

Filing Checklist for 2016 Tax Return Filed On Standard Forms

Prepared on: 12/12/2016 07:44:33 am

Return: C:\Users\Smokey\Desktop\Tax\2016 Whittenburg\Chapter 6\David Jasper 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, David and Darlene 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 A
- Schedule B
- Form 2441

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

Form W-2: Wage and Tax Statement

1st

2nd

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
- Dependents Worksheet
- Child Tax Credit Worksheet
- Form 1099-INT/OID
- Home Mortgage Interest Worksheet
- Charitable Worksheet
- State and Local Income Tax
- Health Care Coverage
- Health Care Summary
- Shared Responsibility Payment

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		\$53,050
Adjustments	-	\$0
Adjusted gross income		\$53,050

Deductions	-	\$16,775
Exemption(s)	-	\$12,150
Taxable income		\$24,125
 Tax withheld or paid already		 \$5,450
Actual tax due	-	\$1,670
Refund applied to next year	-	\$0
Refund		\$3,780

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

Yourself (but NOT if you can be someone's dependent)

tions

b

Spouse

c Dependents:

(1) First

Last Name

(2) SSN

(3) Rela-

(4) # Children

Sam

Jasper

589-22-1142

Son

Crtd

Lived w/

If > 4

Sam

Jasper

589-22-1142

Son

Crtd

Lived w/

depen-

dependents,

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

51,225

8a

Taxable interest income. (Sch B if required)

8a

1,825

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,	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	
	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	53,050
Adjusted	23	Educator expenses 23		

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

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

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

Gross 32 IRA deduction (see instr) 32 0

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

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

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

Income	33	Student loan interest deduction	33	
	34	Tuition & fees. Attach Form 8917	34	
	35	Dom. prod. act. ded. (Fm 8903)	35	0
	36	Lns 23 - 35 ▶	36	0
	37	Line 22 - line 36. Your adjusted gross income ▶	37	53,050

KIA

END OF PAGE 1

David Jasper

SSN: 577-11-3311

Not
For
Filing

Tax and 38 Amount on line 37 (adjusted gross income) 38 53,050

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) 16,775

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 16,775

40 Itemized deductions or standard deduction 40 16,775

Check here if you itemized

41 Subtract line 40 from line 38 41 36,275

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 12,150

43 Taxable income. Ln 41 minus 42 (not less than 0) 43 24,125

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	2,691
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	2,691

**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	600
50	Educ credits from Fm 8863, line 19	50	
51	Retirement savings crdt (Fm 8880)	51	0
52	Child tax credit	52	1,000

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	1,600
56	Subtract line 55 from line 47 (not less than 0)	56	1,091

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
60b	First-time homebuyer credit repayment. Form 5405	60b	0

61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	579
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	1,670

**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) 5,450
- c.** Add'l Medicare tax withholding from Form 8959 0
- d.** Total federal tax withheld (to line 64) 5,450

64	Federal income tax withheld	64	5,450
65	2016 est tax + amt from 15 return	65	0
66a	EIC NO	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: 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 8885

d 73 0

74 Lines 64, 65, 66a, 67 - 73. Total payments 74 5,450

Refund 75 If line 74 is larger than line 63, amt overpaid 75 3,780

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

Check if Form 8888 is attached: 76a 3,780

deposit? b Routing number XXXXXXXXX c Type: X Checking Savings

See d Account number XXXXXXXXXXXXXXXXXX

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

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

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

Payment Voucher, see IRS instructions.

You Owe 79 Amount of penalty on Form 2210 79

Desi- Allow another to discuss return with IRS? Yes. Complete following X 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

Perfume Tester

Keep a Preparer name Preparer signature Date Self- PTIN

copy for empl? Ph

your Firm's name Firm's EIN

records. Firm's address Ph

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

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

c. Other Insurance

d. Doctors, dentists, and other care providers

e. Prescriptions and insulin

f. Tests and lab fees

g. Hospitalization

h. Medical aids and devices

i. Other eligible expenses not previously entered

5,800

j. Total. Include on line 1

6,275

MEDICAL AND

1. Medical and dental expenses (See instructions.)

2. Amount on 1040, line 38

1

2

6,275

53,050

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 EXPENSES

3. Amount on line 2 times 10% (7.5% if you or your spouse was born before Jan. 2, 1952)

4. Line 1 minus line 3, but not less than zero

3

4

5,305

970

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)

b. Tax payments from State and Local Tax Payments Worksheet

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

1,950

315

2,265

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 1,016

c. Information for IRS Optional Sales Tax Tables

i. Number of exemptions 3

ii. Adjusted gross income 53,050

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

iv. Other nontaxable income (not
including rollovers)

v. Total available income 53,050

vi. States of residence:

(1) State at year-end CA
Locality
State general sales tax rate 7.5000 %
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 820

e. Larger of line b. or line d. 1,016

f. Total sales tax for deduction
(line a + line e) 1,016

TAXES

5. State and local (check only one box) 5 | 2,265 |

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 1,300

ii. Amount #2

iii. Amount #3

e. Total real estate taxes (a+b+c+d) for line 6 1,300

YOU

6. Real estate taxes 6 | 1,300 |

**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 3,565

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 11,250
b. Less int/pts alloc'd through Rent/Rlty 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 11,250

INTEREST 10. Interest and points shown on Form 1098 10 11,250

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/Rlty 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/Rlty 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 53,050
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
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
c. Interest on a mortgage used to refinance to the extent the refinancing proceeds exceeded balance on refinanced mortgage
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**

15. Sum of lines 10 to 14. Total interest **15** 11,250

GIFTS TO 16. Gifts by cash or check **16** 990
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** 990

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** 0

**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 225
If you are filing electronically, enter a description of the expenses that appear on line b
c. Total unreimbursed expenses (to line 21) 225

JOB EXPENSES 21. Unreimbursed employee expenses-- job travel, dues. (Form 2106, 2106-EZ)
Description ► Union dues
.....
21 225
22. Tax preparation fees **22** 200

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

- a. Safe-deposit box fees
b. Legal expenses for production of income
c. Investment exps from 1099-DIV, -INT, -OID 0
d. Other investment expenses
e. Hobby loss expenses
f. Fees, subscriptions, tools
g. Losses in a bank failure
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 MISCEL- LANEOUS DEDUC- TIONS	23.	Other (describe):	23	0
	24.	Sum of lines 21 to 23	24	425
	25.	Amount from 1040, line 38	25	53,050
	26.	2% of the amount on line 25	26	1,061
	27.	Line 24 - line 26 (but not less than zero)	27	0

**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?	29	16,775
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add amounts in far right column for lines 4 - 28. To Form 1040, line 40.		
	<input type="checkbox"/> Yes. Your deduction may be limited. See Mini-Worksheet, below.		

**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 ☐

Note: If line C is over \$1,500, you must also

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 ☐ ☒

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? ☐ ☒

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

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 ☐ ☒

KIA

Part I Persons or Organizations Providing Care - You must complete this part.

1. (a) Care Provider Name	(b) Address Street, City, State, ZIP	(c) ID no. (SSN, EIN)	(d) Amount paid in 16
Kiddiecare Inc.	1050 Santa Monica Blvd. Los Angeles CA 90067	13-3345678	3,500

Did you receive dependent care benefits?

NO

Complete only Part II below.

YES

Complete Part III now.

Caution: If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 60a.

Part II Credit for Child and Dependent Care Expenses

2. Information about your qualifying person(s). See insts. if more than 2

(a) Qualifying person's name First Last	(b) Social Security number	(c) Qualified expenses you incurred and paid in 2016
SamJasper	589-22-1142	3,500

3. Add the amounts in column (c) of line 2. DO NOT enter more than \$3,000 for one or \$6,000 for two qualifying persons

3

3,000

If you completed Part III, we enter on line 3 the amount from line 31.

4. Enter YOUR earned income

4

26,125

5. If married filing joint enter YOUR SPOUSE'S earned income; all others, enter the amount from line 4

5

25,100

If your spouse was a student or disabled, see IRS instructions for line 5.

6. Enter the smallest of line 3, 4, or 5

6

3,000

7. Form 1040, line 38

7

53,050

8. Enter on ln. 8 the decimal that applies to the ln 7 amt.:
If line 7 is:

But not Over	Decimal amount is	But not Over	Decimal amount is
\$0 - 15,000	.35	\$29,000 - 31,000	.27
15,000 - 17,000	.34	31,000 - 33,000	.26
17,000 - 19,000	.33	33,000 - 35,000	.25
19,000 - 21,000	.32	35,000 - 37,000	.24
21,000 - 23,000	.31	37,000 - 39,000	.23
23,000 - 25,000	.30	39,000 - 41,000	.22
25,000 - 27,000	.29	41,000 - 43,000	.21
27,000 - 29,000	.28	43,000 - No limit	.20

8

X 0.20

MINI-WORKSHEET FOR LINE 9

a. Line 6 times decimal amount on line 8

600

b. Credit for 2015 expenses paid in 2016

0

See IRS instructions.

c. Line a + line b

600

9. Line 6 X line 8

9

600

See IRS instructions.

10. Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

10

2,691

11. Credit for child and dependent care expenses

11

600

We enter the smaller of line 9 or 10 on line 11, and on Form 1040, line 49. We set line 11 to zero if you are married filing separately.

KIA

FORM 2441 (CONTINUED) PAGE 2

2016*21

David Jasper

SSN: 577-11-3311

Part III Dependent Care Benefits

12. Enter the total amount of dependent care benefits you received for 2016	12	0
<i>Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.</i>		
13. Enter the amount, if any, you carried over from 2015 and used in 2016 during the grace period. See instructions.	13	
14. Enter the amount, if any, you forfeited or carried forward to 2017. See instructions	14	0
15. Combine lines 12 through 14. See instructions	15	0

**MINI-WORKSHEET FOR LINE 16,
QUALIFIED EXPENSES**

- a. Dependent care expenses paid in 2016 (line 1) 3,500
- b. Expenses incurred in 2016 but not paid in 2016 0
- c. Line (a) expenses not incurred in 2016 0
- d. Total (a + b - c. Carried to line 16) 3,500

16. Enter the amount of qualified expenses incurred in 2016 for the care of the qualifying person(s)	16	3,500
17. Enter the smaller of line 15 or 16	17	0
18. Enter your earned income See instructions	18	26,125
19. Enter the amount below that applies to you. * If married filing jointly, enter your spouse's earned income (if your spouse was a student or disabled, see IRS instructions for line 5). * If married filing separately, see IRS instructions for the amount to enter. * All others, enter the amount from line 18	19	25,100

In most cases lines 18 and 19 will be the same as lines 4 and 5 near the top of the form. However, lines 18 and 19 do NOT include any dependent care benefits shown on line 12 above. You may need to override line 18 or line 19 if you or your spouse is a member of the clergy or a church employee.

20. Enter the smallest of line 17, 18 or 19	20	0
21. Enter \$5,000 (\$2,500 if MFS and you were required to enter your spouse's income on line 19)	21	5,000
22. Is any amount on line 12 from your sole proprietorship or partnership? <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here.	22	0
23. Subtract line 22 from line 15	23	0
24. Deductible benefits. Enter the smallest of line 20, 21, or 22. Also include this amount on the appropriate line(s) of your return. See instructions	24	0
25. Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21	25	0
26. Taxable benefits. Form 1040 filers: Subtract line 25 from 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7. On the dotted line next to Form 1040 line 7, enter "DCB."	26	0

We carry the amount on line 26 to the Worksheet for Wages Not On a W-2, and from there to the Mini-Worksheet for Line 7 on Form 1040. We enter "DCB" (for "dependent care benefits") next to line 7 on Form 1040.

To claim the child and dependent care credit, complete lines 27-31 below.

27. Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	3,000
---	----	-------

28.	Form 1040 filers Add lines 24 and 25	28	<u>0</u>
29.	Line 27 less 28. If -0- or less, you can't take the credit. EXCEPTION -if you paid 2015 exp. in 2016, see IRS instrs	29	<u>3,000</u>
30.	Complete line 2 on page 1. DO NOT include in column (c) any benefits from line 28. Add up column (c) and enter here	30	<u>3,500</u>
31.	Enter the smaller of line 29 or line 30. Also, enter this amount on line 3 of this form and complete lines 4-11	31	<u>3,000</u>
<hr/> Allocate the line 29 amount <u>100.00</u> % to self and <u>0.00</u> % to your spouse. These are percentages of total dependent care benefits on W-2's.			

SUPPORTING FORMS

RE: 2016 Tax Returns

PREPARED FOR: David Jasper

SSN: 577-11-3311

PRINTED ON: December 12, 2016

PREPARED USING: H&R Block 2016 [3203]

SUPPORTING FORMS WHICH CAN BE SUBMITTED TO THE IRS

SUPPORTING FORMS IN YOUR RETURN

1. - Background Worksheet - Background Information Worksheet
2. - Dependents Worksheet - Worksheet for Dependents
3. - Child Tax Credit Worksheet - Child Tax Credit Worksheet
4. - Form 1099-INT/OID - Interest Income Worksheet
5. - Home Mortgage Interest Worksheet - Home Mortgage Interest Worksheet
6. - Charitable Worksheet - Charitable Donations Worksheet
7. - State and Local Income Tax - State and Local Income Tax Payments Worksheet
8. - Health Care Coverage - Health Care Coverage1
9. - Health Care Coverage - Health Care Coverage2
10. - Health Care Coverage - Health Care Coverage3
11. - Health Care Summary - Health Care Summary1
12. - Health Care Summary - Health Care Summary2
13. - Health Care Summary - Health Care Summary3
14. - Shared Responsibility Payment - Shared Responsibility Payment

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

1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

Your name (first, MI, last, Jr/III)David Jasper

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

C/O information, if necessary

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any)4639 Honeysuckle Lane

Your city, state, and ZIP codeLos Angeles, CA 90248

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	577-11-3311	477-98-4731
b. Date of birth (MM/DD/YYYY)	5/29/1984	1/31/1986
c. "X" if legally blind	<input type="checkbox"/>	<input type="checkbox"/>
d. Enter "X" if disabled	<input type="checkbox"/>	<input type="checkbox"/>
e. Occupation	Office Manager	Perfume Tester
f. "X" if you want \$3 to go to Pres. Elec. Campaign Fund	<input type="checkbox"/>	<input type="checkbox"/>

~~~~~

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

3. FILING STATUS

a. Choose your filing status below:

☐ Single

☒ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

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

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

I want to itemize my deductions . . . . .

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

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

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

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

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

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

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**BACKGROUND INFO CONTINUED ON PAGE 2**

*END OF PAGE 1*

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4. EXEMPTIONS FOR YOU AND YOUR SPOUSE

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

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

5. TAXES PAID/WITHHELD

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

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

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

6. PAYING YOUR TAXES BY CREDIT CARD

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

7. REFUND INFORMATION

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

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

---

**Applying Refund to Your 2017 Estimated Tax**

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

---

**BACKGROUND INFO CONTINUED ON PAGE 3**

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*END OF PAGE 2*

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8. THIRD PARTY DESIGNEE

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

If Yes, complete the following information:

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

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

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

9. RETURN ASSISTANCE

How was this return prepared:

☒ By yourself.

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

10. STATE TAX RETURNS

Enter information below about any 2016 state tax returns you're filing.

For each state, select the residency status that applies for 2016.

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

SECTION I BASIC INFORMATION

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

|            |    |           |               |               |      |
|------------|----|-----------|---------------|---------------|------|
| First Name | MI | Last Name | Soc. Sec. No. | Date of Birth | ITIN |
| Sam        |    | Jasper    | 589-22-1142   | 7/1/2010      |      |

|              |                             |
|--------------|-----------------------------|
| Relationship | Type of Dependent           |
| Son          | Child Lived with You        |
|              | Time Lived With You         |
|              | Lived With All Year or Born |

Months person lived with you

Person's age

DOB string

Person is fosterchild placed with you by court order/placement agency

Was this person a US citizen/resident alien of the US in 2016?

If no, was this person a resident of Canada or Mexico in 2016?

Is this person your adopted child who lived with you all year?

If tax ID is an ITIN is substantial presence test satisfied?

If NO to substantial presence test are there special circumstances?

SECTION II QUICK ENTRY

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

|                                                              |                                     |                          |
|--------------------------------------------------------------|-------------------------------------|--------------------------|
| Are you sure this person qualifies as your dependent in 2016 | Yes                                 | No                       |
|                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

IF YOU ANSWERED YES - STOP!

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

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

QUICK ENTRY QUALIFYING CHILD VALIDATION

a. Relationship test

b. Age test

c. Support test

d. Residence test

QUICK ENTRY FORM 8332

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

SECTION III DEPENDENT QUALIFICATION TESTS

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

PART A ALL DEPENDENTS

|                                                                               |                          |                          |
|-------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                               | Yes                      | No                       |
| 1. Will the person named in Section I file a joint return in 2016?            | <input type="checkbox"/> | <input type="checkbox"/> |
| * If NO, go to line 3.                                                        |                          |                          |
| * If YES, go to line 2.                                                       |                          |                          |
| 2. Does this person satisfy the exception to the dependent joint return test? | <input type="checkbox"/> | <input type="checkbox"/> |
| See the FAQ to the left to learn about the exception to joint return test.    |                          |                          |
| * If YES, go to Part B, line 3.                                               |                          |                          |
| * If NO STOP. You cannot claim this person as your dependent.                 |                          |                          |

PART B DETERMINE WHETHER PERSON IS YOUR QUALIFYING CHILD

3. If this person is your child, are any of these statements true?

\* You are divorced or legally separated under a decree of divorce or separate maintenance from the child's other parent.

\* You are separated under a written separation agreement from the child's other parent.

\* You lived apart during the last 6 months of the calendar year.

Answer NO if this person is not your child.

\* If NO, go to line 4.

\* If YES, complete the MINI-WORKSHEET FOR LINE 3.

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

**Yes    No**

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

**Yes    No**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**MINI-WORKSHEET FOR LINE 12**

**Yes No**

a. Are you this person's parent? ☐ ☐

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

- \* If you answered Yes to (a) and No to (b) **STOP. Your have the better claim.**

- \* If you answered YES to (b) and NO to (a) **STOP. This person's parent has the better claim.**

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

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

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

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

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

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

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

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

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

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

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

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

**Yes No**

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

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

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

\* If NO, go to line 14.

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

---

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

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

\* If YES, go to line 15.

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

---

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

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

\* If NO, go to line 16.

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

---

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

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

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

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

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

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

---

In 2016 you were an employee of a railroad ☐  
In 2016 you were employee representative of a railroad ☐

To calculate your Child Tax Credit, we complete Parts I and II of the Child Tax Credit Worksheet below. However, if any one of the following bullet-points apply we complete the Publication 972 Worksheet and not the Child Tax Credit Worksheet.

- You are claiming any of the following credits:
  - Mortgage Interest Credit (Form 8396)
  - Adoption Credit (Form 8839)
  - Residential energy efficient property credit (Form 5695, Part I)
  - D.C. First-time Homebuyer Credit (Form 8859)
- You excluded income from Puerto Rico or American Samoa (Form 4563).
- You are filing Form 2555 or Form 2555-EZ.

CHILD TAX CREDIT WORKSHEET

PART I

The child tax credit is based on the number of qualifying children who lived with you during 2016. We automatically calculate the number of your qualifying children based upon information on the Dependent Worksheet.

1. Number of qualifying children 1 X \$1,000  
Enter the result 1 1,000

2. Adjusted gross income (Form 1040, ln 38) 2 53,050

3. Amount corresponding to your filing status 3 110,000

- Married filing jointly - \$110,000
- Single, head of household, or qualifying widow(er) - \$75,000
- Married filing separately - \$55,000

4. Is amount on line 2 more than amount on line 3?  
☒ No - Leave line 4 blank and enter zero on line 5.  
☐ Yes - Ln 2-ln 3 increased to next multiple of \$1,000 4

5. Line 4 times 5% (.05) 5 0

6. Is amount on line 1 more than amount on line 5?  
☐ No - **STOP!** You cannot take the child tax credit on Form 1040, line 52. You also cannot take the additional child tax credit on Form 1040, line 67. Complete the rest of your Form 1040.  
☒ Yes - Ln 1 - ln 5 6 1,000

PART II

7. Regular tax (1040 ln 47) 7 2,691

8. Add the following amounts from:  
**Form 1040:**  
Line 48 0  
Line 49 + 600  
Line 50 +  
Line 51 + 0  
Form 5695, Line 30\* +  
\* See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2015.  
Form 8910, Line 15 +  
Form 8936, Line 23 +  
Schedule R, Line 22 +  
TOTAL 8 600

9. Are the amounts on lines 7 and 8 the same?  
☐ Yes - **STOP!** You can't take the child tax credit because there's no tax to reduce. You may qualify for the **additional child tax credit**.  
☒ No - Subtract line 8 from 7 9 2,091

10. Is the amount on line 6 greater than the amount on line 9?  
☐ Yes - Enter the amount from line 9. You may qualify for the **additional child tax credit**.  
☒ No - Enter the amount from line 6.  
This is your **Child Tax Credit** 10 1,000

PUBLICATION 972 WORKSHEET

1. Number of qualifying children X \$1,000  
Enter the result 1

2. Adjusted gross income (Form 1040, ln 38) .....2

## MINI-WORKSHEET FOR LINE 3 MODIFICATIONS TO GROSS INCOME

- a. Foreign earned income exclusion/deduction .....
- b. Income excluded from Puerto Rico or Am Samoa .....
- c. Line a + b. To line 3 .....

3. Modifications to adjusted gross income ..... 3

4. Modified adjusted gross income. Line 2 + line 3 ..... 4

5. Amount corresponding to your filing status ..... 5

- Married filing jointly - \$110,000
- Single, head of household, or qualifying widow(er) - \$75,000
- Married filing separately - \$55,000

6. Is amount on line 4 more than amount on line 5?

☐ **No** - Leave line 6 blank. Enter -0- on line 7.

☐ **Yes** - Subtract line 5 from line 4 ..... 6

If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.

7. Line 6 times 5% (.05) ..... 7

8. Is amount on line 1 more than amount on line 7?

☐ **No** - **STOP!** You cannot take the child tax credit on Form 1040, line 52. You also cannot take the additional child tax credit on Form 1040, line 67. Complete the rest of your Form 1040.

☐ **Yes** - Ln 1 - Ln 7 ..... 8

9. Regular tax (1040 ln 47) ..... 9

10. Add the following amounts from:

### Form 1040:

Line 48 .....

Line 49 + .....

Line 50 + .....

Line 51 + .....

Form 5695, Line 30 + .....

\* See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2015.

Form 8910, Line 15 + .....

Form 8936, Line 23 + .....

Schedule R, Line 22 + .....

TOTAL ..... 10

11. Are you claiming any of the following credits?

- Mortgage interest credit, Form 8396
- Adoption credit, Form 8839
- Residential energy efficient property credit, Form 5695, Part I
- District of Columbia first-time homebuyer credit, Form 8859

☐ **No.** Enter the amount from line 10.

☐ **YES.** If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, complete the Line 11 Worksheet (below) to figure the amount to enter here.

Amount from line 10 or line 15 of the Line 11 Worksheet ..... 11

12. Subtract line 11 from line 9 (not less than -0-) ..... 12

13. Is the amount on line 8 more than the amount on line 12?

☐ **No.** Enter the amount from line 8.

☐ **Yes.** Enter the amount from the line 12 ..... 13

## LINE 11 WORKSHEET PUBLICATION 972

See IRS Publication 972

1. Amount from line 8 of the Publication 972 Worksheet ..... 1

2. Taxable earned income ..... 2

3. Is the amount on line 2 > \$3,000?

☐ **No.** Leave line 3 blank, enter -0- on line 4, and go to line 5.

☐ **YES.** Subtract \$3,000 from the amount on line 2.

Enter the result ..... 3

4. Multiply the amount on line 3 by 15% ..... 4

5. Is the amount on line 1 of the Publication 972 Worksheet \$3,000 or more?

☐ **No.** If line 4 is:

- Zero, enter the amount from line 1 on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Publication 972 Worksheet and enter the amount from line 10 on line 11 and complete lines 12 & 13.
- If line 4 is not zero leave ln. 6 through 9 blank, enter -0- on line 10, and go to line 11.

☐ **YES.** If line 4 is equal to or > line 1, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11. Otherwise, go to line 6.

**MINI-WORKSHEET FOR LINE 6  
ADDITIONAL MEDICARE TAX AND RRTA WORKSHEET  
(for line 6 of the Line 11 Worksheet)**

If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6 of the Line 11 Worksheet.

- a.** Soc. Sec. tax withheld (Form(s) W-2, box 4) .....
- b.** Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax .....
- c.** Add'l Med. Tax on wages (Form 8959, line 7) .....
- d.** Add lines a, b, and c .....
- e.** Add'l Med. Tax withheld (Form 8959, line 22) .....
- f.** Subtract line e from line d .....

Additional Medicare Tax on Self-Employment Income.

- g.** 1/2 of the Additional Medicare Tax on self-employment income (1/2 of Form 8959, line 13) .....

Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines h, i, j, and k) or employee representative (enter amounts on lines l, m, n, and o). Do not include amounts in Form W-2, box 14, identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.

*To complete lines h, i, j, l, m, and n, complete the entireties for line 8, 9, 10, 12, 13, and 14 on Form 8812.*

- h.** Tier 1 tax (Form(s) W-2, box 14) .....
- i.** Medicare tax (Form(s) W-2, box 14) .....
- j.** Additional Medicare Tax, if any, on RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17, for both this line and line n .....
- k.** Add lines h, i, and j .....
- l.** 1/2 of Tier 1 tax (1/2 of Form(s) CT-2, line 1, for all 4 quarters of 2016) .....
- m.** Half of Tier 1 Medicare tax (1/2 of Form(s) CT-2, line 2, for all 4 quarters of 2016) .....
- n.** Half of Tier 1 Additional Medicare Tax, if any, on RRTA compensation as an employee representative (1/2 of Form 8959, line 17). Do not use the same amount from Form 8959, line 17, for both this line and line j .....
- o.** Add lines l, m, and n .....
- p.** Add lines f, g, k, and o. Enter here and on line 6 of the Line 11 Worksheet .....

**6. Social Security, Medicare, Tier 1 taxes:**

If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter. Otherwise:

- i.** Withheld from Form(s) W-2 .....
- ii.** If you (and/or your spouse if married and filing a joint return) were a railroad employee, enter the amount of Tier 1 tax withheld from your pay (from W-2, box 14). Employee representatives enter 50% of your total Tier 1 tax and Tier 1 Medicare tax you paid for 2016 .....

Total Social Security/Medicare/Tier 1 tax ..... **6**

**7. Self-employment tax adjustment (1040 line 27), Social**

Security tax on unreported tip income (1040 line 58) and uncollected Social Security and Medicare or RRTA



|                                                                                                                                                                                                              |    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| taxes shown in box 12 of your Form(s) W-2 with codes<br>A, B, M and N .....                                                                                                                                  | 7  |  |
| <b>8.</b> Add lines 6 and 7 .....                                                                                                                                                                            | 8  |  |
| <b>9.</b> EIC plus excess FICA & RRTA tax withheld .....                                                                                                                                                     | 9  |  |
| <b>10.</b> Line 8 minus line 9 (not less than -0-) .....                                                                                                                                                     | 10 |  |
| <b>11.</b> Enter the larger of 4 and 10 .....                                                                                                                                                                | 11 |  |
| <b>12.</b> Is line 11 more than line 1?<br><input type="checkbox"/> <b>No.</b> Subtract Ln. 11 from Ln. 1 and enter the result.<br><input type="checkbox"/> <b>Yes.</b> Enter -0-.<br>Enter the result ..... | 12 |  |
| <b>13.</b> Enter the total of the amounts from -<br>• Form 8396, line 9, and<br>• Form 8839, line 16, and<br>• Form 5695, line 15, and<br>• Form 8859, line 3. ....                                          | 13 |  |
| <b>14.</b> Enter the amount from line 10 of the Pub. 972 Worksheet .....                                                                                                                                     | 14 |  |
| <b>15.</b> Add lines 13 and 14 .....                                                                                                                                                                         | 15 |  |

## FORM 1040 EARNED INCOME WORKSHEET

See IRS Publication 972

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| <b>1a.</b> Amount from Form 1040, line 7 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1a | 0 |
| <b>b.</b> Nontaxable combat pay .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1b | 0 |
| Next, if you are filing Schedule C, C-EZ, F, or SE, or you received<br>a Sch. K-1 (Form 1065/1065-B), go to Ln. 2a. Otherwise, skip lines 2a<br>through 2e and go to line 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |   |
| <b>2a.</b> Enter any statutory employee income reported on line 1<br>Schedule C or C-EZ .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2a | 0 |
| <b>b.</b> Enter any net profit or (loss) from Schedule C, line 31;<br>Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14 code A<br>(other than farming); Schedule K-1 (Form 1065-B) box 9 code J1*.<br>Reduce any Schedule K-1 amounts as described in the<br>instructions for completing Schedule SE in the Partner's<br>Instructions for Schedule K-1. <b>Do not</b> include any statutory<br>employee income or any other amounts exempt from self-employment<br>tax. Options and commodities dealers must add any gain or subtract<br>any loss (in the normal course of dealing in or trading<br>section 1256 contracts) from section 1256 contracts or<br>related property ..... | 2b | 0 |
| <b>c.</b> Enter any net farm profit or (loss) from Schedule F,<br>line 34, and from farm partnerships, Schedule K-1 (Form<br>1065), box 14, code A.* Reduce this amount by any<br>Schedule K-1 amounts as described in the instructions for<br>completing Schedule SE in the Partner's Instructions for<br>Schedule K-1. <b>Do not</b> include on this line any<br>amounts exempt from self-employment tax .....                                                                                                                                                                                                                                                                           | 2c | 0 |
| <b>d.</b> If you used the farm optional method to figure net<br>earnings from self-employment, enter the amount from<br>Sch. SE, Section B, line 15. Otherwise, skip this line<br>and enter on Ln. 2e the amt. from Ln. 2c .....                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2d |   |
| <b>e.</b> If line 2c is a profit, enter the <b>smaller</b> of line 2c or<br><b>2d.</b> If line 2c is a (loss), enter the (loss) from<br>line 2c .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2e | 0 |
| <b>3.</b> Add lines 1a, 1b, 2a, 2b, & 2e. If zero or less, stop.<br>Do not complete the rest of this worksheet. Enter -0- on line 2<br>of the Line 11 Worksheet or line 4a of Schedule 8812.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3  | 0 |
| <b>4.</b> Enter any amount included on line 1a that is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |   |
| <b>a.</b> A scholarship or fellowship grant not reported on<br>Form W-2 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4a | 0 |
| <b>b.</b> For work done as an inmate in a penal institution (Enter<br>"PRI" and this amount on the dotted line next to line 7<br>of Form 1040) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4b |   |
| <b>c.</b> A pension or annuity from a nonqualified deferred<br>compensation plan or a nongovernmental section 457 plan<br>(enter "DFC" and this amount on the dotted line next to<br>line 7 of Form 1040). This amount may be<br>shown in box 11 of your Form W-2. If you received such<br>an amount but box 11 is blank, contact your employer for<br>the amount received as a pension/annuity .....                                                                                                                                                                                                                                                                                      | 4c | 0 |

- d. A Medicaid waiver payment you exclude from income (see the instructions for Form 1040 line 21, and Pub. 525 for information about these payments) . . . . . **4d** 0
- 
5. Enter the amount from Form 1040, line 27 . . . . . **5** 0
6. Form 1040 filers add lines 4a-4d, and 5 . . . . . **6** 0
7. Form 1040 filers subtract line 6 from line 3..... **7** 0

**Note:** We enter line 7 on line 2 of the Line 11 Worksheet or line 4a of Schedule 8812.

If you have Sch. K-1 amounts and you are not required to file Sch. SE, complete the appropriate line(s) of Sched. SE Section A. Put your name and Social Security number on Schedule SE and attach it to your return.

---

This is your **Child Tax Credit** . . . . . 1,000

---

We enter this amount on Form 1040, line 52.

---

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    Pine Tree Savings and Loan

FATCA filing requirement . . . . . ☐

FORM 1099-INT

|                                                                                                                                                                                                                               |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Box 1 - Interest income:                                                                                                                                                                                                      | \$ <u>1,825</u> |
| 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 . . . . . <input type="checkbox"/>                                                                                                                                        |                 |
| Box 4 - Federal income tax withheld:                                                                                                                                                                                          | \$ _____        |
| Box 5 - Investment expenses:                                                                                                                                                                                                  | \$ _____        |
| <b>Note:</b> 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:                                                                                                                                                                                                  | \$ _____        |
| <div><div>MINI-WORKSHEET FOR LINE 8</div><div>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</div><div>\$ _____</div></div> |                 |
| 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:                                                                                                                                                                                                                            | \$ _____ |
| <div><div>MINI-WORKSHEET FOR LINE 2</div><div>Answer the following question if you'll be using a state edition of our program to prepare your state tax return.</div><div>a. Portion of box 2 from U.S. Treasury obligations</div><div>\$ _____</div></div> |          |
| 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):                                             | _____    |
| <hr/>           |                                                       |          |
| <b>Box 12 -</b> | State identification number(s):                       | _____    |
| <hr/>           |                                                       |          |
| <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

David Jasper SSN: 577-11-3311

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 11,250

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 .....

David Jasper

SSN: 577-11-3311

Not  
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Filing**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 II.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

David Jasper

SSN: 577-11-3311

EXPLANATORY STATEMENT

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Enter information about your **noncash** charitable donations on the *Noncash Charitable Donations Worksheet*.

**PART I CASH OR MONEY DONATIONS (SCHEDULE A, LINE 16)**

**Note:** In this part, we ask for information about cash or money donations. If you need to make more entries than we provide on line 1a below, you may group several of your donations on one line so that they fit in the table. If you have to group several donations on one line, be sure that all of them are the same type (e.g., donations subject to 30% limit).

[illegible]

|                                                  |           |     |
|--------------------------------------------------|-----------|-----|
| <b>1b.</b> Sum of entries from table above ..... | <b>1b</b> | 990 |
|--------------------------------------------------|-----------|-----|

|                                                                                                                                                                    | (a)<br>Subject to<br>50% Limit | (b)<br>Subject to<br>30% Limit | (c)<br>Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|--------------|
| 2. From K-1 .....                                                                                                                                                  | 0                              | 0                              | 0            |
| 3. Mileage for charitable purposes                                                                                                                                 |                                |                                |              |
| a. From DeductionPro .....                                                                                                                                         | 0                              |                                |              |
| <b>Note:</b> You might need to adjust<br>amounts on line 3a if total<br>charitable contributions<br>(including carryovers) exceed<br>20% of adjusted gross income. |                                |                                |              |
| b. Other than from DeductionPro .....                                                                                                                              |                                |                                |              |
| c. Total miles .....                                                                                                                                               | 0                              | 0                              |              |
| 4. Line 3c * 14 cents per mile .....                                                                                                                               | 0                              | 0                              | 0            |

|    |                                                                               |   |   |   |
|----|-------------------------------------------------------------------------------|---|---|---|
| 5. | Parking fees, tolls, and other out-of-pocket expenses for charitable purposes |   |   |   |
| a. | From DeductionPro                                                             |   |   |   |
| b. | Other than from DeductionPro                                                  |   |   |   |
| c. | Total out-of-pocket expenses                                                  | 0 | 0 | 0 |

|    |                                                            |   |     |
|----|------------------------------------------------------------|---|-----|
| 6. | Total cash or money donations. Sum of 1b, 2(c), 4(c), 5(c) | 6 | 990 |
|----|------------------------------------------------------------|---|-----|

PART II NONCASH OR ITEM DONATIONS (SCHEDULE A, LINE 17)

Enter information about your noncash or item donations on the Noncash or Item Charitable Donation Worksheets (or Schedule K-1, if appropriate). We carry information from those forms to this Part II.

|     |                                                       |   |  |
|-----|-------------------------------------------------------|---|--|
| 1a. | Noncash or item donations: 50% limit                  | 0 |  |
| 1b. | Noncash or item donations: 30% limit                  | 0 |  |
| 1c. | Noncash or item donations: 30% limit, capital gain    | 0 |  |
| 1d. | Noncash or item donations: 20% limit, capital gain    | 0 |  |
| 2.  | Total noncash or item donations. Sum of lines 1a - 1d | 0 |  |

END OF PAGE 2

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**Note:** If you made a donation in a prior year of capital gain property for which you chose the 50% limit instead of the 30% limit, treat any carryover associated with that donation as a regular 50% carryover.

**Note:** If in 2016 you've made any donations of capital gain property for which you're using the 50% limit instead of the 30% limit, and if you're carrying over any donations of capital gain property that are subject to the 30% limit, you'll need to refigure your carryover. See IRS Pub. 526 for details.

| Carryover of charitable<br>donations from: |              | Regular  |          | Capital Gain |          |
|--------------------------------------------|--------------|----------|----------|--------------|----------|
|                                            |              | 50%      | 30%      | 30%          | 20%      |
| a.                                         | 2015 .....   | <u>0</u> | <u>0</u> | <u>0</u>     | <u>0</u> |
| b.                                         | 2014 .....   | <u>0</u> | <u>0</u> | <u>0</u>     | <u>0</u> |
| c.                                         | 2013 .....   | <u>0</u> | <u>0</u> | <u>0</u>     | <u>0</u> |
| d.                                         | 2012 .....   | <u>0</u> | <u>0</u> | <u>0</u>     | <u>0</u> |
| e.                                         | 2011 .....   | <u>0</u> | <u>0</u> | <u>0</u>     | <u>0</u> |
| f.                                         | Totals ..... | <u>0</u> | <u>0</u> | <u>0</u>     | <u>0</u> |

END OF PAGE 3

**Note:** In this part, we apply IRS limits to the amounts you've entered and calculate the amount of your charitable deduction for the current year and the amount of your carryover to next year.

**Charitable Donations**

|    |                                                                           |     |
|----|---------------------------------------------------------------------------|-----|
| 1. | Current-year donations subject to 50% limit . . . . .                     | 990 |
| 2. | Carryover donations subject to 50% limit . . . . .                        | 0   |
| 3. | Current-year donations subject to 30% limit . . . . .                     | 0   |
| 4. | Carryover donations subject to 30% limit . . . . .                        | 0   |
| 5. | Current-year <b>capital gain</b> donations subject to 30% limit . . . . . | 0   |
| 6. | Carryover <b>capital gain</b> donations subject to 30% limit . . . . .    | 0   |
| 7. | Current-year <b>capital gain</b> donations subject to 20% limit . . . . . | 0   |
| 8. | Carryover <b>capital gain</b> donations subject to 20% limit . . . . .    | 0   |

|                                                              |                                                         | Deduction<br>in 2016 | Carryover<br>to 2017 |
|--------------------------------------------------------------|---------------------------------------------------------|----------------------|----------------------|
| <b>2016 Donations Subject to 50% Limit</b>                   |                                                         |                      |                      |
| 9.                                                           | Adjusted gross income . . . . .                         | 53,050               |                      |
| 10.                                                          | Your 50% limit. Line 9 * 0.5 . . . . .                  | 26,525               |                      |
| 11.                                                          | <b>Smaller</b> of line 1 or line 10 . . . . .           | 990                  |                      |
| 12.                                                          | Line 1 minus line 11 . . . . .                          |                      | 0                    |
| 13.                                                          | Line 10 minus line 11 . . . . .                         | 25,535               |                      |
| <b>Carryover Donations Subject to 50% Limit</b>              |                                                         |                      |                      |
| 14.                                                          | <b>Smaller</b> of line 2 or line 13 . . . . .           | 0                    |                      |
| 15.                                                          | Line 2 minus line 14 . . . . .                          |                      | 0                    |
| 16.                                                          | Line 13 minus line 14 . . . . .                         | 25,535               |                      |
| <b>2016 Donations Subject to 30% Limit</b>                   |                                                         |                      |                      |
| 17.                                                          | Sum of lines 1, 2, 5, and 6 . . . . .                   | 990                  |                      |
| 18.                                                          | Your 30% limit. Line 9 * 0.3 . . . . .                  | 15,915               |                      |
| 19.                                                          | Line 10 minus line 17 . . . . .                         | 25,535               |                      |
| 20.                                                          | <b>Smallest</b> of lines 3, 18, or 19 . . . . .         | 0                    |                      |
| 21.                                                          | Line 3 minus line 20 . . . . .                          |                      | 0                    |
| 22.                                                          | Line 19 minus line 20 . . . . .                         | 25,535               |                      |
| 23.                                                          | Line 18 minus line 20 . . . . .                         | 15,915               |                      |
| <b>Carryover Donations Subject to 30% Limit</b>              |                                                         |                      |                      |
| 24.                                                          | <b>Smallest</b> of lines 4, 22, or 23 . . . . .         | 0                    |                      |
| 25.                                                          | Line 4 minus line 24 . . . . .                          |                      | 0                    |
| 26.                                                          | Line 16 - sum of lines 20 and 24 . . . . .              | 25,535               |                      |
| <b>2016 Capital Gain Donations Subject to 30% Limit</b>      |                                                         |                      |                      |
| 27.                                                          | <b>Smallest</b> of lines 5, 18, or 26 . . . . .         | 0                    |                      |
| 28.                                                          | Line 5 minus line 27 . . . . .                          |                      | 0                    |
| 29.                                                          | Line 26 minus line 27 . . . . .                         | 25,535               |                      |
| 30.                                                          | Line 18 minus line 27 . . . . .                         | 15,915               |                      |
| <b>Carryover Capital Gain Donations Subject to 30% Limit</b> |                                                         |                      |                      |
| 31.                                                          | <b>Smallest</b> of lines 6, 29, or 30 . . . . .         | 0                    |                      |
| 32.                                                          | Line 6 minus line 31 . . . . .                          |                      | 0                    |
| 33.                                                          | Line 29 minus line 31 . . . . .                         | 25,535               |                      |
| 34.                                                          | Line 30 minus line 31 . . . . .                         | 15,915               |                      |
| 35.                                                          | Line 23 minus line 24 . . . . .                         | 15,915               |                      |
| <b>2016 Capital Gain Donations Subject to 20% Limit</b>      |                                                         |                      |                      |
| 36.                                                          | Your 20% limit. Line 9 * 0.2 . . . . .                  | 10,610               |                      |
| 37.                                                          | <b>Smallest</b> of lines 7, 33, 34, 35, or 36 . . . . . | 0                    |                      |
| 38.                                                          | Line 7 minus line 37 . . . . .                          |                      | 0                    |
| 39.                                                          | Line 33 minus line 37 . . . . .                         | 25,535               |                      |

|                                             |                                                            |               |            |          |
|---------------------------------------------|------------------------------------------------------------|---------------|------------|----------|
| 40.                                         | Line 34 minus line 37 . . . . .                            | <u>15,915</u> |            |          |
| 41.                                         | Line 35 minus line 37 . . . . .                            | <u>15,915</u> |            |          |
| 42.                                         | Line 36 minus line 37 . . . . .                            | <u>10,610</u> |            |          |
| <b>Carryover Capital Gain Donations</b>     |                                                            |               |            |          |
| <b>Subject to 20% Limit</b>                 |                                                            |               |            |          |
| 43.                                         | <b>Smallest</b> of lines 8, 39, 40, 41,<br>or 42 . . . . . |               | <u>0</u>   |          |
| 44.                                         | Line 8 minus line 43 . . . . .                             |               |            | <u>0</u> |
| <b>Summary of Deductions and Carryovers</b> |                                                            |               |            |          |
| 45.                                         | <b>Total</b> deduction this year . . . . .                 |               | <u>990</u> |          |
| 46.                                         | <b>Total</b> carryover to next year . . . . .              |               |            | <u>0</u> |

END OF PAGE 4

PART V CARRYOVERS TO FUTURE YEARS

| Carryover of charitable donations from: | Regular |     | Capital Gain |     |
|-----------------------------------------|---------|-----|--------------|-----|
|                                         | 50%     | 30% | 30%          | 20% |
| a. 2016 . . . . .                       | 0       | 0   | 0            | 0   |
| b. 2015 . . . . .                       | 0       | 0   | 0            | 0   |
| c. 2014 . . . . .                       | 0       | 0   | 0            | 0   |
| d. 2013 . . . . .                       | 0       | 0   | 0            | 0   |
| e. 2012 . . . . .                       | 0       | 0   | 0            | 0   |
| f. Totals . . . . .                     | 0       | 0   | 0            | 0   |

PART VI SUMMARY OF AMOUNTS FOR SCHEDULE A

|                                                                      |   |     |
|----------------------------------------------------------------------|---|-----|
| 1. Cash or money donations (to Schedule A, line 16) . . . . .        | 1 | 990 |
| 2. Noncash or item donations (to Schedule A, line 17) . . . . .      | 2 | 0   |
| 3. Carryovers from prior years (to Schedule A, line 18) . . . . .    | 3 | 0   |
| 4. Deductible donations (to Schedule A, line 19) . . . . .           | 4 | 990 |
| 5. Carryovers to future years (next year's Sch A, line 18) . . . . . | 5 | 0   |

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David Jasper SSN:577-11-3311

**Note:** On this worksheet, we gather information about certain state and local tax payments, including estimated tax payments and other tax payments made during 2016. This worksheet does not gather information about state and local taxes withheld; we collect information about those taxes on other forms (e.g., Form W-2).

**Note:** The information from this worksheet carries to the mini-worksheet above line 5 of Schedule A and also to our state programs.

PART I STATE ESTIMATED TAX PAYMENTS FOR 2016

**Note:** In this part, we ask for information about state estimated tax payments for 2016. If the payment was made in 2015, it will not carry to Schedule A, but it will carry to our state programs. If the payment was made in 2016, then it will carry to Schedule A. We'll also carry a payment made in 2016 to our state programs unless the payment was a fourth-quarter payment for 2015 (as indicated by an "X" in the "fourth quarter" column below). Payments made after 2016 don't carry to Schedule A but do carry to our state programs.

| 1. Date<br>(MM/DD/YYYY)                                                                                                                                                                                                                                                     | Amount | State<br>Abbrev. | "X" if for 4th<br>Quarter of 2015 |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------|-----------------------------------|----|
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
| 2. Sum of entries for Schedule A from table above                                                                                                                                                                                                                           |        |                  |                                   | 20 |
| <b>Note:</b> The amount on line 2 is the sum of the state estimated tax payments for 2016 that carry to Schedule A. If the payment was made in 2016, then it's part of the sum on line 2. If the payment was made in 2015 or 2017, then it isn't part of the sum on line 2. |        |                  |                                   |    |

PART II LOCAL ESTIMATED TAX PAYMENTS FOR 2016

**Note:** In this part, we ask for information about local estimated tax payments for 2016. If the payment was made in 2015, it will not carry to Schedule A. If the payment was made in 2016, then it will carry to Schedule A. Payments made after 2016 don't carry to Schedule A. Our state programs don't carry information on local estimated tax payments.

| 3. Date<br>(MM/DD/YYYY)                                                                                                                                                                                                                                                     | Amount | Locality | "X" if for 4th<br>Quarter of 2015 |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|-----------------------------------|----|
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
| 4. Sum of entries for Schedule A from table above                                                                                                                                                                                                                           |        |          |                                   | 40 |
| <b>Note:</b> The amount on line 4 is the sum of the local estimated tax payments for 2016 that carry to Schedule A. If the payment was made in 2016, then it's part of the sum on line 4. If the payment was made in 2015 or 2017, then it isn't part of the sum on line 4. |        |          |                                   |    |

PART III STATE PRIOR-YEAR OVERPAYMENTS APPLIED TO 2016

| 5. Description | Amount | State |  |
|----------------|--------|-------|--|
|----------------|--------|-------|--|



|                                              |   | Abbrev. |  |
|----------------------------------------------|---|---------|--|
|                                              |   |         |  |
|                                              |   |         |  |
|                                              |   |         |  |
|                                              |   |         |  |
|                                              |   |         |  |
| 6. Sum of entries from table above . . . . . | 6 | 0       |  |
| END OF PAGE 1                                |   |         |  |

PART IV LOCAL PRIOR-YEAR OVERPAYMENTS APPLIED TO 2016

| 7. Description                     | Amount | Locality |     |
|------------------------------------|--------|----------|-----|
|                                    |        |          |     |
|                                    |        |          |     |
|                                    |        |          |     |
|                                    |        |          |     |
| 8. Sum of entries from table above |        |          | 8 0 |

PART V OTHER STATE INCOME TAXES PAID IN 2016

| 9. Description                      | Amount | State Abbrev. |        |
|-------------------------------------|--------|---------------|--------|
|                                     | 315    |               |        |
|                                     |        |               |        |
|                                     |        |               |        |
|                                     |        |               |        |
| 10. Sum of entries from table above |        |               | 10 315 |

PART VI OTHER LOCAL INCOME TAXES PAID IN 2016

| 11. Description                     | Amount | Locality |      |
|-------------------------------------|--------|----------|------|
|                                     |        |          |      |
|                                     |        |          |      |
|                                     |        |          |      |
|                                     |        |          |      |
| 12. Sum of entries from table above |        |          | 12 0 |

PART VII SUMMARY

|                                                         |    |     |
|---------------------------------------------------------|----|-----|
| 13. Sum of lines 2, 4, 6, 8, 10, and 12 (to Schedule A) | 13 | 315 |
|---------------------------------------------------------|----|-----|

**HEALTH CARE COVERAGE****Not  
For  
Filing****SSN:**

Name of individual: David Jasper  
Individual's SSN 577-11-3311  
Individual's date of birth: 5/29/1984

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****SSN:**

Name of individual: Darlene Jasper  
Individual's SSN 477-98-4731  
Individual's date of birth: 1/31/1986

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

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

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

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

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

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

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

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

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

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

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

Name of individual: Sam Jasper  
Individual's SSN 589-22-1142  
Individual's date of birth: 7/1/2010

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

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

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

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

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

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

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

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

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

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

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

## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

David Jasper SSN: 577-11-3311

## Information about affected individual:

Name ..... David Jasper

SSN ..... 577-11-3311

Date of birth (MM/DD/YYYY) ..... 5/29/1984

**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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Oct | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Nov | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Dec | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| KIA |                                     |                                     |                          |                                                 |                                  |       |

## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

David Jasper SSN: 577-11-3311

## Information about affected individual:

Name ..... Darlene Jasper  
SSN ..... 477-98-4731  
Date of birth (MM/DD/YYYY) ..... 1/31/1986

**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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Oct | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Nov | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Dec | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |

KIA

## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

David Jasper SSN: 577-11-3311

## Information about affected individual:

Name ..... Sam ..... Jasper .....

SSN ..... 589-22-1142 .....

Date of birth (MM/DD/YYYY) ..... 7/1/2010 .....

**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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Oct | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Nov | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |
| Dec | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                 |                                  |       |

KIA



# SHARED RESPONSIBILITY PAYMENT WORKSHEET

Not  
For  
Filing

David Jasper SSN: 577-11-3311

| Name    |      | Jan                                 | Feb                                 | Mar                                 | Apr                                 | May                                 | Jun                                 | Jul                                 | Aug                                 | Sep                                 | Oct                                 | Nov                                 | Dec                                 |
|---------|------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| David   | Pymt | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Jasper  | 18+  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Darlene | Pymt | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Jasper  | 18+  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sam     | Pymt | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Jasper  | 18+  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | Pymt | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | 18+  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | Pymt | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | 18+  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | Pymt | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | 18+  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | Pymt | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | 18+  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | Pymt | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | 18+  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | Pymt | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | 18+  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | Pymt | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | 18+  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | Pymt | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | 18+  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | Pymt | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|         | 18+  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

- Total number of X's in a month. If 5 or more, enter 5 . . . . . 0 0 0 0 0 0 0 0 0 0 3 3 3 3
- Total number of X's in a month for individuals 18 or over\* . . . . . 0 0 0 0 0 0 0 0 0 0 2 2 2 2
- One-half the number of X's in a month for individuals under 18\* . . . . . 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.5 0.5 0.5 0.5
- Line 2 + line 3 for each month . . . . . 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 2.5 2.5 2.5 2.5
- Line 4 \* \$695 for each month. If \$2,085 or more, enter \$975 . . . . . 0 0 0 0 0 0 0 0 0 173 173 173 173
- Sum of number of X's on line 1 above for the year . . . . . 12
- Household income . . . . . 53,050
- Filing threshold . . . . . 20,700
- Line 7 minus line 8 . . . . . 32,350
- Line 9 \* 2.5% (.025) . . . . . 809
- Is line 10 more than \$2,085?  
☐ **Yes.** Multiply line 10 by the number of months for which line 1 is more than zero. } } 6,952  
☒ **No.** Enter the amount from line 14 of the Flat Dollar Amount Worksheet. } }
- Divide line 11 by 12.0 . . . . . 579

13. Line 6 \* \$223 ..... 2,676

14. Smaller of line 12 or line 13. This is your shared  
responsibility payment ..... 579

\* For purposes of figuring the shared responsibility payment, an individual is considered under 18 for an entire month if he or she did not turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born. For example, someone born on March 1, 1999, is considered age 18 on March 1, 2017.

END OF PAGE 1

David Jasper

SSN: 577-11-3311

Not  
For  
Filing

| FLAT DOLLAR AMOUNT MINI-WORKSHEET                                                                                                                                       |                                             |                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------|
| <b>Note:</b> Do not complete this Mini-Worksheet unless the amount on line 10 of the Shared Responsibility Payment Worksheet is less than \$2,085                       |                                             |                                           |
| For each month, is the amount on line 5 of the Shared Responsibility Payment Worksheet less than the amount on line 10 of the Shared Responsibility Payment Worksheet?* | <b>Yes</b><br>Enter the amount from line 10 | <b>No</b><br>Enter the amount from line 5 |
| 1. January                                                                                                                                                              |                                             |                                           |
| 2. February                                                                                                                                                             |                                             |                                           |
| 3. March                                                                                                                                                                |                                             |                                           |
| 4. April                                                                                                                                                                |                                             |                                           |
| 5. May                                                                                                                                                                  |                                             |                                           |
| 6. June                                                                                                                                                                 |                                             |                                           |
| 7. July                                                                                                                                                                 |                                             |                                           |
| 8. August                                                                                                                                                               |                                             |                                           |
| 9. September                                                                                                                                                            |                                             | 1,738                                     |
| 10. October                                                                                                                                                             |                                             | 1,738                                     |
| 11. November                                                                                                                                                            |                                             | 1,738                                     |
| 12. December                                                                                                                                                            |                                             | 1,738                                     |
| 13. Add the amounts in each column..                                                                                                                                    | 0                                           | 6,952                                     |
| 14. Add the amounts on line 13 of both columns. Enter the result on line 11 of the Shared Responsibility Payment Worksheet                                              |                                             | 6,952                                     |
| * If the amount on line 1 of the Shared Responsibility Payment Worksheet is -0- for any month, leave both columns of this Mini-Worksheet blank for that month.          |                                             |                                           |

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:

577-11-3311

☐ 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    |
|                                                                                                                                                                                                                | 26,125           | 2,800            |
|                                                                                                                                                                                                                | 3. Soc Sec Wages | 4. SocSec Tax WH |
| c. Employer/payer name, address, and zip code:<br>Name1:<br>Name2:<br>Street:<br>City:<br>State: ZIP:<br><input type="checkbox"/> Check if foreign address.<br>Country<br>Province/state/county<br>Postal code | 5. Med. Wages    | 6. Med. Tax WH   |
|                                                                                                                                                                                                                | 7. Soc Sec Tips  | 8. Alloc. tips   |
|                                                                                                                                                                                                                |                  |                  |
|                                                                                                                                                                                                                |                  |                  |

d. Control Number

Ver. code (optional)

10. Depndnt Care

e. Employee's name (1st,Ml,last,Jr)  
David  
Jasper  
☐ Do NOT carry name from Bkgd Wkst

11. Nonqual plans

12. See instrns. Code Amt.

f. Employee's address and ZIP code  
Add1: 4639 Honeysuckle Lane  
Add2:  
Apt No.  
Town/City Los Angeles  
State & ZIP CA 90248  
☐ 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 | Employer State Tax ID # | 16. State Wages | 17. State Tax | 18. Local Wages | 19. Local Tax | 20. Locality Name |
| CA        |                         |                 | 1,050         |                 |               |                   |
|           |                         |                 |               |                 |               |                   |
|           |                         |                 |               |                 |               |                   |
|           |                         |                 |               |                 |               |                   |

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 . . . . . | _____ |

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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:

477-98-4731

☐ 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    |
|                                                                                                                                                                                                                | 25,100           | 2,650            |
|                                                                                                                                                                                                                | 3. Soc Sec Wages | 4. SocSec Tax WH |
|                                                                                                                                                                                                                |                  |                  |
| c. Employer/payer name, address, and zip code:<br>Name1:<br>Name2:<br>Street:<br>City:<br>State: ZIP:<br><input type="checkbox"/> Check if foreign address.<br>Country<br>Province/state/county<br>Postal code | 5. Med. Wages    | 6. Med. Tax WH   |
|                                                                                                                                                                                                                |                  |                  |
|                                                                                                                                                                                                                | 7. Soc Sec Tips  | 8. Alloc. tips   |
|                                                                                                                                                                                                                |                  |                  |
|                                                                                                                                                                                                                |                  |                  |
|                                                                                                                                                                                                                |                  |                  |

d. Control Number

Ver. code (optional)

10. Depndnt Care

e. Employee's name (1st,Ml,last,Jr)  
Darlene  
Jasper  
☐ Do NOT carry name from Bkgd Wkst

11. Nonqual plans

12. See instrns. Code Amt.

f. Employee's address and ZIP code  
Add1: 4639 Honeysuckle Lane  
Add2:  
Apt No.  
Town/City Los Angeles  
State & ZIP CA 90248  
☐ 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 | Employer State Tax ID # | 16. State Wages | 17. State Tax | 18. Local Wages | 19. Local Tax | 20. Locality Name |
| CA        |                         |                 | 900           |                 |               |                   |
|           |                         |                 |               |                 |               |                   |
|           |                         |                 |               |                 |               |                   |
|           |                         |                 |               |                 |               |                   |

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 **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 . . . . .

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Actual expenses for utilities . . . . .

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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> |
| <hr/>                                        |             |
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