

COVER PAGE

Filing Checklist for 2016 Tax Return Filed On Standard Forms

Prepared on: 12/12/2016 07:33:15 am

Return: C:\Users\Smokey\Desktop\Tax\2016 Whittenburg\Chapter 5\John Fuji 2016 Tax Return.T16

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

Step 1. Sign and date the return

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

Step 2. Assemble the return

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

- Schedule A

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

Form W-2: Wage and Tax Statement

1st

Step 3. Mail the return

Mail the return to this address:

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

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

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

Step 4. Keep a copy

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

- Background Worksheet
- Last Year's Data Worksheet
- Form 1099-INT/OID
- Home Mortgage Interest Worksheet
- Charitable Worksheet
- Health Care Coverage
- Health Care Summary

2016 return information - Keep this for your records

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

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

Quick Summary

Income		\$77,797
Adjustments	-	\$7,380
Adjusted gross income		\$70,417
Deductions	-	\$13,060
Exemption(s)	-	\$4,050
Taxable income		\$53,307

Tax withheld or paid already		\$9,700
Actual tax due	-	\$9,103
Refund applied to next year	-	\$0
Refund		\$9,103

Refund

\$597

Presidential

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

Elec Campaign

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

You

Spouse

Filing Status

1

Single

4

Head of hshld. If qual

2

Married filing jointly

person a child but not your

Check

(even if only one had income)

dependent, child's name:

one

3

Married filing separately

box.

Spouse name

5

Qual widow w/dep child

Exemp- 6a

tions

6a

Spouse

c Dependents:

(1) First

Last Name

(2) SSN

(3) Rela- tionship

(4) # Children

Crdt

#

Lived w/

you

Apart -

div

Other

If > 4

depen- dents,

check

here

d Total number of exemptions claimed

Add nos. above

MINI-WORKSHEET FOR LINE 7, WAGES

a. Wages not on W-2

Self:

Spouse:

b. Total from line a

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

c. Wages from W-2's

d. Total for line 7

Income

7

Wages, etc

7

76,500

8a

Taxable interest income. (Sch B if required)

8a

1,297

Attach copy B

b

Tax-exempt interest

8b

0

9a

Ordinary dividends

9a

0

b

Qual divs

9b

0

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

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

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

a.

0

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

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

i. Refunds received (Form 1099-G)

Check to use amount on line i

Check to calculate limit on taxable amt

Limitation on Taxable Amount

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

1. Sales tax you could have deducted in 2015

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

Others:

2. 2015 number of exemptions

3. 2015 adjusted gross income

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

of W-2,	10	Taxable refunds of state and local income taxes	10	0
W-2G, &	11	Alimony received	11	
1099-R	12	Business income or loss. Attach Sched C or C-EZ	12	0
here.	13	Capital gain/loss <input type="checkbox"/>	13	0
	14	Other gains or losses. Attach Form 4797	14	
	15a	IRA's 15a b Taxbl	15b	0
	16a	Pension, annuities 16a b Taxbl	16b	0
	17	Rent, royalty, partnership, S corp, trust (Sch E)	17	
	18	Farm income or loss. Attach Schedule F	18	0
	19	Unemploy compensation	19	
	20a	Soc Sec benefits 20a b Taxable	20b	
	21	Other income (type and amt)	21	0
	22	Combine lines 7 through 21. Your total income	22	77,797
Adjusted	23	Educator expenses 23		0

24	Certain bus expenses of reservists, artists, fee-basis gov't officials	24	0
25	Health savings acct ded (Fm 8889)	25	0
26	Moving exps (Form 3903)	26	0
27	Deductible self-empl tax (Sch SE)	27	0
28	SE SEP/SIMPLE/qualified plans.	28	0
29	Self-employed health ins deduction	29	0
30	Penalty on early w/drawal of svgs	30	0
31a	Alimony pd . . bRecip SSN ▶ 573-79-6075	31a	7,380

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

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

Gross 32 IRA deduction (see instr) 32 0

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

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

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

Income	33	Student loan interest deduction	33	
	34	Tuition & fees. Attach Form 8917	34	
	35	Dom. prod. act. ded. (Fm 8903)	35	0
	36	Lns 23 - 35 ▶	36	7,380
	37	Line 22 - line 36. Your adjusted gross income ▶	37	70,417

KIA

END OF PAGE 1

Not
For
Filing

Tax and 38 Amount from line 37 (adjusted gross income) 38 70,417

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

MINI-WORKSHEET FOR LINE 39b

a. Married, filing separately and spouse itemizes

b. Are you a dual-status alien

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

MINI-WORKSHEET FOR LINE 40,
STANDARD VS ITEMIZED DEDUCTION

a. Your standard deduction (calculated) 6,300

b. Itemized deductions (from Schedule A) 13,060

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 13,060

40 Itemized deductions or standard deduction 40 13,060

Check here if you itemized

41 Subtract line 40 from line 38 41 57,357

MINI-WORKSHEET FOR PERSONAL EXEMPTIONS

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

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

c. Amount on Line 38

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

e. Line c minus line d

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

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

h. Line b multiplied by line g

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

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

43 Taxable income. Ln 41 minus 42 (not less than 0) 43 53,307

FOREIGN EARNED INCOME TAX WORKSHEET

a. Form 1040, line 43

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

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

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

e. Combine lines a and d

f. Tax on line e

g. Tax on line d

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

44	Tax. See instr. Check if total includes tax from a <input type="checkbox"/> 8814 b <input type="checkbox"/> 4972 c <input type="checkbox"/> _____	44	9,103
45	Alternative minimum tax. (Form 6251)	45	0
46	Excess adv prem tax cr repmt. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	9,103

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

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

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

Note: Attach Schedule 8812, if required.

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

55	Add lines 48 through 54. Your total credits	55	0
56	Subtract line 55 from line 47 (not less than 0)	56	9,103

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

61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code _____	62	0
63	Lns 56 to 62. Total tax	63	9,103

**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) 9,700
- c.** Add'l Medicare tax withholding from Form 8959 0
- d.** Total federal tax withheld (to line 64) 9,700

64	Federal income tax withheld	64	9,700
65	2016 est tax + amt from 15 return	65	0
66a	EIC	66a	
66b	Nontax combat pay	66b	
	Note: Attach Schedule EIC if you have a qualifying child.		
67	Add'l chld tax cr. Attach Sch 8812	67	
68	American opp crdt, Fm 8863, ln 8	68	
69	Net prem tax cr. Attach Form 8962	69	
70	Amt pd with extension request	70	

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

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

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

Other
Taxes

Pay-
ments

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

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

71 Excess Soc Sec & RRTA tax withheld 71 0

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

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

a. Credits from Form 2439 or 8885 0

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

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 9,700

Refund 75 If line 74 is larger than line 63, amt overpaid 75 597

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

Check if Form 8888 is attached: 76a 597

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 Manager	Day tel.
	Spouse's sig (req'd if jt.)	Date	Spouse's occupation	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

Note: If you and your spouse paid expenses jointly and are filing separate returns for 2016, see IRS Publication 504 to figure the portion of joint expenses that you can claim as itemized deductions.

CAUTION: Don't include medical expenses reimbursed or paid by others.
If you are a retired public safety officer, do not include premiums you paid to the extent they were paid for with a tax-free distribution from your retirement plan.

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

a. Miles driven for medical purposes:

i. Miles driven between 1/1 and 12/31

Deductible amount

0

b. Other transportation and lodging for treatment

c. Total medical mileage and transportation.
Line a.ii + line b. Include on line 1

0

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

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

b. Medicare Part B and D

c. Other Insurance

d. Doctors, dentists, and other care providers

e. Prescriptions and insulin

f. Tests and lab fees

g. Hospitalization

h. Medical aids and devices

i. Other eligible expenses not previously entered

j. Total. Include on line 1

8,560

MEDICAL	1.	Medical and dental expenses (See instructions.)	1	8,560	
AND	2.	Amount on 1040, line 38	2	70,417	

MINI-WORKSHEET FOR LINE 3,
AGE 65 OR OVER

a. Check here if you were born before January 2, 1952

b. Check here if your spouse was born before January 2, 1952

DENTAL	3.	Amount on line 2 times 10% (7.5% if you or your spouse was born before Jan. 2, 1952)	3	7,042	
EXPENSES	4.	Line 1 minus line 3, but not less than zero	4	1,518	

MINI-WORKSHEET FOR LINE 5,
STATE AND LOCAL INCOME TAXES

a. Taxes withheld (W-2, W-2G, 1099-B, 1099-K, 1099-R, 1099-G, 1099-DIV, 1099-INT, 1099-OID, 1099-MISC)

b. Tax payments from State and Local Tax Payments Worksheet

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

0

MINI-WORKSHEET FOR LINE 5,
STATE AND LOCAL SALES TAXES

a. General sales taxes paid in 2016 on motor vehicles and other major purchases:

i. Sales tax for major purchase 1

ii. Sales tax for major purchase 2

iii. Sales tax for major purchase 3

iv. Sales tax for major purchase 4

Total sales tax on major purchases

0

b. Other general sales taxes paid in 2016 1,167

c. Information for IRS Optional Sales Tax Tables

i. Number of exemptions 1

ii. Adjusted gross income 70,417

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

iv. Other nontaxable income (not
including rollovers)

v. Total available income 70,417

vi. States of residence:

(1) State at year-end WA
Locality
State general sales tax rate 6.5000 %
CA & NV: If your total sales tax rate is
higher when shopping at local stores, enter
the higher total sales tax rate on the
following line.
Local general sales tax rate %

(2) Other state
Dates of residence in other state:
From 01/01/2016 to
Locality
State general sales tax rate %
CA & NV: If your total sales tax rate is
higher when shopping at local stores, enter
the higher total sales tax rate on the
following line.
Local general sales tax rate %

d. Total from tables 799

e. Larger of line b. or line d. 1,167

f. Total sales tax for deduction
(line a + line e) 1,167

TAXES

5. State and local (check only one box) 5 | 1,167 |

a. ☐ Income taxes, or

b. ☒ General sales taxes

**MINI-WORKSHEET FOR LINE 6,
REAL ESTATE TAXES**

a. Property tax from Rentals and Royalties Wksht 0

b. Property tax from Forms 8829 for Sch C 0

c. Property tax from Forms 1098 0

d. Other real estate taxes you paid:

i. Amount #1 2,083

ii. Amount #2

iii. Amount #3

e. Total real estate taxes (a+b+c+d) for line 6 2,083

YOU

6. Real estate taxes 6 | 2,083 |

**MINI-WORKSHEET FOR LINE 7,
PERSONAL PROPERTY TAXES**

a. Personal property taxes from Vehicle Wksht 0

b. Vehicle tax amount #1

c. Vehicle tax amount #2

d. Other personal property taxes you paid

e. Total pers. prop. taxes (a+b+c+d) for ln 7 0

PAID

7. Personal property taxes 7 | 0 |

**MINI-WORKSHEET FOR LINE 8,
OTHER TAXES**

a. Other taxes from Rentals & Royalties, K-1 0

b. Occupational taxes. Amount carried to miscellaneous
itemized expenses on line 23

c. Other taxes you paid

Note: Do NOT enter any foreign taxes here if the
total amount entered (or to be entered) on your
1040 is and K-1 is \$200 or less (\$200 or less if

1099's and K-1's is \$300 or less (\$600 or less if filing jointly). If your foreign taxes are less than those amounts, we automatically carry the total to Form 1040 as a credit.

d. Total other taxes (a+c) for line 8 0

8. Other taxes (list type and amount)

8 0

9. Sum of lines 5 through 8. Total taxes 9 3,250

Note: Report on line 10 only interest that was reported to you on a Form 1098. Report other mortgage interest on lines 11 and 12.

MINI-WORKSHEET FOR LINE 10, HOME MORTGAGE INTEREST FROM FORM 1098

a. Interest and points shown on a Form 1098 7,775
b. Less int/pts alloc'd through Rent/Ryly Wksht 0
c. Less int/pts for home office on Sch. C 0
d. Less int/pts for farm bus. on Sch. F 0
e. Less mortgage interest credit (Form 8396) 0
f. Total home mortgage interest for Ln 10 7,775

INTEREST 10. Interest and points shown on Form 1098 10 7,775

MINI-WORKSHEET FOR LINE 11, HOME MORTGAGE INTEREST NOT FROM FORM 1098

a. Interest from Wksts not shown on a Form 1098 0
b. Less interest alloc'd through Rent/Ryly Wkst 0
c. Less interest for home office on Sch. C 0
d. Less interest for farm bus. on Sch. F 0
e. Less mortgage interest credit (Form 8396) 0
f. Total mortgage interest not on Form 1098 0

YOU 11. Other home mortgage interest.

Payee name, identifying #, address

11 0

PAID
Mtg. interest deduction may be limited.

MINI-WORKSHEET FOR LINE 12, POINTS NOT REPORTED ON FORM 1098

a. Other points (not Form 1098 box 2) from Home Mortgage Interest worksheets 0
b. Less points alloc'd through Rent/Ryly Wksht 0
c. Less points for home office on Sch. C 0
d. Less points for farm bus. on Sch. F 0
e. Total deductible points (to line 12) 0

12. Points not reported to you on Fm 1098 12 0

MINI-WORKSHEET FOR LINE 13, MORTGAGE INSURANCE PREMIUMS

a. Qualified mortgage insurance premiums 0
b. Less premiums allocated through Rentals/Royalties Worksheet 0
c. Less premiums for home office on Sch. C 0
d. Less premiums for farm bus. on Sch. F 0
e. Total premiums before phaseout 0
f. Form 1040, line 38 70,417
g. \$100,000 (\$50,000 if married filing sep) 100,000
h. Is line f. more than line g?
☒ **No.** Enter amount from line e. on line 13.
☐ **Yes.** Line f. minus line g. If result is not a multiple of \$1,000 (\$500 if married filing sep), increase it to next multiple of \$1,000 (\$500 if married filing sep)
i. Line h. divided by \$10,000 (\$5,000 if married filing sep), not more than 1.0
j. Line e. times line i
k. Qualified mortgage insurance premiums deduction. Line e. minus line j. To line 13 0

13. Mortgage insurance premiums **13** 0

Alternative Minimum Tax (AMT) Adjustments

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

Line 14: Form 4952 Not Needed?

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

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

15. Sum of lines 10 to 14. Total interest **15** 7,775

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

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

CHARITY 18. Carryover from prior year **18** 0
19. Sum of lines 16 - 18 **19** 500

Note: The amount on line 19 above comes from line 4 of Part VI of our Charitable Donations Worksheet.

CASUALTY AND LOSS 20. Casualty or theft loss(es). (Form 4684) **20** 0

**MINI-WORKSHEET FOR LINE 21,
EMPLOYEE BUSINESS EXPENSES**

Note: Don't include on lines a. or b. below any educator expenses you claimed on Form 1040, line 23, or tuition and fees deduction you claimed on Form 1040, line 34.

- a. Unreimbursed employee expenses from Form 2106 and Form 2106-EZ 0
b. If no Form 2106 or 2106-EZ, enter ordinary and necessary unreimbursed employee business expenses here 925
If you are filing electronically, enter a description of the expenses that appear on line b
c. Total unreimbursed expenses (to line 21) 925

JOB EXPENSES 21. Unreimbursed employee expenses-- job travel, dues. (Form 2106, 2106-EZ)
Description ► Job-hunting expenses
21 925
22. Tax preparation fees **22** 500

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

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

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

AND CERTAIN	23.	Other (describe):		23	0
MISCEL-	24.	Sum of lines 21 to 23		24	1,425
LANEOUS	25.	Amount from 1040, line 38	25	70,417	
DEDUC-	26.	2% of the amount on line 25	26	1,408	
TIONS	27.	Line 24 - line 26 (but not less than zero)	27		17

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

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

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

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

29 13,060

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

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

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

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

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

SUPPORTING FORMS

RE: 2016 Tax Returns

PREPARED FOR: John Fuji **SSN:** 571-78-5974

PRINTED ON: December 12, 2016

PREPARED USING: H&R Block 2016 [3203]

SUPPORTING FORMS WHICH CAN BE SUBMITTED TO THE IRS

SUPPORTING FORMS IN YOUR RETURN

1. - Background Worksheet - Background Information Worksheet
2. - Last Year's Data Worksheet - Last Year's Data Worksheet
3. - Form 1099-INT/OID - Interest Income Worksheet
4. - Home Mortgage Interest Worksheet - Home Mortgage Interest Worksheet
5. - Charitable Worksheet - Charitable Donations Worksheet
6. - Health Care Coverage - Health Care Coverage
7. - Health Care Summary - Health Care Summary

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

1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

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

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

C/O information, if necessary

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any)468 Cameo Street

Your city, state, and ZIP codeYakimaWA 98901

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	571-78-5974	
b. Date of birth (MM/DD/YYYY)	6/6/1979	
c. "X" if legally blind	<input type="checkbox"/>	<input type="checkbox"/>
d. Enter "X" if disabled	<input type="checkbox"/>	<input type="checkbox"/>
e. Occupation	Manager	
f. "X" if you want \$3 to go to Pres. Elec. Campaign Fund	<input type="checkbox"/>	<input type="checkbox"/>

~~~~~

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

3. FILING STATUS

a. Choose your filing status below:

☒ Single

☐ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

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

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

I want to itemize my deductions . . . . .

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

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

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

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

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



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

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**BACKGROUND INFO CONTINUED ON PAGE 2**

*END OF PAGE 1*

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4. EXEMPTIONS FOR YOU AND YOUR SPOUSE

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

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

5. TAXES PAID/WITHHELD

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

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

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

6. PAYING YOUR TAXES BY CREDIT CARD

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

7. REFUND INFORMATION

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

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

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

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

---

**Applying Refund to Your 2017 Estimated Tax**

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

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**BACKGROUND INFO CONTINUED ON PAGE 3**

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*END OF PAGE 2*

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Not  
For  
Filing

8. THIRD PARTY DESIGNEE

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

*If Yes, complete the following information:*

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

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

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

9. RETURN ASSISTANCE

How was this return prepared:

☒ By yourself.

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

10. STATE TAX RETURNS

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

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

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

2015 Form 1040, 1040A or 1040EZ

1a Filing status:

☒ Single

☐ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

Spouse's Social Security number

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

1b Form filed:

Eligible for:

☒ Form 1040

☐ Form 1040A

☐ Form 1040EZ

Filed:

☒ Form 1040

☐ Form 1040A

☐ Form 1040EZ

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

1

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

0

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

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

69,384

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

52,200

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

0

5 Itemized deductions (1040, above line 40)

13,184

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

8,850

7 Self-employment tax (1040 line 57)

0

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

0

9a Household employment tax (1040 line 60a)

0

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

0

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

0

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

0

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

0

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

0

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

0

2015 Schedule D

15 Used Schedule D Tax Worksheet

☐ Yes ☐ No

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

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

17 Line 19 of Schedule D

18 Line 10 of Schedule D Tax Worksheet

19 Line 19 of Schedule D Tax Worksheet

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

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

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

2015 Form 2555

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

22 Line 46 (yours)

23 Line 48 (yours)

24 Line 46 (spouse's)

25 Line 48 (spouse's)

2015 Form 4136

26 Total fuel tax credit (line 17)

0

|                                                                              |                                                                  |                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|------------------|
|                                                                              |                                                                  | 0                |
| <b>2015 Form 4952</b>                                                        |                                                                  |                  |
| 27                                                                           | Disallowed investment interest expense (line 7)                  |                  |
| 28                                                                           | Disallowed investment interest expense (AMT) (line 7)            |                  |
| <b>2015 Form 5329</b>                                                        |                                                                  |                  |
| 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)   |                  |
| <b>2015 Form 5405</b>                                                        |                                                                  |                  |
| 33                                                                           | 2015 Homebuyer credit re-payment                                 |                  |
| <b>2015 Form 5695</b>                                                        |                                                                  |                  |
| 34                                                                           | Residential energy efficient property cr carryforward (line 12)  |                  |
| <b>2015 Form 6251</b>                                                        |                                                                  |                  |
| 35                                                                           | Adjusted gross income minus itemized deductions (line 1)         | 56,200           |
| 36                                                                           | Medical and dental expenses (line 2)                             | 0                |
| 37                                                                           | Taxes from Schedule A if you itemize (line 3)                    | 2,650            |
| 38                                                                           | Certain interest on a home mortgage (line 4)                     | 0                |
| 39                                                                           | Miscellaneous deductions (line 5)                                | 37               |
| 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)   | 8,850            |
| <b>LAST YEAR'S DATA (CONT'D) PAGE 3</b>                                      |                                                                  | <b>2016</b>      |
| John                                                                         | Fuji                                                             | SSN: 571-78-5974 |
| <b>2015 Form 8801</b>                                                        |                                                                  |                  |
| 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)                        |                  |
| <b>2015 Schedule 8812</b>                                                    |                                                                  |                  |
| 52                                                                           | Additional child tax credit (line 13)                            |                  |
| <b>2015 Form 8859</b>                                                        |                                                                  |                  |
| 53                                                                           | DC first-time homebuyer credit carryforward (line 4)             |                  |
| <b>Miscellaneous 2015 Taxes</b>                                              |                                                                  |                  |
| 54                                                                           | Recapture of investment credit                                   | 0                |
| 55                                                                           | Recapture of low-income housing credit                           | 0                |
| 56                                                                           | Recapture of Indian employment credit                            | 0                |
| 57                                                                           | Recapture of new markets credit                                  | 0                |
| 58                                                                           | Section 72(m)(5) excess benefits tax                             | 0                |
| 59                                                                           | Tax on excess parachute payments                                 | 0                |
| 60                                                                           | Tax on accumulation distribution of trusts                       | 0                |
| 61                                                                           | Tax on medical savings account distributions                     | 0                |
| 62                                                                           | Recapture of employer-provided childcare facilities              | 0                |
| 63                                                                           | Tax on health savings account distributions                      | 0                |
| 64                                                                           | Tax on Medicare Advantage MSA distributions                      | 0                |
| 65                                                                           | Recapture of alternative motor vehicle credit                    | 0                |
| 66                                                                           | Recapture of alternative fuel vehicle refueling property credit  | 0                |
| 67                                                                           | Certain tax on Sec. 457A deferred compensation                   | 0                |
| 68                                                                           | Tax for failure to maintain HDHP coverage                        | 0                |
| 69                                                                           | Recap of charitable deduction for fractional tang pers prop int  | 0                |
| 70                                                                           | Interest from Frm 8621, ln 16f (Sec 1291 fund distr/disposition) | 0                |
| 71                                                                           | Recapture of qual'd plug-in electric drive motor vehicle credit  | 0                |
| <b>Note:</b> 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 ..... 733
- 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) .....

---

**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)

**Interest paid by** Braeburn National Bank

FATCA filing requirement .....

**Box 1 - Interest income:** \$ 1,297

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

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

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

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

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

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

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

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

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

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

**Box 10 -** Market discount:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

HOME MORTGAGE INTEREST WORKSHEET

2016

John Fuji SSN: 571-78-5974

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

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

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

Description of Property Principal residence

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

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

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

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

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

1. Mortgage interest received, from Form 1098, box 1 7,775

2. Points paid on purchase of principal residence, from Form 1098, box 6 \_\_\_\_\_

3a. Refund of overpaid interest, from Form 1098, box 4 \_\_\_\_\_

b. Portion of line 3a that is taxable in 2016 \_\_\_\_\_

**Note:** If you enter real estate taxes on the line below, make sure to visit the Mini-Worksheet for Line 6 on Schedule A and confirm that none of your taxes have been double counted.

4. Real estate tax paid in 2016 \_\_\_\_\_

5. Deductible mortgage insurance premiums that were paid in connection with a loan to buy, build, or substantially improve your main or second home \_\_\_\_\_

6. Other amounts related to this mortgage

a. Additional deductible interest paid to this financial institution and not shown on Form 1098. Attach statement \_\_\_\_\_

b. Additional deductible points paid to buy/improve main home and not shown on Form 1098 \_\_\_\_\_

c. Other points which must be spread out over the life of the mortgage (e.g., points for a 2nd home, points for a refinancing -- see IRS Pub. 936 for details). Enter the total amount of such points that you paid **in 2016 or before**. We will calculate the portion that is deductible in 2016. See Help panel if mortgage ended in 2016 \_\_\_\_\_

d. Additional deductible qualified mortgage insurance premiums paid during 2016 under a mortgage insurance contract issued after December 31, 2006, in connection with a loan to buy, build, or substantially improve main or second home and not shown on Form 1098 \_\_\_\_\_

*If you paid more deductible interest to the recipient than is shown on Form 1098, enter an explanation of the difference in the Statement at the end of this form.*

**B. MORTGAGE FOR WHICH YOU DID NOT RECEIVE A FORM 1098**

*Complete this section if you didn't receive a Form 1098 for this mortgage.*

1. Deductible mortgage interest not reported on Form 1098 \_\_\_\_\_

Did you buy your home from the recipient of the interest? **Yes** ☐ **No** ☐

If "Yes," provide the following information about the recipient:

a. Name \_\_\_\_\_

b. Identifying number \_\_\_\_\_

c. Address \_\_\_\_\_

2. Deductible points paid on loan used to buy, build, or improve main home and not reported on Form 1098 \_\_\_\_\_

3. Other points which must be spread out over the life of the mortgage (e.g., points for a 2nd home, points for a refinancing -- see IRS Pub. 936 for details). Enter the total amount of such points that you paid **in 2016 or before**. We will calculate the portion that is deductible in 2016. See Help panel if mortgage ended in 2016 \_\_\_\_\_

4. Taxable portion of any refund of overpaid interest .....  
*If you and at least one other person (other than your spouse if filing a joint return) were liable for and paid interest on this mortgage, and if the other person received a Form 1098, enter an explanation of this in the Statement at the end of this form. Show how much of the interest each of you paid, and give the name and address of the person who received the Form 1098. See IRS Pub. 936 for details.*
5. Deductible qualified mortgage insurance premiums paid during 2016 under a mortgage insurance contract issued after December 31, 2006 in connection with a loan to buy, build, or substantially improve main or second home .....

C. **ADDITIONAL INFORMATION FOR AMORTIZABLE POINTS**  
*Complete this section if you rented out any part of this property or if you have any points which must be spread out over the life of the loan ("amortized").*

1. Length of mortgage in years. Enter zero if mortgage paid off in 2016 .....  
2. Date loan was made .....

John Fuji

SSN: 571-78-5974

**D. ALLOCATIONS**

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

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

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

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

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

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

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

END OF PAGE 2

John Fuji

SSN: 571-78-5974

EXPLANATORY STATEMENT

Not  
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Enter information about your **noncash** charitable donations on the *Noncash Charitable Donations Worksheet*.

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

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

[illegible]

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

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

|    |                                                            |   |     |
|----|------------------------------------------------------------|---|-----|
| 6. | Total cash or money donations. Sum of 1b, 2(c), 4(c), 5(c) | 6 | 500 |
|----|------------------------------------------------------------|---|-----|

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

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

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

END OF PAGE 2

**Not  
For  
Filing**



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

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

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

END OF PAGE 3

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

**Charitable Donations**

|    |                                                                 |     |
|----|-----------------------------------------------------------------|-----|
| 1. | Current-year donations subject to 50% limit                     | 500 |
| 2. | Carryover donations subject to 50% limit                        | 0   |
| 3. | Current-year donations subject to 30% limit                     | 0   |
| 4. | Carryover donations subject to 30% limit                        | 0   |
| 5. | Current-year <b>capital gain</b> donations subject to 30% limit | 0   |
| 6. | Carryover <b>capital gain</b> donations subject to 30% limit    | 0   |
| 7. | Current-year <b>capital gain</b> donations subject to 20% limit | 0   |
| 8. | Carryover <b>capital gain</b> donations subject to 20% limit    | 0   |

|                                                              |                                               | Deduction<br>in 2016 | Carryover<br>to 2017 |
|--------------------------------------------------------------|-----------------------------------------------|----------------------|----------------------|
| <b>2016 Donations Subject to 50% Limit</b>                   |                                               |                      |                      |
| 9.                                                           | Adjusted gross income                         | 70,417               |                      |
| 10.                                                          | Your 50% limit. Line 9 * 0.5                  | 35,209               |                      |
| 11.                                                          | <b>Smaller</b> of line 1 or line 10           | 500                  |                      |
| 12.                                                          | Line 1 minus line 11                          |                      | 0                    |
| 13.                                                          | Line 10 minus line 11                         | 34,709               |                      |
| <b>Carryover Donations Subject to 50% Limit</b>              |                                               |                      |                      |
| 14.                                                          | <b>Smaller</b> of line 2 or line 13           | 0                    |                      |
| 15.                                                          | Line 2 minus line 14                          |                      | 0                    |
| 16.                                                          | Line 13 minus line 14                         | 34,709               |                      |
| <b>2016 Donations Subject to 30% Limit</b>                   |                                               |                      |                      |
| 17.                                                          | Sum of lines 1, 2, 5, and 6                   | 500                  |                      |
| 18.                                                          | Your 30% limit. Line 9 * 0.3                  | 21,125               |                      |
| 19.                                                          | Line 10 minus line 17                         | 34,709               |                      |
| 20.                                                          | <b>Smallest</b> of lines 3, 18, or 19         | 0                    |                      |
| 21.                                                          | Line 3 minus line 20                          |                      | 0                    |
| 22.                                                          | Line 19 minus line 20                         | 34,709               |                      |
| 23.                                                          | Line 18 minus line 20                         | 21,125               |                      |
| <b>Carryover Donations Subject to 30% Limit</b>              |                                               |                      |                      |
| 24.                                                          | <b>Smallest</b> of lines 4, 22, or 23         | 0                    |                      |
| 25.                                                          | Line 4 minus line 24                          |                      | 0                    |
| 26.                                                          | Line 16 - sum of lines 20 and 24              | 34,709               |                      |
| <b>2016 Capital Gain Donations Subject to 30% Limit</b>      |                                               |                      |                      |
| 27.                                                          | <b>Smallest</b> of lines 5, 18, or 26         | 0                    |                      |
| 28.                                                          | Line 5 minus line 27                          |                      | 0                    |
| 29.                                                          | Line 26 minus line 27                         | 34,709               |                      |
| 30.                                                          | Line 18 minus line 27                         | 21,125               |                      |
| <b>Carryover Capital Gain Donations Subject to 30% Limit</b> |                                               |                      |                      |
| 31.                                                          | <b>Smallest</b> of lines 6, 29, or 30         | 0                    |                      |
| 32.                                                          | Line 6 minus line 31                          |                      | 0                    |
| 33.                                                          | Line 29 minus line 31                         | 34,709               |                      |
| 34.                                                          | Line 30 minus line 31                         | 21,125               |                      |
| 35.                                                          | Line 23 minus line 24                         | 21,125               |                      |
| <b>2016 Capital Gain Donations Subject to 20% Limit</b>      |                                               |                      |                      |
| 36.                                                          | Your 20% limit. Line 9 * 0.2                  | 14,083               |                      |
| 37.                                                          | <b>Smallest</b> of lines 7, 33, 34, 35, or 36 | 0                    |                      |
| 38.                                                          | Line 7 minus line 37                          |                      | 0                    |
| 39.                                                          | Line 33 minus line 37                         | 34,709               |                      |

|                                             |                                                            |               |            |          |
|---------------------------------------------|------------------------------------------------------------|---------------|------------|----------|
| 40.                                         | Line 34 minus line 37 . . . . .                            | <u>21,125</u> |            |          |
| 41.                                         | Line 35 minus line 37 . . . . .                            | <u>21,125</u> |            |          |
| 42.                                         | Line 36 minus line 37 . . . . .                            | <u>14,083</u> |            |          |
| <b>Carryover Capital Gain Donations</b>     |                                                            |               |            |          |
| <b>Subject to 20% Limit</b>                 |                                                            |               |            |          |
| 43.                                         | <b>Smallest</b> of lines 8, 39, 40, 41,<br>or 42 . . . . . |               | <u>0</u>   |          |
| 44.                                         | Line 8 minus line 43 . . . . .                             |               |            | <u>0</u> |
| <b>Summary of Deductions and Carryovers</b> |                                                            |               |            |          |
| 45.                                         | <b>Total</b> deduction this year . . . . .                 |               | <u>500</u> |          |
| 46.                                         | <b>Total</b> carryover to next year . . . . .              |               |            | <u>0</u> |

END OF PAGE 4

PART V CARRYOVERS TO FUTURE YEARS

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

PART VI SUMMARY OF AMOUNTS FOR SCHEDULE A

|                                                                  |   |            |
|------------------------------------------------------------------|---|------------|
| 1. Cash or money donations (to Schedule A, line 16) .....        | 1 | <u>500</u> |
| 2. Noncash or item donations (to Schedule A, line 17) .....      | 2 | <u>0</u>   |
| 3. Carryovers from prior years (to Schedule A, line 18) .....    | 3 | <u>0</u>   |
| 4. Deductible donations (to Schedule A, line 19) .....           | 4 | <u>500</u> |
| 5. Carryovers to future years (next year's Sch A, line 18) ..... | 5 | <u>0</u>   |

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Filing

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

Name of individual: John Fuji  
Individual's SSN 571-78-5974  
Individual's date of birth: 6/6/1979

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

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

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

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

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

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

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

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

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

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

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

## HEALTH CARE COVERAGE SUMMARY

Not  
For  
Filing

John Fuji SSN: 571-78-5974

## Information about affected individual:

Name John Fuji  
SSN 571-78-5974  
Date of birth (MM/DD/YYYY) 6/6/1979

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

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

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

☐ Do NOT carry SSN from Background Wkst

|                                                                                                                                                                                                                                                                                |                                                 |                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| <b>b. Employer ID No.</b><br>_____                                                                                                                                                                                                                                             | <b>1. Wages, etc.</b><br>_____<br><u>76,500</u> | <b>2. Fed Tax WH</b><br>_____<br><u>9,700</u> |
| <b>c. Employer/payer name, address, and zip code:</b><br><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 _____ | <b>3. Soc Sec Wages</b><br>_____                | <b>4. SocSec Tax WH</b><br>_____              |
|                                                                                                                                                                                                                                                                                | <b>5. Med. Wages</b><br>_____                   | <b>6. Med. Tax WH</b><br>_____                |
|                                                                                                                                                                                                                                                                                | <b>7. Soc Sec Tips</b><br>_____                 | <b>8. Alloc. tips</b><br>_____                |

|                          |                             |                         |
|--------------------------|-----------------------------|-------------------------|
| <b>d. Control Number</b> | <b>Ver. code (optional)</b> | <b>10. Depndnt Care</b> |
|                          |                             |                         |

|                                                           |                   |                               |
|-----------------------------------------------------------|-------------------|-------------------------------|
| e. Employee's name (1st,Mi,last,Jr)<br>John<br>Fuji       | 11. Nonqual plans | 12. See instrns.<br>Code Amt. |
| <input type="checkbox"/> Do NOT carry name from Bkqd Wkst |                   |                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>f. Employee's address and ZIP code</b></p> <p>Add1: <u>468 Cameo Street</u></p> <p>Add2: _____</p> <p>Apt No. _____</p> <p>Town/City <u>Yakima</u></p> <p>State &amp; ZIP <u>WA 98901</u></p> <p><input type="checkbox"/> Check if foreign address.</p> <p>Country _____</p> <p>Province/state/county _____</p> <p>Postal code _____</p> <p><input type="checkbox"/> Do NOT carry addr from Bkqd Wkst</p> | <p><b>13. Statutory</b></p> <p>employee . . <input type="checkbox"/></p> <p>Retirement</p> <p>plan . . . . . <input type="checkbox"/></p> <p>Third party</p> <p>sick pay . . . <input type="checkbox"/></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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. |
|-----------------------|------------|
|                       |            |
|                       |            |
|                       |            |

[illegible]**ADDITIONAL INFORMATION FOR BOX 8 (TIPS) TO CARRY TO FORM 4137**

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

☐ Use box 8

☐ Enter my own tips

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

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

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

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

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

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

The benefits were for:

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

Did you contribute to a flexible spending account during 2016?

- ☐ Yes  
☐ No

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

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

- ☐ Yes  
☐ No

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

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

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

Box 12 amounts with Code P . . . . .

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

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

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

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

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

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

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

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

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

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

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

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

**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 . . . . .     | <hr/> |
| Actual expenses for Parsonage . . . . .      | <hr/> |
| Actual expenses for utilities . . . . .      | <hr/> |
| Fair Rental Value (FRV) of home . . . . .    | <hr/> |
| FRV of home plus cost of utilities . . . . . | <hr/> |
| <hr/>                                        |       |

KIA

**Not  
For  
Filing**