenses for production of income ..... 0
- c. Investment exps from 1099-DIV, -INT, -OID ..... 0
- d. Other investment expenses ..... 0
- e. Hobby loss expenses ..... 0
- f. Fees, subscriptions, tools ..... 0
- g. Losses in a bank failure ..... 0
- h. Miscellaneous itemized deductions from K-1 ..... 0

- i. Casualty, 4684, ln 32, 38b; 4797, ln 18a ..... 0  
**Note:** See Form 4684 and Form 4797  
for more detailed information about the  
amounts that we carry to line 23i.  
j. Depreciation and vehicle expenses ..... 0  
k. Occupational taxes from mini-worksheet  
for line 8 .....  
l. Convenience fee charged when paying taxes  
by credit or debit card .....  
m. Other misc deductions subject to 2% limit .....  
n. Total misc deductions (for line 23) ..... 0

AND CERTAIN	23.	Other (describe):		23	0
MISCEL-	24.	Sum of lines 21 to 23		24	2,325
LANEOUS	25.	Amount from 1040, line 38	25	51,790	
DEDUC-	26.	2% of the amount on line 25	26	1,036	
TIONS	27.	Line 24 - line 26 (but not less than zero)	27	1,289	

**MINI-WORKSHEET FOR LINE 28,  
OTHER MISC EXPENSES**

- a. Gambling losses (not more than winnings) .....  
b. Gambling losses from K-1's ..... 0  
**Note:** Gambling losses can be deducted  
only to the extent of gambling winnings.  
If losses are too high, adjust them.  
c. Estate tax paid on "IRD" from Schedule K-1  
(Form 1041) ..... 0  
d. Other estate tax paid on "IRD" .....  
e. Total estate tax paid on "IRD" (c + d) ..... 0  
f. Repayments under a claim of right (>3000) .....  
g. Unrecovered investment in pension .....  
h. Impairment-related work expenses ..... 0  
i. Amortization of certain bond premiums .....  
j. Ordinary loss attributable to contingent  
payment debt instrument or inflation-  
indexed debt instrument .....  
k. Casualty, 4684, ln 32, 38b; 4797, ln 18a ..... 0  
**Note:** See Form 4684 and Form 4797  
for more detailed information about the  
amounts that we carry to line 28k.  
l. Total (lines a through k) (to line 28) ..... 0

OTHER MISC. DEDUCTIONS	28.	Other misc. deductions. List type and amount		28	0
------------------------------	-----	--	--	----	---

29. Is Form 1040, line 38, over \$155,650?  
☒ **No.** Your deduction is not limited.  
Add amounts in far right column for  
lines 4 - 28. To Form 1040, line 40.  
☐ **Yes.** Your deduction may be limited.  
See Mini-Worksheet, below.

29 17,898

**MINI-WORKSHEET FOR LINE 29,  
ITEMIZED DEDUCTIONS**

- a. Sum of amounts on lines 4, 9, 15, 19, 20,  
27, and 28 .....  
b. Sum of amounts on lines 4, 14, and 20, plus  
gambling and casualty or theft losses from  
line 28 mini-worksheet .....  
c. Line a minus line b .....  
d. Line c multiplied by 80% (.80) .....  
e. Amount on line 38, Form 1040.....  
f. Threshold amount .....  
    • Single: \$259,400  
    • Married filing joint/  
    • qualifying widow(er): \$311,300

- Married filing sep \$155,650
- Head of household: \$285,350

**g.** Line e minus f (not less than 0) . . . . . \_\_\_\_\_  
**h.** Line g multiplied by 3% (.03) . . . . . \_\_\_\_\_  
**i.** Smaller of lines d and h . . . . . \_\_\_\_\_  
**j.** Line a minus line i. (to line 29) . . . . . \_\_\_\_\_

**Note:** Line 29 is carried to a worksheet on Form 1040 above line 40.

**30.** Check if itemizing even though less than std ded

☐

KIA



**Note:** If line 6 is over \$1,500, you must also complete Part III.

Not  
For  
Filing

**PART III FOREIGN ACCOUNTS AND TRUSTS**

**MINI-WORKSHEET FOR PART III  
FOREIGN ACCOUNTS AND TRUSTS**

During 2016, did you have a financial interest in or signature authority over a financial account located in a foreign country or ownership or authority over foreign financial assets? . . . . . ☐ **Y** ☒ **N**

**7a.** At any time during 2016, did you have a financial interest in or signature authority over a financial account, such as a bank account, securities account, or brokerage account located in a foreign country? See instructions . . . . . ☐ **Y** ☒ **N**

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

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

Name of country . . . . .   
Name of country . . . . .   
Name of country . . . . .

During 2016, did you have ownership or authority over foreign financial assets worth \$50,000 or more? . . . . . ☐ **Y** ☒ **N**

**Note:** If you check Yes, you must file Form 8938 with your return. ☐ **Y** ☐ **N**

**8.** During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520 . . . . . ☐ **Y** ☒ **N**

**KIA**



SECTION A-PERSONAL USE PROPERTY

Use Section A for casualties and thefts of personal use property and Section B for business and income-producing property.

1. Description of Properties (Show type, location, and date acquired). Use one line for each property lost or damaged from same casualty or theft.

**Note:** Check this box if more than four properties were lost or damaged, in which case you need to attach a statement to your return ☐

Prop A:	Diamond ring	Location:	Personal residence	Date acq	07/01/04
Prop B:		Location:		Date acq	
Prop C:		Location:		Date acq	
Prop D:		Location:		Date acq	

		Properties			
		A	B	C	D
2. Cost or other basis . . . . .	2	7,700			
3. Insurance, reimbursements . . . . .	3				
Include on line 3 insurance available, even if no claim was submitted. If line 3 includes an amount you did not receive, see IRS instructions. <b>Note:</b> If line 2 is more than line 3, skip line 4.					
4. Gain from casualty/theft . . . . .	4	0	0	0	0
Line 4 is line 3 - line 2. If line 4 is greater than zero, skip lines 5 to 9. See IRS instructions if line 3 includes insurance or reimbursement you did not claim or if you received payment for your loss in a later tax year.					
5. FMV before casualty/theft . . . . .	5	11,000			
6. FMV after casualty/theft . . . . .	6	0			
Enter fair market value (FMV) of property on lines 5 and 6. See IRS instr.					
7. Line 5 - line 6 . . . . .	7	11,000	0	0	0
8. <b>Smaller</b> of ln 2 or ln 7 . . . . .	8	7,700	0	0	0
9. Line 8-line 3 (not < 0) . . . . .	9	7,700	0	0	0
10. Casualty or theft loss. Add all amounts from line 9 . . . . .	10	7,700			
11. Enter the <b>smaller</b> of line 10 or \$100 . . . . .	11	100			
12. Line 10 - line 11 . . . . .	12	7,600			
13. Add the line 12 amounts from all Forms 4684 . . . . .	13	7,600			
14. Combine the line 4 amounts from all Forms 4684 . . . . .	14	0			
15. Line 14 - line 13 (but not less than zero) . . . . .	15	0			

If line 15 is greater than zero, manually carry to Schedule D, and don't complete the rest of this section. Otherwise, complete lines 16 and 17.

**Collectibles Gain or Loss on Line 4**  
If line 15 is more than zero, include any collectibles gain or loss from line 4 on line c.i of the Mini-Worksheet for Line 18 on Schedule D.

16. Line 13 - line 14 (but not less than zero) . . . . .	16	7,600
17. 10% of adjusted gross income (Form 1040, line 38) . . . . .	17	5,179
18. Line 16 - line 17 (but not less than zero) . . . . .	18	2,421

We carry the amount on line 18 to Schedule A, line 20.

SECTION B--BUSINESS AND INCOME-PRODUCING PROPERTY

Use Section B for casualties and thefts of trade or business, or income-producing, property. For losses in a passive activity, see IRS instrucs.

PART I CASUALTY OR THEFT GAIN OR LOSS (Use a separate Part I for each casualty or theft.)

19. Description of Properties (Show type, location, and date acquired). Use one line for each property lost or damaged from same casualty or theft.  
**See instructions if claiming a loss due to a Ponzi-type investment scheme and Section C is not completed.**  
**Note:** Check this box if more than four properties were lost or damaged, in which case you need to attach a statement to your return ☐

Prop A:

Location:

Date acq

Prop B:

Location:

Date acq

Prop C:

Location:

Date acq

Prop D:

Location:

Date acq

**Note:** Partners and S corporation shareholders who receive a Schedule K-1 that reports a theft or casualty loss on property for which depreciation was passed through to the partners or shareholders should see the instructions on Form 4797 for details on how to figure the amount to enter on Form 4684, Line 20.

		Properties			
		A	B	C	D
20.	Cost or other basis . . . . .	20			
21.	Insurance, reimbursements . . . . .	21			
Include on line 21 insurance available, even if no claim was submitted. If line 21 includes an amount you did not receive, see IRS instructions. <b>Note:</b> If line 20 is more than line 21, skip line 22.					
22.	Gain from casualty/theft . . . . .	22	0	0	0
If line 22 is greater than zero: <b>a)</b> Skip lines 23 through 27; <b>b)</b> See IRS instructions for line 33. See IRS instructions for line 4 if line 21 includes amounts you did not claim, or if payment was in a later year.					
23.	FMV before casualty/theft . . . . .	23			
24.	FMV after casualty/theft . . . . .	24			
Enter fair market value (FMV) of prop on lines 23 and 24. See IRS instr.					
25.	Line 23 - line 24 . . . . .	25	0	0	0
Was prop totally destroyed/lost? (If Y, ln 20 carries to ln 26.) . . . . .					

Choose one activity for ea prop				
Business, rental or royalty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property was my home office . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. **Smaller** of ln 20 or ln 25 . . . . . 26 0 0 0 0

**NOTE:** If Line 24 equals zero, Line 26 equals the amount on Line 20

27. Line 26 - line 21 . . . . . 27 0 0 0 0

**NOTE:** For a home office, Line 27 equals Form 8829, Line 34.

28. Casualty or theft loss. Sum of amounts from all lines 27 . . . . . 28 0

**NOTE:** We carry the numbers from Part I above to the appropriate lines of Part II, below. If you have more than one copy of Form 4684, we enter all the data from Part I of all copies to Part II of Copy #1.

PART II SUMMARY OF GAINS AND LOSSES (from separate Parts I)

(a) Identify casualty or theft Prop. Held 1 Year or Less (Lines 29 to 32).	(b) Losses		(c) Gains
	(i)	(ii)	
Identify casualty or theft	Trade,bus. rental, or royalty	Income- producing property	Gains includible in income
29.	0	0	0
30. Totals of amounts on line 29	30 0	0	0

31. Line 30, column (c) minus (b)(i). To Form 4797, line 14 ..... **31** 0

**Note:** See Instructions regarding when to enter Ln 31 amount and/or the wording "Form 4684" directly onto page 1 of your tax return.

If the amount on line 32 includes any amount from property used as an employee, enter the amount from property used as an employee on line 32A below. We'll enter the amount from line 32A on Schedule A, line 23, and the balance (i.e., the difference between line 32A and line 32) on Schedule A, line 28.

32. Amount from Line 30, col.(b)(ii). To Sched A, ln 23.or 28 ..... **32** 0

**32A.** Part of line 32 from property used as an employee ..... **32A** 0

Prop. Held > 1 Year (Lines 33 thru 39).		(i)	(ii)	Gains
Identify casualty or theft		Trade,bus. rental, royalty	Income- producing property	Gains includible in income
33.	Casualty or theft gains from Form 4797, line 32 .....			<b>33</b> 0
34.		0	0	0
35.	Losses. Ln 34, col's (b)(i), (b)(ii) .....	0	0	
36.	Gains. Lines 33 and 34, column (c) .....			<b>36</b> 0
37.	Line 35, columns (b)(i) and (b)(ii) .....			<b>37</b> 0

If the loss on line 37 is **larger** than the gain on line 36, complete lines 38a and 38b below. Otherwise, complete line 39 below.

38a. Line 35, column (b)(i) and line 36. To Form 4797 line 14 ..... **38a** 0

**Note:** See Instructions regarding when to enter Ln 38 amount and/or the wording "Form 4684" directly onto page 1 of your tax return.

If the amount on line 38b includes any amount from property used as an employee, enter the amount from property used as an employee on line 38b(A) below. We'll enter the amount from line 38b(A) on Schedule A, line 23, and the balance (i.e., the difference between line 38b(A) and line 38b) on Schedule A, line 28.

38b. Line 35, column (b)(ii). To Schedule A, line 23 or 28 ..... **38b** 0

**38b(A).** Part of line 38b from property used as an employee ..... 0

39. Line 36 - line 37. To Form 4797, line 3 ..... **39** 0

#### ALTERNATIVE MINIMUM TAX (AMT) WORKSHEET FOR FORM 4684

Recomputed gain or loss (Form 6251, Line 17) -- We carry the difference between your regular gain or loss for an asset and your AMT gain or loss to Form 6251, line 17. Enter amounts in ALL columns, except columns (4), (5), and (7). Column (2) is the original, unadjusted basis.

##### Property held for the **PRODUCTION OF INCOME**

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Gross Sales price	Cost or other basis	AMT basis adjustmnts eg, deprec	Adjusted basis for AMT (2-3)	AMT Gain or loss (1-4)	Gain or loss for Reg. Tax	AMT adjust-ment, Form 6251 ln 17
			0	0		0
			0	0		0
			0	0		0

##### Property used in a **TRADE OR BUSINESS**

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Gross Sales price	Cost or other basis	AMT basis adjustmnts eg, deprec	Adjusted basis for AMT (2-3)	AMT Gain or loss (1-4)	Gain or loss for Reg. Tax	AMT adjust-ment, Form 6251 ln 17
			0	0		0
			0	0		0
			0	0		0

KIA  
END OF PAGE 2

**SECTION C--THEFT LOSS DEDUCTION FOR PONZI-TYPE INVESTMENT SCHEME USING THE PROCEDURES IN REVENUE PROCEDURE 2009-20** (Complete this section in lieu of

**PROCEDURES IN REVENUE PROCEDURE 2009-20** (Complete this section in lieu of Appendix A in Revenue Procedure 2009-20. See instructions.)

## PART I COMPUTATION OF DEDUCTION

40.	Initial investment . . . . .	40	
41.	Subsequent investments (see instructions) . . . . .	41	
42.	Income reported on your tax returns for tax years prior to the discovery year . . . . .	42	
43.	Add lines 40, 41 and 42 . . . . .	43	
44.	Withdrawals for all years (see instructions) . . . . .	44	
45.	Subtract line 44 from line 43. This is your total qualified investment . . . . .	45	
	If you have <b>no</b> potential third-party recovery, check here . . . . .		<input type="checkbox"/>
	If you have potential third-party recovery, check here . . . . .		<input type="checkbox"/>
46.	Enter .95 (95%) if you have no potential third-party recovery. Enter .75 (75%) if you have potential third party recovery . . . . .	46	
47.	Multiply line 46 by line 45 . . . . .	47	
48.	Actual recovery . . . . .	48	
49.	Potential insurance/Securities Investor Protection Corporation (SIPC) recovery . . . . .	49	
50.	Add lines 48 and 49. This is your total recovery . . . . .	50	
51.	Line 47 - line 50. This is your deductible theft loss. Include this amount on line 28 of Section B, Part I. Do not complete lines 19-27 for this loss. Then complete Section B, Part II . . . . .	51	

**MINI-WORKSHEET FOR LINE 51**

## HOLDING PERIOD FOR DEDUCTIBLE THEFT LOSS

- a. Enter the portion of the loss on line 51 that has a short-term holding period (held one year or less) . . . . .
- b. Portion of the loss on line 51 that has a long-term holding period (held more than one year). Line 51 less line a . . . . .

**PART II REQUIRED STATEMENTS AND DECLARATIONS** (See instructions)

- I am claiming a theft loss deduction pursuant to Revenue Procedure 2009-20 from a specified fraudulent arrangement conducted by the following individual or entity.

☒ Check here if this is an individual☐ Check here if this is an entity

Individual:

Name

SSN (if known)

Entity:

Name \_\_\_\_\_

EIN (if known)

Address:

☐ Check here if this is a Foreign address.

Street . . . . .

City, state, and ZIP code . . . . . ,

Foreign:

Street . . . . .

City and province (or state) \_\_\_\_\_,

Foreign country and postal code .....

- I have written documentation to support the amounts reported in Part I of this Section C.
- I am a qualified investor as defined in section 4.03 of Revenue Procedure 2009-20.
- If I have determined the amount of my theft loss deduction using .95 on line 46 above, I declare that I have not pursued and do not intend to pursue any potential third-party recovery, as that term is defined in section 4.10 of Revenue Procedure 2009-20.
- I agree to comply with the conditions and agreements set forth in Revenue Procedure 2009-20 and this Section C.

- If I have already filed a return or amended return that does not satisfy the conditions in section 6.02 of Revenue Procedure 2009-20, I agree to all adjustments or actions that are necessary to comply with those conditions. The tax year(s) for which I filed the return(s) or amended return(s) and the date(s) on which they were filed are as follows.

---

---

---

---

## **SUPPORTING FORMS**

**RE:** 2016 Tax Returns

**PREPARED FOR:** Bea Jones

**SSN:** 466-78-7359

**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. - Form 1099-INT/OID - Interest Income Worksheet
4. - Home Mortgage Interest Worksheet - Home Mortgage Interest Worksheet
5. - Health Care Coverage - Health Care Coverage
6. - Health Care Summary - Health Care Summary

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

1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

Your name (first, MI, last, Jr/III) . . . . .Bea . . . . . Jones . . . . .

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

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

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any) . . . . .654 Ocean Way . . . . .

Your city, state, and ZIP code . . . . .Gulfport . . . . ., FL 33707 . . . . .

Foreign country . . . . .

Foreign province/state/county . . . . .

Foreign postal code . . . . .

Domestic telephone number (daytime) . . . . .

Foreign telephone number (daytime) . . . . .

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

Email address . . . . .

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

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

Taxpayer 6-digit IP PIN . . . . .

Spouse 6-digit IP PIN . . . . .

2. GENERAL INFORMATION

	Yours	Your spouse's
a. Social Security number . . . . .	466-78-7359	
b. Date of birth (MM/DD/YYYY) . . . . .	3/27/1984	
c. "X" if legally blind . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
d. Enter "X" if disabled . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
e. Occupation . . . . .	Manager	
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 . . . . . ☐

---

**BACKGROUND INFO CONTINUED ON PAGE 2**

*END OF PAGE 1*

---



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

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

1b Form filed: 

Eligible for: 

☒ Form 1040

☐ Form 1040A

☐ Form 1040EZ

Filed: 

☒ Form 1040

☐ Form 1040A

☐ Form 1040EZ

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

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

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

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

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

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

5 Itemized deductions (1040, above line 40)

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

7 Self-employment tax (1040 line 57)

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

9a Household employment tax (1040 line 60a)

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

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

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

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

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

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

2015 Schedule D

15 Used Schedule D Tax Worksheet

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

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

17 Line 19 of Schedule D

18 Line 10 of Schedule D Tax Worksheet

19 Line 19 of Schedule D Tax Worksheet

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

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

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

2015 Form 2555

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

22 Line 46 (yours)

23 Line 48 (yours)

24 Line 46 (spouse's)

25 Line 48 (spouse's)

2015 Form 4136

26 Total fuel tax credit (line 17)

## 2015 Form 4952

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

## 2015 Form 5329

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

## 2015 Form 5405

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

## 2015 Form 5695

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

## 2015 Form 6251

35 Adjusted gross income minus itemized deductions (line 1) . . . . . 33,892  
36 Medical and dental expenses (line 2) . . . . . 0  
37 Taxes from Schedule A if you itemize (line 3) . . . . . 3,233  
38 Certain interest on a home mortgage (line 4) . . . . . 0  
39 Miscellaneous deductions (line 5) . . . . . 1,289  
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) . . . . . 0  
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) . . . . . 4,020

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

2016

Bea Jones

SSN: 466-78-7359

## 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 ..... 0  
75 Sales tax you could have deducted ..... 607  
76 Sales tax on major purchases ..... 0

---

**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 form to report interest you received, even if it wasn't reported on a Form 1099-INT/1099-OID.

Is this interest for:  
☒ You    ☐ Your spouse    ☐ Both of you

What kind of interest is this:

☒ Interest reported on Form 1099-INT (fill in 1099-INT below)  
(go to "Exempt Interest" below)

☐ Original issue discount/interest reported on Form 1099-OID  
(fill in 1099-OID below)

☐ Seller-financed mortgage interest (go to "Seller-Financed Mortgage Interest" below)

☐ 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.

Interest paid by Beach National Bank

FATCA filing requirement . . . . . ☐

FORM 1099-INT

**Box 1 -** Interest income: \$ 2,175

**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: \$ \_\_\_\_\_

Not  
For  
Filing

|                 |                                                       |          |
|-----------------|-------------------------------------------------------|----------|
| <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 \_\_\_\_\_



# HOME MORTGAGE INTEREST WORKSHEET

2016

Bea Jones

SSN: 466-78-7359

Is this Worksheet for ☒ Yourself ☐ Your spouse ☐ Both of you

Was this mortgage secured by your main or second home? **Yes** ☒ **No** ☐

*STOP HERE if you answered No to this question. Enter interest and points on mortgages that were not secured by your main or second home directly on the affected form (e.g., Schedule E, Schedule C), not here.*

Description of Property Principal residence

Name of lender/bank/co-op \_\_\_\_\_

Did you receive a Form 1098 for this mortgage? **Yes** ☒ **No** ☐

Did you pay this interest to a financial institution? **Yes** ☒ **No** ☐

## A. MORTGAGE FOR WHICH YOU RECEIVED A FORM 1098

*Complete this section if you received a Form 1098 for this mortgage.*

1. Mortgage interest received, from Form 1098, box 1 8,780

2. Points paid on purchase of principal residence, from Form 1098, box 6 \_\_\_\_\_

3a. Refund of overpaid interest, from Form 1098, box 4 \_\_\_\_\_

b. Portion of line 3a that is taxable in 2016 \_\_\_\_\_

**Note:** If you enter real estate taxes on the line below, make sure to visit the Mini-Worksheet for Line 6 on Schedule A and confirm that none of your taxes have been double counted.

4. Real estate tax paid in 2016 \_\_\_\_\_

5. Deductible mortgage insurance premiums that were paid in connection with a loan to buy, build, or substantially improve your main or second home \_\_\_\_\_

## 6. Other amounts related to this mortgage

a. Additional deductible interest paid to this financial institution and not shown on Form 1098. Attach statement \_\_\_\_\_

b. Additional deductible points paid to buy/improve main home and not shown on Form 1098 \_\_\_\_\_

c. Other points which must be spread out over the life of the mortgage (e.g., points for a 2nd home, points for a refinancing -- see IRS Pub. 936 for details). Enter the total amount of such points that you paid **in 2016 or before**. We will calculate the portion that is deductible in 2016. See Help panel if mortgage ended in 2016 \_\_\_\_\_

d. Additional deductible qualified mortgage insurance premiums paid during 2016 under a mortgage insurance contract issued after December 31, 2006, in connection with a loan to buy, build, or substantially improve main or second home and not shown on Form 1098 \_\_\_\_\_

*If you paid more deductible interest to the recipient than is shown on Form 1098, enter an explanation of the difference in the Statement at the end of this form.*

## B. MORTGAGE FOR WHICH YOU DID NOT RECEIVE A FORM 1098

*Complete this section if you didn't receive a Form 1098 for this mortgage.*

1. Deductible mortgage interest not reported on Form 1098 \_\_\_\_\_

Did you buy your home from the recipient of the interest? **Yes** ☐ **No** ☐

If "Yes," provide the following information about the recipient:

a. Name \_\_\_\_\_

b. Identifying number \_\_\_\_\_

c. Address \_\_\_\_\_

2. Deductible points paid on loan used to buy, build, or improve main home and not reported on Form 1098 \_\_\_\_\_

3. Other points which must be spread out over the life of the mortgage (e.g., points for a 2nd home, points for a refinancing -- see IRS Pub. 936 for details). Enter the total amount of such points that you paid **in 2016 or before**. We will calculate the portion that is deductible in 2016. See Help panel if mortgage ended in 2016 \_\_\_\_\_

4. Taxable portion of any refund of overpaid interest .....  
*If you and at least one other person (other than your spouse if filing a joint return) were liable for and paid interest on this mortgage, and if the other person received a Form 1098, enter an explanation of this in the Statement at the end of this form. Show how much of the interest each of you paid, and give the name and address of the person who received the Form 1098. See IRS Pub. 936 for details.*
5. Deductible qualified mortgage insurance premiums paid during 2016 under a mortgage insurance contract issued after December 31, 2006 in connection with a loan to buy, build, or substantially improve main or second home .....

**C. ADDITIONAL INFORMATION FOR AMORTIZABLE POINTS**  
*Complete this section if you rented out any part of this property or if you have any points which must be spread out over the life of the loan ("amortized").*

1. Length of mortgage in years. Enter zero if mortgage paid off in 2016 .....  
2. Date loan was made .....

Bea Jones

SSN: 466-78-7359

**D. ALLOCATIONS**

Complete this section if you had a home office on the mortgaged property or you rented out any portion of the mortgaged property.

**Exception:** Do not make any entries in this section for a home office if this loan did not benefit the home (e.g., a home equity loan used to pay off credit card bills, to buy a car, or to pay tuition costs).

**Exception:** Do not make any entries in this section for a rental if:

- This loan did not benefit the home (e.g., a home equity loan used to pay off credit card bills, to buy a car, or to pay tuition costs), and
- The rental was a "residence" that was rented for 15 days or more (as described on line 11.f of the corresponding Rentals and Royalties Worksheet.)

**Exception:** Do not make any entries in this section for a home office (farming or non-farming) for which you're claiming the safe harbor deduction, or for rental property you used as a home but that you rented for less than 15 days.

**Exception:** If you used your home office for only a portion of 2016, enter allocations in the Interview, not here.

| Destination | Copy # | Description | Pct of Property (by area)<br>Used In Activity |
|-------------|--------|-------------|-----------------------------------------------|
| Form 8829   | _____  | _____       | _____ %                                       |
|             | _____  | _____       | _____ %                                       |
|             | _____  | _____       | _____ %                                       |
| Rental Wkst | _____  | _____       | _____ %                                       |
|             | _____  | _____       | _____ %                                       |
| Schedule F  | _____  | _____       | _____ %                                       |
|             | _____  | _____       | _____ %                                       |

END OF PAGE 2

Bea Jones

SSN: 466-78-7359

EXPLANATORY STATEMENT

Not  
For  
Filing

## HEALTH CARE COVERAGE

|                             |             |             |
|-----------------------------|-------------|-------------|
|                             |             | <b>SSN:</b> |
| Name of individual:         | Bea Jones   |             |
| Individual's SSN            | 466-78-7359 |             |
| Individual's date of birth: | 3/27/1984   |             |

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

Not  
For  
Filing

Bea Jones SSN: 466-78-7359

## Information about affected individual:

Name Bea Jones  
SSN 466-78-7359  
Date of birth (MM/DD/YYYY) 3/27/1984

**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

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:

466-78-7359

☐ 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    |
|                                                | 42,175           | 7,800            |
|                                                | 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)

Bea Jones

☐ Do NOT carry name from Bkgd Wkst

11. Nonqual plans

12. See instrns. Code Amt.

f. Employee's address and ZIP code

Add1: 654 Ocean Way

Add2:

Apt No.

Town/City Gulfport

State & ZIP FL 33707

☐ 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