

COVER PAGE

Filing Checklist for 2016 Tax Return Filed On Standard Forms

Prepared on: 12/12/2016 07:45:51 am

Return: C:\Users\Smokey\Desktop\Tax\2016 Whittenburg\Chapter 6\Richard McCarthy 2016 Tax Return.T16

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

Step 1. Sign and date the return

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

Step 2. Assemble the return

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

- Form 8962

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

Form W-2: Wage and Tax Statement

1st

Step 3. Mail the return

Mail the return to this address:

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

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

- U.S. Postal Service certified mail.

- DHL Express, Express 9:00, Express 10:30, Express 12:00, Express Worldwide, Express Envelope, Import Express 10:30, Import Express 12:00, and Import Express Worldwide.

- FedEx First Overnight, Priority Overnight, Standard Overnight, 2 Day, International Next Flight Out, International Priority, International First, or International Economy.

- United Parcel Service Next Day Air Early AM, Next Day Air, Next Day Air Saver, 2nd Day Air, 2nd Day Air A.M., Worldwide Express Plus, or Worldwide Express.

Step 4. Keep a copy

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

- Background Worksheet
- Last Year's Data Worksheet
- Home Mortgage Interest Worksheet
- Charitable Worksheet
- Form 1095-A
- Health Care Coverage
- Health Care Summary

2016 return information - Keep this for your records

Here is some additional information about your 2016 return. Keep this information with your records.

You will need your 2016 AGI to electronically sign your return next year.

Quick Summary

Income		\$32,000
Adjustments	-	\$0
Adjusted gross income		\$32,000
Deductions	-	\$6,300
Exemption(s)	-	\$4,050
Taxable income		\$21,650

Tax withheld or paid already		\$4,100
Actual tax due	-	\$3,300
Refund applied to next year	-	\$0
Refund		\$3,300

Refund

\$800

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

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

Elec Campaign Check if you/spouse want \$3 to go to fund ☐ You ☐ Spouse

Filing Status **1** ☒ Single **4** ☐ Head of hshld. If qual person a child but not your dependent, child's name:

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

3 ☐ Married filing separately **5** ☐ Qual widow w/dep child

one box. Spouse name ▶

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

b ☐ Spouse

c Dependents:

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

If > 4 dependents, check here ☐ **d** Total number of exemptions claimed Add nos. above 1

Income

7 Wages, etc

7

22,000

Attach copy B

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

8a

8b Tax-exempt interest

8b

0

9a Ordinary dividends

9a

0

b Qual divs

9b

0

MINI-WORKSHEET FOR LINE 7, WAGES

a. Wages not on W-2 Self: _____ Spouse: _____

b. Total from line a 0

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

c. Wages from W-2's 22,000

d. Total for line 7 22,000

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) 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) PRIZES, AWARDS	21	10,000
	22	Combine lines 7 through 21. Your total income	22	32,000
Adjusted	23	Educator expenses 23		0

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

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

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

Gross	32	IRA deduction (see instr)	32	0
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**MINI-WORKSHEET FOR LINE 33,
STUDENT LOAN INTEREST DEDUCTION**

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

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

Income	33	Student loan interest deduction	33	
	34	Tuition & fees. Attach Form 8917	34	
	35	Dom. prod. act. ded. (Fm 8903)	35	0
	36	Lns 23 - 35 ▶	36	0
	37	Line 22 - line 36. Your adjusted gross income ▶	37	32,000

KIA

END OF PAGE 1

Richard McCarthy

SSN: 865-68-9635

Not
For
Filing

Tax and 38 Amount from line 37 (adjusted gross income) 38 32,000

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

MINI-WORKSHEET FOR LINE 39b

a. Married, filing separately and spouse itemizes

b. Are you a dual-status alien

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

MINI-WORKSHEET FOR LINE 40,
STANDARD VS ITEMIZED DEDUCTION

a. Your standard deduction (calculated) 6,300

b. Itemized deductions (from Schedule A) 600

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 6,300

40 Itemized deductions or standard deduction 40 6,300

Check here if you itemized

41 Subtract line 40 from line 38 41 25,700

MINI-WORKSHEET FOR PERSONAL EXEMPTIONS

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

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

c. Amount on Line 38

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

e. Line c minus line d

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

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

h. Line b multiplied by line g

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

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

43 Taxable income. Ln 41 minus 42 (not less than 0) 43 21,650

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	2,788
45	Alternative minimum tax. (Form 6251)	45	0
46	Excess adv prem tax cr repmt. Attach Form 8962	46	512
47	Add lines 44, 45, and 46	47	3,300

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

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

48	Foreign tax credit (1116 if req'd)	48	0
49	Child care credit (Form 2441)	49	
50	Educ credits from Fm 8863, line 19	50	
51	Retirement savings crdt (Fm 8880)	51	0
52	Child tax credit	52	
Note: Attach Schedule 8812, if required.			
53	Residential energy crdts (Fm 5695)	53	
54	Other credits. Check: a <input type="checkbox"/> Fm 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> Specify _____	54	0
55	Add lines 48 through 54. Your total credits	55	0
56	Subtract line 55 from line 47 (not less than 0)	56	3,300
Other Taxes	57 Self-employment tax. (Sched SE)	57	0
	58 Unreported tax from: a <input type="checkbox"/> Fm 4137 b <input type="checkbox"/> Fm 8919	58	0
	59 Tax on IRAs, qualified plans, etc. (Form 5329)	59	0
60a	Household employment taxes from Schedule H	60a	0
	b First-time homebuyer credit repayment. Form 5405	60b	0
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code _____	62	0
63	Lns 56 to 62. Total tax	63	3,300

**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) 2,800
- b.** Oth fed inc tax w/h (W-2, W-2G, 1099-G, 1099-R, SSA-1099, RRB-1099) 1,300
- c.** Add'l Medicare tax withholding from Form 8959 0
- d.** Total federal tax withheld (to line 64) 4,100

Pay-ments	64	Federal income tax withheld	64	4,100
	65	2016 est tax + amt from 15 return	65	0
	66a	EIC	66a	
	b	Nontax combat pay 66b _____		
Note: Attach Schedule EIC if you have a qualifying child.				
	67	Add'l chld tax cr. Attach Sch 8812	67	
	68	American opp crdt, Fm 8863, ln 8	68	
	69	Net prem tax cr. Attach Form 8962	69	
	70	Amt pd with extension request	70	

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

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

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

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

a. Credits from Form 2439 or 8885 0

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

c. Total for line 73 0

73 Credits from: a ☐ 2439 b ☐ Reserved c ☐ 8885d ☐ 73 0

74 Lines 64, 65, 66a, 67 - 73. Total payments 74 4,100

Refund 75 If line 74 is larger than line 63, amt overpaid 75 800

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

Check if Form 8888 is attached: ☐ 76a 800deposit? b Routing number xxxxxxxx c Type: ☒ Checking ☐ Savings

See d Account number xxxxxxxxxxxxxxxx

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

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

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

Payment Voucher, see IRS instructions.

You Owe 79 Amount of penalty on Form 2210 79

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

gnee Designee's name: Phone PIN

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

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

Sign here	Signature:	Date	Your occupation	Day tel.
	Spouse's sig (req'd if jt.)	Date	Delivery person Spouse's occupation	IP PIN
Keep a copy for your records.	Preparer name	Preparer signature	Date	Self- empl? <input type="checkbox"/>
	Firm's name		Firm's EIN	PTIN
	Firm's address		Ph	

END OF FORM

Name: Richard McCarthy

Soc Sec. No. 865-68-9635

To get the most accurate results, we strongly recommend that you use our Interview to complete this form. Under **Taxes, Payments, and Penalties**, choose **Health Insurance Coverage**.

Certain information on this form carries from the Form 8962 Information form. Complete the Form 8962 Information form before completing this form.

You might need to override amounts on this form if you are electing to take a Health Coverage Tax Credit on Form 8885.

You cannot claim the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box.

Users claiming a self-employed health insurance deduction (SEHID):
See IRS Publication 974 and override amounts on the Self-Employed Health Insurance Worksheet and elsewhere in your return as appropriate if any of these situations apply:

- You check any of the three checkboxes immediately following
- You answer **Yes** to either of the questions in the Mini-Worksheet for Allocating Policy Amounts and Alternative Marriage Calculation above line 9
- You have more than one business with an insurance policy established under it OR have a rental real estate loss with active participation

Check here if anyone in your household was incarcerated after disposition of charges in 2016: ☐

Check here if anyone in your household was not lawfully present in the U.S. in 2016: ☐

Check here if anyone in your household could have enrolled in another type of minimum essential coverage that would have covered them at the same time as their marketplace insurance: ☐

Note: Override our calculations as necessary if you check any of the three preceding checkboxes.
Note: Override our calculations as necessary if you are claiming a Health Coverage Tax Credit on Form 8885.

Part I: Annual and Monthly Contribution Amount

1. Tax family size: Exemptions from Frm 1040/1040A, line 6d 1 1

Your Modified AGI	
a. Adjusted gross income (Form 1040, line 37)	32,000
b. Foreign earned income and housing exclusions (Forms 2555/2555-EZ)	0
c. Foreign housing deduction (Form 2555)	0
d. Tax-exempt interest	0
e. Nontaxable Social Security benefits (including tier 1 railroad retirement benefits)	0
f. Your modified adjusted gross income. Lns a - e	32,000
Your Dependents' Modified AGI	
a. Dependent's modified adjusted gross income	0
b. Form 8814 amount	0

2a. Your MAGI (see instr) 2a 32,000 Dependents' MAGI.. 2b 0

3. Household Income: Line 2a + line 2b 3 32,000

Federal Poverty Line	
a. Check here if you (or your spouse if married filing jointly) lived in Alaska at any time during 2016	<input type="checkbox"/>
b. Check here if you (or your spouse if married filing jointly) lived in Hawaii at any time during 2016	<input type="checkbox"/>

4. Federal poverty line: Federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check appropriate box for federal poverty table used:

a. Alaska ☐ b. Hawaii ☐ c. Other 48 states and DC ☒ 4 11,770

Household Income as a Percentage of the Federal Poverty Line	
a. Enter the amount from line 3 of Form 8962	32,000
b. Enter the amount from line 4 of Form 8962	11,770
c. Line b * 4.0	47,080

d. Is the amount on line a. more than the amount on line c?
☐ **Yes.** The amount on line a. is more than 400% of the Federal poverty line. Enter 401 here and on line 5 of Form 8962.
☒ **No.** Divide the amount on line a. by the amount on line b. If the result is not a whole percentage, do **not** round, use **only** the first two numbers after the decimal point. Enter the result here and on line 5 of Form 8962. 271

5. Household income as a percentage of federal poverty line (see instructions) 5 271

Line 5 Less Than 100%

a. Check here if your estimated household income at the time of enrollment was between 100% and 400% of the Federal poverty line, there was advance payment of the Premium Tax Credit during 2016, and you otherwise qualify for the Premium Tax Credit. See instructions ☐

b. Check here if you are a lawfully admitted resident alien who does not qualify for Medicaid but who does qualify for the Premium Tax Credit. See instructions ☐

6. Did you enter 401% on line 5? (See instructions if you entered less than 100%.)
☒ **No.** Continue to line 7.
☐ **Yes.** You are not eligible to take the PTC. If advance payment of the PTC was made, see instructions for how to report your excess advance PTC repayment amount.

7. Applicable Figure -- from "applicable figure" in instr 7 0.0880

8. Annual contribution amount 8a 2,816 Monthly contrib amount 8b 235

Part II: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

Allocating Policy Amounts and Alternative Marriage Calculation

a Are you allocating policy amounts with another taxpayer (see instructions)? ☐ Yes ☐ No

b Do you want to use the alternative calculation for year of marriage (see instructions)? ☐ Yes ☐ No

9. Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instr.)?
☐ **Yes.** Skip to Part IV or Part V ☒ **No. Continue to line 10.**

10. See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☒ **Yes. Continue to line 11.** Compute annual PTC. Then skip lines 12 - 23 and go to line 24.
☐ **No. Continue to lines 12 - 23.** Compute monthly PTC, continue to l. 24.

Annual Calc	A Premium Amount (1095-A, line 33A)	B Annual Premium Amt of SLCSP (1095-A, line 33B)	C Annual Contrib Amount (l. 8a)	D Annual Maximum Premium Assist (col. B minus col. C)	E Annual Premium Tax Crdt Allowed (Smaller of col A or col D)	F Annual Advance Payment of PTC (1095-A, l. 33C)
11. Annual Totals	3,600	4,008	2,816	1,192	1,192	1,704

Monthly Calc	A Monthly Premium Amount (1095-A, ls 21-32, col. A)	B Monthly Premium Amt of SLCSP (1095-A, ls 21-32 col. B)	C Monthly Contrib Amount (l. 8b, or alt. marriage monthly calc)	D Monthly Maximum Premium Assist (col. B minus col. C)	E Monthly Premium Tax Crdt Allowed (Smaller of col A or col D)	F Monthly Advance Payment of PTC (1095-A, ls 21-32, col. C)
12. Jan						
13. Feb						
14. Mar						

15.	Apr					
16.	May					
17.	Jun					
18.	Jul					
19.	Aug					
20.	Sep					
21.	Oct					
22.	Nov					
23.	Dec					

24.	Total Premium Tax Credit: Line 11E or lines 12E - 23E	24	1,192
25.	Advance Payment of PTC: Line 11F, or lines 12F - 23F	25	1,704
26.	Net Premium Tax Credit: If line 24 is greater than line 25, then line 24 minus line 25. If you elected the alternative calculation for marriage, enter -0-. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	

Part III: Repayment of Excess Advance Payment of the Premium Tax Credit

27.	Excess advance payment of PTC: If line 25 is greater than line 24, then line 25 minus line 24	27	512
28.	Repayment limitation (see instructions)	28	750
29.	Excess advance premium tax credit repayment. Smaller of line 27 or line 28	29	512

END OF PAGE 1

Note: The program does not use values entered in Parts IV and V. After

Note: The program does not use values entered in Parts IV and V. After making any necessary entries in Parts IV and V, be sure to review Parts I - III of the form and enter or adjust amounts there as appropriate.

Part IV: Allocation of Policy Amounts

Complete the following information for up to four shared policy allocations. See the instructions for allocation details.

Allocation 1

30. a Policy No. (1095-A, In 2)	b SSN of taxpayer sharing allocation	c Allocation start mo.	d Allocation stop mo.
Allocation percentage applied to monthly amounts	e Premium Percentage	f SLCSP Percentage	g Advance Payment of the PTC Percentage

Allocation 2

31. a Policy No. (1095-A, In 2)	b SSN of taxpayer sharing allocation	c Allocation start mo.	d Allocation stop mo.
Allocation percentage applied to monthly amounts	e Premium Percentage	f SLCSP Percentage	g Advance Payment of the PTC Percentage

Allocation 3

32. a Policy No. (1095-A, In 2)	b SSN of taxpayer sharing allocation	c Allocation start mo.	d Allocation stop mo.
Allocation percentage applied to monthly amounts	e Premium Percentage	f SLCSP Percentage	g Advance Payment of the PTC Percentage

Allocation 4

33. a Policy No. (1095-A, In 2)	b SSN of taxpayer sharing allocation	c Allocation start mo.	d Allocation stop mo.
Allocation percentage applied to monthly amounts	e Premium Percentage	f SLCSP Percentage	g Advance Payment of the PTC Percentage

34. Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12 - 23, columns (a), (b), and (f). Compute the amounts for lines 12 - 23, columns (c) - (e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

Part V: Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12 - 23, see the instructions for this Part V.

35. Alternative entries for your SSN	a Alternative family size	b Alternative monthly contribution amount	c Alternative start month	d Alternative stop month
36. Alternative entries for your spouse's SSN	a Alternative family size	b Alternative monthly contribution amount	c Alternative start month	d Alternative stop month

SUPPORTING FORMS

RE: 2016 Tax Returns

PREPARED FOR: Richard McCarthy

SSN: 865-68-9635

PRINTED ON: December 12, 2016

PREPARED USING: H&R Block 2016 [3203]

SUPPORTING FORMS WHICH CAN BE SUBMITTED TO THE IRS

SUPPORTING FORMS IN YOUR RETURN

1. - Background Worksheet - Background Information Worksheet
2. - Last Year's Data Worksheet - Last Year's Data Worksheet
3. - Home Mortgage Interest Worksheet - Home Mortgage Interest Worksheet
4. - Charitable Worksheet - Charitable Donations Worksheet
5. - Form 1095-A - Health Insurance Marketplace Statement
6. - Health Care Coverage - Health Care Coverage
7. - Health Care Summary - Health Care Summary

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

1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

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

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

C/O information, if necessary

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any)169 Trendie Street6B

Your city, state, and ZIP codeLa Jolla, CA 92037

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 number865-68-9635	
b.	Date of birth (MM/DD/YYYY)9/18/1971	
c.	"X" if legally blind <input type="checkbox"/>	<input type="checkbox"/>
d.	Enter "X" if disabled <input type="checkbox"/>	<input type="checkbox"/>
e.	OccupationDelivery person	
f.	"X" if you want \$3 to go to Pres. Elec. Campaign Fund <input type="checkbox"/>	<input type="checkbox"/>

~~~~~

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

3. FILING STATUS

a. Choose your filing status below:

☒ Single

☐ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

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

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

I want to itemize my deductions

I want to use the standard deduction

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

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

Click here to clear or make a new selection

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

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

---

**BACKGROUND INFO CONTINUED ON PAGE 2**

*END OF PAGE 1*

---

4. EXEMPTIONS FOR YOU AND YOUR SPOUSE

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

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

5. TAXES PAID/WITHHELD

- a. Estimated taxes paid (do not include 2015 refund applied):
- | Date                         | Amount |
|------------------------------|--------|
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
| Total estimated tax payments | 0      |
- Note:** If you and your spouse each filed separate extensions but are now filing a joint return, or if you jointly filed an extension but are now filing separate returns, see the IRS instructions to Form 4868 and adjust the amount on line b. accordingly.
- b. Amount paid with Form 4868 (for October returns) \_\_\_\_\_
- c. Withholding on Form 1099-B \_\_\_\_\_ 0
- d. Withholding on Form 1099-PATR \_\_\_\_\_

6. PAYING YOUR TAXES BY CREDIT CARD

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

7. REFUND INFORMATION

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



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

---

**Applying Refund to Your 2017 Estimated Tax**

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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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Not  
For  
Filing

8. THIRD PARTY DESIGNEE

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

*If Yes, complete the following information:*

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

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

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

9. RETURN ASSISTANCE

How was this return prepared:

☒ By yourself.

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

10. STATE TAX RETURNS

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

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

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

2015 Form 1040, 1040A or 1040EZ

1a Filing status: 

☒ Single

☐ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

Spouse's Social Security number

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

1b Form filed: 

Eligible for: 

☒ Form 1040

☐ Form 1040A

☐ Form 1040EZ

Filed: 

☒ Form 1040

☐ Form 1040A

☐ Form 1040EZ

2 Number of exemptions (1040 line 6, 1040A line 6) 1

3 Number of additional deductions (1040 line 39a, 1040A line 23a) 0

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

4a Adjusted gross income (1040 line 37, 1040A ln 21, 1040EZ ln 4) 32,000

4b Taxable income (1040 line 43, 1040A ln 27, 1040EZ ln 6) 21,700

4c Foreign earned income tax worksheet, line e (Form 1040) 0

5 Itemized deductions (1040, above line 40)

6 Tax less certain credits (1040 line 56, 1040A line 37, 1040EZ line 10) 3,310

7 Self-employment tax (1040 line 57) 0

8 Alternative minimum tax (1040 line 45, 1040A line 28 write-in) 0

9a Household employment tax (1040 line 60a) 0

9b Homebuyer credit repayment, Form 5405, line 8 (1040 line 60b) 0

10 Earned income credit (1040 ln 66a, 1040A ln 42a, 1040EZ ln 8a) 0

11 Refund applied to 2016 (1040 line 77, 1040A line 49) 0

12 Interest on tax due on installment income from lots/timeshares 0

13 Interest on deferred tax on gain from certain installment sales with sales price over \$150,000 0

14 Tax on income received from nonqualified deferred compensation plan that fails to meet requirements 0

2015 Schedule D

15 Used Schedule D Tax Worksheet ☐ Yes ☐ No

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

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

17 Line 19 of Schedule D

18 Line 10 of Schedule D Tax Worksheet

19 Line 19 of Schedule D Tax Worksheet

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

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

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

2015 Form 2555

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

22 Line 46 (yours)

23 Line 48 (yours)

24 Line 46 (spouse's)

25 Line 48 (spouse's)

2015 Form 4136

26 Total fuel tax credit (line 17) 0

## 2015 Form 4952

|    |                                                       |   |
|----|-------------------------------------------------------|---|
| 27 | Disallowed investment interest expense (line 7)       | 0 |
| 28 | Disallowed investment interest expense (AMT) (line 7) |   |

## 2015 Form 5329

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

## 2015 Form 5405

|    |                                  |  |
|----|----------------------------------|--|
| 33 | 2015 Homebuyer credit re-payment |  |
|----|----------------------------------|--|

## 2015 Form 5695

|    |                                                                 |  |
|----|-----------------------------------------------------------------|--|
| 34 | Residential energy efficient property cr carryforward (line 12) |  |
|----|-----------------------------------------------------------------|--|

## 2015 Form 6251

|    |                                                                |        |
|----|----------------------------------------------------------------|--------|
| 35 | Adjusted gross income minus itemized deductions (line 1)       | 32,000 |
| 36 | Medical and dental expenses (line 2)                           | 0      |
| 37 | Taxes from Schedule A if you itemize (line 3)                  | 0      |
| 38 | Certain interest on a home mortgage (line 4)                   | 0      |
| 39 | Miscellaneous deductions (line 5)                              | 0      |
| 40 | Amount from line 6 (enter as negative)                         | 0      |
| 41 | Tax refund from Form 1040 (line 7; enter as negative)          | 0      |
| 42 | Investment interest expense (reg. - AMT) (line 8)              | 0      |
| 43 | Depletion differences (line 9)                                 | 0      |
| 44 | Net operating loss (line 10; enter as positive)                | 0      |
| 45 | Interest from specified private activity bonds (line 12)       | 0      |
| 46 | Qualified small business stock (line 13)                       | 0      |
| 47 | Regular tax minus 4972 amount and foreign tax credit (line 34) | 3,310  |

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

2016

Richard McCarthy SSN: 865-68-9635

## 2015 Form 8801

|    |                                           |   |
|----|-------------------------------------------|---|
| 48 | Prior Year AMT less AMT (Line 18)         | 0 |
| 49 | Fuel credit (Line 20)                     | 0 |
| 50 | Allowable minimum tax credit (line 25)    | 0 |
| 51 | Minimum tax credit carryforward (line 26) | 0 |

## 2015 Schedule 8812

|    |                                       |  |
|----|---------------------------------------|--|
| 52 | Additional child tax credit (line 13) |  |
|----|---------------------------------------|--|

## 2015 Form 8859

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

## Miscellaneous 2015 Taxes

|    |                                                                  |   |
|----|------------------------------------------------------------------|---|
| 54 | Recapture of investment credit                                   | 0 |
| 55 | Recapture of low-income housing credit                           | 0 |
| 56 | Recapture of Indian employment credit                            | 0 |
| 57 | Recapture of new markets credit                                  | 0 |
| 58 | Section 72(m)(5) excess benefits tax                             | 0 |
| 59 | Tax on excess parachute payments                                 | 0 |
| 60 | Tax on accumulation distribution of trusts                       | 0 |
| 61 | Tax on medical savings account distributions                     | 0 |
| 62 | Recapture of employer-provided childcare facilities              | 0 |
| 63 | Tax on health savings account distributions                      | 0 |
| 64 | Tax on Medicare Advantage MSA distributions                      | 0 |
| 65 | Recapture of alternative motor vehicle credit                    | 0 |
| 66 | Recapture of alternative fuel vehicle refueling property credit  | 0 |
| 67 | Certain tax on Sec. 457A deferred compensation                   | 0 |
| 68 | Tax for failure to maintain HDHP coverage                        | 0 |
| 69 | Recap of charitable deduction for fractional tang pers prop int  | 0 |
| 70 | Interest from Frm 8621, ln 16f (Sec 1291 fund distr/disposition) | 0 |
| 71 | Recapture of qual'd plug-in electric drive motor vehicle credit  | 0 |

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

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

**Not  
For  
Filing**

- 72 ☒ Income taxes deducted  
73 ☐ General sales taxes deducted  
73 ☐ Sales tax calculated
- 74 State or local income tax deducted ..... 600  
75 Sales tax you could have deducted ..... 543  
76 Sales tax on major purchases ..... 0

---

**Electronic Filing Information**

---

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

---

**Amounts Needed for Form 2210**

---

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

Richard McCarthy

SSN: 865-68-9635

Is this Worksheet for ☒ Yourself ☐ Your spouse ☐ Both of youWas 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 \_\_\_\_\_

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 \_\_\_\_\_

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 _____

END OF PAGE 1

Richard _____ McCarthy _____

SSN: 865-68-9635

Not
For
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 11.f of the corresponding Rentals and Royalties Worksheet.)

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

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

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

END OF PAGE 2

Richard McCarthy

SSN: 865-68-9635

EXPLANATORY STATEMENT

Not
For
Filing

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]

1b. Sum of entries from table above	1b	<u>0</u>
--	-----------	----------

	(a) Subject to 50% Limit	(b) Subject to 30% Limit	(c) Total
2. From K-1	0	0	0
3. Mileage for charitable purposes			
a. From DeductionPro	0		
Note: You might need to adjust amounts on line 3a if total charitable contributions (including carryovers) exceed 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	0
----	--	---	---

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

**Not
For
Filing**

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 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	0
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 capital gain donations subject to 30% limit	0
6.	Carryover capital gain donations subject to 30% limit	0
7.	Current-year capital gain donations subject to 20% limit	0
8.	Carryover capital gain donations subject to 20% limit	0

		Deduction in 2016	Carryover to 2017
2016 Donations Subject to 50% Limit			
9.	Adjusted gross income	32,000	
10.	Your 50% limit. Line 9 * 0.5	16,000	
11.	Smaller of line 1 or line 10	0	
12.	Line 1 minus line 11		0
13.	Line 10 minus line 11	16,000	
Carryover Donations Subject to 50% Limit			
14.	Smaller of line 2 or line 13	0	
15.	Line 2 minus line 14		0
16.	Line 13 minus line 14	16,000	
2016 Donations Subject to 30% Limit			
17.	Sum of lines 1, 2, 5, and 6	0	
18.	Your 30% limit. Line 9 * 0.3	9,600	
19.	Line 10 minus line 17	16,000	
20.	Smallest of lines 3, 18, or 19	0	
21.	Line 3 minus line 20		0
22.	Line 19 minus line 20	16,000	
23.	Line 18 minus line 20	9,600	
Carryover Donations Subject to 30% Limit			
24.	Smallest of lines 4, 22, or 23	0	
25.	Line 4 minus line 24		0
26.	Line 16 - sum of lines 20 and 24	16,000	
2016 Capital Gain Donations Subject to 30% Limit			
27.	Smallest of lines 5, 18, or 26	0	
28.	Line 5 minus line 27		0
29.	Line 26 minus line 27	16,000	
30.	Line 18 minus line 27	9,600	
Carryover Capital Gain Donations Subject to 30% Limit			
31.	Smallest of lines 6, 29, or 30	0	
32.	Line 6 minus line 31		0
33.	Line 29 minus line 31	16,000	
34.	Line 30 minus line 31	9,600	
35.	Line 23 minus line 24	9,600	
2016 Capital Gain Donations Subject to 20% Limit			
36.	Your 20% limit. Line 9 * 0.2	6,400	
37.	Smallest of lines 7, 33, 34, 35, or 36	0	
38.	Line 7 minus line 37		0
39.	Line 33 minus line 37	16,000	

40.	Line 34 minus line 37	<u>9,600</u>		
41.	Line 35 minus line 37	<u>9,600</u>		
42.	Line 36 minus line 37	<u>6,400</u>		
Carryover Capital Gain Donations				
Subject to 20% Limit				
43.	Smallest of lines 8, 39, 40, 41, or 42		<u>0</u>	
44.	Line 8 minus line 43			<u>0</u>
Summary of Deductions and Carryovers				
45.	Total deduction this year		<u>0</u>	
46.	Total carryover to next year			<u>0</u>

PART V CARRYOVERS TO FUTURE YEARS

Carryover of charitable donations from:	Regular		Capital Gain	
	50%	30%	30%	20%
a. 2016	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
b. 2015	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
c. 2014	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
d. 2013	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
e. 2012	<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>

PART VI SUMMARY OF AMOUNTS FOR SCHEDULE A

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

To get the most accurate results, we strongly recommend that you use our Interview to complete this form. Under **Taxes, Payments, and Penalties**, choose **Health Insurance Coverage**.

Part I Recipient Information

1 Marketplace identifier CA	2 Marketplace-assigned policy number 	3 Policy issuer's name
4 Recipient's name 	5 Recipient's SSN 	6 Recipient's DOB
7 Recipient's spouse's name 	8 Recipient's spouse's SSN 	9 Recipient's spouse's DOB
10 Policy start date 	11 Policy termination date 	12 Street address (incl. apartment number)
13 City or town 	14 State or province 	15 Country and ZIP or foreign postal code

Part II Coverage Individuals

16	A Covered individual Name Richard McCarthy	B Covered individual SSN 865-68-9635	C Covered individual DOB 9/18/1971	D Coverage start date	E Coverage termination date
17	A Covered individual Name	B Covered individual SSN	C Covered individual DOB	D Coverage start date	E Coverage termination date
18	A Covered individual Name	B Covered individual SSN	C Covered individual DOB	D Coverage start date	E Coverage termination date
19	A Covered individual Name	B Covered individual SSN	C Covered individual DOB	D Coverage start date	E Coverage termination date
20	A Covered individual Name	B Covered individual SSN	C Covered individual DOB	D Coverage start date	E Coverage termination date

Part III Coverage Information

Household Member Age 65 or Older

Was anyone in your household enrolled in the marketplace while age 65 or older in 2016?

☐ Yes.

☐ No.

The amounts in Boxes 21-32 might be incorrect if you had a life change or enrollment change during 2016.

Are the amounts shown in Boxes 21-32, columns A, B, and C, **correct** and **the exact same for all 12 months**?

☐ **Yes.** Enter your monthly amounts in the Monthly Amounts the Exact Same section below.

☐ **No.** Enter your monthly amounts (after any necessary correction) in the Monthly Amounts Not the Exact Same section below.

Not
For
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Monthly Amounts the Exact Same

	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
Monthly amount			
Annual total			

Monthly Amounts Not the Exact Same

	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	300.00	334.00	142.00
22 February	300.00	334.00	142.00
☒ Copy previous month			
23 March	300.00	334.00	142.00
☒ Copy previous month			
24 April	300.00	334.00	142.00
☒ Copy previous month			
25 May	300.00	334.00	142.00
☒ Copy previous month			
26 June	300.00	334.00	142.00
☒ Copy previous month			
27 July	300.00	334.00	142.00
☒ Copy previous month			
28 August	300.00	334.00	142.00
☒ Copy previous month			
29 September	300.00	334.00	142.00
☒ Copy previous month			
30 October	300.00	334.00	142.00
☒ Copy previous month			
31 November	300.00	334.00	142.00
☒ Copy previous month			
32 December	300.00	334.00	142.00
☒ Copy previous month			
33 Annual totals	3,600.00	4,008.00	1,704.00

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HEALTH CARE COVERAGE

SSN:

Name of individual: Richard McCarthy
Individual's SSN 865-68-9635
Individual's date of birth: 9/18/1971

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

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HEALTH CARE COVERAGE SUMMARY

Not
For
Filing

Richard McCarthy SSN: 865-68-9635

Information about affected individual:

Name Richard McCarthy
SSN 865-68-9635
Date of birth (MM/DD/YYYY) 9/18/1971

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

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

Is this W-2 for:

☒ Yourself

☐ Your spouse

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

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

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

a. Employee's SSN:

865-68-9635

☐ 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
	22,000	1,300
	3. Soc Sec Wages	4. SocSec Tax WH
c. Employer/payer name, address, and zip code:	5. Med. Wages	6. Med. Tax WH
	7. Soc Sec Tips	8. Alloc. tips

d. Control Number

Ver. code (optional)

10. Depndnt Care

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

Richard

McCarthy

☐ Do NOT carry name from Bkgd Wkst

11. Nonqual plans

12. See instrns. Code Amt.

f. Employee's address and ZIP code

Add1: 169 Trendie Street

Add2:

Apt No. 6B

Town/City La Jolla

State & ZIP CA 92037

☐ Check if foreign address.

Country

Province/state/county

Postal code

☐ Do NOT carry addr from Bkgd Wkst

13. Statutory employee . . ☐

Retirement plan ☐

Third party sick pay . . . ☐

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

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

14. Other Description

Other Amt.

15. State	Employer State Tax ID #	16. State Wages	17. State Tax	18. Local Wages	19. Local Tax	20. Locality Name
			600			

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

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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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