

## COVER PAGE

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

Prepared on: 12/12/2016 08:11:25 am

Return: C:\Users\Smokey\Desktop\Tax\2016 Whittenburg\Chapter 7\Warner Robins 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, Warner and Augustine 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.

Get your appraiser to complete and sign Section B, Part III, of copy 1 of Form 8283. If your total deduction for art is \$20,000 or more, attach a copy of the complete written appraisal to your return. Finally, have the charity complete and sign Section B, Part IV, of the Form 8283.

Have the charity complete and sign Section B, Part IV, of copy 1 of Form 8283.

#### Step 2. Assemble the return

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

- Schedule A
- Form 8283

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

Form W-2: Wage and Tax Statement

1st

Attach any of these additional documents to the back of the return:

Form 8283, Noncash Charitable Contributions (appraisal)

#### Step 3. Mail the return

Mail the return to this address:

**Department of the Treasury  
Internal Revenue Service  
Kansas City, MO 64999-0002**

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

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

#### Step 4. Keep a copy

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

- Background Worksheet
- Last Year's Data Worksheet
- Form 1099-INT/OID
- Home Mortgage Interest Worksheet
- Charitable Worksheet
- IRA Contributions
- Noncash or Item Donations
- 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		\$152,150
Adjustments	-	\$11,320
Adjusted gross income		\$140,830
Deductions	-	\$89,605
Exemption(s)	-	\$8,100
Taxable income		\$43,125
Tax withheld or paid already		\$8,000
Actual tax due	-	\$5,541
Refund applied to next year	-	\$0
Refund		\$2,459

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-

tionship

(4) # Children

Crdt

#

Lived w/

If > 4

depen-

dents,

check

here

d

Total number of exemptions claimed

Add nos. above

MINI-WORKSHEET FOR LINE 7, WAGES

a. Wages not on W-2

Self:

Spouse:

b. Total from line a

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

c. Wages from W-2's

d. Total for line 7

Income

7

Wages, etc

7

151,700

Attach

copy B

8a

Taxable interest income. (Sch B if required)

8a

450

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)

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 . . . . . <b>15a</b> <b>b</b> Taxbl	15b	0
	16a	Pension, annuities . . . . . <b>16a</b> <b>b</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 . . . . . <b>20a</b> <b>b</b> Taxable . . . . .	20b	
	21	Other income (type and amt) . . . . .	21	0
	22	Combine lines 7 through 21. Your <b>total income</b> . . . . .	22	152,150
Adjusted	23	Educator expenses . . . . . <b>23</b>		

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	
30	Penalty on early w/drawal of svgs . . . . .	30	320
31a	Alimony pd . . bRecip SSN ▶	31a	

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

- a. Your IRA deduction . . . . . 5,500  
b. Your spouse's IRA deduction . . . . . 5,500  
c. Total (to line 32) . . . . . 11,000

Gross 32 IRA deduction (see instr) . . . . . 32 11,000

**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	11,320
	37	Line 22 - line 36. Your <b>adjusted gross income</b> . . . . . ▶	37	140,830

KIA  
END OF PAGE 1

Not  
For  
Filing

Tax and 38 Amount from line 37 (adjusted gross income) 38 140,830

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) 89,605  
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 89,605

40 Itemized deductions or standard deduction 40 89,605

Check here if you itemized

41 Subtract line 40 from line 38 41 51,225

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

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

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

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	<b>Tax.</b> See instr. Check if total includes tax from <b>a</b> <input type="checkbox"/> 8814 <b>b</b> <input type="checkbox"/> 4972 <b>c</b> <input type="checkbox"/> _____	44	5,541
45	<b>Alternative minimum tax.</b> (Form 6251) . . . . .	45	0
46	Excess adv prem tax cr repmt. Attach Form 8962 . . . . .	46	
47	Add lines 44, 45, and 46 . . . . .	47	5,541

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

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

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

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

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

55	Add lines 48 through 54. Your <b>total credits</b> . . . . .	55	0
56	Subtract line 55 from line 47 (not less than 0) . . . . .	56	5,541

57	Self-employment tax. (Sched SE) . . . . .	57	0
58	Unreported tax from: <b>a</b> <input type="checkbox"/> Fm 4137 <b>b</b> <input type="checkbox"/> Fm 8919	58	0
59	Tax on IRAs, qualified plans, etc. (Form 5329) . . . . .	59	0
60a	Household employment taxes from Schedule H . . . . .	60a	0
60b	First-time homebuyer credit repayment. Form 5405 . . . . .	60b	0

61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code _____	62	0
63	Lns 56 to 62. <b>Total tax</b> . . . . .	63	5,541

**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) . . . . . 8,000
- c.** Add'l Medicare tax withholding from Form 8959 . . . . . 0
- d.** Total federal tax withheld (to line 64) . . . . . 8,000

64	Federal income tax withheld . . . . .	64	8,000
65	2016 est tax + amt from 15 return . . . . .	65	0
66a	EIC . . . . .	66a	
66b	Nontax combat pay . . . . .	66b	
67	Add'l chld tax cr. Attach Sch 8812 . . . . .	67	
68	American opp crdt, Fm 8863, ln 8 . . . . .	68	
69	Net prem tax cr. Attach Form 8962 . . . . .	69	
70	Amt pd with extension request . . . . .	70	

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

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

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

Other  
Taxes

Pay-  
ments

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

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

71 Excess Soc Sec &amp; RRTA tax withheld ..... 71 0

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

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

a. Credits from Form 2439 or 8885 ..... 0

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

c. Total for line 73 ..... 0

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

74 Lines 64, 65, 66a, 67 - 73. Total payments ..... 74 8,000

Refund 75 If line 74 is larger than line 63, amt overpaid ..... 75 2,459

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

Check if Form 8888 is attached: ☐ 76a 2,459deposit? 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 ac-  
companying schedules and statements, and to the best of my knowledge and bel-  
ief, they are true, correct, and complete. Declaration of preparer (other than  
taxpayer) is based on all information of which preparer has any knowledge.

Sign Signature: Date Your occupation Day tel.

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

Homemaker

Keep a Preparer name Preparer signature Date Self- PTIN

copy for empl? ☐

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

516

ii. Deductible amount

98

b. Other transportation and lodging for treatment

c. Total medical mileage and transportation.

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

98

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

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

b. Medicare Part B and D

0

c. Other Insurance

10,400

d. Doctors, dentists, and other care providers

e. Prescriptions and insulin

f. Tests and lab fees

g. Hospitalization

3,620

h. Medical aids and devices

i. Other eligible expenses not previously entered

j. Total. Include on line 1

14,020

MEDICAL AND

1. Medical and dental expenses (See instructions.)

1

14,118

2. Amount on 1040, line 38

2

140,830

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)

3

14,083

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

4

35

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)

3,970

b. Tax payments from State and Local Tax Payments Worksheet

0

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

3,970

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 ..... 2,120

c. Information for IRS Optional Sales Tax Tables

i. Number of exemptions ..... 2

ii. Adjusted gross income ..... 140,830

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

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

v. Total available income ..... 140,830

vi. States of residence:

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

Locality ....

State general sales tax rate ..... 4.0000 %

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

Local general sales tax rate ..... %

(2) Other state .....

Dates of residence in other state:

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

Locality ....

State general sales tax rate ..... %

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

Local general sales tax rate ..... %

d. Total from tables ..... 693

e. Larger of line b. or line d. .... 2,120

f. Total sales tax for deduction  
(line a + line e) ..... 2,120

**TAXES**

5. State and local (check only one box) ..... 5 | 3,970

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 ..... 5,650

ii. Amount #2 .....

iii. Amount #3 .....

e. Total real estate taxes (a+b+c+d) for line 6 ..... 5,650

**YOU**

6. Real estate taxes ..... 6 | 5,650

**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 ..... 9,620

**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 ..... 34,800  
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 ..... 34,800

**INTEREST** 10. Interest and points shown on Form 1098 ..... 10 34,800

## 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 ..... 140,830  
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) ..... 41,000  
i. Line h. divided by \$10,000 (\$5,000 if married filing sep), not more than 1.0 ..... 1.000  
j. Line e. times line i ..... 0  
k. Qualified mortgage insurance premiums deduction. Line e. minus line j. To line 13 ..... 0

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

**Alternative Minimum Tax (AMT) Adjustments**

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

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

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

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

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

15. Sum of lines 10 to 14. Total interest ..... **15** ..... 34,800

**GIFTS TO** 16. Gifts by cash or check ..... **16** ..... 10,600

17. Other than cash (Fm 8283 if over \$500) ..... **17** ..... 34,550

**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** ..... 45,150

**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 ..... 0
- If you are filing electronically, enter a description of the expenses that appear on line b. ....
- c. Total unreimbursed expenses (to line 21) ..... 0

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

**21** ..... 0

22. Tax preparation fees ..... **22** ..... 750


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

- a. Safe-deposit box fees ..... 300
- b. Legal expenses for production of income ..... 0
- c. Investment exps from 1099-DIV, -INT, -OID ..... 0
- d. Other investment expenses ..... 0
- e. Hobby loss expenses ..... 0
- f. Fees, subscriptions, tools ..... 0
- g. Losses in a bank failure ..... 0
- h. Miscellaneous itemized deductions from K-1 ..... 0

i.	Casualty, 4684, ln 32, 38b; 4797, ln 18a	0
<b>Note:</b> 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)	300

<b>AND CERTAIN</b>	<b>23.</b>	Other (describe): <u>SAFE DEPOSIT BOX</u>	<b>23</b>	300
<b>MISCEL-</b>	<b>24.</b>	Sum of lines 21 to 23	<b>24</b>	1,050
<b>LANEOUS</b>	<b>25.</b>	Amount from 1040, line 38	<b>25</b>	140,830
<b>DEDUC-</b>	<b>26.</b>	2% of the amount on line 25	<b>26</b>	2,817
<b>TIONS</b>	<b>27.</b>	Line 24 - line 26 (but not less than zero)	<b>27</b>	

<b>MINI-WORKSHEET FOR LINE 28, OTHER MISC EXPENSES</b>	
a. Gambling losses (not more than winnings) . . . . .	_____
b. Gambling losses from K-1's . . . . .	_____ 0
<b>Note:</b> <i>Gambling losses can be deducted only to the extent of gambling winnings. If losses are too high, adjust them.</i>	
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
<b>Note:</b> <i>See Form 4684 and Form 4797 for more detailed information about the amounts that we carry to line 28k.</i>	
l. Total (lines a through k) (to line 28) . . . . .	_____ 0

<b>OTHER MISC. DEDUCTIONS</b>	<b>28.</b> Other misc. deductions. List type and amount  _____ _____ _____	<b>28</b>	
	<b>29.</b> Is Form 1040, line 38, over \$155,650? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add amounts in far right column for lines 4 - 28. To Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See Mini-Worksheet, below.	<b>29</b>	<u>89,605</u>

<b>MINI-WORKSHEET FOR LINE 29, ITEMIZED DEDUCTIONS</b>	
<b>a.</b>	Sum of amounts on lines 4, 9, 15, 19, 20, 27, and 28 .....
<b>b.</b>	Sum of amounts on lines 4, 14, and 20, plus gambling and casualty or theft losses from line 28 mini-worksheet .....
<b>c.</b>	Line a minus line b .....
<b>d.</b>	Line c multiplied by 80% (.80) .....
<b>e.</b>	Amount on line 38, Form 1040.....
<b>f.</b>	Threshold amount
	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="margin-left: 20px;"> <ul style="list-style-type: none"> <li>● Single:</li> <li>● Married filing joint/</li> <li>● Qualifying widow(er):</li> </ul> </div> <div style="text-align: right;"> <div style="margin-bottom: 10px;">\$259,400</div> <div>\$311,300</div> </div> </div>

• Married filing sep	\$155,650
• Head of household:	\$285,350
<b>g.</b> Line e minus f (not less than 0) . . . . .	
<b>h.</b> Line g multiplied by 3% (.03) . . . . .	
<b>i.</b> Smaller of lines d and h . . . . .	
<b>j.</b> Line a minus line i. (to line 29) . . . . .	

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

<b>30.</b>	Check if itemizing even though less than std ded	<input type="checkbox"/>	
------------	--	--------------------------	--

KIA

Section A. Donated Prop. of \$5000 or Less & Publicly Traded Securities

Include in Section A **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less per item or group. Also list publicly traded securities even if the deduction is over \$5,000. (See IRS Instructions.)

Part I Information on Donated Property  
If you need more space, attach a statement.

1(a) Name/address of donee organization	(b) If property is a vehicle, check box. Also enter VIN (unless Frm 1098-C attached.)	(c) Description of property (For vehicle, enter yr, make, model, mileage. For securities enter company name, number of shares.)
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

**Note:** If the amount you claimed as a deduction for an item is \$500 or less, you don't have to complete columns (e), (f), and (g).

(d) Date of contribtn	(e) Date acq'd	(f) How acqd by donor	(g) Donor's adj. basis	(h) FMV (see inst.)	(i) Method used to determine FMV
A					
B					
C					
D					
E					

Part II Partial Interests and Restricted Use Property

**Note:** If you gave less than an entire interest in property listed in Part I complete lines 2a-2e. If conditions were placed on a contribution listed in Part I, complete lines 3a-3c. Also attach the required statement (see instructions).

2a Enter the letter from Part I that identifies the property . . . . .

b Total claimed ded for prop in Pt I:

(1) For this yr . . . . .

(2) For any prior tax years . . . . .

Complete question 2c only if different from the donee organization above.


c Name and address of organizations to which contribution made in prior year.

Organization (donee) name

Number and street

City/town,State,Zip code

d Where tangible property is located or kept

e Name of any person, other than donee organization, having actual possession of the property 						
3a	Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . . .	<table><tr><th>YES</th><th>NO</th></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>					
b	Did you give to anyone (other than donee organization or another organization participating with donee organization in cooperative fundraising) the right to income from donated property or to the possession of property,including right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . .	<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
c	Is there a restriction limiting the donated property for a particular use? . . . . .	<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					



Not  
For  
Filing

Section B Donated Prop. over \$5000 (Except Publicly Traded Securities)

**Note:** Complete this section for one item (or one group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions of publicly traded securities reported in Section A). Provide a separate form for each property donated unless it is part of a group of similar items. An appraisal is generally required for property listed in Section B. See instructions.

Part I Information on Donated Property--To be completed by you or appraiser.

4. Check type of property:

a	<input checked="" type="checkbox"/> Art* (\$20,000 or more)	b	<input type="checkbox"/> Qual'd Conserv. Contrib.	c	<input type="checkbox"/> Equipment
d	<input type="checkbox"/> Art* (under \$20,000)	e	<input type="checkbox"/> Other Real Estate	f	<input type="checkbox"/> Securities
g	<input type="checkbox"/> Collectibles**	h	<input type="checkbox"/> Intel. Prop (patent, etc)	i	<input type="checkbox"/> Vehicles
j	<input type="checkbox"/> Other				

\* Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.  
\*\* Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

**Note:** In certain cases, you must attach a qualified appraisal of the property. See IRS instructions.

5.	(a) Description	(b) If tangible, physical condition	(c) Appraised FMV
A	Painting	good	34,550
B			
C			
D			

(d) Date acquired	(e) How acq'd by donor	(f) Donor's adj. basis	(g) Bargain sales-enter amt rec'd	(h) Dedctn claimed	(i) Date of contrib.
A 07/01/11	Purchase	25,000			
B					
C					
D					

Part II Taxpayer (Donor) Statement

List each item included in Part I above that the appraisal identifies as having a value of \$500 or less. Enter the identifying letter from Part I and describe the specific item.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$500

(per item): Letter(s)    Description    Date

Signature of taxpayer(donor)    Date

Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that I may be subject to a penalty under section 6695A if I know, or reasonably should know, that my appraisal is to be used in connection with a return or claim for refund and a substantial or gross valuation misstatement results from my appraisal. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

Signature:    Title:    Date :    Identifying number:    Address:    City/town:    State:    ZIP Code:

*Part IV* **Donee Acknowledgment**--To be completed by the charitable organization

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date ▶ \_\_\_\_\_  
Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file **Form 8282**, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the org'n intend to use the prop for an unrelated use? ▶ ☐ Yes ☐ No  
Charitable organization: \_\_\_\_\_ **Emplr ID:** \_\_\_\_\_  
Number and street: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_, \_\_\_\_\_  
Check if foreign address ☐ \_\_\_\_\_  
Authorized signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## **SUPPORTING FORMS**

**RE:** 2016 Tax Returns

**PREPARED FOR:** Warner Robins

**SSN:** 798-09-8526

**PRINTED ON:** December 12, 2016

**PREPARED USING:** H&R Block 2016 [3203]

## **SUPPORTING FORMS WHICH CAN BE SUBMITTED TO THE IRS**

### **SUPPORTING FORMS IN YOUR RETURN**

1. - Background Worksheet - Background Information Worksheet
2. - Last Year's Data Worksheet - Last Year's Data Worksheet
3. - Form 1099-INT/OID - Interest Income Worksheet
4. - Home Mortgage Interest Worksheet - Home Mortgage Interest Worksheet
5. - Charitable Worksheet - Charitable Donations Worksheet
6. - IRA Contributions - IRA Contribution Worksheet
7. - Noncash or Item Donations - Noncash or Item Donations
8. - Health Care Coverage - Health Care Coverage1
9. - Health Care Coverage - Health Care Coverage2
10. - Health Care Summary - Health Care Summary1
11. - Health Care Summary - Health Care Summary2

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

1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

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

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

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

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any) . . . . .638 Russell Parkway

Your city, state, and ZIP code . . . . .Macon, GA 31207

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 . . . . .	798-09-8526	445-81-1423
b. Date of birth (MM/DD/YYYY) . . . . .	7/1/1983	7/1/1983
c. "X" if legally blind . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
d. Enter "X" if disabled . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
e. Occupation . . . . .	Company President	Homemaker
f. "X" if you want \$3 to go to Pres. Elec. Campaign Fund . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

~~~~~

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

3. FILING STATUS

a. Choose your filing status below:

☐ Single

☒ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

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

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

I want to itemize my deductions . . . . .

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

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

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

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

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

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

---

**BACKGROUND INFO CONTINUED ON PAGE 2**

*END OF PAGE 1*

---

4. EXEMPTIONS FOR YOU AND YOUR SPOUSE

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

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

5. TAXES PAID/WITHHELD

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

| Date                         | Amount |
|------------------------------|--------|
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
| Total estimated tax payments | 0      |

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

6. PAYING YOUR TAXES BY CREDIT CARD

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

7. REFUND INFORMATION

- Direct Deposit**
- Would you like to speed your refund by having the IRS deposit it directly into your account at a bank or other financial institution in the United States? If so, fill in the following regarding the account and place an X here ☒
- 1a. Routing Transit Number ("RTN")
  - b. Depositor Account Number ("DAN")

**Note:** Here is a sample of the numbers you might find at the bottom of a check, with "RTN," "DAN," and check number identified.

| RTN:      | DAN:     | Check number: |
|-----------|----------|---------------|
| 123404567 | 123-4567 | 0101          |
  - c. Type of account:  
☒ Checking ☐ Savings
  - d. Amount to be deposited in first account
  - 2a. Routing Transit Number ("RTN")
  - b. Depositor Account Number ("DAN")

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

---

**Applying Refund to Your 2017 Estimated Tax**

---

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

---

**BACKGROUND INFO CONTINUED ON PAGE 3**

---

*END OF PAGE 2*

---

Not  
For  
Filing

8. THIRD PARTY DESIGNEE

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

*If Yes, complete the following information:*

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

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

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

9. RETURN ASSISTANCE

How was this return prepared:

☒ By yourself.

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

10. STATE TAX RETURNS

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

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

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



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

2015 Form 1040, 1040A or 1040EZ

1a Filing status:

☐ Single

☒ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

Spouse's Social Security number 445-81-1423

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

1b Form filed:

Eligible for:

☒ Form 1040

☐ Form 1040A

☐ Form 1040EZ

Filed:

☒ Form 1040

☐ Form 1040A

☐ Form 1040EZ

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

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

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

4a Adjusted gross income (1040 line 37, 1040A ln 21, 1040EZ ln 4) 142,440

4b Taxable income (1040 line 43, 1040A ln 27, 1040EZ ln 6) 44,840

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

5 Itemized deductions (1040, above line 40) 89,600

6 Tax less certain credits (1040 line 56, 1040A line 37, 1040EZ line 10) 5,801

7 Self-employment tax (1040 line 57) 0

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

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

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

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

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

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

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

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

2015 Schedule D

15 Used Schedule D Tax Worksheet Yes No

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

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

17 Line 19 of Schedule D

18 Line 10 of Schedule D Tax Worksheet

19 Line 19 of Schedule D Tax Worksheet

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

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

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

2015 Form 2555

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

22 Line 46 (yours)

23 Line 48 (yours)

24 Line 46 (spouse's)

25 Line 48 (spouse's)

2015 Form 4136

26 Total fuel tax credit (line 17)

## 2015 Form 4952

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

## 2015 Form 5329

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

## 2015 Form 5405

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

## 2015 Form 5695

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

## 2015 Form 6251

35 Adjusted gross income minus itemized deductions (line 1) . . . . . 52,840  
36 Medical and dental expenses (line 2) . . . . . 0  
37 Taxes from Schedule A if you itemize (line 3) . . . . . 9,700  
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) . . . . . 5,801

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

2016

Warner Robins

SSN: 798-09-8526

## 2015 Form 8801

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

## 2015 Schedule 8812

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

## 2015 Form 8859

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

## Miscellaneous 2015 Taxes

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

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

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

**Not  
For  
Filing**

- 72 ☒ Income taxes deducted  
73 ☐ General sales taxes deducted  
73 ☐ Sales tax calculated
- 74 State or local income tax deducted ..... 4,000  
75 Sales tax you could have deducted ..... 693  
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) .....

Is this interest for:

What kind of interest is this:

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

FATCA filing requirement . . . . . ☐

**Box 1 - Interest income:** \$ 450

**Box 2 -** Early withdrawal penalty: \$ 320

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

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

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

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

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

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

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

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

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

**Box 10 -** Market discount:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**SELLER-FINANCED MORTGAGE INTEREST**

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

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

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

**ADJUSTMENTS**

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

**Type of adjustment:**

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

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

**NEW YORK FILERS ONLY, COMPLETE THE FOLLOWING:****Payer EIN, address, and ZIP code:**

EIN: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_ ZIP: \_\_\_\_\_  
☐ Check if foreign address.

Country \_\_\_\_\_  
Province/state/county \_\_\_\_\_  
Postal code \_\_\_\_\_

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

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_ ZIP: \_\_\_\_\_  
☐ Check if foreign address.

Country \_\_\_\_\_  
Province/state/county \_\_\_\_\_  
Postal code \_\_\_\_\_

Warner \_\_\_\_\_ Robins \_\_\_\_\_

SSN: 798-09-8526

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 ..... 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 ..... 34,800

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

Warner Robins

SSN: 798-09-8526

**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



Warner \_\_\_\_\_ Robins \_\_\_\_\_

SSN: 798-09-8526

EXPLANATORY STATEMENT

Not  
For  
Filing

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

**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).

<b>1b.</b> Sum of entries from table above . . . . .	<b>1b</b>	<u>10,600</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		
<b>Note:</b> 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	10,600
----	--	---	--------

END OF PAGE 1

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.

<b>1a.</b>	Noncash or item donations: 50% limit . . . . .	0	
<b>1b.</b>	Noncash or item donations: 30% limit . . . . .	0	
<b>1c.</b>	Noncash or item donations: 30% limit, capital gain . . . . .	34,550	
<b>1d.</b>	Noncash or item donations: 20% limit, capital gain . . . . .	0	
<b>2.</b>	<b>Total noncash or item donations. Sum of lines 1a - 1d . . . . .</b>	<b>34,550</b>	

**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	10,600
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	34,550
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 in 2016	Carryover to 2017
<b>2016 Donations Subject to 50% Limit</b>			
9.	Adjusted gross income	140,830	
10.	Your 50% limit. Line 9 * 0.5	70,415	
11.	<b>Smaller</b> of line 1 or line 10	10,600	
12.	Line 1 minus line 11		0
13.	Line 10 minus line 11	59,815	
<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	59,815	
<b>2016 Donations Subject to 30% Limit</b>			
17.	Sum of lines 1, 2, 5, and 6	45,150	
18.	Your 30% limit. Line 9 * 0.3	42,249	
19.	Line 10 minus line 17	25,265	
20.	<b>Smallest</b> of lines 3, 18, or 19	0	
21.	Line 3 minus line 20		0
22.	Line 19 minus line 20	25,265	
23.	Line 18 minus line 20	42,249	
<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	59,815	
<b>2016 Capital Gain Donations Subject to 30% Limit</b>			
27.	<b>Smallest</b> of lines 5, 18, or 26	34,550	
28.	Line 5 minus line 27		0
29.	Line 26 minus line 27	25,265	
30.	Line 18 minus line 27	7,699	
<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	25,265	
34.	Line 30 minus line 31	7,699	
35.	Line 23 minus line 24	42,249	
<b>2016 Capital Gain Donations Subject to 20% Limit</b>			
36.	Your 20% limit. Line 9 * 0.2	28,166	
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	25,265	

40.	Line 34 minus line 37 . . . . .	<u>7,699</u>		
41.	Line 35 minus line 37 . . . . .	<u>42,249</u>		
42.	Line 36 minus line 37 . . . . .	<u>28,166</u>		
<b>Carryover Capital Gain Donations</b>				
<b>Subject to 20% Limit</b>				
43.	<b>Smallest</b> of lines 8, 39, 40, 41, 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>45,150</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 .....	<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) .....	<b>1</b>	<u>10,600</u>
2. Noncash or item donations (to Schedule A, line 17) .....	<b>2</b>	<u>34,550</u>
3. Carryovers from prior years (to Schedule A, line 18) .....	<b>3</b>	<u>0</u>
4. Deductible donations (to Schedule A, line 19) .....	<b>4</b>	<u>45,150</u>
5. Carryovers to future years (next year's Sch A, line 18) .....	<b>5</b>	<u>0</u>



IRA CONTRIBUTION

IRA CONTRIBUTION WORKSHEET

WarnerRobins

SSN:798-09-8526

Tax Year: 2016

## A. PRELIMINARY INFORMATION

	Yes	No
1. Were you covered by a retirement plan? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If you are married filing jointly, was your spouse covered by a retirement plan? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Note:</b> You may need to override our calculations on lines 1 or 2 if you were a federal judge, a reservist, or a volunteer firefighter. See IRS Publications 590-A and 590-B for details.		
Answer questions 3 and 4 only if your filing status is married filing separately.		
3. Did you live with your spouse at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4. If you answered <b>Yes</b> to question 3, was your spouse covered by a retirement plan? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you age 70-1/2 by the end of 2016? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Was your spouse age 70-1/2 by the end of 2016 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
You (or your spouse) cannot contribute to a traditional IRA if you answered <b>Yes</b> to question 5 (or 6).		
7. Your additional IRA "compensation" (e.g., alimony rec'd under certain divorce or separation agreements) . . . . .		
8. Your spouse's additional IRA "compensation" (e.g., alimony rec'd under certain divorce or separation agreements) . . . . .		

## B. CONTRIBUTIONS

Don't report any of these types of contributions on this Worksheet:

- Rollover contributions
- Employer contributions (including salary deferrals) to a SEP
- Contributions to a SIMPLE plan

You may need to **recalculate** in order for maximum contribution amounts to appear on lines 1 and 10. You may need to **override** our calculation of the maximum Roth IRA contribution if you or your spouse (i) converted a traditional, SEP, or SIMPLE IRA to a Roth IRA, and (ii) actively participated in rental real estate, contributed to a traditional IRA for 2016, or received Social Security benefits. If you or your spouse also received distributions from an IRA, make sure to **complete** Section C, Additional Questions for Form 8606, and **recalculate** BEFORE reviewing the maximum contribution amounts on lines 1 and 10.

**Married filing jointly filers:** If both you and your spouse have contributions to report in this section, AND either of the following boxes is checked:

☐ Your column first

☐ Spouse's column first

complete lines 1-15 for the spouse whose box is checked **before** completing lines 1-15 for the other spouse.

	Maximum deduction	You	Spouse
1.	Maximum 2016 deduction for traditional IRA contributions . . . . .	5,500	5,500
	<b>Total traditional IRA contributions</b>		
2.	Amounts originally contributed to traditional IRAs for 2016, including any contributions that were later recharacterized to a Roth IRA, but not including any contributions shown on Schedule K-1 . . . . .	5,500	5,500
3.	Contributions from K-1's . . . . .	0	0
4.	Contributions (other than conversions) recharacterized <b>FROM</b> Roth IRAs (from line 14) . . . . .		
5.	Contributions recharacterized <b>TO</b> Roth IRAs. Don't include amounts earned or lost while in trad. IRA . . . . .		
6.	Total contributions for 2016. Lns 2 + 3 + 4 - 5 . . . . .	5,500	5,500

Tell us more about your recharacterization. Include:

- Date and amount of your original contribution to the traditional IRA
- Portion of the original contribution you recharacterized and any related earnings or loss
- Date on which the recharacterization took place
- Portion, if any, of the remaining traditional IRA contribution you're deducting

Your Recharacterization:

Spouse's Recharacterization:

<b>Deductible/nondeductible portion of traditional IRA contributions</b>		
<b>7.</b>	Actual deductible contributions for 2016 . . . . .	5,500
<b>8.</b>	Nondeductible contributions to traditional IRA's for 2016 . . . . .	0
<b>9.</b>	Excess contributions to traditional IRA's for 2016 . . . . .	0
<i>END OF PAGE 1</i>		

## IRA WORKSHEET (CONT'D) PAGE 2

Warner		Robins		SSN: 798-09-8526	Tax Year: 2016
Roth IRA contributions		You	Spouse		
<b>Note:</b> Don't include conversion contributions on lines 10 - 16. Enter information about conversions on the 1099-R Worksheet.					
10.	Maximum allowable contribution to Roth IRA's . . . . .	0	0		
11.	Amounts originally contributed to Roth IRAs for 2016, including any contributions that were later recharacterized to a traditional IRA, but not including any contributions shown on Schedule K-1 . . . . .				
12.	Roth IRA contributions from K-1's . . . . .	0	0		
13.	Contributions recharacterized <b>FROM</b> traditional IRAs (from line 5) . . . . .				
14.	Contributions recharacterized TO trad IRAs. Don't include amounts earned or lost while in Roth IRA . . . . .				
15.	Total Roth contribs for 2016. Ln 11 + 12 + 13 - 14 . . . . .	0	0		
16.	Excess Roth IRA contributions for 2016 . . . . .	0	0		

Tell us more about your recharacterization. Include:

- Date and amount of your original contribution to the Roth IRA
- Portion of the original contribution you recharacterized and any related earnings or loss
- Date on which the recharacterization took place
- Portion, if any, of the traditional IRA contribution you're deducting

Your Recharacterization:

---



---

Spouse's Recharacterization:

---



---

### C. ADDITIONAL QUESTIONS FOR FORM 8606

	You	Spouse
1. Total basis in traditional IRAs . . . . . <b>Note:</b> See the help panel on the left for information on the amount of basis to enter here.		
Answer questions 2 - 5 only if you (or your spouse) received an IRA distribution in 2016 and/or converted a traditional, SEP, or SIMPLE IRA to a Roth IRA during 2016.		
2. Nondeductible contributions contributed during 1/1/17-4/18/17 . . . . .		
3. Total value of all traditional IRAs (including SEP IRAs) and SIMPLE IRAs as of 12/31/16 . . . . . <b>Note:</b> Be sure the total on line 3 reflects total value after all recharacterizations (even those after December 31, 2016).		
4. Outstanding rollovers from trad, SEP, SIMPLE IRAs . . . . . <b>Note:</b> Don't include a rollover from a traditional, SEP, or SIMPLE IRA to a qualified employer plan.		
5. Check here if you converted ALL of your IRAs <b>Note:</b> Don't check box 5 if you (or your spouse) had an amount on line 3 or 4 above or contributed to a traditional IRA at any point in 2016 after the conversion.	<input type="checkbox"/>	<input type="checkbox"/>

END OF PAGE 2

## IRA WORKSHEET (CONT'D) PAGE 3

IRA WORKSHEET (CONT'D) PAGE 3

Warner Robins SSN:798-09-8526 Tax Year: 2016

I. TRADITIONAL IRA DEDUCTION FOR Warner (SPOUSE WITH HIGHER COMPENSATION)

**Note:** You may have to recalculate to have amounts carry to this Worksheet.

Here's how we figure the amount on line 1:

- If filing status is single or head of household, then \$71,000
- If filing status is married filing jointly or qualifying widow(er), then \$118,000; but if married filing jointly, and this spouse not covered by retirement plan, but other spouse is, then \$194,000
- If filing status is married filing separately, then \$10,000; but if lived apart from your spouse for all of 2016, then \$71,000

We blank out lines 1-5 and set line 6 to \$5,500 (\$6,500 if 50 or older) if the phaseout limits do not apply.

1. Phaseout amount ..... 1

MINI-WORKSHEET FOR LINE 2

- Total income from 1040 or 1040A .....
- Savings bond interest exclusion (Form 8815) .....
- Foreign earned income and housing exclusions (Form 2555) .....
- Foreign earned income and housing exclusions (Form 2555-EZ) .....
- Foreign housing deduction (Form 2555) .....
- Exclusion of employer-paid adoption expenses (Form 8839) .....
- Total income (lines a-f) .....

2. Total income .....	2	
3. Adjustments other than IRA deduction, student loan interest deduction, tuition and fees deduction, and domestic production activities deduction .....	3	
4. Line 2 minus line 3 (MAGI before any IRA) .....	4	
5. Line 1 minus In 4 (up to \$10,000/\$20,000) .....	5	
6. 55%/27.5% (65%/32.5% if age 50 or older at the end of 2016) of line 5, rounded up to next \$10, and not less than \$200 .....	6	5,500
7. Compensation .....	7	151,700
8. Statutory limit: \$5,500 (\$6,500 if 50 or older) .....	8	5,500
9. Maximum deductible contribution allowed. Smallest of lines 6, 7, and 8 .....	9	5,500
10. Actual contribution for 2016 .....	10	5,500
11. Deductible IRA contribution for 2016. Smaller of lines 9 and 10 .....	11	5,500
12. Nondeductible IRA contribution for 2016. To Form 8606, line 1 .....	12	0

END OF PAGE 3

IRA WORKSHEET (CONT'D) PAGE 4

## IRA WORKSHEET (CONT'D) PAGE 4

Warner Robins SSN: 798-09-8526 Tax Year: 2016

## II. MAXIMUM ROTH CONTRIBUTION FOR Warner (SPOUSE WITH HIGHER COMPENSATION)

**Note:** You may have to recalculate to have amounts carry to this Worksheet.

**Note:** See the first page of the IRA Contribution Worksheet for situations where you may need to override our calculation of the maximum Roth IRA contribution.

Here's how we figure the amount on line 1:

- If filing status is single or head of household, then \$132,000
- If filing status is married filing jointly or qualifying widow(er), then \$194,000
- If filing status is married filing separately, then \$10,000; but if lived apart from your spouse for all of 2016, then \$132,000

1. Phaseout amount ..... 1 194,000

## MINI-WORKSHEET FOR LINE 2

- a. Total income from 1040 or 1040A ..... 152,150
- b. Savings bond interest exclusion  
(Form 8815) .....
- c. Foreign earned income and housing  
exclusions (Form 2555) ..... 0
- d. Foreign earned income and housing  
exclusions (Form 2555-EZ) ..... 0
- e. Foreign housing deduction (Form 2555) .....
- f. Exclusion of employer-paid adoption  
expenses (Form 8839) .....
- g. Income from rollover/conversion to Roth  
IRA's from plans other than Roth IRA's ..... 0
- h. Total income (sum of lines a-f, minus  
line g) ..... 152,150

2. Total income ..... 2 152,150

3. Adjustments other than IRA deduction, student loan interest  
deduction, tuition and fees deduction, and domestic production  
activities deduction ..... 3 320

4. Line 2 minus line 3 (MAGI before any IRA) ..... 4 151,830

5. Line 1 minus line 4 (up to \$10,000 if married filing jointly  
or separately or qual widow(er), \$15,000 otherwise) ..... 5 10,000

6. Compensation ..... 6 151,700

7. Statutory limit: \$5,500 (\$6,500 if 50 or older) ..... 7 5,500

8. Smaller of line 6 and line 7 ..... 8 5,500

9. Contributions to traditional IRA's ..... 9 5,500

10. Line 8 minus line 9 ..... 10 0

11. Reduced line 8 amount ..... 11 5,500

To compute the amount on line 11, we multiply line 8 by a fraction, the numerator of which is line 5, and the denominator of which is \$10,000 if married filing jointly or married filing separately (and lived with spouse) or qualifying widow(er), and \$15,000 otherwise. The result is rounded up to the next \$10, and (if greater than zero) not less than \$200.

12. Maximum Roth IRA contributions. Smaller of line 10 and line 11 ..... 12 0

END OF PAGE 4

## IRA WORKSHEET (CONT'D) PAGE 5

## IRA WORKSHEET (CONT'D) PAGE 5

Warner Robins SSN: 798-09-8526 Tax Year: 2016

## III. TRADITIONAL IRA DEDUCTION FOR Augustine (SPOUSE WITH LOWER COMPENSATION)

**Note:** You may have to recalculate to have amounts carry to this Worksheet.

Here's how we figure the amount on line 1:

- If filing status is single or head of household, then \$71,000
- If filing status is married filing jointly or qualifying widow(er), then \$118,000; but if married filing jointly, and this spouse not covered by retirement plan, but other spouse is, then \$194,000
- If filing status is married filing separately, then \$10,000; but if lived apart from your spouse for all of 2016, then \$71,000

We blank out lines 1-5 and set line 6 to \$5,500 (\$6,500 if 50 or older) if the phaseout limits do not apply.

1.	Phaseout limit . . . . .	1	
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;"><b>MINI-WORKSHEET FOR LINE 2</b></p> <p>a. Total income from 1040 or 1040A . . . . .</p> <p>b. Savings bond interest exclusion (Form 8815) . . . . .</p> <p>c. Foreign earned income and housing exclusions (Form 2555) . . . . .</p> <p>d. Foreign earned income and housing exclusions (Form 2555-EZ) . . . . .</p> <p>e. Foreign housing deduction (Form 2555) . . . . .</p> <p>f. Exclusion of employer-paid adoption expenses (Form 8839) . . . . .</p> <p>g. Total income (lines a-f) . . . . .</p> </div>			
2.	Total income . . . . .	2	
3.	Adjustments other than IRA deduction, student loan interest deduction, tuition and fees deduction, and domestic production activities deduction . . . . .	3	
4.	Line 2 minus line 3 (MAGI before any IRA) . . . . .	4	
5.	Line 1 minus line 4 (up to \$10,000/\$20,000) . . . . .	5	
6.	55%/27.5% (65%/32.5% if age 50 or older at the end of 2016) of line 5, rounded up to next \$10, and not less than \$200 . . . . .	6	5,500
7.	Compensation . . . . .	7	0
8.	"Unused" compensation of higher compensation spouse. Line 7 of spouse's Worksheet, minus spouse's traditional and Roth IRA contributions . . . . .	8	146,200
9.	Line 7 plus line 8 . . . . .	9	146,200
10.	Statutory limit: \$5,500 (\$6,500 if 50 or older) . . . . .	10	5,500
11.	Maximum deductible contribution allowed. Smallest of lines 6, 9, and 10 . . . . .	11	5,500
12.	Actual contribution for 2016 . . . . .	12	5,500
13.	Deductible IRA contribution for 2016. Smaller of lines 11 and 12 . . . . .	13	5,500
14.	Nondeductible IRA contribution for 2016. To Form 8606, line 1 . . . . .	14	0

END OF PAGE 5

## IRA WORKSHEET (CONT'D) PAGE 6

## IRA WORKSHEET (CONT'D) PAGE 6

Warner \_\_\_\_\_ Robins \_\_\_\_\_ SSN: 798-09-8526 Tax Year: 2016

## IV. MAXIMUM ROTH CONTRIBUTION FOR Augustine (SPOUSE WITH LOWER COMPENSATION)

**Note:** You may have to recalculate to have amounts carry to this Worksheet.

**Note:** See the first page of the IRA Contribution Worksheet for situations where you may need to override our calculation of the maximum Roth IRA contribution.

Here's how we figure the amount on line 1:

- If filing status is single or head of household, then \$132,000
- If filing status is married filing jointly or qualifying widow(er), then \$194,000
- If filing status is married filing separately, then \$10,000; but if lived apart from your spouse for all of 2016, then \$132,000

1. Phaseout amount ..... 1 194,000

## MINI-WORKSHEET FOR LINE 2

- a. Total income from 1040 or 1040A ..... 152,150
- b. Savings bond interest exclusion  
(Form 8815) ..... 0
- c. Foreign earned income and housing  
exclusions (Form 2555) ..... 0
- d. Foreign earned income and housing  
exclusions (Form 2555-EZ) ..... 0
- e. Foreign housing deduction (Form 2555) ..... 0
- f. Exclusion of employer-paid adoption  
expenses (Form 8839) ..... 0
- g. Income from rollover/conversion to Roth  
IRA's from plans other than Roth IRA's ..... 0
- h. Total income (sum of lines a-f, minus  
line g) ..... 152,150

2. Total income ..... 2 152,150

3. Adjustments other than IRA deduction, student loan interest  
deduction, tuition and fees deduction, and domestic production  
activities deduction ..... 3 320

4. Line 2 minus line 3 (MAGI before any IRA) ..... 4 151,830

5. Line 1 minus line 4 (up to \$10,000 if married filing jointly  
or separately or qual widow(er), \$15,000 otherwise) ..... 5 10,000

6. Compensation ..... 6 0

7. "Unused" compensation of higher compensation spouse.  
Line 7 of spouse's Worksheet minus spouse's IRA  
contributions ..... 7 146,200

8. Total available compensation. Line 6 plus line 7 ..... 8 146,200

9. Statutory limit: \$5,500 (\$6,500 if 50 or older) ..... 9 5,500

10. Smaller of line 8 and 9 ..... 10 5,500

11. Contributions to traditional IRA's ..... 11 5,500

12. Line 10 minus line 11 ..... 12 0

13. Reduced line 10 amount ..... 13 5,500

To compute the amount on line 13, we multiply line 10 by a fraction, the numerator of which is line 5, and the denominator of which is \$10,000 if married filing jointly or married filing separately (and lived with spouse) or qualifying widow(er), and \$15,000 otherwise. The result is rounded up to the next \$10, and (if greater than zero) not less than \$200.

14. Maximum Roth IRA contributions. Smaller of line 12 and line 13 ..... 14 0

Name: Warner Robins Soc Sec No: 798-09-8526

Use this form to report information about your noncash charitable donations.

- ☐ Donation of used clothing and household goods valued at \$5,000 or less  
☒ Other donation

**A. Basic Information**

1. Choose charity name: Macon Museum of Arts  
Charity if not listed: Macon Museum of Arts
2. Charity address:  
Street address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Foreign address ☐
3. Description of property: Painting
4. Date of donation: \_\_\_\_\_
5. Miles driven to drop off items: \_\_\_\_\_  
We'll multiply your miles by \$.14 and add this amount to your charitable deduction for mileage on Schedule A.

**Note:** See the help panel on the left for assistance on completing line 6.

6. Value of property: 34,550
7. Method used to determine fair market value: Appraisal  
Enter the method used to determine fair market value (if choice is not included in list above): \_\_\_\_\_
8. Motor vehicle, boat, or airplane: ☐  
Vehicle year: (YYYY)  
Vehicle identification number (VIN): \_\_\_\_\_

**Note:** See the help panel on the left for assistance on completing line 9. If you don't designate a type, we'll treat the donation as a donation subject to the 50% limit (type "1").

9. Property type: 4
10. DeductionPro  
☐ Use DeductionPro values for this donation  
Not available in Basic version.  
Use the interview to access the DeductionPro valuation feature

**B. Value Over \$500**

Complete this section if the value of this property (line A.6) exceeded \$500.

**Exception:** Do not complete this section if the value of this property (line A.6) exceeded \$5,000 (unless publicly traded securities).

1. Date acquired by donor: \_\_\_\_\_
2. How acquired by donor: \_\_\_\_\_  
How acquired by donor (if choice is not included in list above): \_\_\_\_\_
3. Donor's cost or adjusted basis: \_\_\_\_\_

**C. Less Than an Entire Interest**

Complete this section if you gave less than an entire interest in the property.

**Exception:** Do not complete this section if the value of this property (line A.6) exceeded \$5,000 (unless publicly traded securities).

1. Total amount claimed as a deduction:  
a. For this tax year: \_\_\_\_\_  
b. For any prior tax years: \_\_\_\_\_
2. Name and address of organizations to which donation made in prior year:  
Organization (donee) name \_\_\_\_\_  
Number and street \_\_\_\_\_  
City/town, State, Zip code \_\_\_\_\_



Foreign address ☐

3. For tangible property, enter the place where the property is located or kept: \_\_\_\_\_
4. Name of any person, other than the donee organization, having actual possession of the property: \_\_\_\_\_

**D. Conditions Placed on Donation**

*Complete this section if conditions were placed on your donation.*

**Exception:** *Do not complete this section if the value of this property (line A.6) exceeded \$5,000 (unless publicly traded securities).*

**Note:** *If you answer Yes to any of questions 1 - 3 below, attach a statement to your return explaining (a) the terms of any agreement or understanding regarding the restriction, and (b) whether the property is designated for a particular use.*

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession or right to acquire? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there a restriction limiting the donated property for a particular use? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

END OF PAGE 1

Warner \_\_\_\_\_ Robins \_\_\_\_\_

SSN: 798-09-8526

Not  
For  
Filing

E. Value Over \$5,000

Complete this section if the value of this property (line A.6) exceeded \$5,000.

Exception: If this property was publicly traded securities, check this box and complete Sections B - D, not Section E: ☐

- 1. Kind of property: Art (\$20,000 or more)
- 2. If tangible property was donated, give a brief summary of the overall physical condition at the time of the gift: good
- 3. Appraised fair market value: 34,550
- 4. Date acquired by donor: 07/01/11
- 5. How acquired by donor: Purchase
- 6. Donor's cost or adjusted basis: 25,000
- 7. For bargain sales, enter amount received:

Note: Enter an amount on line 8 only if you were not required to get an appraisal.

- 8. Amount claimed as a deduction:

F. Motor vehicle, boat, or airplane

Complete this section if the property was a motor vehicle, boat, or airplane and the value of the property (line A.6) exceeded \$500.

- 1. Type of acknowledgment received:
  - ☐ Form 1098-C. Make sure to complete the 1098-C at the end of this Worksheet.
  - ☐ Acknowledgment equivalent to Form 1098-C
  - ☐ None of the above

END OF PAGE 2

## FORM 1098-C

Is this 1098-C for: ☐ Yourself ☐ Your spouse

☐ Check here if this is a corrected 1098-C.

DONEE'S name, street address, city or town, state,  
ZIP code, and telephone no.

**1** Date of contribution

Name1: \_\_\_\_\_  
 Name2: \_\_\_\_\_ **2a** Odometer mileage  
 Street address: \_\_\_\_\_  
 City/town: \_\_\_\_\_  
 State: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ **2b** Yr **2c** Make **2d** Model  
 Foreign address ☐  
 Telephone no: \_\_\_\_\_

DONEE's federal id no. DONOR's id no. **3** Vehicle or other id no

DONOR'S name (1st,MI,last,Jr)

☐ Do **NOT** carry name from Bkgd Wkst

Street address (including apt. no.)

Add1: \_\_\_\_\_

Add2: \_\_\_\_\_

Apt No. \_\_\_\_\_

City/Town \_\_\_\_\_

State & ZIP \_\_\_\_\_

☐ Foreign address (not APO/FPO)

☐ Do **NOT** carry addr from Bkgd Wkst

**4a** ☐ Donee certifies that  
vehicle was sold in  
arm's length  
transaction to  
unrelated party

**4b** Date of sale

**4c** Gross proceeds from  
sale (see instr)

**5a** ☐ Donee certifies that vehicle will not be transferred for money, other  
property, or services before completion of material improvements or  
significant intervening use

**5b** ☐ Donee certifies that vehicle is to be transferred to a needy individual  
for significantly below fair market value in furtherance of donee's  
charitable purpose

**5c** Donee certifies the following detailed description of material  
improvements or significant intervening use and duration of use

**6a** Did you provide goods or services in exchange for the  
vehicle? ..... ☐ Yes ☐ No ☐

**6b** Value of goods and services provided in exchange for the vehicle

**6c** Describe the goods and services, if any, that were provided. If this box  
is checked, donee certifies that the goods and services consisted solely  
of intangible religious benefits ..... ☐

**7** Under the law, the donor may not claim a deduction of more than \$500 for  
this vehicle if this box is checked ..... ☐

## HEALTH CARE COVERAGE

SSN: \_\_\_\_\_

Name of individual: Warner Robins  
Individual's SSN 798-09-8526  
Individual's date of birth: 7/1/1983

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: Augustine Robins  
Individual's SSN 445-81-1423  
Individual's date of birth: 7/1/1983

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

Warner \_\_\_\_\_ Robins \_\_\_\_\_ SSN: 798-09-8526

## Information about affected individual:

Name ..... Warner \_\_\_\_\_ Robins \_\_\_\_\_

SSN ..... 798-09-8526

Date of birth (MM/DD/YYYY) ..... 7/1/1983

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

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

## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

Warner \_\_\_\_\_ Robins \_\_\_\_\_ SSN: 798-09-8526

## Information about affected individual:

Name ..... Augustine \_\_\_\_\_ Robins \_\_\_\_\_

SSN ..... 445-81-1423 \_\_\_\_\_

Date of birth (MM/DD/YYYY) ..... 7/1/1983 \_\_\_\_\_

**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

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

**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.

<p><b>f.</b> Employee's address and ZIP code</p> <p>Add1: <u>638 Russell Parkway</u></p> <p>Add2: _____</p> <p>Apt No. _____</p> <p>Town/City <u>Macon</u></p> <p>State &amp; ZIP <u>GA 31207</u></p> <p><input type="checkbox"/> Check if foreign address.</p> <p>Country _____</p> <p>Province/state/county _____</p> <p>Postal code _____</p> <p><input type="checkbox"/> Do NOT carry addr from Bkgd Wkst</p>	<p><b>13.</b> Statutory employee . . <input type="checkbox"/></p> <p>Retirement plan . . . . . <input type="checkbox"/></p> <p>Third party sick pay . . . <input type="checkbox"/></p> <p><i>Note: If you have a Code P amount, complete the additional info. section below.</i></p>
---	--

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
---	_____	_____	3,970	_____	_____	_____
---	_____	_____	_____	_____	_____	_____
---	_____	_____	_____	_____	_____	_____
---	_____	_____	_____	_____	_____	_____

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 . . . . .

**ADDITIONAL INFORMATION FOR BOX 13 (STATUTORY EMPLOYEES)**

If the Statutory Employee box in box 13 is checked, we do not carry your box 1 wages to line 7 of Form 1040. Instead, we carry these wages to the Schedule C you designate here . . . . .

**ADDITIONAL MISCELLANEOUS INFORMATION**

☐ **Non-standard W-2.** Check here if this W-2 is handwritten, looks like it was prepared on a typewriter, or appears to be altered in any way.

☐ **Minister/Religious Employee.** Check this box if you are a minister or religious employee with no Social Security and Medicare tax withheld on your W-2.

☐ **International Employee**

**ADDITIONAL INFORMATION FOR CLERGY MEMBERS**

☐ **You are exempt from paying Social Security Tax.**

☐ **You were provided with a Parsonage.**

FRV Church provided Parsonage . . . . .

Utility allowance, if any . . . . .

Actual expenses for utilities . . . . .

☐ **You were provided with a Housing Allowance.**

Parsonage or rental allowance . . . . .

Utility allowance, if separate . . . . .	_____
Actual expenses for Parsonage . . . . .	_____
Actual expenses for utilities . . . . .	_____
Fair Rental Value (FRV) of home . . . . .	_____
FRV of home plus cost of utilities . . . . .	_____

---

**KIA**

**Not  
For  
Filing**