

Filing Checklist for 2016 Tax Return Filed On Standard Forms

Prepared on: 12/12/2016 07:20:12 am

Return: C:\Users\Smokey\Desktop\Tax\2016 Whittenburg\Chapter 2\Ken Hair 2016 Tax Return.T16

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

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

Because you're filing a joint return, Ken and Bev both need to sign the tax return.

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

**Step 2. Assemble the return**

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

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

Form W-2: Wage and Tax Statement

1st

2nd

**Step 3. Mail the return**

Mail the return to this address:

**Department of the Treasury  
Internal Revenue Service  
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
- 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		\$55,644
Adjustments	-	\$0
<b>Adjusted gross income</b>		<b>\$55,644</b>
Deductions	-	\$12,600
Exemption(s)	-	\$8,100
<b>Taxable income</b>		<b>\$34,944</b>

Tax withheld or paid already		\$4,950
Actual tax due	-	\$4,266
Refund applied to next year		\$88

**Refund****\$684**

\* 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

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

3 Married filing separately

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

5 Qual widow w/dep child

one box.

Spouse name

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

tions b X Spouse

c Dependents:

(1) First Last Name (2) SSN (3) Rela- (4) # Children

tionship Crdt # Lived w/

If > 4

depen- you

dents, Apart -

check div

here # Other

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 0

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

c. Wages from W-2's 52,875

d. Total for line 7 52,875

Income 7 Wages, etc 7 52,875

8a Taxable interest income. (Sch B if required) 8a 643

Attach b Tax-exempt interest 8b 1,000

copy B 9a Ordinary dividends 9a 301

b Qual divs 9b 301

MINI-WORKSHEET FOR LINE 10, TAXABLE REFUNDS OF STATE AND LOCAL INCOME TAXES

Note: This mini-worksheet requires certain information from your 2015 income tax return. If you did not create this tax return using last year's tax data, complete the Last Year's Data Worksheet before continuing.

a. Sum of "special case" amounts from Forms 1099-G (based on Pub. 525) a. 0

(If so, see IRS Pub. 525 and enter your taxable refunds manually on line 10.)

b. Amount of refunds (up to diff betw deds):

i. Refunds received (Form 1099-G) i. 0

Check to use amount on line i X

Check to calculate limit on taxable amt

Limitation on Taxable Amount

H&R Block load last year users who calculated (but did not use) sales tax deduction in 2015:

1. Sales tax you could have deducted in 2015

Line 1 comes from the Last Year's Data Worksheet. We blank out lines 2 - 9 if line 1 is calculated.

Others:

2. 2015 number of exemptions

3. 2015 adjusted gross income

4. 2015 nontaxable income . . . . .
  5. 2015 total available income . . . . .
  6. 2015 states of residence:
    - (1) 2015 state at year-end . . . . .
      - 2015 locality . . . . .
      - 2015 state general sales tax rate . . . . . %
      - CA and NV:** Enter your 2015 combined state and local general sales tax rate on the following line.
      - 2015 local general sales tax rate . . . . . %
    - (2) 2015 other state . . . . .
      - 2015 dates of residence in other state:
        - From . . . . . to . . . . .
      - 2015 locality . . . . .
      - 2015 state general sales tax rate . . . . . %
      - CA and NV:** Enter your 2015 combined state and local general sales tax rate on the following line.
      - 2015 Local general sales tax rate . . . . . %
  7. 2015 total from tables . . . . .
  8. 2015 sales tax for major purchases . . . . .
  9. 2015 state and local sales tax ded (line 7 + line 8) . . . . .
  10. 2015 state and local inc tax ded . . . . .
  11. Ln 10 minus Ln 9 (or line 1, if applicable) . . . . .
  12. Smaller of lines b(i) and 11 . . . . .
  - ii. Line b(i) or 12 . . . . . **b.** . . . . .
- Note:** We carry line 12 to line b if you indicate that you want to calculate the difference between your 2015 income and sales tax deductions. Otherwise we carry line b(i) to line b.
- c. Itemized deductions allowed in 2015 . . . . . **c.** . . . . .
  - d. 2015 filing status . . . . . **d.** . . . . .  
If line d is "3", "X" if itemizing . . . . . ☐
  - e. 2015 minimum standard deduction . . . . . **e.** . . . . .
  - f. Number of boxes x'd on 2015 Form 1040, line 39a . . . . . **f.** . . . . .
  - g. Ln f x \$1200 (\$1550 if Ln d is 1 or 4) . . . . . **g.** . . . . .
  - h. Reserved . . . . . **h.** . . . . .
  - i. Reserved . . . . . **i.** . . . . .
  - j. 2015 standard deduction (Ln e + Ln g) . . . . . **j.** . . . . .
- Note:** We blank line j if line d is X'd.
- k. Sum of lines h, i, and j . . . . . **k.** . . . . .
  - l. Line c - line k (not < 0) . . . . . **l.** . . . . .
  - m. Smaller of line b or line l . . . . . **m.** . . . . .
  - n. Sum of lines a and m (to line 10) . . . . . **n.** . . . . . 0

of W-2,	10	Taxable refunds of state and local income taxes . . . . .	10	0
W-2G, &	11	Alimony received . . . . .	11	
1099-R	12	Business income or loss. Attach Sched C or C-EZ . . . . .	12	0
here.	13	Capital gain/loss . . . . . <input type="checkbox"/>	13	0
	14	Other gains or losses. Attach Form 4797 . . . . .	14	
	15a	IRA's . . . . . <b>15a</b> <b>b</b> Taxbl	15b	0
	16a	Pension, annuities . . . . . <b>16a</b> <b>b</b> Taxbl	16b	0
	17	Rent, royalty, partnership, S corp, trust (Sch E) . . . . .	17	
	18	Farm income or loss. Attach Schedule F . . . . .	18	0
	19	Unemploy compensation . . . . .	19	1,825
	20a	Soc Sec benefits . . . . . <b>20a</b> <b>b</b> Taxable . . . . .	20b	
	21	Other income (type and amt) . . . . .	21	0
	22	Combine lines 7 through 21. Your <b>total income</b> . . . . .	22	55,644
Adjusted	23	Educator expenses . . . . . <b>23</b>		

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

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

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

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

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

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

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

<b>Income</b>	33	Student loan interest deduction . . . . .	33	
	34	Tuition & fees. Attach Form 8917 . . . . .	34	
	35	Dom. prod. act. ded. (Fm 8903) . . . . .	35	0
	36	Lns 23 - 35 . . . . . ▶	36	0
	37	Line 22 - line 36. Your <b>adjusted gross income</b> . . . . . ▶	37	55,644

**KIA**  
**END OF PAGE 1**

Not  
For  
Filing

Tax and 38 Amount from line 37 (adjusted gross income) 38 55,644

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

MINI-WORKSHEET FOR LINE 39b

a. Married, filing separately and spouse itemizes

b. Are you a dual-status alien

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

MINI-WORKSHEET FOR LINE 40,  
STANDARD VS ITEMIZED DEDUCTION

a. Your standard deduction (calculated) 12,600

b. Itemized deductions (from Schedule A) 0

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 12,600

40 Itemized deductions or standard deduction 40 12,600

Check here if you itemized

41 Subtract line 40 from line 38 41 43,044

MINI-WORKSHEET FOR PERSONAL EXEMPTIONS

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

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

c. Amount on Line 38

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

e. Line c minus line d

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

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

h. Line b multiplied by line g

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

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

43 Taxable income. Ln 41 minus 42 (not less than 0) 43 34,944

FOREIGN EARNED INCOME TAX WORKSHEET

a. Form 1040, line 43

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

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

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

e. Combine lines a and d

f. Tax on line e

g. Tax on line d

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

44	<b>Tax.</b> See instr. Check if total includes tax from <b>a</b> <input type="checkbox"/> 8814 <b>b</b> <input type="checkbox"/> 4972 <b>c</b> <input type="checkbox"/>	44	4,266
45	<b>Alternative minimum tax.</b> (Form 6251) . . . . .	45	0
46	Excess adv prem tax cr repmt. Attach Form 8962 . . . . .	46	
47	Add lines 44, 45, and 46 . . . . .	47	4,266

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

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

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

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

53	Residential energy crdts (Fm 5695) . . . . .	53	
54	Other credits. Check: <b>a</b> <input type="checkbox"/> Fm 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> Specify . . . . .	54	0
55	Add lines 48 through 54. Your <b>total credits</b> . . . . .	55	0
56	Subtract line 55 from line 47 (not less than 0) . . . . .	56	4,266

Other Taxes	57	Self-employment tax. (Sched SE) . . . . .	57	0
	58	Unreported tax from: <b>a</b> <input type="checkbox"/> Fm 4137 <b>b</b> <input type="checkbox"/> Fm 8919	58	0
	59	Tax on IRAs, qualified plans, etc. (Form 5329) . . . . .	59	0
	60a	Household employment taxes from Schedule H . . . . .	60a	0
	60b	First-time homebuyer credit repayment. Form 5405 . . . . .	60b	0
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code . . . . .	62	0
	63	Lns 56 to 62. <b>Total tax</b> . . . . .	63	4,266

**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) . . . . . 4,950
- c.** Add'l Medicare tax withholding from Form 8959 . . . . . 0
- d.** Total federal tax withheld (to line 64) . . . . . 4,950

Pay- ments	64	Federal income tax withheld . . . . .	64	4,950
	65	2016 est tax + amt from 15 return . . . . .	65	0
	66a	EIC . . . . .	66a	
	66b	Nontax combat pay . . . . .	66b	
	67	Add'l chld tax cr. Attach Sch 8812 . . . . .	67	
	68	American opp crdt, Fm 8863, ln 8 . . . . .	68	
	69	Net prem tax cr. Attach Form 8962 . . . . .	69	
	70	Amt pd with extension request . . . . .	70	

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

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

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

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

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

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

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

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

a. Credits from Form 2439 or 8885 0

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

c. Total for line 73 0

73 Credits from: a 2439 b Reserved c 8885

d 73 0

74 Lines 64, 65, 66a, 67 - 73. Total payments 74 4,950

Refund 75 If line 74 is larger than line 63, amt overpaid 75 684

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

Check if Form 8888 is attached: 76a 684

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

See d Account number XXXXXXXXXXXXXXXX

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

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

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

Payment Voucher, see IRS instructions.

You Owe 79 Amount of penalty on Form 2210 79

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

gnee Designee's name: Phone PIN

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

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

Sign here	Signature:	Date	Your occupation Student	Day tel.
	Spouse's sig (req'd if jt.)	Date	Spouse's occupation Accountant	IP PIN
Keep a copy for your records.	Preparer name	Preparer signature	Date	Self- empl? PTIN
	Firm's name		Firm's EIN	
	Firm's address		Ph	

END OF FORM

## **SUPPORTING FORMS**

**RE:** 2016 Tax Returns

**PREPARED FOR:** Ken Hair                      **SSN:** 465-57-9934

**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 Worksheet1
4. - Form 1099-INT/OID - Interest Income Worksheet2
5. - Form 1099-DIV - Dividends and Distributions
6. - Form 1099-G - Certain Government Payments
7. - Health Care Coverage - Health Care Coverage1
8. - Health Care Coverage - Health Care Coverage2
9. - Health Care Summary - Health Care Summary1
10. - Health Care Summary - Health Care Summary2

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

1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

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

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

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

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any) . . . . .3567 River Street

Your city, state, and ZIP code . . . . .Springfield, MO 63126

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 . . . . .	465-57-9934	465-74-3321
b. Date of birth (MM/DD/YYYY) . . . . .	1/12/1990	11/04/1992
c. "X" if legally blind . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
d. Enter "X" if disabled . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
e. Occupation . . . . .	Student	Accountant
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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Ken Hair

SSN: 465-57-9934

Not  
For  
Filing

4. EXEMPTIONS FOR YOU AND YOUR SPOUSE

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

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

5. TAXES PAID/WITHHELD

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

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

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

6. PAYING YOUR TAXES BY CREDIT CARD

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

7. REFUND INFORMATION

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

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

---

**Applying Refund to Your 2017 Estimated Tax**

---

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

---

**BACKGROUND INFO CONTINUED ON PAGE 3**

---

*END OF PAGE 2*

---

Ken Hair

SSN: 465-57-9934

Not  
For  
Filing

8. THIRD PARTY DESIGNEE

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

If Yes, complete the following information:

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

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

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

9. RETURN ASSISTANCE

How was this return prepared:

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

10. STATE TAX RETURNS

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

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

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

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

2015 Form 1040, 1040A or 1040EZ

1a Filing status:

☐ Single

☒ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

Spouse's Social Security number 465-74-3321

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

1b Form filed:

Eligible for:

☒ Form 1040

☒ Form 1040A

☐ Form 1040EZ

Filed:

☒ Form 1040

☐ Form 1040A

☐ Form 1040EZ

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

2

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

0

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

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

55,644

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

35,044

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

0

5 Itemized deductions (1040, above line 40)

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

4,286

7 Self-employment tax (1040 line 57)

0

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

0

9a Household employment tax (1040 line 60a)

0

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

0

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

0

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

0

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

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

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

2015 Schedule D

15 Used Schedule D Tax Worksheet

☐ Yes ☐ No

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

301

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

34,743

17 Line 19 of Schedule D

0

18 Line 10 of Schedule D Tax Worksheet

301

19 Line 19 of Schedule D Tax Worksheet

34,743

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)

0

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

0

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) . . . . . 55,644

36 Medical and dental expenses (line 2) . . . . . 0

37 Taxes from Schedule A if you itemize (line 3) . . . . . 0

38 Certain interest on a home mortgage (line 4) . . . . . 0

39 Miscellaneous deductions (line 5) . . . . . 0

40 Amount from line 6 (enter as negative) . . . . . 0

41 Tax refund from Form 1040 (line 7; enter as negative) . . . . . 0

42 Investment interest expense (reg. - AMT) (line 8) . . . . . 0

43 Depletion differences (line 9) . . . . . 0

44 Net operating loss (line 10; enter as positive) . . . . . 0

45 Interest from specified private activity bonds (line 12) . . . . . 0

46 Qualified small business stock (line 13) . . . . . 0

47 Regular tax minus 4972 amount and foreign tax credit (line 34) . . . . . 4,286

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

2016

Ken Hair

SSN: 465-57-9934

## 2015 Form 8801

48 Prior Year AMT less AMT (Line 18) . . . . .

49 Fuel credit (Line 20) . . . . .

50 Allowable minimum tax credit (line 25) . . . . .

51 Minimum tax credit carryforward (line 26) . . . . .

## 2015 Schedule 8812

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

## 2015 Form 8859

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

## Miscellaneous 2015 Taxes

54 Recapture of investment credit . . . . .

55 Recapture of low-income housing credit . . . . .

56 Recapture of Indian employment credit . . . . .

57 Recapture of new markets credit . . . . .

58 Section 72(m)(5) excess benefits tax . . . . .

59 Tax on excess parachute payments . . . . .

60 Tax on accumulation distribution of trusts . . . . .

61 Tax on medical savings account distributions . . . . .

62 Recapture of employer-provided childcare facilities . . . . .

63 Tax on health savings account distributions . . . . .

64 Tax on Medicare Advantage MSA distributions . . . . .

65 Recapture of alternative motor vehicle credit . . . . .

66 Recapture of alternative fuel vehicle refueling property credit . . . . .

67 Certain tax on Sec. 457A deferred compensation . . . . .

68 Tax for failure to maintain HDHP coverage . . . . .

69 Recap of charitable deduction for fractional tang pers prop int . . . . .

70 Interest from Frm 8621, ln 16f (Sec 1291 fund distr/disposition) . . . . .

71 Recapture of qual'd plug-in electric drive motor vehicle credit . . . . .

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

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

**Not  
For  
Filing**

- 72 ☐ Income taxes deducted  
73 ☐ General sales taxes deducted  
73 ☐ Sales tax calculated
- 74 State or local income tax deducted ..... 0  
75 Sales tax you could have deducted ..... 453  
76 Sales tax on major purchases ..... 0

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**Electronic Filing Information**

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

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**Amounts Needed for Form 2210**

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

Is this interest for:

What kind of interest is this:

☐ Other interest (fill in 1099-INT below)

FATCA filing requirement .....

Box 3 includes Series EE or I Savings Bond interest . . . . . ☐

**Box 8 -** Tax-exempt interest: \$ 1,000

## \$

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

\$\_\_\_\_\_

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

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

**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 \_\_\_\_\_

Is this interest for:

What kind of interest is this:

☐ Other interest (fill in 1099-INT below)

Interest paid by Boatman's Bank

FATCA filing requirement .....

|                |                  |    |     |
|----------------|------------------|----|-----|
| <b>Box 1 -</b> | Interest income: | \$ | 643 |
|----------------|------------------|----|-----|

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

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

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

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

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

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

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

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

### MINI-WORKSHEET FOR LINE 8

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

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

**Box 10 -** Market discount:

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

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

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

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

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

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

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

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

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

**MINI-WORKSHEET FOR LINE 2**

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

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

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

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

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

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

## SELLER-FINANCED MORTGAGE INTEREST

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

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

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

## ADJUSTMENTS

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

### Type of adjustment:

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

### Amount of adjustment:

\_\_\_\_\_

## NEW YORK FILERS ONLY, COMPLETE THE FOLLOWING:

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

EIN: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_ ZIP: \_\_\_\_\_  
☐ Check if foreign address.  
 Country \_\_\_\_\_  
 Province/state/county \_\_\_\_\_  
 Postal code \_\_\_\_\_

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

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_ ZIP: \_\_\_\_\_  
☐ Check if foreign address.  
 Country \_\_\_\_\_  
 Province/state/county \_\_\_\_\_  
 Postal code \_\_\_\_\_

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: Green Corporation  
FATCA filing requirement ☐

Box 1a - Total ordinary dividends: \$ 301

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: \$ 301

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 \_\_\_\_\_

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<br>OMB No. 1545-0120 |  |
| Bev _____ Hair _____                                                                                                                                                                                                                                                                                                                                                                            |                                                             | SSN: 465-74-3321            |                                     |                           |  |
| Is this 1099-G for ..... <input type="checkbox"/> Yourself <input checked="" 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 type="checkbox"/> State tax refund<br><input checked="" 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>Bev _____ Hair _____<br>Recipient's Address:<br>Street: 3567 River Street<br>City: Springfield<br>State: MO ZIP: 63126<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                           | 1,825                               |                           |  |
| Amount in Box 1 repaid in 2016 .....                                                                                                                                                                                                                                                                                                                                                            |                                                             |                             |                                     |                           |  |
| Box 2                                                                                                                                                                                                                                                                                                                                                                                           | State or local income tax refunds, credits or offsets ..... | 2                           |                                     |                           |  |
| 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                           |                                     |                           |  |
| 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 checked="" 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**

## HEALTH CARE COVERAGE

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

Name of individual: Ken Hair  
Individual's SSN 465-57-9934  
Individual's date of birth: 1/12/1990

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

Not  
For  
Filing

SSN:

Name of individual:                      Bev                      Hair  
Individual's SSN                              465-74-3321  
Individual's date of birth:                      11/04/1992

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

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

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

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

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

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

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

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

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

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

KIA

## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

|                      |  |                  |
|----------------------|--|------------------|
| Ken _____ Hair _____ |  | SSN: 465-57-9934 |
|----------------------|--|------------------|

## Information about affected individual:

Name ..... Ken \_\_\_\_\_ Hair \_\_\_\_\_

SSN ..... 465-57-9934

Date of birth (MM/DD/YYYY) ..... 1/12/1990

**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"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Feb | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Mar | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Apr | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| May | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Jun | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Jul | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Aug | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Sep | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Oct | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Nov | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Dec | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |

KIA

## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

Ken \_\_\_\_\_ Hair \_\_\_\_\_ SSN: 465-57-9934

## Information about affected individual:

Name ..... Bev \_\_\_\_\_ Hair \_\_\_\_\_

SSN ..... 465-74-3321

Date of birth (MM/DD/YYYY) ..... 11/04/1992

**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"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Feb | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Mar | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Apr | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| May | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Jun | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Jul | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Aug | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Sep | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Oct | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Nov | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |
| Dec | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____                         | _____                            | _____ |

KIA

Is this W-2 for:

☐ Yourself

☒ Your spouse

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

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

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

a. Employee's SSN:

465-74-3321

☐ Do NOT carry SSN from Background Wkst

Void

☐

Note: We do not carry ITINs from the Background Worksheet. You need to manually enter the Social Security number shown in box a of this W-2.

b. Employer ID No.

1. Wages, etc.

50,350

2. Fed Tax WH

4,950

c. Employer/payer name, address, and zip code:

Name1:

Name2:

Street:

City:

State:

ZIP:

☐ Check if foreign address.

Country

Province/state/county

Postal code

3. Soc Sec Wages

4. SocSec Tax WH

5. Med. Wages

6. Med. Tax WH

7. Soc Sec Tips

8. Alloc. tips

d. Control Number

Ver. code (optional)

10. Depndnt Care

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

Bev

Hair

☐ Do NOT carry name from Bkgd Wkst

11. Nonqual plans

12. See instrns. Code Amt.

f. Employee's address and ZIP code

Add1:

3567 River Street

Add2:

Apt No.

Town/City

Springfield

State & ZIP

MO 63126

☐ Check if foreign address.

Country

Province/state/county

Postal code

☐ Do NOT carry addr from Bkgd Wkst

13. Statutory employee .. ☐

Retirement plan ..... ☐

Third party sick pay ... ☐

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

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

14. Other Description

Other Amt.

15. State

Employer State Tax ID #

16. State Wages

17. State Tax

18. Local Wages

19. Local Tax

20. Locality Name

ADDITIONAL INFORMATION FOR BOX 8 (TIPS) TO CARRY TO FORM 4137

1. If you have records of all unreported tips you received in 2016, and you want to use that amount instead of Box 8, check "Enter my own tips."

☐ Use box 8

☐ Enter my own tips

2. Cash and charge tips equal to \$20 or more in a calendar month

Not  
For  
Filing

Cash and charge tips **equal to \$20 or more** in a calendar month received but not reported to your employer . . . . .

3. Cash and charge tips received but not reported to your employer because the total was **less than \$20** in a calendar month . . . . .

**Note:** The \$20 per month limitation on lines 2 and 3 applies separately to each employer.

**ADDITIONAL INFORMATION FOR BOX 10 (DEPENDENT CARE BENEFITS)**

If an amount appears in box 10 above, check the box that applies.

The benefits were for:

1. A care provider you hired and paid . . . . . ☐
2. A care provider hired and paid by your employer . . . . . ☐
3. On-site care provided by your employer . . . . . ☐

Did you contribute to a flexible spending account during 2016?

- ☐ Yes  
☐ No

**ADDITIONAL INFORMATION FOR BOX 11 (NONQUALIFIED/457(B) PLAN DISTRIBUTIONS)**

- a. Check this box if you received a distribution from a nonqualified plan or nongovernmental Section 457(b) plan . . . . . ☐
- b. Is the amount in box 11 above a distribution from a nonqualified plan or nongovernmental Section 457(b) plan?

- ☐ Yes  
☐ No

- If Yes, we carry the amount from box 11 to line c below.
  - If No, enter the distribution amount received from your nonqualified plan or nongovernmental 457(b) plan . . . . .
- c. Distribution amount received from your nonqualified plan or nongovernmental 457(b) plan (from box 11 of W-2 or line b above) . . . . .

**ADDITIONAL INFORMATION FOR BOX 12 (CODE P)**

If you have a box 12 Code P amount, you received employer-provided relocation benefits. If you moved only once, you will not need to make an additional entry. We'll carry that amount to copy 1 of Form 3903 when you check the box below.

Box 12 amounts with Code P . . . . .

If you moved more than once, check the box and assign the box 12 amount to the copy of Form 3903 corresponding to the move for which these benefits were paid (for example, copy 2 for your 2nd move, copy 3 for your 3rd, etc.).

Number of copies of Form 3903 (moves) presently in your return . . . . . 0

Check here to assign to Form 3903 . . . . . ☐ Form 3903 Copy # 1

**ADDITIONAL INFORMATION FOR BOX 12 (CODES A AND M)**

If you have a box 12 Code A amount, enter the portion of this amount that consists of uncollected Social Security and Tier 1 RRTA tax on tips.

**DO NOT** include Tier 2 RRTA amounts.

Total box 12 Code A amount (calculated) . . . . . 0

Box 12 Code A amounts, minus Tier 2 RRTA amounts . . . . .

If you have a box 12 Code M amount, tell us the portion of this amount that consists of uncollected Social Security and Tier 1 RRTA tax on group-term life insurance.

**DO NOT** include Tier 2 RRTA amounts.

Total box 12 Code M amount (calculated) . . . . . 0

Box 12 Code M amounts, minus Tier 2 RRTA amounts . . . . .

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

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

**ADDITIONAL MISCELLANEOUS INFORMATION**

- ☐ **Non-standard W-2.** Check here if this W-2 is handwritten, looks like it was prepared on a typewriter, or appears to be altered in any way.
- ☐ **Minister/Religious Employee.** Check this box if you are a minister or religious employee with no Social Security and Medicare tax withheld on your W-2.
- ☐ **International Employee**

**ADDITIONAL INFORMATION FOR CLERGY MEMBERS**

- ☐ **You are exempt from paying Social Security Tax.**
- ☐ **You were provided with a Parsonage.**

FRV Church provided Parsonage . . . . .

Utility allowance, if any . . . . .

Actual expenses for utilities . . . . .

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

Parsonage or rental allowance

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

KIA

Not  
For  
Filing

Is this W-2 for:

☒ Yourself

☐ Your spouse

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

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

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

a. Employee's SSN:

465-57-9934

☐ Do NOT carry SSN from Background Wkst

Void

☐

Note: We do not carry ITINs from the Background Worksheet. You need to manually enter the Social Security number shown in box a of this W-2.

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------|-----------------|---------------|-------------------|
| b. Employer ID No.                                                                                                                                                                                                                                                                                       | 1. Wages, etc.                                                                                                                                            | 2. Fed Tax WH                                                                   |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                          | 2,525                                                                                                                                                     |                                                                                 |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                          | 3. Soc Sec Wages                                                                                                                                          | 4. SocSec Tax WH                                                                |               |                 |               |                   |
| c. Employer/payer name, address, and zip code:<br>Name1:<br>Name2:<br>Street:<br>City:<br>State: ZIP:<br><input type="checkbox"/> Check if foreign address.<br>Country<br>Province/state/county<br>Postal code                                                                                           | 5. Med. Wages                                                                                                                                             | 6. Med. Tax WH                                                                  |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                          | 7. Soc Sec Tips                                                                                                                                           | 8. Alloc. tips                                                                  |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
| d. Control Number                                                                                                                                                                                                                                                                                        | Ver. code (optional)                                                                                                                                      | 10. Depndnt Care                                                                |               |                 |               |                   |
| e. Employee's name (1st,Ml,last,Jr)<br>Ken<br>Hair<br><input type="checkbox"/> Do NOT carry name from Bkgd Wkst                                                                                                                                                                                          | 11. Nonqual plans                                                                                                                                         | 12. See instrns. Code Amt.                                                      |               |                 |               |                   |
| f. Employee's address and ZIP code<br>Add1: 3567 River Street<br>Add2:<br>Apt No.<br>Town/City Springfield<br>State & ZIP MO 63126<br><input type="checkbox"/> Check if foreign address.<br>Country<br>Province/state/county<br>Postal code<br><input type="checkbox"/> Do NOT carry addr from Bkgd Wkst | 13. Statutory employee .. <input type="checkbox"/><br>Retirement plan ..... <input type="checkbox"/><br>Third party sick pay ... <input type="checkbox"/> | Note: If you have a Code P amount, complete the additional info. section below. |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                          | 14. Other Description Other Amt.                                                                                                                          |                                                                                 |               |                 |               |                   |
| Note: To e-file your address and your employer's address must be entered exactly as it appears on the W-2.                                                                                                                                                                                               |                                                                                                                                                           |                                                                                 |               |                 |               |                   |
| 15. State<br>MO                                                                                                                                                                                                                                                                                          | Employer State Tax ID #                                                                                                                                   | 16. State Wages                                                                 | 17. State Tax | 18. Local Wages | 19. Local Tax | 20. Locality Name |

ADDITIONAL INFORMATION FOR BOX 8 (TIPS) TO CARRY TO FORM 4137

1. If you have records of all unreported tips you received in 2016, and you want to use that amount instead of Box 8, check "Enter my own tips."

☐ Use box 8

☐ Enter my own tips

2. Cash and charge tips equal to \$20 or more in a calendar month

Not  
For  
Filing

Cash and charge tips **equal to \$20 or more** in a calendar month received but not reported to your employer . . . . .

3. Cash and charge tips received but not reported to your employer because the total was **less than \$20** in a calendar month . . . . .

**Note:** The \$20 per month limitation on lines 2 and 3 applies separately to each employer.

**ADDITIONAL INFORMATION FOR BOX 10 (DEPENDENT CARE BENEFITS)**

If an amount appears in box 10 above, check the box that applies.

The benefits were for:

1. A care provider you hired and paid . . . . . ☐
2. A care provider hired and paid by your employer . . . . . ☐
3. On-site care provided by your employer . . . . . ☐

Did you contribute to a flexible spending account during 2016?

- ☐ Yes  
☐ No

**ADDITIONAL INFORMATION FOR BOX 11 (NONQUALIFIED/457(B) PLAN DISTRIBUTIONS)**

- a. Check this box if you received a distribution from a nonqualified plan or nongovernmental Section 457(b) plan . . . . . ☐
- b. Is the amount in box 11 above a distribution from a nonqualified plan or nongovernmental Section 457(b) plan?

- ☐ Yes  
☐ No

- If Yes, we carry the amount from box 11 to line c below.
  - If No, enter the distribution amount received from your nonqualified plan or nongovernmental 457(b) plan . . . . .
- c. Distribution amount received from your nonqualified plan or nongovernmental 457(b) plan (from box 11 of W-2 or line b above) . . . . .

**ADDITIONAL INFORMATION FOR BOX 12 (CODE P)**

If you have a box 12 Code P amount, you received employer-provided relocation benefits. If you moved only once, you will not need to make an additional entry. We'll carry that amount to copy 1 of Form 3903 when you check the box below.

Box 12 amounts with Code P . . . . .

If you moved more than once, check the box and assign the box 12 amount to the copy of Form 3903 corresponding to the move for which these benefits were paid (for example, copy 2 for your 2nd move, copy 3 for your 3rd, etc.).

Number of copies of Form 3903 (moves) presently in your return . . . . . 0

Check here to assign to Form 3903 . . . . . ☐ Form 3903 Copy # 1

**ADDITIONAL INFORMATION FOR BOX 12 (CODES A AND M)**

If you have a box 12 Code A amount, enter the portion of this amount that consists of uncollected Social Security and Tier 1 RRTA tax on tips.

**DO NOT** include Tier 2 RRTA amounts.

Total box 12 Code A amount (calculated) . . . . . 0

Box 12 Code A amounts, minus Tier 2 RRTA amounts . . . . .

If you have a box 12 Code M amount, tell us the portion of this amount that consists of uncollected Social Security and Tier 1 RRTA tax on group-term life insurance.

**DO NOT** include Tier 2 RRTA amounts.

Total box 12 Code M amount (calculated) . . . . . 0

Box 12 Code M amounts, minus Tier 2 RRTA amounts . . . . .

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

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

**ADDITIONAL MISCELLANEOUS INFORMATION**

- ☐ **Non-standard W-2.** Check here if this W-2 is handwritten, looks like it was prepared on a typewriter, or appears to be altered in any way.
- ☐ **Minister/Religious Employee.** Check this box if you are a minister or religious employee with no Social Security and Medicare tax withheld on your W-2.
- ☐ **International Employee**

**ADDITIONAL INFORMATION FOR CLERGY MEMBERS**

- ☐ **You are exempt from paying Social Security Tax.**
- ☐ **You were provided with a Parsonage.**

FRV Church provided Parsonage . . . . .

Utility allowance, if any . . . . .

Actual expenses for utilities . . . . .

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

Parsonage or rental allowance

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

KIA

Not  
For  
Filing