

Filing Checklist for 2016 Tax Return Filed On Standard Forms

Prepared on: 12/12/2016 08:43:47 am

Return: C:\Users\Smokey\Desktop\Tax\2016 Whittenburg\Chapter 9\Carol Harris 2016 Tax Return.T16

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

Step 1. Sign and date the return

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

Step 2. Assemble the return

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

- Schedule A
- Schedule C
- Schedule D
- - Form 8949
- Schedule SE

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

Form W-2: Wage and Tax Statement

1st

Step 3. Mail the return

Mail the return to this address:

**Department of the Treasury
Internal Revenue Service
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
- Form 1099-DIV
- Form 1099-G
- Home Mortgage Interest Worksheet
- Charitable Worksheet
- Vehicle Worksheet
- Capital Gains and Losses Worksheet
- Health Care Coverage
- Health Care Summary

2016 return information - Keep this for your records

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

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

Quick Summary

Income		\$85,972
Adjustments	-	\$1,957

Adjusted gross income		\$84,015
Deductions	-	\$12,727
Exemption(s)	-	\$4,050
Taxable income		\$67,238
Tax withheld or paid already		\$19,800
Actual tax due	-	\$16,321
Refund applied to next year	-	\$0
Refund		\$3,479

* Your long-term capital gains and qualifying dividends are taxed at a lower rate than your other income. As a result, your total federal tax is less than the tax shown on the IRS's Tax Table.

Presidential

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

Elec Campaign

Check if you/spouse want \$3 to go to fund

You

Spouse

Filing Status

1

Single

4

Head of hshld. If qual

2

Married filing jointly

person a child but not your

Check

(even if only one had income)

dependent, child's name:

one

3

Married filing separately

box.

Spouse name

5

Qual widow w/dep child

Exemp- 6a

tions

6a

Spouse

c Dependents:

(1) First

Last Name

(2) SSN

(3) Rela- tionship

(4) # Children

Crdt

#

Lived w/

you

Apart -

div

Other

If > 4

depen- dents,

check

here

d Total number of exemptions claimed

Add nos. above

MINI-WORKSHEET FOR LINE 7, WAGES

a. Wages not on W-2

Self:

Spouse:

b. Total from line a

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

c. Wages from W-2's

d. Total for line 7

Income

7

Wages, etc

7

54,600

8a

Taxable interest income. (Sch B if required)

8a

167

Attach copy B

b

Tax-exempt interest

8b

0

9a

Ordinary dividends

9a

485

b

Qual divs

9b

485

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)

127

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.** 127

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.** 10,000
- d. 2015 filing status **d.** 1
If line d is "3", "X" if itemizing ☐
- e. 2015 minimum standard deduction **e.** 6,300
- 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.** 0
- h. Reserved **h.** _
- i. Reserved **i.** _
- j. 2015 standard deduction (ln e + ln g) **j.** 6,300
- Note:** We blank line j if line d is X'd.
- k. Sum of lines h, i, and j **k.** 6,300
- l. Line c - line k (not < 0) **l.** 3,700
- m. Smaller of line b or line l **m.** 127
- n. Sum of lines a and m (to line 10) **n.** 127

of W-2,	10	Taxable refunds of state and local income taxes	10	127
W-2G, &	11	Alimony received	11	
1099-R	12	Business income or loss. Attach Sched C or C-EZ	12	27,693
here.	13	Capital gain/loss <input type="checkbox"/>	13	2,900
	14	Other gains or losses. Attach Form 4797	14	
	15a	IRA's 15a	b Taxbl	15b
	16a	Pension,annuities 16a	b Taxbl	16b
	17	Rent, royalty, partnership, S corp, trust (Sch E)	17	
	18	Farm income or loss. Attach Schedule F	18	0
	19	Unemploy compensation	19	
	20a	Soc Sec benefits 20a	b Taxable ..	20b
	21	Other income (type and amt)	21	0
	22	Combine lines 7 through 21. Your total income	22	85,972
Adjusted	23	Educator expenses 23		

24	Certain bus expenses of reservists, artists, fee-basis gov't officials	24	0
25	Health savings acct ded (Fm 8889)	25	0
26	Moving exps (Form 3903)	26	0
27	Deductible self-empl tax (Sch SE)	27	1,957
28	SE SEP/SIMPLE/qualified plans.	28	0
29	Self-employed health ins deduction	29	0
30	Penalty on early w/drawal of svgs	30	0
31a	Alimony pd . . bRecip SSN ▶	31a	

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

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

Gross 32 IRA deduction (see instr) 32 0

**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 + Lns 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	1,957
	37	Line 22 - line 36. Your adjusted gross income ▶	37	84,015

KIA
END OF PAGE 1

Carol Harris

SSN: 793-52-4335

Not
For
Filing

Tax and 38 Amount from line 37 (adjusted gross income) 38 84,015

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

MINI-WORKSHEET FOR LINE 39b
a. Married, filing separately and spouse itemizes
b. Are you a dual-status alien

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

MINI-WORKSHEET FOR LINE 40,
STANDARD VS ITEMIZED DEDUCTION
a. Your standard deduction (calculated) 6,300
b. Itemized deductions (from Schedule A) 12,727
c. "X" if you are required to itemize (calculated)
d. "X" if you want to itemize, even if lower deduction
e. "X" if you are married filing separately and
are taking the standard deduction (calculated)
f. Larger of a. and b. (or, if c or d is "X", then b;
if e is "X", then a) Carry to line 40 12,727

40 Itemized deductions or standard deduction 40 12,727

Check here if you itemized

41 Subtract line 40 from line 38 41 71,288

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 4,050

43 Taxable income. Ln 41 minus 42 (not less than 0) 43 67,238

FOREIGN EARNED INCOME TAX WORKSHEET
a. Form 1040, line 43
b. Form 2555, line 45 and 50, or Form 2555-EZ,
line 18
c. Total amount of itemized deductions or exclusions
you couldn't claim because they are related to
excluded income
d. Line b minus line c. If zero or less, enter 0
e. Combine lines a and d
f. Tax on line e
g. Tax on line d
h. Line f minus line g. If zero or less, enter 0

44	Tax. See instr. Check if total includes tax from a <input type="checkbox"/> 8814 b <input type="checkbox"/> 4972 c <input type="checkbox"/> _____	44	12,408
45	Alternative minimum tax. (Form 6251)	45	0
46	Excess adv prem tax cr repmt. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	12,408

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

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

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

Note: Attach Schedule 8812, if required.

53	Residential energy crdts (Fm 5695)	53	
54	Other credits. Check: a <input type="checkbox"/> Fm 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> Specify _____	54	0
55	Add lines 48 through 54. Your total credits	55	0

56	Subtract line 55 from line 47 (not less than 0)	56	12,408
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Other Taxes	57	Self-employment tax. (Sched SE)	57	3,913
	58	Unreported tax from: a <input type="checkbox"/> Fm 4137 b <input type="checkbox"/> Fm 8919	58	0
	59	Tax on IRAs, qualified plans, etc. (Form 5329)	59	0
	60a	Household employment taxes from Schedule H	60a	0
	60b	First-time homebuyer credit repayment. Form 5405	60b	0
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code _____	62	0
	63	Lns 56 to 62. Total tax	63	16,321

**MINI-WORKSHEET FOR LINE 64,
FEDERAL TAX WITHHELD**

- a.** Backup withholding (Bkgd Wks, 1099-DIV, 1099-INT/OID, 1099-MISC, 1099-B, 1099-K, K-1) 0
- b.** Oth fed inc tax w/h (W-2, W-2G, 1099-G, 1099-R, SSA-1099, RRB-1099) 7,800
- c.** Add'l Medicare tax withholding from Form 8959 0
- d.** Total federal tax withheld (to line 64) 7,800

Pay- ments	64	Federal income tax withheld	64	7,800
	65	2016 est tax + amt from 15 return	65	12,000
	66a	EIC	66a	
	66b	Nontax combat pay	66b	
	67	Add'l chld tax cr. Attach Sch 8812	67	
	68	American opp crdt, Fm 8863, ln 8	68	
	69	Net prem tax cr. Attach Form 8962	69	
	70	Amt pd with extension request	70	

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

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

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

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

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

71 Excess Soc Sec & RRTA tax withheld 71 0

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

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

a. Credits from Form 2439 or 8885 0

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

c. Total for line 73 0

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

74 Lines 64, 65, 66a, 67 - 73. Total payments 74 19,800

Refund 75 If line 74 is larger than line 63, amt overpaid 75 3,479

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

Check if Form 8888 is attached: ☐ 76a 3,479deposit? b Routing number xxxxxxxx c Type: ☒ Checking ☐ Savings

See d Account number xxxxxxxxxxxxxxxxx

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

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

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

Payment Voucher, see IRS instructions.

You Owe 79 Amount of penalty on Form 2210 79 0

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

gnee Designee's name: Phone PIN

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

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

Sign Signature: Date Your occupation Day tel.

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

Keep Preparer name Preparer signature Date Self- PTIN

a 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

ii. Deductible amount

0

b. Other transportation and lodging for treatment

c. Total medical mileage and transportation.

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

0

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

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

b. Medicare Part B and D

0

c. Other Insurance

d. Doctors, dentists, and other care providers

e. Prescriptions and insulin

f. Tests and lab fees

g. Hospitalization

h. Medical aids and devices

i. Other eligible expenses not previously entered

810

j. Total. Include on line 1

810

MEDICAL AND

1. Medical and dental expenses (See instructions.)

1

810

2. Amount on 1040, line 38

2

84,015

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

8,402

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

4

0

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)

2,650

b. Tax payments from State and Local Tax Payments Worksheet

0

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

2,650

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 872

c. Information for IRS Optional Sales Tax Tables

i. Number of exemptions 1

ii. Adjusted gross income 84,015

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

iv. Other nontaxable income (not
including rollovers)

v. Total available income 84,015

vi. States of residence:

(1) State at year-end NC

Locality

State general sales tax rate 4.7500 %

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 657

e. Larger of line b. or line d. 872

f. Total sales tax for deduction
(line a + line e) 872

TAXES

5. State and local (check only one box) 5 | 2,650 |

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 2,700

ii. Amount #2

iii. Amount #3

e. Total real estate taxes (a+b+c+d) for line 6 2,700

YOU

6. Real estate taxes 6 | 2,700 |

**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 5,350

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 6,410
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 6,410

INTEREST 10. Interest and points shown on Form 1098 10 6,410

**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 84,015
g. \$100,000 (\$50,000 if married filing sep) 100,000
h. Is line f. more than line g?
☒ **No.** Enter amount from line e. on line 13.
☐ **Yes.** Line f. minus line g. If result is not a multiple of \$1,000 (\$500 if married filing sep), increase it to next multiple of \$1,000 (\$500 if married filing sep)
i. Line h. divided by \$10,000 (\$5,000 if married filing sep), not more than 1.0
j. Line e. times line i
k. Qualified mortgage insurance premiums deduction. Line e. minus line j. To line 13 0

13. Mortgage insurance premiums **13** 0

Alternative Minimum Tax (AMT) Adjustments

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

Line 14: Form 4952 Not Needed?

Please check this box if you don't need to file Form 4952 (See IRS instructions) ☐
Then enter the amount of your deductible investment interest on Line 14 below.

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

15. Sum of lines 10 to 14. Total interest **15** 6,410

GIFTS TO 16. Gifts by cash or check **16** 967
17. Other than cash (Fm 8283 if over \$500) **17** 0

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

CHARITY 18. Carryover from prior year **18** 0
19. Sum of lines 16 - 18 **19** 967

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
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** 0

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

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

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

AND CERTAIN MISCEL- LANEOUS DEDUC- TIONS	23.	Other (describe):		23	0
	24.	Sum of lines 21 to 23		24	0
	25.	Amount from 1040, line 38	25	84,015	
	26.	2% of the amount on line 25	26	1,680	
	27.	Line 24 - line 26 (but not less than zero)	27		0

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

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

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

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

29 12,727

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

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

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

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

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

KIA

Whose business is this? ☒ Self ☐ Spouse

You must pick one. If you run a business with your spouse, you must report the income or loss from that business by:

* Filing a partnership return on form (1065), and report your income on our K-1 Worksheet; or

* You and your spouse can each file a separate Schedule C after allocating your income, expense, loss, and credit. See the Schedule C instructions for electing to be taxed as a **Qualified Joint Venture**; or

* You and your spouse must file a separate Schedule C after allocating your income, expense, loss, and credit if you live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin). See the Schedule C instructions for the **Community Income Exception**.

This business qualifies to file Schedule C-EZYes ☐ No ☒

We will automatically create and file Schedule C-EZ if appropriate for this business. Check the box if you would like to file Schedule C instead... ☐

Name of proprietor
Carol Harris

Soc Sec No
793-52-4335

A Principal bus/profession & product/service

B Code

Select business category
Prof'l, Scientific, _Tech Svces

Select code
541211

Certified Public Accountant

Enter code 541211

C Business Name (blank if no separate name)
Carol Harris, CPA

D Employer ID num. (EIN)

E Business address

700 Accounting Way

City, State, ZIP
Durham, NC 27409

☐ Check if foreign address.

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

F Accounting method: ☒ 1. Cash. ☐ 2. Accrual ☐ 3. Other.

If "3. Other," specify.

☐ I'm filing Form 3115 due to a change in accounting method.

G Did you "materially participate" in the operation in 2016? ☒ ☐

If "No," check here if you totally disposed of this activity in 2016? ☐

If you disposed of this activity, gain or loss on disposition

If you disposed of activity, gain or loss for Alt Min Tax

Note: We use the disposition amounts above solely for purposes of our passive activity computations. If you have a gain or loss on disposition of this activity or activity property, make sure to enter information about the disposition on Form 4797 and/or Schedule D as well. In certain circumstances you may need to adjust the gain or loss that you would otherwise enter on Form 4797 and/or Schedule D to reflect the application of the passive activity limitations.

Note: If you answer "No" to G, we treat this as a passive activity. See the Passive Activity Worksheet at the bottom of this form.

H If you started or acquired this business during 2016, check here ☐

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

J If "Yes" did you or will you file required Forms 1099? ☐ ☐

PART I

INCOME

Check this box if the owner of this business is a minister ☐

Check this box if you're filing this Schedule C as a minister and you received a self-employment tax exemption based on Form 4361 ☐

Check this box if the owner of this business was provided with a parsonage or with a housing allowance ☐

MINI-WORKSHEET FOR GROSS RECEIPTS OR SALES

a. Gross receipts not from 1099-MISC or W-2 40,200

b. From Form 1099-MISC 0

c. From Form 1099-K 0

d. Total gross receipts or sales 40,200

1. Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	40,200
2. Returns and allowances plus other adjustments (see instrs.)		2	
3. Line 1 - Line 2		3	40,200
4. Cost of goods sold and/or operations (from line 42 below)		4	0
5. Gross profit. Line 3 - Line 4		5	40,200
6. Other income, including gas or fuel tax credit or refund		6	
7. Gross income. Line 5 + line 6	<input type="checkbox"/>	7	40,200

PART II EXPENSES Enter expenses for business use of home only on line 30

NEW! If total expenses are less than \$5,000, enter your "EZ-Path" expenses on line 27b (see instructions).

Note: Don't count as an expense amounts such as depreciation, freight and supplies that are already included as Cost of Goods Sold in Part III below.

Enter expenses for business use of your home on Form 8829.

MINI-WORKSHEET FOR CAR AND TRUCK EXPENSES**LINE 9**

- a. Standard mileage (From Vehicle Worksheet) a. 2,552
b. Other car/truck expenses (Vehicle Worksheet) b. 0
c. Total car/truck expenses (to line 9) c. 2,552

MINI-WORKSHEET FOR RENTAL AND LEASE EXPENSES FOR VEHICLES, MACHINERY, AND EQUIPMENT**LINE 20a**

- a. Vehicle rental or lease costs a. 0

Note: The amount on line a above comes from line c of the "Special Section for Certain Self-Employed Taxpayers" section of the Vehicle Worksheet. However, if there is a standard mileage amount on line 11b of the Vehicle Worksheet, we don't carry lease payments from that copy of the Vehicle Worksheet to line a above.

- b. Other rental or lease costs b.
c. Total rental or lease costs (to line 20a) c. 0

MINI-WORKSHEET FOR TRAVEL EXPENSES**LINES 24a**

Note: Enter your total travel expenses on the lines below. Enter only those expenses that are eligible for a deduction. Do not enter an expense twice. If you enter an amount on line a, do not also enter it on line b or c.

DO NOT ENTER ANY EXPENSE ENTERED IN THE VEHICLE WORKSHEET OVERNIGHT TRAVEL EXPENSES:

- a. Plane or rail fares a.
b. Car rentals, taxi, or public transport b.
c. Lodging, baggage, and tipss c.
d. Laundry and cleaning d.
e. Telecommunications e.
f. TOTAL OVERNIGHT TRAVEL EXPENSES f. 0

LOCAL TRANSPORTATION EXPENSES:

- g. Local parking fees and tolls g.
h. Other local transportation expenses h.
i. TOTAL LOCAL TRAVEL EXPENSES i. 0

MINI-WORKSHEET SNACKS AND MEALS FOR DAYCARE PROVIDERS**1/1-6/30 7/1-12/31**

- a. Breakfasts served in 2016 a.
b. Lunches served in 2016 b.
c. Snacks served in 2016 c.
d. IRS Standard Rate amount for 2016 d. 0 0

Note: This amount does not apply if you had a daycare in Alaska or Hawaii.

- e. Actual cost of meals and snacks in 2016 e.
f. Higher of IRS Standard Rate amount or cost f. 0
g. Use the IRS Standard Rate amount g. ☐

- h. Use the actual cost of meals and snacks ☐ h. ☐
i. Higher of IRS Standard Rate amount or cost ☐ i. ☐

MINI-WORKSHEET FOR MEAL AND ENTERTAINMENT EXPENSES

LINES 24b

Note: Enter your total business meal and entertainment expenses on the lines below. Enter only those expenses that are eligible for a deduction (e.g., do not enter country club fees). Do not enter an expense twice. If you enter an amount on line a, do not also enter it on line b or c. Most people will enter their expenses on line a only.

a. Expenses that are 50% deductible **a.** 2,960

Note: We carry 50% of line a to line 24b.

b. Expenses that are 80% deductible **b.** _____

Note: We carry 80% of line b to line 24b.

Line b is for individuals subject to the Department of Transportation hours of service limits and includes business meals consumed during, or incident to, any period of duty for which those limits are in effect.

c. Expenses that are 100% deductible **c.** _____

Note: We carry line c to line 24b. Line c is for meals and entertainment provided to:

- an employee (if you properly treat the expense as wages subject to withholding)
- a nonemployee (to the extent the expenses are includible in the gross income of that person and reported on Form 1099-MISC.

d. Expenses that are 100% deductible from the Mini-Worksheet for Snacks and Meals for Daycare Providers **d.** _____

Note: This line is only calculated for Premium users.

e. Sum of a,b,c, and d **e.** 2,960

Note: We carry the sum of the following to 24b.

- 50% line a above
- 80% line b above
- 100% line c above
- 100% line d above

MINI-WORKSHEET CLERGY PARSONAGE & EXPENSES

Enter Parsonage information ONLY if not entered on Form W-2.

☒ Parsonage information entered on W-2.

☐ 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 (FV) RV of home _____

FRV of home plus cost of utilities _____

Enter your expenses here and not on lines 8 - 28.

Use of car for church business for entire year:

_____ miles x 54 cents (\$.54) _____

Meals and entertainment \$ _____ x 50% (.50) _____

Depreciation and Sec. 179 deduction _____

Total expenses _____

Non-deductible exps. (Total x _____ % Clergy Wks 1) _____

Allowable expenses _____

We carry allowable expenses to line 27a and attach

Clergy Wks 2 to your tax return.

8. Advertising **8** _____ 18. Office expense **18** _____

9. Car/truck exps **9** 2,552 19. Pension,profit-sh **19** _____

10. Commissions, fees . . .	10		20. Rent or lease		
11. Contract labor	11		a. Vehicle/machn/equip . . .	20a	0
12. Depletion	12		b. Other bus property	20b	4,150
13. Deprec. and sec.			21. Repair/Maintenance	21	
179 deduction	13	0	22. Supplies	22	750
14. Employee benefit	14		23. Taxes, licenses	23	
15. Insurance	15		24a. Travel	24a	0
16. Interest			24b. Deductible meals	24b	1,480
a. Mortgage (to bank) . . .	16a		25. Utilities	25	
b. Other interest	16b		26. Wages,less job cr	26	
17. Legal/profession	17		27a Other exp (ln 48)	27a	3,575
			27b Reserved	27b	

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

28. Total expenses before bus. use of home.(Ln 8 through 27a)	28	12,507
29. Profit/loss before business use of home. Line 7 - line 28	29	27,693
30. Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of:		
(a) your home: and		
(b) part of your home used for business:		
Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0
<i>To use the Simplified Method Worksheet go to the Form 8829 used for this business, but do NOT attach that form to your tax return when filing.</i>		
31. Net profit or (loss). Subtract line 30 from line 29	31	27,693
* If a profit, enter on Form 1040, line 12 and on Schedule SE, line 2.		
* If you checked the box on line 1, see instructions.		
* If a loss, you must go to line 32.		

Note: If "PAL" appears next to line 31, complete the passive activity worksheet at the bottom of this form.

32. If you have a loss,	32a. All investment is at risk	32a	<input type="checkbox"/>
check 32a or 32b:	32b. Some investment is not at risk	32b	<input type="checkbox"/>
* If you checked 32a, enter the loss on both Form 1040, line 12 , and on Schedule SE, line 2 (Statutory employees do not report this amount on Schedule SE, line 2).			
* If you checked 32b, you must attach Form 6198. Your loss may be limited.			
If 32b is "X" you MUST fill out Form 6198 and OVERRIDE line 31 (for non-passive businesses) or column (3) on the Passive Activity Worksheet below (for passive activity businesses) with the allowable loss from Form 6198. Additional adjustments may be required for former passive activities.			

KIA

END OF PAGE 1

PART III	COST OF GOODS SOLD
-----------------	---------------------------

- 33.** Method(s) used to value closing inventory.

☐ a. Cost. ☐ b. Lower of cost or market. ☐ c. Other

If inventory method is "c. Other," then attach an explanation.

Yes No

34. Any change in determining quantities, costs, valuations in 2016? ☐ ☐

If any change in determining quantities, costs or valuations between opening and closing inventory, answer "Yes" and attach explanation.

There was a change in accounting method ☐

There was a mathematical error..... ☐

- | | | | |
|------------|---|-----------|---|
| 35. | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | |
| 36. | Purchases less cost of items withdrawn for personal use | 36 | |
| 37. | Cost of labor. Do not include salary paid to yourself | 37 | |
| 38. | Materials and supplies | 38 | |
| 39. | Other costs | 39 | |
| 40. | Sum of lines 35 through 39 | 40 | 0 |
| 41. | Inventory at end of year | 41 | |
| 42. | Cost of goods sold (line 40 - line 41). To line 4, above | 42 | 0 |

PART IV	INFORMATION ON YOUR VEHICLE
----------------	------------------------------------

Note: Complete this part **only** if you're claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business.

Note: You can use this part of Schedule C instead of Form 4562 to report business vehicle information if you're claiming the standard mileage rate, you lease your vehicle, or your vehicle is fully depreciated. However, if Form 4562 must be filed for any other reason, you must continue to use Part V of Form 4562 to report vehicle information.

Note: The information in Part IV carries from the Vehicle Worksheet. If you want to change any of this information, you should change it there.

43. When did you place your vehicle in service for bus. purposes? 1/1/2014
44. Enter the number of miles you used your vehicle during 2016 for:
- a. Business: 4,726 b. Commuting: 5,000 c. Other: 10,274

Yes No

45. Was your vehicle available for use during off-duty hours? ☒ ☐
46. Do you (or spouse) have another vehicle available for pers. use? ☒ ☐
47. a. Do you have evidence to support your deduction? ☒ ☐
- b. If "Yes," is the evidence written? ☒ ☐

PART V	OTHER EXPENSES
---------------	-----------------------

Note: List below business expenses not included on lines 8-26 or line 30.

Telephone 975

Other expenses	1,400
----------------	-------

Computer tax service	1,200
----------------------	-------

- | | | | |
|------------|--|-----------|--------------|
| 48. | Total Other Expenses. To line 27a | 48 | 3,575 |
|------------|--|-----------|--------------|

VI. PASSIVE ACTIVITY COMPUTATION: Few sole proprietorships are passive activities. But if this one is, we can help with the calculation.

Note: To get the passive activity results, fill in column (4).

Check our entries in (1) through (3), and override if necessary.

Then recalculate the tax returns. Everything else is done.

Then recalculate the tax return. Everything else is done automatically. This year's unallowed loss appears in column (5). Allowed loss or gain appears in column (6). Column (6) is carried to line 31 above.

(1)	(2)	(3)	(4)	(5)	(6)
Is this a passive activity?	Business with active participation?	Activity's net income or loss	Prior year unallowed loss (or 0)	This year unallowed loss.	Allowed income or loss this year.
<u>N</u>	<u>N</u>	<u>27,693</u>	<u>0</u>	<u>0</u>	<u>27,693</u>

VII. ALTERNATIVE MINIMUM TAX (AMT) WORKSHEET FOR SCHEDULE C

Note: Entries in columns (1) and (2) are the same as above. Column (3) includes Alt Min Tax adjustments from the Depreciation Worksheets, the Vehicle Worksheets, and Form 8829. You have to enter the amount in column (4). We calculate columns (5) and (6). Column (6) carries to Form 6251. You may have to recalculate the return to update these entries.

(1)	(2)	(3)	(4)	(5)	(6)
Is this a passive activity?	Business with active participation?	Activity's net income or loss	Prior year unallowed loss (or 0)	This year unallowed loss.	Allowed income or loss this year.
<u>N</u>	<u>N</u>	<u>27,693</u>	<u>0</u>	<u>0</u>	<u>27,693</u>

END OF PAGE 2

Not
For
Filing

CONTINUATION SHEET FOR PART IV -- INFORMATION ON YOUR VEHICLE

Note: The information on this Continuation Sheet carries from the Vehicle Worksheet. If you want to change any of this information, you should change it there.

43. When did you place your vehicle in service for bus. purposes? ▶

44. Enter the number of miles you used your vehicle during 2016 for:
a. Business: b. Commuting: c. Other:

	Yes	No
45. Was your vehicle available for use during off-duty hours?	<input type="checkbox"/>	<input type="checkbox"/>
46. Do you (or spouse) have another vehicle available for pers. use?	<input type="checkbox"/>	<input type="checkbox"/>
47. a. Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
b. If "Yes," is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

43. When did you place your vehicle in service for bus. purposes? ▶

44. Enter the number of miles you used your vehicle during 2016 for:
a. Business: b. Commuting: c. Other:

	Yes	No
45. Was your vehicle available for use during off-duty hours?	<input type="checkbox"/>	<input type="checkbox"/>
46. Do you (or spouse) have another vehicle available for pers. use?	<input type="checkbox"/>	<input type="checkbox"/>
47. a. Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
b. If "Yes," is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

43. When did you place your vehicle in service for bus. purposes? ▶

44. Enter the number of miles you used your vehicle during 2016 for:
a. Business: b. Commuting: c. Other:

	Yes	No
45. Was your vehicle available for use during off-duty hours?	<input type="checkbox"/>	<input type="checkbox"/>
46. Do you (or spouse) have another vehicle available for pers. use?	<input type="checkbox"/>	<input type="checkbox"/>
47. a. Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
b. If "Yes," is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

PART I

Short-Term Capital Gains and Losses--Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjust to gain/loss from Fm 8949, Pt I, ln 2(g)	(h) Gain or (loss) (d) - (e) and combine (g)
1a Short-term totals from Form 1099-B for which basis was reported to IRS and for which you have no adjustments (see instructions)	0	0		0
1b Totals from all transx on Form 8949 with Box A checked	7,000	5,400	0	1,600
2 Totals from all transx on Form 8949 with Box B checked	0	0	0	0
3 Totals from all transx on Form 8949 with Box C checked	0	0	0	0

MINI-WORKSHEET FOR LINE 4,
SHORT-TERM GAIN/LOSS FROM OTHER FORMS

a. Short-term gain from Form 6252

0

b. Short-term gain/loss from Form 4684

c. Short-term gain/loss from Form 6781

d. Short-term gain/loss from Form 8824

e. Total short-term gain/loss from other forms

0

4 Short-term gain/loss from other forms 4 0

Note: Line 5h includes capital loss carryovers from K-1 (Est/Tr), line 11, code B.

5 Net sht-term gain/loss, p'ship, S corp, fiduciary 5

Note: We carry the amount on line 6 from the Last Year's Data Worksheet.

6 Short-term capital loss carryover 6 0

7 Net short-term gain/loss. Combine lns 1a-6, col h 7 1,600

PART II

Long-Term Capital Gains and Losses--Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjust to gain/loss from Fm 8949, Pt II, l 2(g)	(h) Gain or (loss) (d) - (e) and combine (g)
8a Long-term totals from Form 1099-B for which basis was reported to IRS and for which you have no adjustments (see instructions)	0	0		0
8b Totals from all transx on Form 8949 with Box D checked	13,000	11,700	0	1,300
9 Totals from all transx on Form 8949 with Box E checked	0	0	0	0
10 Totals from all transx on Form 8949 with Box F checked	0	0	0	0

MINI-WORKSHEET FOR LINE 11,
LONG-TERM GAIN/LOSS FROM OTHER FORMS

Gain/Loss
Whole Year

a. Gain from Form 4797, Part I

b. Long-term gain from Form 2439

0

c.	Long-term gain from Form 6252	0
d.	Long-term gain/loss from Form 4684	
e.	Long-term gain/loss from Form 6781	
f.	Long-term gain/loss from Form 8824	
g.	Total long-term gain/loss from other forms	0

11 Long-term gain/loss from other forms 11 0

Note: Line 12h includes capital loss carryovers from K-1 (Est/Tr), line 11, code C.

12 Net long-term gain/loss, p'ship, S corp, fiduciary 12

Note: We enter any capital gain distributions from Form 8814 next to ln 13.

13 Capital gn distrib 13 0

Note: We carry the amount on line 14 from the Last Year's Data Worksheet.

14 Long-term capital loss carryover 14 0

15 Net long-term gain/loss. Combine lns 8a-14, col h 15 1,300

KIA
END OF PAGE 1

PART IIISummary

16Combine lines 7 and 15...16

2,900

If line 16 is a **gain**, enter the amount from line 16 on Form 1040, line 13. Then go to line 17 below.

If line 16 is a **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.

If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13. Then go to line 22.

17Are lines 15 and 16 **both** gains?

☒ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 - 21, and go to line 22.

MINI-WORKSHEET FOR LINE 18,
28% RATE GAIN/LOSS

a. Collectibles gain or (loss) from Capital Gains and Losses Worksheet

0

b. Section 1202 exclusion from Capital Gains and Losses Worksheet

0

Note: The calculated amount on line b. will be incorrect if you are claiming a Section 1202 exclusion with respect to gain reported on Form 1099-DIV or Form 2439. Override line b. to make sure it includes the portion of the Section 1202 gain from the Form 1099-DIV or Form 2439 you didn't exclude on the Capital Gains/Losses Worksheet. Additional modifications might be necessary for gain reported on Form 6252. See the Schedule D instructions for more information.

c. Collectibles gain or (loss) from:

i. Form 4684, line 4 (but only if Form 4684, line 15, is more than zero)

0

ii. Form 6252

0

iii. Form 6781, Part II

0

iv. Form 8824

0

d. Collectibles gain reported to you on:

i. Form 1099-DIV, box 2d

0

ii. Form 2439, box 1d

0

iii. Schedule K-1 from a partnership, S corporation, estate, or trust

0

e. 28% rate gain from charitable gift annuity on Form 1099-R

0

f. Gain (but not loss) from the sale or exchange of an interest in a partnership, S corporation, or trust held for more than 1 year and attributable to unrealized appreciation of collectibles, if not already included on lines a - e. Attach required statement

0

g. Long-term capital loss carryover from Schedule D, ln 14, and Sch K-1 (Form 1041), box 11, code C.....

0

h. Loss, if any, from Schedule D, line 7

0

i. Combine lines a - h (not less than zero)

0

1828% rate gain18

0

MINI-WORKSHEET FOR LINE 19,
UNRECAPTURED SECTION 1250 GAIN

Gain/Loss

a. Unrecaptured gain from Form 4797, Part III

0

Note: Line a doesn't include unrecaptured gain from installment sales.

b. Unrecaptured gain from Form(s) 6252 for trade or business property held more than one year

0

c. Unrecaptured gain from Schedules K-1 (P/S)

0

d. Line a + line b + line c

0

e. Smaller of line d and Form 4797, line 7

0

f. Form 4797, line 8

0

g. Line e minus line f 0

h. Unrecaptured gain from Form(s) 6252 for property held more than one year not reported on line b 0

i. Unrecaptured gain from the sale or exchange of an interest in a partnership attributable to section 1250 gain, reported on a Schedule K-1 0

j. Unrecaptured gain from the sale or exchange of an interest in a partnership attributable to section 1250 gain, **not** reported on a Schedule K-1 0

k. Other unrecaptured section 1250 gain from the sale or disposition of section 1250 property.

(1) From sale of residence 0

(2) From other 1250 property 0

Total other unrecaptured 1250 gain 0

l. Unrecaptured gain from Form(s) 2439 0

m. Unrecaptured gain from Schedule K-1 (E/T), REIT or mutual fund not reported on Form 2439 0

n. Lines g through m 0

o. Lines a - f of Mini-Worksheet for Line 18 0

p. Loss, if any, from Schedule D, line 7 0

q. Long-term capital loss carryover from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code C 0

r. Combine lines o - q. If a loss, enter as a positive amount. If zero or a gain, enter 0 0

s. Unrecaptured section 1250 gain. Line n minus line r (not less than zero) 0

19 Unrecaptured section 1250 gain19 0

Note: The program incorporates the *Qualified Dividends and Capital Gain Tax Worksheet* referred to on lines 20 and 22 into the *Schedule D Tax Worksheet* shown below.

20 Are lines 18 and 19 **both** zero or blank?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the 1040 instructions. Do not complete lines 21 and 22 below.

☐ **No. Complete the Schedule D Tax Worksheet.** Do not complete lines 21 and 22 below.

21 If ln 16 is a loss, enter here and on F1040, ln 13 the **smaller** of:

21 _____

- The loss on line 16
- \$3,000 (\$1,500 if married filing separately)

22 Do you have qualified dividends on Form 1040, line 9b?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the 1040 instructions.

☐ **No.** Complete the rest of Form 1040.

SCHEDULE D TAX WORKSHEET

1 Taxable income from Form 1040, line 43 67,238

2 Qualified dividends from Form 1040, line 9b 485

3 Form 4952, line 4g 0

4 Form 4952, line 4e (or write-in amount, if smaller) 0

5 Line 3 - line 4 (not less than zero) 0

6 Line 2 - line 5 (not less than zero) 485

7 Smaller of ln 15 or ln 16 of Sched D 1,300

8 Smaller of line 3 or line 4 0

9 Line 7 - line 8 (not less than zero) 1,300

10 Line 6 + line 9 1,785

11 Sched D, line 18 + Sched D, line 19 0

12 Smaller of line 9 or line 11 0

13 Line 10 - line 12 1,785

14 Line 1 - line 13 (not less than zero) 65,453

15 Enter:

- \$37,650 if single or married filing separately } 37,650
- \$75,300 if married filing jointly } 75,300

	or qualifying widow(er); or	} 37,650
	• \$50,400 if head of household	} 37,650
16	Smaller of line 1 or line 15	37,650
17	Smaller of line 14 or line 16	37,650
18	Line 1 - line 10 (not less than zero)	65,453
19	Larger of line 17 or 18	65,453
20	Line 16 - line 17. This amount is taxed at 0%	0
If lines 1 and 16 are the same, skip lines 21 - 41 and go to line 42.		
Otherwise, go to line 21.		
21	Smaller of line 1 or line 13	1,785
22	Amount from line 20	0
23	Line 21 - line 22 (not less than zero)	1,785
24	Enter:	
	• \$415,050 if single or	}
	• \$233,475 if married filing	}
	separately	}
	• \$466,950 if married filing jointly	} 415,050
	or qualifying widow(er); or	}
	• \$441,000 if head of household	}
25	Smaller of line 1 or line 24	67,238
26	Line 19 + line 20	65,453
27	Line 25 - line 26 (not less than zero)	1,785
28	Smaller of line 23 or line 27	1,785
29	Line 28 times 15% (.15)	268
30	Line 22 + line 28	1,785
If lines 1 and 30 are the same, skip lines 31 - 41 and go to line 42.		
Otherwise, go to line 31.		
31	Line 21 minus line 30	0
32	Line 31 times 20% (.20)	0
33	Smaller line 9 or Schedule D, line 19	
34	Line 10 plus line 19	
35	Amount from line 1	
36	Line 34 - line 35 (not less than 0)	
37	Line 33 - line 36 (not less than 0)	
38	Line 37 times 25% (.25)	
If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.		
39	Lines 19, 20, 28, 31, and 37	
40	Line 1 minus line 39	
41	Line 40 times 28% (.28)	
42	Tax on line 19 amount using Tax Tables or Tax Comp Wksht	12,140
43	Lines 29, 32, 38, 41, and 42	12,408
44	Tax on line 1 amount	12,578
45	Tax on all taxable income. Smaller of line 43 or 44. To Form 1040, line 44	12,408

CAPITAL LOSS CARRYOVER WORKSHEET

You may deduct capital losses up to the amount of your capital gains plus \$3,000 (\$1,500 if married filing separate returns). Capital losses that exceed this amount are carried forward to later years.

Use this worksheet to figure your capital loss carryovers from 2016 to 2017 if line 21 is a loss and (a) that loss is smaller than the loss on line 16 or (b) Form 1040, line 41, is less than zero.

1	Amount on Form 1040, line 41 (may be less than 0)	1	71,288
2	Amount of the loss from line 21, as a positive amount	2	
3	Combine lines 1 and 2 (not less than 0)	3	71,288
4	Smaller of line 2 or 3	4	0
Note: If line 7 of Schedule D is a loss, go to line 5; otherwise, enter 0 on line 5 and go to line 9.			
5	Loss from Schedule D, line 7, as a positive amount	5	0
6	Gain, if any, from Schedule D, line 15	6	1,300
7	Line 4 plus line 6	7	1,300
8	Short-term capital loss carryover to 2017. Line 5 minus line 7, but not less than zero	8	0

Note: If line 15 of Schedule D is a loss, go to line 9.

Note: If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.

9	Loss from Schedule D, line 15, as a positive amount	9	0
10	Gain, if any, from Schedule D, line 7	10	1,600
11	Line 4 minus line 5, but not less than zero	11	0
12	Line 10 plus line 11	12	1,600
13	Long-term capital loss carryover to 2017. Line 9 minus line 12, but not less than zero	13	0

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[illegible]

2 Totals. Add amounts in cols (d),
(e), (g), and (h) (subtract
negative amounts). Enter here and
include on Sched D, **line 1b** (if
Box A above is checked), **line 2** (if
Box B above is checked), or **line 3**
(if **Box C** above is checked).

▶ 2	7,000	5,400		0
				1,600

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the instructions for how to figure the amount of the adjustment.

Form 8949 (CONT'D) PAGE 2 2016*12A

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

PART II Long-Term. Transactions involving capital assets you held more than one year are long-term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (D) Long-term transactions reported on Form(s) 1099-B showing basis **was** reported to the IRS (see **Note** above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]

2 Totals. Add amounts in cols (d), (e), (g), and (h) (subtract negative amounts). Enter here and include on Sched D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked).

▶4	13,000	11,700	0
			1,300

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the instructions for how to figure the amount of the adjustment.

Carol Harris

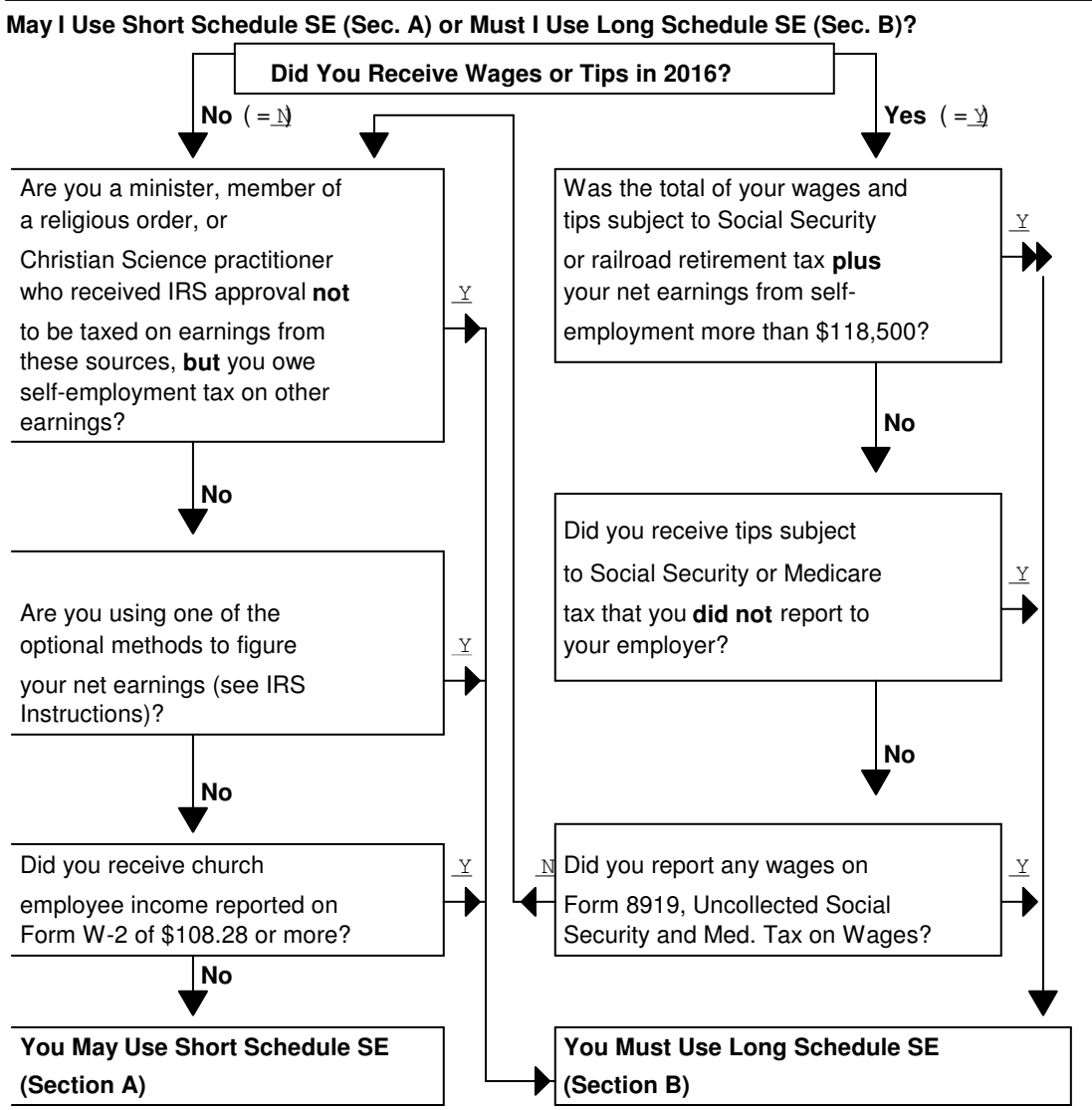
Social Security No . . . ▶ 793-52-4335

Note: You must use section B if you received wages or tips AND the total of all your wages and tips subject to Social Security, or railroad retirement tax plus your net earnings from self-employment is more than \$118,500.

Your wages subject to Social Security 0

☐ "X" here to use section B. Otherwise, we'll use section A.
We "X" this box automatically if (1) you have any Social Security wages or tips, **AND** (2) your Social Security wages and tips plus your self-employment income exceeds \$118,500.
We also "X" this box automatically if you select one of the optional methods (i.e., farm or nonfarm) in section B.

Note: There may be are other situations in which you have to use Section B. See the chart below.



SELF-EMPLOYED HEALTH INSURANCE DEDUCTION (SEHID)

Self-employed health insurance deduction from Form 1040, line 29

Allocation of SEHID to the taxpayer 0

Allocation of SEHID to the spouse

CHAPTER 11 BANKRUPTCY CASES

Enter the amount of Chapter 11 bankruptcy income from self-employment that you reported on Form 1041 of your bankruptcy estate

See IRS instructions. We include this in line 3.

NOTARY PUBLIC FEES EXCLUDED FROM SE INCOME

If part of your self-employment income is from notary fees, enter the amount of those fees here to reduce your self-employment tax

We reduce line 3 by this amount.

CONSERVATION RESERVE PROGRAM PAYMENTS EXCLUDED FROM SE INCOME

Beginning in 2008, farmers receiving social security retirement or disability benefits do not have to pay self-employment tax on Conservation Reserve Program

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(CRP) payments. However, these are still subject to income tax.
 If you reported any of these payments on Schedule F, and you received social security or disability benefits, enter the amount here to exclude them from Self-employment income and reduce your self-employment tax
We carry this amount to line 1b.

CHURCH EMPLOYEES AND MINISTERS

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| a. Did you have Church Employee Income?.....
<i>This is wages received from a non-exempt church or religious organization for services other than as a minister, member of a religious order, or Christian Science Practitioner.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Were you a minister or member of a religious order?
<i>Check YES if you are a Christian Science Practitioner.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION A Short Schedule SE

1a. Net farm profit/loss (Schedule F, In 34 & Schedule K-1, Form 1065, box 14, code A)	1a	<u>0</u>
b. If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b or listed on Schedule K-1 (Form 1065) box 20, code Z	1b	<u>0</u>
2. Net bus. profit/loss (Sched C, C-EZ, K-1)	2	<u>27,693</u>
Schedule K-1, box 14, code A, carries to line 1 if from farm partnerships, and to line 2 otherwise. See IRS instructions for other income to report.		
3. Combine lines 1a, 1b, and 2.	3	<u>27,693</u>
4. Line 3 * 0.9235. If under \$400, you don't owe SE tax; DON'T file this schedule unless you have an amount on line 1b <i>See instructions if line 4 is less than \$400 due to Conservation Reserve Program payments.</i>	4	<u>25,574</u>
5. Self-employment tax. To Form 1040, line 57 If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3%. • More than \$118,500, multiply line 4 by 2.9% + \$14,694	5	<u>3,913</u>
6. Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27	6	<u>1,957</u>

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END OF PAGE 1

		Social Security No ▶	
SECTION B	LONG SCHEDULE SE		
PART I - SELF-EMPLOYMENT TAX			
Exempt Ministers: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, AND you filed Form 4361, see IRS instructions.			
Church Employees: If your only income subject to self-employment tax is church employee income, skip lines 1-4b, enter 0 on line 4c and go to line 5a. Income from services as a minister or member of a religious order is not church employee income. See page SE-1 of IRS instructions.			
A. "X" if minister, etc., filed Fm 4361, but have \$400 of other earnings ▶ <input type="checkbox"/>			
Note: Skip line 1 if you elect the farm optional method (Part II below). Skip line 2 if you elect the nonfarm optional method. (Part II below).			
1a.	Net farm profit/loss (Sch F, ln 34, & K-1, box 14, code A)	1a	
b.	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b or listed on Schedule K-1 (Form 1065) box 20, code Z	1b	
2.	Net bus. profit/loss (Sched C, C-EZ, K-1)	2	
Schedule K-1, box 14, code A, carries to line 1 if from farm partnerships, and to line 2 otherwise. See IRS instructions for other income to report.			
3.	Combine lines 1a, 1b, and 2.	3	
4a.	If line 3 is more than zero, line 3 * 0.9235. Else line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	
b.	If you elect one or both optional methods, lines 15 + 17	4b	
c.	Line 4a + 4b. If less than \$400, do not file this schedule ▶	4c	
<input type="checkbox"/> Exception: We check this box if you had church employee income, and line 4c is less than \$400. We'll enter zero on line 4c and complete the rest of this schedule.			
5a.	Enter church employee income from Form W-2	5a	
b.	Line 5a * .9235. (0 if under \$100)	5b	
6.	Net earnings from self-employment. Line 4c plus line 5b	6	
7.	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2016	7	118,500
8a.	Total soc sec wages and tips from W-2's, etc	8a	
b.	Unreported tips subj. to Social Security tax	8b	
Note: Line 8b is carried from Form 4137 line 10.			
c.	Wages from Form 8919, Line 10	8c	
Note: The program does not support Form 8919.			
d.	Add lines 8a, 8b, and 8c	8d	
9.	Line 7 - line 8d. (If zero or less, enter zero.) ▶	9	
10.	The smaller of line 6 or line 9 multiplied by 12.4%	10	
11.	Line 6 multiplied by 2.9%	11	
12.	Self-employment tax. Lines 10 + 11. To Form 1040, line 57	12	
13.	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27	13	
PART II - OPTIONAL METHODS TO FIGURE NET EARNINGS (See IRS Instructions)			
FARM OPTIONAL METHOD: You may use the farm optional method only if: (a) Your gross farm income (Schedule F, line 9, and Schedule K-1 (Form 1065), box 14, code B) was not more than \$7,560 or (b) Your net farm profits (Schedule F, line 34, and Schedule K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method) were less than \$5,457.			
<input type="checkbox"/> "X" this box if you're electing the Farm Optional Method. If you "X"			

this box, then we blank out line 1 above.

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14. Maximum income for optional methods 14 5,040

Note: If you elect to use the Farm Optional Method, we enter on line 15 the smaller of i) 2/3 of Schedule F, line 9 and Schedule K-1 (Form 1065) box 14, code B or ii) \$5,040. Line 15 is carried to line 4b, above, if you elected the Farm Optional Method by placing an "X" in the box above line 14.

15a. Gross farm income 15a

15. Enter the **smaller** of: two-thirds (2/3) of gross farm income (not less than zero) or \$5,040. Also include this amount on line 4b above 15

NONFARM OPTIONAL METHOD: You may use the nonfarm optional method **only** if:

- (a) Your net nonfarm profits (Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), box 14, code A; and Schedule K-1 (Form 1065-B) box 9, Code J1) were less than \$5,457 and also less than 72.189% of your gross nonfarm income (Schedule C, line 7; Schedule C-EZ, line 1; and Schedule K-1 (Form 1065), box 14, code C and Schedule K-1 (Form 1065-B), box 9, Code J2) and
- (b) You had net SE earnings of at least \$400 in 2 of the prior 3 years.

Caution: You may use this method no more than five times.

☐ "X" this box if you're electing the Nonfarm Optional Method. If you place an "X" in this box, then we blank out line 2 above.

16. Line 14 - line 15 16

17a. Gross nonfarm income 17a

17. Nonfarm Optional Method amount 17

Note: If you elect to use the Nonfarm Optional Method, we enter on line 17 the smaller of: i) 2/3 of line 17a or ii) if you elected the farm optional method, the amount on line 16. Line 17 is carried to line 4b if you elected the Nonfarm Optional Method by placing an "X" in the box above line 16.

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SUPPORTING FORMS

RE: 2016 Tax Returns

PREPARED FOR: Carol Harris

SSN: 793-52-4335

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. - Form 1099-DIV - Dividends and Distributions
5. - Form 1099-G - Certain Government Payments
6. - Home Mortgage Interest Worksheet - Home Mortgage Interest Worksheet
7. - Charitable Worksheet - Charitable Donations Worksheet
8. - Vehicle Worksheet - Vehicle Expense Worksheet
9. - Capital Gains and Losses Worksheet - Capital Gains and Losses
10. - Health Care Coverage - Health Care Coverage
11. - Health Care Summary - Health Care Summary

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

1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

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

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

C/O information, if necessary

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any)674 Yankee Street

Your city, state, and ZIP codeDurham , NC 27409

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	793-52-4335	
b. Date of birth (MM/DD/YYYY)	7/1/1968	
c. "X" if legally blind	<input type="checkbox"/>	<input type="checkbox"/>
d. Enter "X" if disabled	<input type="checkbox"/>	<input type="checkbox"/>
e. Occupation	Associate Professor	
f. "X" if you want \$3 to go to Pres. Elec. Campaign Fund	<input type="checkbox"/>	<input type="checkbox"/>

~~~~~

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

3. FILING STATUS

a. Choose your filing status below:

☒ Single

☐ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

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

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

I want to itemize my deductions . . . . .☐

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

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

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

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

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

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

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**BACKGROUND INFO CONTINUED ON PAGE 2**

*END OF PAGE 1*

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4. EXEMPTIONS FOR YOU AND YOUR SPOUSE

- a. Place an "X" here if anyone else (a parent, e.g.) can claim you as a dependent on his or her tax return. (Joint filers enter "X" only if someone else can claim you, **AND** your tax before withholding is zero.) ☐
- b. Enter "Y" if you are entitled to an exemption for yourself ☒ (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 |
|------------------------------|--------|
| 4/15/2016                    | 3,000  |
| 6/15/2016                    | 3,000  |
| 9/15/2016                    | 3,000  |
| 1/15/2017                    | 3,000  |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
| Total estimated tax payments | 12,000 |
- Note:** If you and your spouse each filed separate extensions but are now filing a joint return, or if you jointly filed an extension but are now filing separate returns, see the IRS instructions to Form 4868 and adjust the amount on line b. accordingly.
- b. Amount paid with Form 4868 (for October returns) \_\_\_\_\_
- c. Withholding on Form 1099-B \_\_\_\_\_ 0
- d. Withholding on Form 1099-PATR \_\_\_\_\_

6. PAYING YOUR TAXES BY CREDIT CARD

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

7. REFUND INFORMATION

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

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

---

**Applying Refund to Your 2017 Estimated Tax**

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

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**BACKGROUND INFO CONTINUED ON PAGE 3**

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*END OF PAGE 2*

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8. THIRD PARTY DESIGNEE

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

*If Yes, complete the following information:*

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

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

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

9. RETURN ASSISTANCE

How was this return prepared:

☒ By yourself.

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

10. STATE TAX RETURNS

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

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

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

2015 Form 1040, 1040A or 1040EZ

1a Filing status: 

☒ Single

☐ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

Spouse's Social Security number

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

1b Form filed: 

Eligible for: 

☐ Form 1040

☐ Form 1040A

☐ Form 1040EZ

Filed: 

☐ Form 1040

☐ Form 1040A

☐ Form 1040EZ

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

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

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

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

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

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

5 Itemized deductions (1040, above line 40)

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

7 Self-employment tax (1040 line 57)

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

9a Household employment tax (1040 line 60a)

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

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

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

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

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

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

2015 Schedule D

15 Used Schedule D Tax Worksheet

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

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

17 Line 19 of Schedule D

18 Line 10 of Schedule D Tax Worksheet

19 Line 19 of Schedule D Tax Worksheet

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

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

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

2015 Form 2555

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

22 Line 46 (yours)

23 Line 48 (yours)

24 Line 46 (spouse's)

25 Line 48 (spouse's)

2015 Form 4136

26 Total fuel tax credit (line 17)

## 2015 Form 4952

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

## 2015 Form 5329

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

## 2015 Form 5405

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

## 2015 Form 5695

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

## 2015 Form 6251

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

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

2016

Carol Harris

SSN: 793-52-4335

## 2015 Form 8801

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

## 2015 Schedule 8812

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

## 2015 Form 8859

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

## Miscellaneous 2015 Taxes

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

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

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

**Not  
For  
Filing**

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

**Electronic Filing Information**

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

**Amounts Needed for Form 2210**

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

Is this interest for:

What kind of interest is this:

☐ Other interest (fill in 1099-INT below)

**Interest paid by** Bank of the Carolinas

FATCA filing requirement .....

**Box 1 -** Interest income: \$ 167

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

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

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

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

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

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

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

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

**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):                                             | _____    |
| <hr/>           |                                                       |          |
| <b>Box 12 -</b> | State identification number(s):                       | _____    |
| <hr/>           |                                                       |          |
| <b>Box 13 -</b> | State tax withheld:                                   | \$ _____ |
|                 |                                                       | \$ _____ |

## SELLER-FINANCED MORTGAGE INTEREST

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

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

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

## ADJUSTMENTS

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

### Type of adjustment:

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

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

## NEW YORK FILERS ONLY, COMPLETE THE FOLLOWING:

### Payer EIN, address, and ZIP code:

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

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

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

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_ ZIP: \_\_\_\_\_

☐ Check if foreign address.  
 Country \_\_\_\_\_  
 Province/state/county \_\_\_\_\_  
 Postal code \_\_\_\_\_

Use this form to report dividends you received, even if they weren't reported on a Form 1099-DIV.

Is this 1099-DIV for:

☒ You

☐ Your spouse

☐ Both of you

Dividends paid by: Microsoft

FATCA filing requirement

Box 1a - Total ordinary dividends: \$ 485

MINI-WORKSHEET FOR LINE 1a

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

a. Percentage of box 1a from US Treasury obligations: %

Box 1b - Qualified dividends: \$ 485

MINI-WORKSHEET FOR LINE 1b

a. Portion, if any, of line 1b that is not qualified dividends

Box 2a - Total capital gain distributions: \$

Box 2b - Unrecaptured section 1250 gain: \$

Box 2c - Section 1202 gain: \$

Box 2d - Collectibles (28%) gain: \$

Note: If you have an amount for Section 1202 gain in Box 2c, be sure to enter the excludable amount as a loss on the Capital Gains and Losses Worksheet.

Box 3 - Nondividend distributions: \$

Box 4 - Federal income tax withheld: \$

Box 5 - Investment expenses: \$

Note: if you did not receive a Form 1099-DIV, 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 - Cash liquidation distribution: \$

Box 9 - Noncash liquidation distribution: \$

Box 10 - Exempt-interest dividends: \$

MINI-WORKSHEET FOR LINE 10

a. Portion of this dividend 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 11 - Spec'd private activity bond interest dividends: \$

Box 12 - State(s):

Box 13 - State identification number(s):

Box 14 - State tax withheld: \$

ADJUSTMENTS

Check one of the boxes below if you have an adjustment for this dividend. If you have a nominee adjustment, also enter the amount of the adjustment.

☐ Nominee dividend

☐ Restricted stock dividend

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/country

Not  
For  
Filing

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 \_\_\_\_\_

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**Not  
For  
Filing**



|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                        |                             |                          |                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|-------------------|--|
| FORM 1099-G                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | CERTAIN GOVERNMENT PAYMENTS |                          | 2016              |  |
|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                        |                             |                          | OMB No. 1545-0120 |  |
| Carol Harris                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                        |                             |                          | SSN: 793-52-4335  |  |
| Is this 1099-G for <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Your spouse <input type="checkbox"/> Both of you                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                             |                          |                   |  |
| Check the box if this 1099-G is marked corrected <input type="checkbox"/>                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                             |                          |                   |  |
| Check what kind of payment is shown on this 1099-G.<br><input checked="" type="checkbox"/> State tax refund<br><input type="checkbox"/> Unemployment compensation<br><input type="checkbox"/> Other government payment                                                                                                                                                             |                                                                                                                                                                                                                                        |                             |                          |                   |  |
| PAYER's name, street, city, state, ZIP, and telephone.<br>Paid by: _____<br>Payer's Address:<br>Street: _____<br>City: _____<br>State: _____ ZIP: _____<br>Telephone: _____<br>Payer ID # _____                                                                                                                                                                                    |                                                                                                                                                                                                                                        |                             |                          |                   |  |
| For Indiana only:<br>Indiana county tax withheld _____<br>Indiana county _____                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        |                             |                          |                   |  |
| RECIPIENT's name, street, city, state, ZIP, and account number.<br>Recipient's Name (first, middle initial, last, suffix):<br>Carol Harris<br>Recipient's Address:<br>Street: 674 Yankee Street<br>City: Durham<br>State: NC ZIP: 27409<br>Account #:<br><input type="checkbox"/> Do NOT carry name from Bkgd Wkst<br><input type="checkbox"/> Do NOT carry address from Bkgd Wkst |                                                                                                                                                                                                                                        |                             |                          |                   |  |
| Box 1                                                                                                                                                                                                                                                                                                                                                                              | Unemployment compensation                                                                                                                                                                                                              | 1                           |                          |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                    | Amount in Box 1 repaid in 2016                                                                                                                                                                                                         |                             |                          |                   |  |
| Box 2                                                                                                                                                                                                                                                                                                                                                                              | State or local income tax refunds, credits or offsets                                                                                                                                                                                  | 2                           | 127                      |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                    | Note: Please use the Last Year's Data Worksheet if there is an amount in box 2.                                                                                                                                                        |                             |                          |                   |  |
| Box 3                                                                                                                                                                                                                                                                                                                                                                              | Box 2 amount is for tax year                                                                                                                                                                                                           | 3                           | 2015                     |                   |  |
| Box 4                                                                                                                                                                                                                                                                                                                                                                              | Federal income tax withheld                                                                                                                                                                                                            | 4                           |                          |                   |  |
| Box 5                                                                                                                                                                                                                                                                                                                                                                              | RTAA payments                                                                                                                                                                                                                          | 5                           |                          |                   |  |
| Box 6                                                                                                                                                                                                                                                                                                                                                                              | Taxable grants                                                                                                                                                                                                                         | 6                           |                          |                   |  |
| Box 7                                                                                                                                                                                                                                                                                                                                                                              | Agriculture payments                                                                                                                                                                                                                   | 7                           |                          |                   |  |
| Box 8                                                                                                                                                                                                                                                                                                                                                                              | Check if box 2 is trade or business income                                                                                                                                                                                             |                             | <input type="checkbox"/> |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                    | Note: If box 8 is X'd, include in your income any portion of the refund that reduced your tax in the year you deducted the tax. Report the income on the same form or schedule on which you deducted the tax--for example, Schedule C. |                             |                          |                   |  |
| Box 9                                                                                                                                                                                                                                                                                                                                                                              | Market gain                                                                                                                                                                                                                            | 9                           |                          |                   |  |
| Box 10a                                                                                                                                                                                                                                                                                                                                                                            | State                                                                                                                                                                                                                                  | 10a                         |                          |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                    | State                                                                                                                                                                                                                                  |                             |                          |                   |  |
| Box 10b                                                                                                                                                                                                                                                                                                                                                                            | State identification number                                                                                                                                                                                                            | 10b                         |                          |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                    | State identification number                                                                                                                                                                                                            |                             |                          |                   |  |
| Box 11                                                                                                                                                                                                                                                                                                                                                                             | State income tax withheld                                                                                                                                                                                                              | 11                          |                          |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                    | State income tax withheld                                                                                                                                                                                                              |                             |                          |                   |  |

|                                                                                                                                                                                                                                                     |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| State Tax Refund Information                                                                                                                                                                                                                        |                                                                     |
| Answer the following questions if you checked the <i>State tax refund</i> box at the top of this form. You do not need to answer these questions if you checked either the <i>Unemployment compensation</i> or <i>Other government payment</i> box. |                                                                     |
| Did you itemize your deductions in 2015?                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Did you deduct general sales taxes in 2015?                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Do you fall into any of the exceptions given in the IRS instructions for line 102?                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

Not  
For  
Filing

If you checked Yes above or the tax year in box 3 is not 2015,  
consult IRS Publication 525 to figure the amount on this Form  
1099-G that you must include on line 10 of Form 1040, and enter  
that amount (but not less than zero) here . . . . . \_\_\_\_\_

**Not  
For  
Filing**

# HOME MORTGAGE INTEREST WORKSHEET

2016

Carol Harris SSN: 793-52-4335

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

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

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

Description of Property Principal residence

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

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

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

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

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

1. Mortgage interest received, from Form 1098, box 1 6,410

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 _____

Carol Harris

SSN: 793-52-4335

Not
For
Filing**D. ALLOCATIONS**

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

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

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

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

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

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

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

END OF PAGE 2

Carol Harris

SSN: 793-52-4335

EXPLANATORY STATEMENT

Not
For
Filing

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

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

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

[illegible]

1b. Sum of entries from table above	1b	967
--	-----------	-----

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

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

6.	Total cash or money donations. Sum of 1b, 2(c), 4(c), 5(c)	6	967
----	--	---	-----

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

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

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

END OF PAGE 2

**Not
For
Filing**

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

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

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

END OF PAGE 3

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

Charitable Donations

1.	Current-year donations subject to 50% limit	967
2.	Carryover donations subject to 50% limit	0
3.	Current-year donations subject to 30% limit	0
4.	Carryover donations subject to 30% limit	0
5.	Current-year capital gain donations subject to 30% limit	0
6.	Carryover capital gain donations subject to 30% limit	0
7.	Current-year capital gain donations subject to 20% limit	0
8.	Carryover capital gain donations subject to 20% limit	0

		Deduction in 2016	Carryover to 2017
2016 Donations Subject to 50% Limit			
9.	Adjusted gross income	84,015	
10.	Your 50% limit. Line 9 * 0.5	42,008	
11.	Smaller of line 1 or line 10	967	
12.	Line 1 minus line 11		0
13.	Line 10 minus line 11	41,041	
Carryover Donations Subject to 50% Limit			
14.	Smaller of line 2 or line 13	0	
15.	Line 2 minus line 14		0
16.	Line 13 minus line 14	41,041	
2016 Donations Subject to 30% Limit			
17.	Sum of lines 1, 2, 5, and 6	967	
18.	Your 30% limit. Line 9 * 0.3	25,205	
19.	Line 10 minus line 17	41,041	
20.	Smallest of lines 3, 18, or 19	0	
21.	Line 3 minus line 20		0
22.	Line 19 minus line 20	41,041	
23.	Line 18 minus line 20	25,205	
Carryover Donations Subject to 30% Limit			
24.	Smallest of lines 4, 22, or 23	0	
25.	Line 4 minus line 24		0
26.	Line 16 - sum of lines 20 and 24	41,041	
2016 Capital Gain Donations Subject to 30% Limit			
27.	Smallest of lines 5, 18, or 26	0	
28.	Line 5 minus line 27		0
29.	Line 26 minus line 27	41,041	
30.	Line 18 minus line 27	25,205	
Carryover Capital Gain Donations Subject to 30% Limit			
31.	Smallest of lines 6, 29, or 30	0	
32.	Line 6 minus line 31		0
33.	Line 29 minus line 31	41,041	
34.	Line 30 minus line 31	25,205	
35.	Line 23 minus line 24	25,205	
2016 Capital Gain Donations Subject to 20% Limit			
36.	Your 20% limit. Line 9 * 0.2	16,803	
37.	Smallest of lines 7, 33, 34, 35, or 36	0	
38.	Line 7 minus line 37		0
39.	Line 33 minus line 37	41,041	

40.	Line 34 minus line 37	<u>25,205</u>		
41.	Line 35 minus line 37	<u>25,205</u>		
42.	Line 36 minus line 37	<u>16,803</u>		
Carryover Capital Gain Donations				
Subject to 20% Limit				
43.	Smallest of lines 8, 39, 40, 41, or 42		<u>0</u>	
44.	Line 8 minus line 43			<u>0</u>
Summary of Deductions and Carryovers				
45.	Total deduction this year		<u>967</u>	
46.	Total carryover to next year			<u>0</u>

END OF PAGE 4

PART V CARRYOVERS TO FUTURE YEARS

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

PART VI SUMMARY OF AMOUNTS FOR SCHEDULE A

1. Cash or money donations (to Schedule A, line 16)	1	967
2. Noncash or item donations (to Schedule A, line 17)	2	0
3. Carryovers from prior years (to Schedule A, line 18)	3	0
4. Deductible donations (to Schedule A, line 19)	4	967
5. Carryovers to future years (next year's Sch A, line 18)	5	0

Not
For
Filing

Carol Harris | SSN: 793-52-4335

Note: If the vehicle was placed in service this year, or if you used standard mileage previously for a vehicle you owned, this worksheet will help you decide whether to use the Standard Mileage or Actual Expense method.

Note: If you leased the vehicle and if you're using this Vehicle Worksheet in conjunction with Form 2106 or Schedule C, please complete ONLY Parts 1, 2, 3, 6, 8, and 9 of the Vehicle Worksheet. Do **NOT** complete any other parts. Complete Part 8 only if the vehicle was placed in service in 2016.

Note: Special rules apply to vehicles used on an Indian reservation. See the IRS instructions to Form 4562 and IRS Publication 946 and override our calculations as necessary.

PART 1. DESCRIPTION OF VEHICLE AND DESTINATION FORM - ALL VEHICLES

- a. Briefly describe this vehicle (e.g., "Car, Taurus") car
- b. Form to which we should carry information about this vehicle 1
- c. Which copy of that tax form (1=1st copy; 2=2nd copy, etc.) 1
Note: For Form 2106-EZ, copy 1 is for self and copy 2 for spouse.
- d. Activity name on that tax form Carol Harris, CPA
- e. "X" if this is a vehicle you leased ☐
e-1. If you leased this vehicle, "X" if you used standard mileage in a previous tax year ☒
- f. "X" if rural mail carrier using your own vehicle ☐
- g. Check here if you acquired this vehicle in a like-kind exchange or involuntary conversion ☐
g-1 Check here if you are making an election under Regulations section 1.168(i)-6(i) ☒

Note: Special rules apply to trade-in's and involuntary conversions. If you checked box g. above, review the IRS instructions to Form 4562 and adjust your entries accordingly.

Note: For vehicles used in two businesses or activities, use the Vehicle Worksheet as a calculation device and manually carry the allocated depreciation and expenses to the relevant forms.

Note: Here is how to take the standard mileage deduction for more than one vehicle per business on Form 2106 or Form 2106-EZ. If you used two vehicles consecutively (one after the other) or alternately (at different times), you should treat them as one vehicle on the Vehicle Worksheet, and combine the miles traveled. You may ignore this note if you're using actual expenses.

Note re Clean-Fuel and Electric Vehicles: If your vehicle is a clean-fuel or electric vehicle placed in service after August 5, 1997, you should read the IRS instructions for Form 4562 and, if necessary, override portions of the Vehicle Worksheet.

PART 2. FIGURING "BUSINESS PERCENT" - ALL VEHICLES

Preliminary Questions

- a. Date vehicle was placed in service 1/1/2014
a-1 Check here if you converted this vehicle from 100% personal use to business/investment use in 2016 and you don't have mileage records for the personal use ☒
- b. Check here if you sold, gave away, or abandoned the vehicle in 2016 ☐
If line b. is checked, enter month in which the sale, etc. took place
b-1 Check here if you converted this vehicle from business/investment use to 100% personal use in 2016 and you don't have mileage records for the personal use ☒

Ownership/Lease Questions

- c. # months you owned/leased the vehicle this year (from above) 12
Note: We calculate line "c" based on the date placed
in service and month sold, abandoned, etc.
- d. # months you used vehicle at least partly for business 12
- e. # months of exclusively personal use (c-d) 0

Mileage Questions

For the # months in use this year, that is, for
the time described on line "d" above, please enter:

- f. # Business/investment miles: 4,726
- g. # Commuting miles 5,000
- h. # Other personal miles 10,274
- i. Total miles (f+g+h) 20,000
- j. Average daily round-trip commuting mileage _____
- k. Business/investment% 23.63
- l. If investment% > 0, check here if you also used
this vehicle more than 50% for business ☐
- Note:** For more detail about the calculation of
business percent, please see "Explain This Form"
for the Vehicle Worksheet.

END OF PAGE 1

PART 3. VEHICLE EXPENSES OTHER THAN DEPRECIATION - ALL VEHICLES

PART 3. VEHICLE EXPENSES OTHER THAN DEPRECIATION - ALL VEHICLES

Note: Enter the full amount for the entire year in column "a" unless otherwise noted. We'll figure the business portion automatically. If you use the standard mileage method, you may not deduct any of these expenses on the Vehicle Worksheet, except parking and tolls and, if you're self-employed, personal property taxes and interest.
If you owned or leased the vehicle before you placed it in service this year, then enter in column "a" the full amount only for the time period after you placed the vehicle in service.

Expense Chart	a. Total Amt	b. Bus. %	c. Deductible Amt (a*b)
a. Auto insurance			
b. Garage rent			
Note: Please enter the total amount of garage rent for the year on line b. Do NOT include payments to park your vehicle at work.			
c. Interest (only deductible if Sched C, C-EZ or F vehicle)			
d. Gasoline			
e. Registration, license			
f. Personal property taxes			
<input type="checkbox"/> Check here to automatically carry to In 7 of Sch A any personal property taxes that aren't deductible on the Vehicle Worksheet.			
Note: If you used this vehicle as employee, enter personal property taxes on line 7 of Schedule A, not here.			
g. Repairs			
h. Tires			
i. Oil			
j. Other expenses, e.g., temporary rentals			
k. Total expenses from column a	0		
Note: The amount from line k is carried to line 23 of Form 2106 if you indicated that you're using that form.			
l. Deductible amount (total of column c)			0
m. Plus: Tolls, hourly parking on business trips (local and out of town)			
n. TOTAL deductible amount (line l + line m)			0

Special Section for Certain Self-Employed Taxpayers

Note: You may need to use this section if you're directing this Vehicle Worksheet to a Schedule C **AND** you rented or leased the vehicle. Otherwise, you may skip this section.

a. Business portion of vehicle rental or lease costs

b. Inclusion amount

Note: For any vehicle first leased after 1986, there may be an inclusion amount if the value of the vehicle when new was over \$12,800. For more information, see the IRS instructions for lines 20a and 20b of Schedule C and see IRS Publication 463.

c. Line a - line b (to Schedule C) 0

Special Section for Certain Employees

Note: You may need to use this section if you're directing this Vehicle Worksheet to a Form 2106 **AND** you rented or leased the vehicle, received the vehicle from your employer, or were a rural mail carrier. Otherwise, you may skip this section.

Employees Who Rented or Leased Vehicle

a. Vehicle rental or lease costs

b. Inclusion amount

Note: For any vehicle first leased after 1986, there may be an inclusion amount if the value of the vehicle when new was over \$12,800. For more information, see the IRS instructions for line 24b of Form 2106 and see IRS Publication 463.

Employees with Employer-Provided Vehicle

a. Value of employer-provided vehicle (if on W-2 at 100% annual lease value)

Rural Mail Carriers

a. Equipment maintenance allowance

END OF PAGE 2

PART 4. DEPRECIATION AND STANDARD MILEAGE - OWNED VEHICLES ONLY

PART 4. DEPRECIATION AND STANDARD MILEAGE - OWNED VEHICLES ONLY

- a. Original cost (including sales tax & basis of trade-in) 0
Note: See the help panel to the left if this vehicle is or was eligible for the alternative motor vehicle credit.
- b. If placed in service before this year, was the standard mileage method used in the year the vehicle was placed in service? (If checked, skip to "Standard Mileage" questions.) ☒

PART 5. QUESTIONS FOR DEPRECIATION - OWNED VEHICLES ONLY

NOTE: Skip this Part if you're **sure** you're using standard mileage.

Listed property and "SUV's"

- a. Check here if this is a "passenger automobile" ☒
a-1. Check here if this is a truck or van placed in service after 2002 ☐
A passenger automobile is a 4-wheeled vehicle manufactured primarily for use on public roads that is rated at 6,000 pounds unloaded gross vehicle weight or less (for a truck or van, gross vehicle weight is substituted for unloaded gross vehicle weight). Exceptions apply for vehicles for hire and certain other vehicles. See the IRS instructions to Form 4562 for more information.
- b. Check here if this is any other property used as a means of transportation ☐
b-1. If you used this vehicle as an employee and you checked box a., a-1, or b. above, was your use of the vehicle for your employer's convenience and required as a condition of your employment? ☐ **Yes** ☐ **No**
Note: If you answer **No**, you can't deduct depreciation or rent expenses for your use of the vehicle. Please adjust the amounts shown on this Worksheet accordingly.
- c. Check here if this is **NOT** listed property (most people will leave this box blank) ☐
- d. Check here if this is a "sport utility vehicle" under section 179(b)(6) of the Internal Revenue Code ☐
A sport utility vehicle is generally a 4-wheeled vehicle that is primarily designed or that can be used to carry passengers over public streets, roads, or highways, that isn't subject to the passenger automobile limits, and that is rated at no more than 14,000 pounds gross vehicle weight. Exceptions apply for certain trucks with at least a 6-foot long cargo area and other vehicles. See the IRS instructions to Form 4562 for more information.

Bonus depreciation

NOTE: Complete questions e - l only for vehicles that you acquired after September 10, 2001.

- e. Check here if this is property eligible for 100% bonus depreciation ☐
- f. Check here if this is property eligible for 50% bonus depreciation under Section 168(k) of the Internal Revenue Code, as amended by the Economic Stimulus Act of 2008, the American Recovery and Reinvestment Act of 2009, the American Taxpayer Relief Act of 2012, the Tax Increase Prevention Act of 2014, or the Protecting America from Tax Hikes Act of 2015 ☐
- g. Check here if this is property eligible for 50% bonus depreciation under Section 168(k) of the Internal Revenue Code, prior to amendment by the Economic Stimulus Act of 2008 ☐
- h. Check here if this is property eligible for 30% bonus depreciation under Section 168(k) of the Internal Revenue Code, prior to amendment by the Economic Stimulus Act of 2008 ☐
- i. Check here if this is qualified New York Liberty Zone property ☐
- j. Check here if this is qualified Gulf Opportunity Zone property ☐
- k. Check here if this is qualified disaster assistance property ☐
- l. Check here if you checked box e., f., g., h., i., j., or k. above and you are electing out of bonus depreciation ☐
Note: The election on line l., above, generally operates on a class-by-class basis. See the IRS instructions to Form 4562 and make sure that, with respect to other property in the same class as this asset, you elect out of bonus depreciation as required.

- m.** For vehicles placed in service **before 2016**, section 179 and bonus depreciation amounts:
- 1)** Section 179 amount (if any) from the year the vehicle was first placed in service 0
 - 2)** Bonus depreciation amount (if any) from the year the vehicle was first placed in service 0

Passenger Automobile Eligible For 100% Bonus Depreciation in Prior Year

- n.** For a "passenger automobile" (including a qualifying truck or van) placed in service before 2016, check here if the vehicle was eligible for 100% bonus depreciation and you are **not** electing the safe harbor method of accounting described in Revenue Procedure 2011-26 ☐

- o.** For vehicles placed in service in **2016**, section 179 and bonus depreciation amounts:
- Note:** We generally calculate line 1 for you automatically.
Enter an amount manually on line 1 if this is qualified empowerment zone property.
- 1)** Maximum section 179 amount, **before** taking into account luxury limit and business percentage
 - 2)** Maximum allowable section 179 amount, **after** taking into account luxury limit and business percentage
 - 3)** Section 179 deduction claimed this year
 - 4)** Basis after Sec. 179: Original cost * business percentage, minus Sec. 179
 - 5)** Bonus depreciation: 100%/50%/30% of line 4 (but not more than line 2 minus line 3)
- p.** Depreciable basis: Original cost * business percentage, minus Sec. 179 and bonus depreciation 0

Note: See the IRS instructions to Form 4562 and IRS Publication 946 for information about when you may need to "recapture" your Section 179 deduction or bonus depreciation.

END OF PAGE 3

Alternative Depreciation System (ADS)

Alternative Depreciation System (ADS)

q. Check here if you're required to use ADS ☐

r. Check here if you're using ADS, even though not required to ☐

Note: We check box r. if this is listed property with 50% or less business use.

s. If you checked box q. or r. and you used the vehicle before 1987, enter the number of years for depreciation (3, 5, or 12)

t. If the property is eligible, do you elect the (slower) 150% declining balance method (usually leave blank) ☐

u. If the property is eligible, do you elect the (slower) straight-line method (usually leave blank) ☐

v. Does the mid-quarter convention apply to this vehicle (we calculate this if the vehicle was placed in service this year) N

w. Is this post-'88 property that is used in farming? N

Note: The entries below are calculated entries.

x. "Luxury car" limit on 2016 depreciation & Sec 179 3,050

y. "Luxury car" limit, reduced for non-business 721

z. Method (200DB = 200% declining balance; 150DB = 150% declining balance; SL = Straight line) 200DB

aa. Convention (HY=Half year; MQ=Mid-quarter) HY

bb. "Y" if depreciation is limited to the lesser of the actual depreciation or the "luxury car" limit Y

cc. Amount of depreciation allowable 0

END OF PAGE 4

PART 6. QUESTIONS FOR STANDARD MILEAGE - OWNED OR LEASED VEHICLES

PART 6. QUESTIONS FOR STANDARD MILEAGE - OWNED OR LEASED VEHICLES*This section calculates what your standard mileage is (or would be).*

- a. Enter an "X" if you're eligible for standard mileage for this vehicle.

To be eligible for standard mileage: (1) you can't use 5+ vehicles in business or for investment at a time; (2) if you own the vehicle, you must have used standard mileage for the vehicle's first year; and (3) if you lease the vehicle, you must have used standard mileage for the entire lease period (with the exception of the period, if any, before January 1, 1998) ☒

- b. Standard mileage method deduction: # cents per mile *

(number of business/investment miles) 2,552

Note: The mileage rate in 2016 is 54 cents/mile.

- c. Plus: (Garage rent * bus %) + Business Tolls (above) 0

Note: If you are self-employed (i.e., you're directing this Vehicle Worksheet to a Schedule C or Schedule F), then we also include on line 6c (and ultimately on line 6d) the deductible amount of your interest and taxes from the Expense Chart in Part 3.

- d. TOTAL Standard Mileage (Std mileage amt + parking + tolls) 2,552

PART 7. FOR VEHICLES PLACED IN SERVICE BEFORE THIS YEAR, WHERE STANDARD MILEAGE WAS USED PREVIOUSLY: COMPARISON OF STANDARD MILEAGE TO STRAIGHT LINE DEPRECIATION WITH EXPENSES - OWNED VEHICLES ONLY

- a. Enter # years estimated useful life of vehicle 5

- b. Enter estimated salvage value at end of useful life

- c. Straight line depreciation this year 0

- d. TOTAL straight line depreciation + expenses this year 0

- e. TOTAL Standard Mileage (from above) 2,552

- f. Larger of the two is ☐ Straight line ☒ Standard mileage

- g. Your choice ☐ Straight line ☒ Standard mileage

PART 8. FOR VEHICLES PLACED IN SERVICE THIS YEAR AND ELIGIBLE FOR STANDARD MILEAGE: COMPARISON OF STANDARD MILEAGE TO ACTUAL EXPENSES, INCLUDING REGULAR DEPRECIATION FOR OWNED VEHICLES - OWNED OR LEASED VEHICLES

- a. The totals allowable over the next 6 year(s), assuming the current mileage, business percents, expenses, etc. will not change, are:

_____ for Standard Mileage; with a _____ residual basis.

_____ for Actual Expenses (MACRS); with a _____ residual basis.

Note: Ignore residual basis if this is a leased vehicle. A higher residual basis is better. It means less taxable gain if you sell the vehicle. Or, it increases the amount you may depreciate on a new vehicle if you trade this vehicle in.

- b. Recommendation: We recommend . . . ☐ Actual expenses; ☐ Standard mileage.

- c. Your choice ☐ Actual expenses; ☐ Standard mileage.

Note for Owners: If you choose actual expenses, you can't change your choice in future years. If you choose standard mileage, you can switch to actual expenses in future years but will no longer be entitled to use accelerated depreciation. Also, your circumstances may change, and our choice may turn out not to have been the best choice.

Note for Lessees: Whatever method you choose, you can't change your choice in future years. Your circumstances may change, and our choice may turn out not to have been the best choice.

Note re 100% Bonus Depreciation: Our choice does not take into account the special safe harbor calculations under IRS Revenue Procedure 2011-26. Revenue Procedure 2011-26 applies to certain vehicles for which 100% bonus depreciation was taken in 2010 or 2011. Consult your tax advisor if this situation affects you.

END OF PAGE 5

PART 9. INFORMATION QUESTIONS FROM THE IRS - ALL VEHICLES

PART 9. INFORMATION QUESTIONS FROM THE IRS - ALL VEHICLES

Note: Your responses to these questions don't affect the calculation. We ask them in order to help complete your tax forms.

	Y	N
a. Do you (or your spouse) have another vehicle available for personal purposes (Y/N)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Is personal use during off-duty hours permitted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Was the vehicle used primarily by a more than 5% owner (of the business) or related person?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you have evidence to support your deduction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. If yes, is the evidence written?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PART 10. CALCULATION OF ALTERNATIVE MINIMUM TAX ADJUSTMENTS - OWNED VEHICLES ONLY

a. AMT Method (150DB=150% declining balance; SL=Straight line)	None
b. AMT Convention (HY=Half year; MQ=Mid-quarter)	NA
c. Alt Min Tax Depreciation	
d. Alt Min Tax Adjustment (Reg Dep'n - Alt Min Tax Dep'n)	0

Note: If this activity is passive, the AMT adjustment on line 10d carries to the AMT Passive Activity Worksheet on Schedule C, Schedule F, the Rentals and Royalty Worksheet, or Form 4835. From the AMT Passive Activity Worksheet, data goes to Form 6251, line 19. If this activity is non-passive, line 10d carries directly to Form 6251, line 18 or 27, as appropriate.

Note: If you designated this Vehicle Worksheet to carry to Form 2106, Form 2106-EZ, or Schedule A, then the AMT adjustment on line 10d above does not carry to Form 6251.

PART 11. SUMMARY - ALL VEHICLES

a. Depreciation allowable this year (from above)	0
b. Standard mileage allowable this year (from above)	2,552
c. Other deductible expenses (from above)	0
d. Alternative Minimum Tax adjustment this year (from above)	0
e. Alternative motor vehicle credit	

f. Depreciation chart for this vehicle. Note: If some use is "personal," then residual basis will be less than the sum of depreciation amounts. This chart assumes a constant business use from year to year. The chart does not reflect computations under the safe harbor method in Revenue Procedure 2011-26.

Note: This chart is for illustration only and may not always be accurate for your situation.

Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Dep'n	0	0	0	0	0	0	0	0	0	0
Basis	0	0	0	0	0	0	0	0	0	0
Year	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
Dep'n	0	0	0	0	0	0	0	0	0	0
Basis	0	0	0	0	0	0	0	0	0	0

END OF PAGE 6

12. STATE DEPRECIATION

12. STATE DEPRECIATION

Because many states have not conformed to the various federal laws passed since September 11, 2001 allowing "bonus" depreciation, you may be entitled to different depreciation amounts for federal and state purposes. This worksheet section supplies numbers related to state depreciation in nonconforming states. Your state program will advise you if you need to refer to this section to complete your state return.

- a.** If bonus depreciation is being claimed on your federal return,
the amount of 2016 bonus depreciation
- b.** If bonus depreciation was claimed in a prior year under
federal law, the amount of prior year bonus depreciation
- c.** The amount of federal depreciation to which you would have
been entitled in 2016 for this asset without the federal
laws allowing bonus depreciation
- d.** The difference between the amount of depreciation actually
being taken for this asset on your federal return and the
amount of depreciation to which you would have been entitled
without the federal laws allowing bonus depreciation

Use this worksheet to enter sales and other dispositions of capital assets. We'll sort the transactions according to whether they are short- or long-term and carry the information to the correct lines of Schedule D. Do **NOT** use this form to report the sale of:

- Your principal residence (use the Sale of Home Worksheet)
- Property used for business purposes (use Form 4797)

Note: See the help panel for special instructions if you are entering information about a group of transactions for which basis was reported to the IRS on Form 1099-B and for which you have no adjustments.

1. Description: Hammerhead Inc.

Form 1099-B or substitute broker's statement received? ☒ Yes ☐ No
This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: _____
Date acquired: 4/05/2009 Date sold: 10/15/2016
Sales price: 5,900
Cost/other basis (Form 1099-B, box 1e if applicable): 3,200

Additional questions if Form 1099-B or substitute statement:
Box 3 (basis reported to IRS) checked? ☒ Yes ☐ No
Correct basis (if amount in box 1e is not correct): _____
Type of gain/loss, if shown in box 2:
☐ Short-term ☐ Long-term ☐ Ordinary
Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: 2,700
Adjustment for corrected basis: _____
Gain/loss after adjustment for corrected basis: 2,700
Accrued market discount: _____
Accrued market discount adjustment: _____
Wash sale loss disallowed: _____
Other adjustments to gain/loss: _____

Income tax withholding:
Federal income tax withheld: _____
State Abbreviation State ID No. State Tax Withheld

The item sold was a collectible: ☐

2. Description: Leopard Corp.

Form 1099-B or substitute broker's statement received? ☒ Yes ☐ No
This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: _____
Date acquired: 2/01/2016 Date sold: 8/03/2016
Sales price: 7,000
Cost/other basis (Form 1099-B, box 1e if applicable): 5,400

Additional questions if Form 1099-B or substitute statement:
Box 3 (basis reported to IRS) checked? ☒ Yes ☐ No
Correct basis (if amount in box 1e is not correct): _____
Type of gain/loss, if shown in box 2:
☐ Short-term ☐ Long-term ☐ Ordinary
Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: 1,600
Adjustment for corrected basis: _____
Gain/loss after adjustment for corrected basis: 1,600

Accrued market discount: _____
 Accrued market discount adjustment: _____
 Wash sale loss disallowed: _____
 Other adjustments to gain/loss: _____

Income tax withholding:

Federal income tax withheld: _____

State Abbreviation	State ID No.	State Tax Withheld
_____	_____	_____
_____	_____	_____

The item sold was a collectible: ☐

3. Description: Sand Corp.

Form 1099-B or substitute broker's statement received? ☒ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: _____

Date acquired: 9/12/2011 Date sold: 10/15/2016

Sales price: 7,100

Cost/other basis (Form 1099-B, box 1e if applicable): 8,500

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☒ Yes ☐ No

Correct basis (if amount in box 1e is not correct): _____

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☒

Gain/loss before adjustment: -1,400

Adjustment for corrected basis: _____

Gain/loss after adjustment for corrected basis: -1,400

Accrued market discount: _____

Accrued market discount adjustment: _____

Wash sale loss disallowed: _____

Other adjustments to gain/loss: _____

Income tax withholding:

Federal income tax withheld: _____

State Abbreviation	State ID No.	State Tax Withheld
_____	_____	_____
_____	_____	_____

The item sold was a collectible: ☐

4. Description: _____

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☒

Code: _____

Date acquired: _____ Date sold: _____

Sales price: _____

Cost/other basis (Form 1099-B, box 1e if applicable): _____

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☒ No

Correct basis (if amount in box 1e is not correct): _____

Type of gain/loss, if shown in box 2:

☒ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☒

Gain/loss before adjustment: 0

Adjustment for corrected basis: _____

Gain/loss after adjustment for corrected basis: _____ 0
 Accrued market discount: _____
 Accrued market discount adjustment: _____
 Wash sale loss disallowed: _____
 Other adjustments to gain/loss: _____

Income tax withholding:
 Federal income tax withheld: _____
 State Abbreviation State ID No. State Tax Withheld

The item sold was a collectible: ☐

5. Description: _____

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis
 was reported to the IRS and for which you have
 no adjustments ☐

Code: _____

Date acquired: _____ Date sold: _____

Sales price: _____

Cost/other basis (Form 1099-B, box 1e if applicable): _____

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): _____

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: _____ 0

Adjustment for corrected basis: _____

Gain/loss after adjustment for corrected basis: _____ 0

Accrued market discount: _____

Accrued market discount adjustment: _____

Wash sale loss disallowed: _____

Other adjustments to gain/loss: _____

Income tax withholding:

Federal income tax withheld: _____

State Abbreviation State ID No. State Tax Withheld

The item sold was a collectible: ☐

6. Description: _____

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis
 was reported to the IRS and for which you have
 no adjustments ☐

Code: _____

Date acquired: _____ Date sold: _____

Sales price: _____

Cost/other basis (Form 1099-B, box 1e if applicable): _____

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): _____

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: _____ 0
Adjustment for corrected basis: _____
Gain/loss after adjustment for corrected basis: _____ 0
Accrued market discount: _____
Accrued market discount adjustment: _____
Wash sale loss disallowed: _____
Other adjustments to gain/loss: _____

Income tax withholding:
Federal income tax withheld: _____

State Abbreviation State ID No. State Tax Withheld

The item sold was a collectible: ☐

7. Description: _____

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis
was reported to the IRS and for which you have
no adjustments ☐

Code: _____

Date acquired: _____ Date sold: _____

Sales price: _____

Cost/other basis (Form 1099-B, box 1e if applicable): _____

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): _____

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: _____ 0

Adjustment for corrected basis: _____

Gain/loss after adjustment for corrected basis: _____ 0

Accrued market discount: _____

Accrued market discount adjustment: _____

Wash sale loss disallowed: _____

Other adjustments to gain/loss: _____

Income tax withholding:
Federal income tax withheld: _____

State Abbreviation State ID No. State Tax Withheld

The item sold was a collectible: ☐

8. Description: _____

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis
was reported to the IRS and for which you have
no adjustments ☐

Code: _____

Date acquired: _____ Date sold: _____

Sales price: _____

Cost/other basis (Form 1099-B, box 1e if applicable): _____

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): _____

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct:

Gain/loss before adjustment: _____ 0
Adjustment for corrected basis: _____
Gain/loss after adjustment for corrected basis: _____ 0
Accrued market discount: _____
Accrued market discount adjustment: _____
Wash sale loss disallowed: _____
Other adjustments to gain/loss: _____

Income tax withholding:

Federal income tax withheld: _____

State Abbreviation	State ID No.	State Tax Withheld
_____	_____	_____
_____	_____	_____

The item sold was a collectible: ☐

9. Description: _____

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: _____

Date acquired: _____ Date sold: _____

Sales price: _____

Cost/other basis (Form 1099-B, box 1e if applicable): _____

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): _____

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: _____ 0

Adjustment for corrected basis: _____

Gain/loss after adjustment for corrected basis: _____ 0

Accrued market discount: _____

Accrued market discount adjustment: _____

Wash sale loss disallowed: _____

Other adjustments to gain/loss: _____

Income tax withholding:

Federal income tax withheld: _____

State Abbreviation	State ID No.	State Tax Withheld
_____	_____	_____
_____	_____	_____

The item sold was a collectible: ☐

10. Description: _____

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: _____

Date acquired: _____ Date sold: _____

Sales price: _____

Cost/other basis (Form 1099-B, box 1e if applicable): _____

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): _____

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: _____ 0
Adjustment for corrected basis: _____
Gain/loss after adjustment for corrected basis: _____ 0
Accrued market discount: _____
Accrued market discount adjustment: _____
Wash sale loss disallowed: _____
Other adjustments to gain/loss: _____

Income tax withholding:

Federal income tax withheld: _____

State Abbreviation	State ID No.	State Tax Withheld
--------------------	--------------	--------------------

_____	_____	_____
_____	_____	_____

The item sold was a collectible: ☐

11. Description: _____

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: _____

Date acquired: _____ Date sold: _____

Sales price: _____

Cost/other basis (Form 1099-B, box 1e if applicable): _____

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): _____

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary

Type of gain/loss in box 2 is **not** correct: ☐

Gain/loss before adjustment: _____ 0
Adjustment for corrected basis: _____
Gain/loss after adjustment for corrected basis: _____ 0
Accrued market discount: _____
Accrued market discount adjustment: _____
Wash sale loss disallowed: _____
Other adjustments to gain/loss: _____

Income tax withholding:

Federal income tax withheld: _____

State Abbreviation	State ID No.	State Tax Withheld
--------------------	--------------	--------------------

_____	_____	_____
_____	_____	_____

The item sold was a collectible: ☐

12. Description: _____

Form 1099-B or substitute broker's statement received? ☐ Yes ☐ No

This is a group of transactions for which basis was reported to the IRS and for which you have no adjustments ☐

Code: _____

Date acquired: _____ Date sold: _____

Sales price: _____

Cost/other basis (Form 1099-B, box 1e if applicable): _____

Additional questions if Form 1099-B or substitute statement:

Box 3 (basis reported to IRS) checked? ☐ Yes ☐ No

Correct basis (if amount in box 1e is not correct): _____

Type of gain/loss, if shown in box 2:

☐ Short-term ☐ Long-term ☐ Ordinary ☐

Type of gain/loss in box 2 is **not** correct: _____

Gain/loss before adjustment: _____ 0

Adjustment for corrected basis: _____

Gain/loss after adjustment for corrected basis: _____ 0

Accrued market discount: _____

Accrued market discount adjustment: _____

Wash sale loss disallowed: _____

Other adjustments to gain/loss: _____

Income tax withholding:

Federal income tax withheld: _____

State Abbreviation	State ID No.	State Tax Withheld
_____	_____	_____
_____	_____	_____

The item sold was a collectible: ☐

HEALTH CARE COVERAGE

SSN:

Name of individual: Carol Harris
Individual's SSN 793-52-4335
Individual's date of birth: 7/1/1968

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

Carol _____ Harris _____		SSN: 793-52-4335
--------------------------	--	------------------

Information about affected individual:

Name Carol _____ Harris _____

SSN 793-52-4335

Date of birth (MM/DD/YYYY) 7/1/1968 _____

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>f. Employee's address and ZIP code</p> <p>Add1: <u>674 Yankee Street</u></p> <p>Add2: _____</p> <p>Apt No. _____</p> <p>Town/City <u>Durham</u></p> <p>State & ZIP <u>NC 27409</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>13. 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
			2,650			

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

KIA

Not
For
Filing