

Filing Checklist for 2016 Tax Return Filed On Standard Forms

Prepared on: 12/12/2016 07:45:26 am

Return: C:\Users\Smokey\Desktop\Tax\2016 Whittenburg\Chapter 6\Steve Jackson 2016 Tax Return.T16

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

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

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

**Step 2. Assemble the return**

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

- Schedule A
- Schedule B
- Form 6251

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
- State and Local Income Tax
- 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		\$126,960
Adjustments	-	\$0
<b>Adjusted gross income</b>		<b>\$126,960</b>
Deductions	-	\$74,901
Exemption(s)	-	\$4,050
<b>Taxable income</b>		<b>\$48,009</b>

Tax withheld or paid ahead of time \$12,500

Actual tax due	-	\$15,621
Refund applied to next year	-	\$0
<b>Refund</b>		<b>\$2,879</b>

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

121,200

8a

Taxable interest income. (Sch B if required)

8a

5,760

Attach

copy B

b

Tax-exempt interest

8b

29,420

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)

i.

0

Check to use amount on line i

Check to calculate limit on taxable amt

Limitation on Taxable Amount

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

1. Sales tax you could have deducted in 2015

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

Others:

2. 2015 number of exemptions

3. 2015 adjusted gross income

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

of W-2,	10	Taxable refunds of state and local income taxes . . . . .	10	0
W-2G, &	11	Alimony received . . . . .	11	
1099-R	12	Business income or loss. Attach Sched C or C-EZ . . . . .	12	0
here.	13	Capital gain/loss . . . . . <input type="checkbox"/>	13	0
	14	Other gains or losses. Attach Form 4797 . . . . .	14	
	15a	IRA's . . . . . <b>15a</b> <b>b</b> Taxbl	15b	0
	16a	Pension, annuities . . . . . <b>16a</b> <b>b</b> Taxbl	16b	0
	17	Rent, royalty, partnership, S corp, trust (Sch E) . . . . .	17	
	18	Farm income or loss. Attach Schedule F . . . . .	18	0
	19	Unemploy compensation . . . . .	19	
	20a	Soc Sec benefits . . . . . <b>20a</b> <b>b</b> Taxable . . . . .	20b	
	21	Other income (type and amt) . . . . .	21	0
	22	Combine lines 7 through 21. Your <b>total income</b> . . . . .	22	126,960
Adjusted	23	Educator expenses . . . . . <b>23</b>		

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

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

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

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

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

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

Income	33	Student loan interest deduction . . . . .	33	
	34	Tuition & fees. Attach Form 8917 . . . . .	34	
	35	Dom. prod. act. ded. (Fm 8903) . . . . .	35	0
	36	Lns 23 - 35 . . . . . ▶	36	0
	37	Line 22 - line 36. Your <b>adjusted gross income</b> . . . . . ▶	37	126,960

KIA

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END OF PAGE 1

Steve Jackson

SSN: 465-88-9415

Not  
For  
Filing

Tax and 38 Amount from line 37 (adjusted gross income) 38 126,960

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) 74,901

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 74,901

40 Itemized deductions or standard deduction 40 74,901

Check here if you itemized

41 Subtract line 40 from line 38 41 52,059

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 48,009

FOREIGN EARNED INCOME TAX WORKSHEET

a. Form 1040, line 43

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

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

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

e. Combine lines a and d

f. Tax on line e

g. Tax on line d

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

44	<b>Tax.</b> See instr. Check if total includes tax from <b>a</b> <input type="checkbox"/> 8814 <b>b</b> <input type="checkbox"/> 4972 <b>c</b> <input type="checkbox"/>	44	7,778
45	<b>Alternative minimum tax.</b> (Form 6251) . . . . .	45	7,843
46	Excess adv prem tax cr repmt. Attach Form 8962 . . . . .	46	
47	Add lines 44, 45, and 46 . . . . .	47	15,621

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

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

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

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

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

56	Subtract line 55 from line 47 (not less than 0) . . . . .	56	15,621
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Other Taxes	57	Self-employment tax. (Sched SE) . . . . .	57	0
	58	Unreported tax from: <b>a</b> <input type="checkbox"/> Fm 4137 <b>b</b> <input type="checkbox"/> Fm 8919	58	0
	59	Tax on IRAs, qualified plans, etc. (Form 5329) . . . . .	59	0
	60a	Household employment taxes from Schedule H . . . . .	60a	0
	60b	First-time homebuyer credit repayment. Form 5405 . . . . .	60b	0
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code . . . . .	62	0
	63	Lns 56 to 62. <b>Total tax</b> . . . . .	63	15,621

**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) . . . . . 18,500
- c.** Add'l Medicare tax withholding from Form 8959 . . . . . 0
- d.** Total federal tax withheld (to line 64) . . . . . 18,500

Pay- ments	64	Federal income tax withheld . . . . .	64	18,500
	65	2016 est tax + amt from 15 return . . . . .	65	0
	66a	EIC . . . . .	66a	
	66b	Nontax combat pay . . . . .	66b	
		<b>Note:</b> Attach Schedule EIC if you have a qualifying child.		
	67	Add'l chld tax cr. Attach Sch 8812 . . . . .	67	
	68	American opp crdt, Fm 8863, ln 8 . . . . .	68	
	69	Net prem tax cr. Attach Form 8962 . . . . .	69	
	70	Amt pd with extension request . . . . .	70	

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

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

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

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

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

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

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

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

a. Credits from Form 2439 or 8885 0

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

c. Total for line 73 0

73 Credits from: a 2439 b Reserved c 8885

d 73 0

74 Lines 64, 65, 66a, 67 - 73. Total payments 74 18,500

Refund 75 If line 74 is larger than line 63, amt overpaid 75 2,879

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

Check if Form 8888 is attached: 76a 2,879

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 Day tel.

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

Preparer name Preparer signature Date Self-emp? 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

ii. Deductible amount

0

b. Other transportation and lodging for treatment

c. Total medical mileage and transportation.

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

0

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

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

b. Medicare Part B and D

0

c. Other Insurance

4,800

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

790

j. Total. Include on line 1

5,590

MEDICAL AND

1. Medical and dental expenses (See instructions.)

1

5,590

2. Amount on 1040, line 38

2

126,960

MINI-WORKSHEET FOR LINE 3,  
AGE 65 OR OVER

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

☐

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

☐

DENTAL EXPENSES

3. Amount on line 2 times 10% (7.5% if you or your spouse was born before Jan. 2, 1952)

3

12,696

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

4

0

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

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

9,300

b. Tax payments from State and Local Tax Payments Worksheet

12,540

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

21,840

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 . . . . .

c. Information for IRS Optional Sales Tax Tables

i. Number of exemptions . . . . . 1

ii. Adjusted gross income . . . . . 126,960

iii. Tax-exempt interest,  
nontaxable social security and  
railroad retirement benefits . . . . . 29,420

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

v. Total available income . . . . . 156,380

vi. States of residence:

(1) State at year-end . . . . . CA  
Locality . . . . .  
State general sales tax rate . . . . . 7.5000 %  
**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 . . . . . 1,264

e. Larger of line b. or line d. . . . . 1,264

f. Total sales tax for deduction  
(line a + line e) . . . . . 1,264

**TAXES** 5. State and local (check only one box) . . . . . 5 | 21,840 |

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 . . . . . 6,200

ii. Amount #2 . . . . .

iii. Amount #3 . . . . .

e. Total real estate taxes (a+b+c+d) for line 6 . . . . . 6,200

**YOU** 6. Real estate taxes . . . . . 6 | 6,200 |

**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 28,040

**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 ..... 31,600  
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 ..... 31,600

**INTEREST** 10. Interest and points shown on Form 1098 ..... 10 31,600

## 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.

**PAID**

Mtg. interest deduction may be limited.

Payee name, identifying #, address



11 0

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

a. Other points (not Form 1098 box 2) from Home Mortgage Interest worksheets ..... 0  
b. Less points alloc'd through Rent/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 ..... 126,960  
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) ..... 27,000  
i. Line h. divided by \$10,000 (\$5,000 if married filing sep), not more than 1.0 ..... 1.000  
j. Line e. times line i ..... 0  
k. Qualified mortgage insurance premiums deduction. Line e. minus line j. To line 13 ..... 0

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

**Alternative Minimum Tax (AMT) Adjustments**

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

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

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

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

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

15. Sum of lines 10 to 14. Total interest ..... **15** ..... 31,600

**GIFTS TO** 16. Gifts by cash or check ..... **16** ..... 10,800

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** ..... 10,800

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

**CASUALTY**

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

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

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

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

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

Description ▶ .....


**21** ..... 0

22. Tax preparation fees ..... **22** ..... 0


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

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

i.	Casualty, 4684, ln 32, 38b; 4797, ln 18a	0
<b>Note:</b> See Form 4684 and Form 4797 for more detailed information about the amounts that we carry to line 23i.		
j.	Depreciation and vehicle expenses	0
k.	Occupational taxes from mini-worksheet for line 8	
l.	Convenience fee charged when paying taxes by credit or debit card	
m.	Other misc deductions subject to 2% limit	7,000
n.	Total misc deductions (for line 23)	7,000

<b>AND CERTAIN</b>	<b>23.</b>	Other (describe): 			
		<u>OTHER</u>	<b>23</b>	7,000	
<b>MISCEL-</b>	<b>24.</b>	Sum of lines 21 to 23	<b>24</b>	7,000	
<b>LANEOUS</b>	<b>25.</b>	Amount from 1040, line 38	<b>25</b>	126,960	
<b>DEDUC-</b>	<b>26.</b>	2% of the amount on line 25	<b>26</b>	2,539	
<b>TIONS</b>	<b>27.</b>	Line 24 - line 26 (but not less than zero)	<b>27</b>	4,461	

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

<b>OTHER MISC. DEDUCTIONS</b>	<b>28.</b> Other misc. deductions. List type and amount    	    
	 <b>28</b>	0
	<b>29.</b> Is Form 1040, line 38, over \$155,650? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add amounts in far right column for lines 4 - 28. To Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See Mini-Worksheet. below.	    
	<b>29</b>	74,901

<b>MINI-WORKSHEET FOR LINE 29,</b>	
<b>ITEMIZED DEDUCTIONS</b>	
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

**h.** Line g multiplied by 3% (.03) . . . . . \_\_\_\_\_

**j.** Line a minus line i. (to line 29) .....

**30.** Check if itemizing even though less than std ded

1

**Note:** If line C is over \$1,500, you must also

**Note:** If line 6 is over \$1,500, you must also complete Part III.

Not  
For  
Filing

**PART III FOREIGN ACCOUNTS AND TRUSTS**

**MINI-WORKSHEET FOR PART III  
FOREIGN ACCOUNTS AND TRUSTS**

During 2016, did you have a financial interest in or signature authority over a financial account located in a foreign country or ownership or authority over foreign financial assets? . . . . . ☐ **Y** ☒ **N**

**7a.** At any time during 2016, did you have a financial interest in or signature authority over a financial account, such as a bank account, securities account, or brokerage account located in a foreign country? See instructions . . . . . ☐ **Y** ☒ **N**

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . . ☐ ☒

**b.** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located.

Name of country . . . . . ▶ \_\_\_\_\_

Name of country . . . . . ▶ \_\_\_\_\_

Name of country . . . . . ▶ \_\_\_\_\_

During 2016, did you have ownership or authority over foreign financial assets worth \$50,000 or more? . . . . . ☐ ☒

**Note:** If you check Yes, you must file Form 8938 with your return. ☐ ☒

**8.** During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520 . . . . . ☐ ☒

**KIA**

Part I Alternative Minimum Taxable Income

1.	Amount from Form 1040, In 38 or 41, as applicable . . . . .	1	52,059
<i>We enter the amount from Form 1040, In 41 on line 1 if you itemize your deductions. Otherwise we enter the amount from Form 1040, In 38.</i>			
2.	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less enter -0- . . . . .	2	
3.	Taxes from Schedule A, line 9 . . . . .	3	28,040
4.	Certain interest on a home mortgage . . . . .	4	0
5.	Miscellaneous deductions from Sch A, In 27 . . . . .	5	4,461
6.	If Form 1040, line 38, is \$155,650 or less, enter -0-. Otherwise see instructions . . . . .	6	0
7.	Refund of taxes . . . . . <i>If you received any refunds in 2016 attributable to state or local personal property taxes, or foreign income or real property taxes, deducted in a year after 1986 (and included in income on line 21 of Form 1040), write a description and amount to the left of line 7. They will be included on line 7.</i>	7	0

MINI-WORKSHEET FOR LINE 8  
INVESTMENT INTEREST EXPENSE

To figure your investment interest expense adjustment for line 8, fill out a second Form 4952, as described in the IRS instructions to Form 6251. We calculate the adjustment as allowed investment interest expense on copy 1 minus allowed investment interest expense on copy 2.

Mortgage investment interest . . . . .

**Note:** This amount carries to line 1c of Form 4952, Copy 2 only.

Private activity bond investment interest . . . . .

**Note:** This amount carries to line 1d of Form 4952, Copy 2 only.

AMT gain or loss adjustment . . . . .

**Note:** This amount carries to line e on the Mini-Worksheet for line 4d of Form 4952 and is included on line 4d of Copy 2 only.

8.	Investment interest expense (reg - AMT) . . . . .	8	
9.	Depletion (reg - AMT) . . . . .	9	0
10.	Enter as a positive amount net operating loss deduction from Form 1040, line 21 (carried from Attachments Worksheet) . . . . .	10	0
11.	Alternative tax NOL deduction (see IRS instructions) . . . . .	11	

MINI-WORKSHEET FOR LINE 12,  
PRIVATE ACTIVITY BOND INTEREST

a. Interest income from private activity bonds . . . . . a. 29,420

b. Deductions allocable to private activity bond . . . . . b.

**Note:** Do not enter any interest expense incurred to finance the bond(s) acquired. Enter that amount in the Mini-Worksheet for line 8.

c. Interest from GO Zone bonds . . . . . c.

d. Qualified Midwestern disaster area bonds . . . . . d.

e. Qualified mortgage bonds . . . . . e.

f. Qualified veterans' mortgage bonds . . . . . f.

g. Certain bonds related to residential rental projects . . . . . g.

h. Interest from bonds issued in 2009 or 2010 . . . . . h.

i. Net private activity bond interest. Ln a-(b to h), but not less than 0. To 12 . . . . . i. 29,420

12.	Tax-exempt interest from specified private activity bonds . . . . .	12	29,420
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MINI-WORKSHEET FOR LINE 13,  
QUALIFIED SMALL BUSINESS STOCK

a. Total QSB exclusion . . . . . a. 0

b. Gain on (a) for stock acquired after Sept. 27, 2010 . . . . . b.

c. Line (a) minus line (b) . . . . . c. 0

d. Line (c) x .07 . . . . . d. 0

13.	Qual small bus stock (see instructions) . . . . .	13	0
14.	Exercise of incentive stock options (AMT inc - reg inc) . . . . .	14	0

We calculate line 14 with information entered into the Incentive Stock Option Worksheet. If you upgraded to H&R Block Premium, and you entered an amount directly into line 14 before upgrading, we've preserved what you entered below:

Amount preserved before upgrade . . . . .

Check this box to use the preserved amount . . . . . ☐

15. Estates and trusts (Sch. K-1 (Form 1041), box 12, code A) . . . . . **15** 0
16. Electing large partnerships (Sch K-1 (Form 1065-B), box 6) . . . . . **16**

**MINI-WORKSHEET FOR DISPOSITION OF PROPERTY, LINE 17**

- a. Total AMT adjustments from Form 4684 . . . . . 0
- b. Total AMT adjustments from Form 4797 . . . . . 0
- c. AMT adjustment to ordinary income from pty disp . . . . .
- d. Gain or loss adjustment from p'ship/S corp K-1 . . . . . 0
- e. Net capital gain or loss from Schedule D, line 16 . . . . .
- f. Net AMT adjustment to items on Capital G/L Worksheet . . . . .
- g. AMT capital loss carryover adj . . . . .
- h. Net AMT capital gain or loss (lines e through g) . . . . . 0
- i. Greater of line h or capital loss limitation . . . . . 0
- j. Greater of line e or capital loss limitation . . . . . 0
- k. AMT capital gain/loss adjustment (line i - line j) . . . . . 0
- l. AMT adj for pty disp. Lines a to d + k. To line 17 . . . . . 0

17. Disposition of property (AMT - reg gain or loss) . . . . . **17** 0

18. Post-1986 depreciation (reg - AMT) . . . . . **18** 0

**Note:** If you have any depreciation that was capitalized to inventory, see the IRS instructions.

Your passive activity loss is calculated as the difference between the allowable income/loss for regular versus AMT passive worksheets, for PASSIVE activities. The forms with such worksheets are: K-1, K-1 Est/Tr., Rentals and Royalties Worksheet, Schedule C, Schedule F, and Form 4835. For NON-PASSIVE activities on these forms, the AMT depreciation adjustments are carried from the K-1's or depreciation worksheets directly to lines 9 and 18.

19. Passive activities (AMT - reg) . . . . . **19** 0
20. Loss limitations (AMT - reg) . . . . . **20**
21. Circulation costs (reg - AMT) . . . . . **21**
22. Long-term contracts (AMT - reg) . . . . . **22**
23. Mining costs (reg - AMT) . . . . . **23**
24. Research and experimental costs (reg - AMT) . . . . . **24**
25. Income from certain pre-1987 installment sales . . . . . **25**
- Enter line 25 as a negative number.
26. Intangible drilling costs preference . . . . . **26** 0

**MINI-WORKSHEET FOR LINE 27**

- a. Accelerated deprecn of real property in svc before 1987 . . . . . 0
- b. Accelerated depr of leased pers prop in svc before 1987 . . . . . 0
- c. Total accelerated pre-1987 depreciation . . . . . 0
- d. Patron's adjustment . . . . .
- e. Pollution control facilities . . . . .
- f. Tax shelter farm activities . . . . .
- g. Alcohol fuel credit (enter as negative) . . . . .
- h. Related adjustments . . . . .

27. Other adjustments, incl income-based related adjustments . . . . . **27** 0

28. **Alternative minimum taxable income.** Combine lines 1 - 27. (If married filing separately and line 28 is more than \$247,450, see instructions.) . . . . . **28** 113,980

**Note:** If you're married filing separately and line 28 is more than \$247,450, you must include an additional amount on line 28.

**Part II Alternative Minimum Tax**

**MINI-WORKSHEET FOR LINE 29,  
EXEMPTION AMOUNT**

**NOTE:** If your income is above the threshold for your filing status (see line 29 below), or if this form is for a child under age 24, you need to use this worksheet to determine the AMT exemption. We fully calculate

use this worksheet to determine the AMT exemption. We fully calculate the worksheet.

- a. Enter \$53,900 (\$83,800 if joint filer/qualifying widow(er), \$41,900 if filing separately) . . . . . **a.** \_\_\_\_\_
- b. AMTI from line 28 of Form 6251 . . . . . **b.** \_\_\_\_\_
- c. Enter \$119,700 (\$159,700 if joint filer/qual. widow(er), \$79,850 if filing separately) . . . . . **c.** \_\_\_\_\_
- d. Line b - line c (not < 0) . . . . . **d.** \_\_\_\_\_
- e. Line d times 25% . . . . . **e.** \_\_\_\_\_
- f. Line a - line e (not < 0) . . . . . **f.** \_\_\_\_\_  
*If the form is for a child under age 24, continue with this worksheet. Otherwise, we enter the amount from line f on Form 6251, line 29.*
- g. Child's minimum exemption amount . . . . . **g.** \_\_\_\_\_
- h. **Child's earned income** (see IRS instructions) . . . . . **h.** \_\_\_\_\_  
**Note:** *If the child is engaged in a trade or business as a sole proprietor or as a partner in which both personal services and capital are material income-producing factors, then you MUST read the IRS instructions for Form 6251, line 29.*
- i. Line g + line h . . . . . **i.** \_\_\_\_\_
- j. Smaller of line f or line i (to line 29) . . . . . **j.** \_\_\_\_\_

## 29. Exemption.

If you're under 24 at the end of 2016 see instructions.

<b>IF filing status is...</b>	<b>AND line 28 is not over...</b>	<b>THEN enter on line 29...</b>
Single/Hd Hshld	\$119,700	\$53,900 }
Joint/Qual Wdw	\$159,700	\$83,800 } . . . <b>29</b> <u>53,900</u>
Married, filing sep'ly	\$79,850	\$41,900 }
If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.		

## 30. Subtract line 29 from line 28. If more than -0- go to line 31.

If zero or less, enter -0- here and on lines 31, 33 and 35

and go to line 34 . . . . . **30** 60,080

### MINI-WORKSHEET FOR LINE 31 FOREIGN EARNED INCOME TAX WORKSHEET

- a. Form 6251, Line 30 . . . . . \_\_\_\_\_
- b1. Line 45 and 50 of Form 2555/Line 18 of Form 2555-EZ . . . . . \_\_\_\_\_
- b2. Itemized deductions or exclusions you could not claim because they are related to excluded income . . . . . \_\_\_\_\_
- b3. Line b1 - line b2 not less than -0- . . . . . \_\_\_\_\_
- c. Line a + line b3 . . . . . \_\_\_\_\_
- d. Tax on Line c amount . . . . . \_\_\_\_\_
- e. Tax on Line b amount . . . . . \_\_\_\_\_
- f. Line d - Line e . . . . . \_\_\_\_\_

## 31. \* If you are filing Form 2555 or 2555-EZ, see the instructions

for the amount to enter.

\* If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040)(as refigured for the AMT, if necessary), complete Part III and enter the amount from line 64 here.

\* All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,726 (\$1,863 if married filing

separately) from the result . . . . . **31** 15,621

## 32. Alternative minimum tax foreign tax credit (see instr.) . . . . . **32** 0

**Note:** *If you made an election to claim the foreign tax credit on Form 1040 without filing Form 1116, we use the amount from Form 1040, line 48, on line 32.*

**Note:** *If line 27 has an amount or if the exception for intangible drilling costs applies to you (line 25), see the IRS instructions and override line 32.*

## 33. Tentative minimum tax (line 31 - line 32) . . . . . **33** 15,621

## 34. Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax

credit from Form 1040, line 48 . . . . .		▶ 34	7,778
<i>If you used Schedule J to figure your tax, the amount on line 44 of Form 1040 must be refigured without Schedule J (for this form only, and not for Form 1040). If this applies to you, see IRS instructions and override as necessary.</i>			
35. Alt min tax (ln 33 - ln 34). To Form 1040, ln 45 . . . . .		▶ 35	7,843
KIA			
END OF PAGE 1			
FORM 6251	(CONT'D) PAGE 2	2016*32	

Part III Tax Computation Using Maximum Capital Gains Rates

**Caution:** See the IRS instructions for Part III. If your gain or loss is different for AMT, you did not complete either the Qualified Dividends and Capital Gain Tax Worksheet or the Schedule D Tax Worksheet, you received a Schedule K-1 from Form 1041, or you filed Form 2555 or Form 2555-EZ, you may need to adjust the amounts on lines 37, 38, and 39.

36.	Amount from Form 6251, line 30	36	
<b>NOTE:</b> If you are filing Form 2555 or Form 2555-EZ we do not carry the amount from line 30. We use an alternative calculation. See instructions for line 31 and the Foreign Earned Income Tax Worksheet.			

<b>MINI-WORKSHEET FOR LINE 37</b>	
a.	Line 6 of Qualified Dividends and Capital Gain Tax Wksht in Form 1040 instructions, or line 13 of Schedule D Tax Worksheet in Schedule D instructions
b.	AMT adjustment (see instructions)
c.	Line a. unless amount on line b, then line b. To line 37

37.	Line 6 of Qualified Dividends and Capital Gain Tax Worksheet, or line 13 of Schedule D Tax Worksheet, whichever applies (as refigured for AMT, if necessary)	37	
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<b>MINI-WORKSHEET FOR LINE 38</b>	
a.	Schedule D, line 19
b.	AMT adjustment (see instructions)
c.	Line a. unless amount on line b, then line b. To line 38

38.	Amount from Schedule D (Form 1040), line 19 (as refigured for AMT, if necessary)	38	
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<b>MINI-WORKSHEET FOR LINE 39</b>	
a.	Amount from line 37
b.	Amount from line 38
c.	Line a. plus line b.
d.	Line 10 of Schedule D Tax Worksheet
e.	AMT adjustment for line d. (see instructions)
f.	Line d. unless amount on line e, then line e.
g.	Smaller of line c. and line f.
h.	Amount to carry to line 39: line a. if no Sched D Tax Worksheet; otherwise line g.

39.	Amt from line 37; but if Sched D Tax Wksht, then smaller of lines 37+38 or line 10 of Tax Wksht (as refigured for AMT, if necessary)	39	
-----	--	----	--

40.	Smaller of line 36 or line 39	40	
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41.	Line 36 - line 40	41	
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42.	If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	42	
-----	--	----	--

43.	Enter: * \$75,300 if married filing jointly or qualifying widow(er), * \$37,650 if single/married filing separately, * \$50,400 if head of household.	43	
-----	--	----	--

44.	Line 7 of Qualified Dividends and Capital Gain Tax Worksheet, or line 14 of Schedule D Tax Worksheet (for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; but do not enter less than 0	44	
-----	--	----	--

45.	Subtract line 44 from line 43 (not < 0)	45	
-----	---	----	--

46.	Smaller of line 40 or line 47	46	
-----	-------------------------------	----	--

46.	Smaller of line 36 or line 37	46		
47.	Smaller of line 45 or 46	47		
48.	Line 46 - line 47	48		
49.	Enter:	49		
	* \$415,050 if single			
	* \$233,475 if married filing separately			
	* \$466,950 if married filing jointly or qualifying widow(er)			
	* \$441,000 if head of household			
50.	Enter the amount from line 45	50		
51.	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Sched. D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; but do not enter less than -0-. If you did not complete either worksheet for the regular tax and you are filing Form 2555 or Form 2555-EZ, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the Form 1040 instructions (as figured for the regular tax)	51		
52.	Add lines 50 and 51	52		
53.	Subtract line 52 from line 49 not < than -0-	53		
54.	Enter the smaller of line 48 or line 53	54		
55.	Multiply line 54 by 15% (.15)		55	
56.	Add lines 47 and 54	56		
	If line 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.			
57.	Subtract line 56 from line 46		57	
58.	Multiply line 57 by 20% (.20)		58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.			
59.	Add lines 41, 56, and 57	59		
60.	Subtract line 59 from line 36	60		
61.	Multiply line 60 by 25% (.25)	61		
62.	Add lines 42, 55, 58 and 61	62		
63.	If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise multiply line 36 by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result		63	
64.	Enter the smaller of line 62 or 63 here and on line 31. If you are filing Form 2555 or Form 2555-EZ, do not enter this amount on line 31. Instead enter it on line 4 of the worksheet in the instructions for line 31		64	

## **SUPPORTING FORMS**

**RE:** 2016 Tax Returns

**PREPARED FOR:** Steve Jackson

**SSN:** 465-88-9415

**PRINTED ON:** December 12, 2016

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

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

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

1. - Background Worksheet - Background Information Worksheet
2. - Last Year's Data Worksheet - Last Year's Data Worksheet
3. - Form 1099-INT/OID - Interest Income Worksheet1
4. - Form 1099-INT/OID - Interest Income Worksheet2
5. - Form 1099-INT/OID - Interest Income Worksheet3
6. - Home Mortgage Interest Worksheet - Home Mortgage Interest Worksheet
7. - Charitable Worksheet - Charitable Donations Worksheet
8. - State and Local Income Tax - State and Local Income Tax Payments Worksheet
9. - Health Care Coverage - Health Care Coverage
10. - 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) Steve Jackson

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

C/O information, if necessary

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any) 3215 Pacific Dr.

Your city, state, and ZIP code Del Mar , CA 92014

Foreign country

Foreign province/state/county

Foreign postal code

Domestic telephone number (daytime)

Foreign telephone number (daytime)

Mobile phone number (domestic only)

Email address

☐ I live outside the U.S. and Puerto Rico and my main place of work is outside the U.S. and Puerto Rico, or I'm in military or naval service outside the U.S. and Puerto Rico.

☐ Check here if you received a letter from the IRS with an identity protection personal identification number (IP PIN). IP PIN's are uncommon. They are sent to certain taxpayers taxpayers who have had a problem with identity theft.

Taxpayer 6-digit IP PIN

Spouse 6-digit IP PIN

2. GENERAL INFORMATION

	Yours	Your spouse's
a.	Social Security number 465-88-9415	
b.	Date of birth (MM/DD/YYYY) 12/13/1965	
c.	"X" if legally blind	
d.	Enter "X" if disabled	
e.	Occupation Hotel Manager	
f.	"X" if you want \$3 to go to Pres. Elec. Campaign Fund	

~~~~~

|    | 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)                   |        |

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*

---

4. EXEMPTIONS FOR YOU AND YOUR SPOUSE

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

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

5. TAXES PAID/WITHHELD

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

6. PAYING YOUR TAXES BY CREDIT CARD

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

7. REFUND INFORMATION

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

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

---

**Applying Refund to Your 2017 Estimated Tax**

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

---

**BACKGROUND INFO CONTINUED ON PAGE 3**

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*END OF PAGE 2*

---

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)

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

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

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

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

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

5 Itemized deductions (1040, above line 40)

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

7 Self-employment tax (1040 line 57)

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

9a Household employment tax (1040 line 60a)

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

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

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

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

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

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

2015 Schedule D

15 Used Schedule D Tax Worksheet

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

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

17 Line 19 of Schedule D

18 Line 10 of Schedule D Tax Worksheet

19 Line 19 of Schedule D Tax Worksheet

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

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

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

2015 Form 2555

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

22 Line 46 (yours)

23 Line 48 (yours)

24 Line 46 (spouse's)

25 Line 48 (spouse's)

2015 Form 4136

26 Total fuel tax credit (line 17)

## 2015 Form 4952

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

## 2015 Form 5329

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

## 2015 Form 5405

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

## 2015 Form 5695

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

## 2015 Form 6251

|    |                                                                          |        |
|----|--------------------------------------------------------------------------|--------|
| 35 | Adjusted gross income minus itemized deductions (line 1) . . . . .       | 51,804 |
| 36 | Medical and dental expenses (line 2) . . . . .                           | 0      |
| 37 | Taxes from Schedule A if you itemize (line 3) . . . . .                  | 28,040 |
| 38 | Certain interest on a home mortgage (line 4) . . . . .                   | 0      |
| 39 | Miscellaneous deductions (line 5) . . . . .                              | 4,466  |
| 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) . . . . .       | 29,200 |
| 46 | Qualified small business stock (line 13) . . . . .                       | 0      |
| 47 | Regular tax minus 4972 amount and foreign tax credit (line 34) . . . . . | 7,750  |

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

2016

Steve Jackson SSN: 465-88-9415

## 2015 Form 8801

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

## 2015 Schedule 8812

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

## 2015 Form 8859

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

## Miscellaneous 2015 Taxes

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

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

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

**Not  
For  
Filing**

- 72 ☒ Income taxes deducted  
73 ☐ General sales taxes deducted  
73 ☐ Sales tax calculated
- 74 State or local income tax deducted ..... 21,840  
75 Sales tax you could have deducted ..... 1,264  
76 Sales tax on major purchases ..... 0

---

**Electronic Filing Information**

---

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

---

**Amounts Needed for Form 2210**

---

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

Is this interest for:

What kind of interest is this:

☐ Other interest (fill in 1099-INT below)

**Interest paid by** General Electric

FORM 1099-INT

|                |                  |    |       |
|----------------|------------------|----|-------|
| <b>Box 1 -</b> | Interest income: | \$ | 2,550 |
|----------------|------------------|----|-------|

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

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

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

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

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

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

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

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

**MINI-WORKSHEET FOR LINE 8**

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

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

**Box 10 -** Market discount:

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

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

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

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

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

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

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

|                |                                   |    |
|----------------|-----------------------------------|----|
| <b>Box 1 -</b> | Original issue discount for 2016: | \$ |
|----------------|-----------------------------------|----|

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

### MINI-WORKSHEET FOR LINE 2

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

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

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

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

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

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

**SELLER-FINANCED MORTGAGE INTEREST**

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

Buyer's name . . . . . \_\_\_\_\_

Buyer's Social Security number . . . . . \_\_\_\_\_

Buyer's street address . . . . . \_\_\_\_\_

Buyer's city . . . . . \_\_\_\_\_

Buyer's state . . . . . \_\_\_\_\_

Buyer's ZIP . . . . . \_\_\_\_\_

Interest received in 2016 . . . . . \_\_\_\_\_

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

**ADJUSTMENTS**

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

**Type of adjustment:**

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

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

**NEW YORK FILERS ONLY, COMPLETE THE FOLLOWING:**

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

EIN: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ ZIP: \_\_\_\_\_

☐ Check if foreign address.

Country \_\_\_\_\_

Province/state/county \_\_\_\_\_

Postal code \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ ZIP: \_\_\_\_\_

☐ Check if foreign address.

Country \_\_\_\_\_

Province/state/county \_\_\_\_\_

Postal code \_\_\_\_\_

Is this interest for:

What kind of interest is this:

☐ Other interest (fill in 1099-INT below)

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

FATCA filing requirement .....

**Box 1 - Interest income:** \$ 3,210

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

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

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

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

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

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

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

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

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

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

**Box 10 -** Market discount:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## SELLER-FINANCED MORTGAGE INTEREST

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

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

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

## ADJUSTMENTS

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

### Type of adjustment:

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

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

## NEW YORK FILERS ONLY, COMPLETE THE FOLLOWING:

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

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

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

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

Is this interest for:

What kind of interest is this:

☐ Other interest (fill in 1099-INT below)

Interest paid by PAB

FATCA filing requirement .....

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

**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:** \$ 29,420

**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: \$ 29,420

**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: \$ \_\_\_\_\_

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

|                |                                   |    |
|----------------|-----------------------------------|----|
| <b>Box 1 -</b> | Original issue discount for 2016: | \$ |
|----------------|-----------------------------------|----|

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

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

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

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

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

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

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

## SELLER-FINANCED MORTGAGE INTEREST

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

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

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

## ADJUSTMENTS

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

### Type of adjustment:

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

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

## NEW YORK FILERS ONLY, COMPLETE THE FOLLOWING:

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

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

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

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

## HOME MORTGAGE INTEREST WORKSHEET

2016

Steve Jackson SSN: 465-88-9415

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 31,600

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 . . . . . \_\_\_\_\_

Steve Jackson

SSN: 465-88-9415

**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

Steve Jackson

SSN: 465-88-9415

EXPLANATORY STATEMENT

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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]

|                                                      |           |               |
|------------------------------------------------------|-----------|---------------|
| <b>1b.</b> Sum of entries from table above . . . . . | <b>1b</b> | <u>10,800</u> |
|------------------------------------------------------|-----------|---------------|

|                                                                                                                                                                    | (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 | 10,800 |
|----|------------------------------------------------------------|---|--------|

END OF PAGE 1

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

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

|            |                                                                        |   |  |
|------------|------------------------------------------------------------------------|---|--|
| <b>1a.</b> | Noncash or item donations: 50% limit . . . . .                         | 0 |  |
| <b>1b.</b> | Noncash or item donations: 30% limit . . . . .                         | 0 |  |
| <b>1c.</b> | Noncash or item donations: 30% limit,<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> | 0 |  |

END OF PAGE 2

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

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

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

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

**Charitable Donations**

|    |                                                                           |        |
|----|---------------------------------------------------------------------------|--------|
| 1. | Current-year donations subject to 50% limit . . . . .                     | 10,800 |
| 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 . . . . .                         | 126,960              |                      |
| 10.                                                          | Your 50% limit. Line 9 * 0.5 . . . . .                  | 63,480               |                      |
| 11.                                                          | <b>Smaller</b> of line 1 or line 10 . . . . .           | 10,800               |                      |
| 12.                                                          | Line 1 minus line 11 . . . . .                          |                      | 0                    |
| 13.                                                          | Line 10 minus line 11 . . . . .                         | 52,680               |                      |
| <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 . . . . .                         | 52,680               |                      |
| <b>2016 Donations Subject to 30% Limit</b>                   |                                                         |                      |                      |
| 17.                                                          | Sum of lines 1, 2, 5, and 6 . . . . .                   | 10,800               |                      |
| 18.                                                          | Your 30% limit. Line 9 * 0.3 . . . . .                  | 38,088               |                      |
| 19.                                                          | Line 10 minus line 17 . . . . .                         | 52,680               |                      |
| 20.                                                          | <b>Smallest</b> of lines 3, 18, or 19 . . . . .         | 0                    |                      |
| 21.                                                          | Line 3 minus line 20 . . . . .                          |                      | 0                    |
| 22.                                                          | Line 19 minus line 20 . . . . .                         | 52,680               |                      |
| 23.                                                          | Line 18 minus line 20 . . . . .                         | 38,088               |                      |
| <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 . . . . .              | 52,680               |                      |
| <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 . . . . .                         | 52,680               |                      |
| 30.                                                          | Line 18 minus line 27 . . . . .                         | 38,088               |                      |
| <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 . . . . .                         | 52,680               |                      |
| 34.                                                          | Line 30 minus line 31 . . . . .                         | 38,088               |                      |
| 35.                                                          | Line 23 minus line 24 . . . . .                         | 38,088               |                      |
| <b>2016 Capital Gain Donations Subject to 20% Limit</b>      |                                                         |                      |                      |
| 36.                                                          | Your 20% limit. Line 9 * 0.2 . . . . .                  | 25,392               |                      |
| 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 . . . . .                         | 52,680               |                      |

|                                             |                                                        |               |               |          |
|---------------------------------------------|--------------------------------------------------------|---------------|---------------|----------|
| 40.                                         | Line 34 minus line 37 .....                            | <u>38,088</u> |               |          |
| 41.                                         | Line 35 minus line 37 .....                            | <u>38,088</u> |               |          |
| 42.                                         | Line 36 minus line 37 .....                            | <u>25,392</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>10,800</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 .....                              | 0       | 0   | 0            | 0   |
| b. 2015 .....                              | 0       | 0   | 0            | 0   |
| c. 2014 .....                              | 0       | 0   | 0            | 0   |
| d. 2013 .....                              | 0       | 0   | 0            | 0   |
| e. 2012 .....                              | 0       | 0   | 0            | 0   |
| f. Totals .....                            | 0       | 0   | 0            | 0   |

PART VI SUMMARY OF AMOUNTS FOR SCHEDULE A

|                                                                  |   |        |
|------------------------------------------------------------------|---|--------|
| 1. Cash or money donations (to Schedule A, line 16) .....        | 1 | 10,800 |
| 2. Noncash or item donations (to Schedule A, line 17) .....      | 2 | 0      |
| 3. Carryovers from prior years (to Schedule A, line 18) .....    | 3 | 0      |
| 4. Deductible donations (to Schedule A, line 19) .....           | 4 | 10,800 |
| 5. Carryovers to future years (next year's Sch A, line 18) ..... | 5 | 0      |

Not  
For  
Filing

Steve Jackson SSN:465-88-9415

**Note:** On this worksheet, we gather information about certain state and local tax payments, including estimated tax payments and other tax payments made during 2016. This worksheet does not gather information about state and local taxes withheld; we collect information about those taxes on other forms (e.g., Form W-2).  
**Note:** The information from this worksheet carries to the mini-worksheet above line 5 of Schedule A and also to our state programs.

PART I STATE ESTIMATED TAX PAYMENTS FOR 2016

**Note:** In this part, we ask for information about state estimated tax payments for 2016. If the payment was made in 2015, it will not carry to Schedule A, but it will carry to our state programs. If the payment was made in 2016, then it will carry to Schedule A. We'll also carry a payment made in 2016 to our state programs unless the payment was a fourth-quarter payment for 2015 (as indicated by an "X" in the "fourth quarter" column below). Payments made after 2016 don't carry to Schedule A but do carry to our state programs.

| 1. Date<br>(MM/DD/YYYY)                                                                                                                                                                                                                                                     | Amount | State<br>Abbrev. | "X" if for 4th<br>Quarter of 2015 |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------|-----------------------------------|----|
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |                  | <input type="checkbox"/>          |    |
| 2. Sum of entries for Schedule A from table above                                                                                                                                                                                                                           |        |                  |                                   | 20 |
| <b>Note:</b> The amount on line 2 is the sum of the state estimated tax payments for 2016 that carry to Schedule A. If the payment was made in 2016, then it's part of the sum on line 2. If the payment was made in 2015 or 2017, then it isn't part of the sum on line 2. |        |                  |                                   |    |

PART II LOCAL ESTIMATED TAX PAYMENTS FOR 2016

**Note:** In this part, we ask for information about local estimated tax payments for 2016. If the payment was made in 2015, it will not carry to Schedule A. If the payment was made in 2016, then it will carry to Schedule A. Payments made after 2016 don't carry to Schedule A. Our state programs don't carry information on local estimated tax payments.

| 3. Date<br>(MM/DD/YYYY)                                                                                                                                                                                                                                                     | Amount | Locality | "X" if for 4th<br>Quarter of 2015 |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|-----------------------------------|----|
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
|                                                                                                                                                                                                                                                                             |        |          | <input type="checkbox"/>          |    |
| 4. Sum of entries for Schedule A from table above                                                                                                                                                                                                                           |        |          |                                   | 40 |
| <b>Note:</b> The amount on line 4 is the sum of the local estimated tax payments for 2016 that carry to Schedule A. If the payment was made in 2016, then it's part of the sum on line 4. If the payment was made in 2015 or 2017, then it isn't part of the sum on line 4. |        |          |                                   |    |

PART III STATE PRIOR-YEAR OVERPAYMENTS APPLIED TO 2016

| 5. Description | Amount | State |  |
|----------------|--------|-------|--|
|----------------|--------|-------|--|

|                                              |   | Abbrev. |  |
|----------------------------------------------|---|---------|--|
|                                              |   |         |  |
|                                              |   |         |  |
|                                              |   |         |  |
|                                              |   |         |  |
|                                              |   |         |  |
| 6. Sum of entries from table above . . . . . | 6 | 0       |  |
| END OF PAGE 1                                |   |         |  |

PART IV LOCAL PRIOR-YEAR OVERPAYMENTS APPLIED TO 2016

| 7. Description                               | Amount | Locality |     |
|----------------------------------------------|--------|----------|-----|
|                                              |        |          |     |
|                                              |        |          |     |
|                                              |        |          |     |
|                                              |        |          |     |
| 8. Sum of entries from table above . . . . . |        |          | 8 0 |

PART V OTHER STATE INCOME TAXES PAID IN 2016

| 9. Description                                | Amount | State Abbrev. |           |
|-----------------------------------------------|--------|---------------|-----------|
|                                               | 12,540 |               |           |
|                                               |        |               |           |
|                                               |        |               |           |
|                                               |        |               |           |
| 10. Sum of entries from table above . . . . . |        |               | 10 12,540 |

PART VI OTHER LOCAL INCOME TAXES PAID IN 2016

| 11. Description                               | Amount | Locality |      |
|-----------------------------------------------|--------|----------|------|
|                                               |        |          |      |
|                                               |        |          |      |
|                                               |        |          |      |
|                                               |        |          |      |
| 12. Sum of entries from table above . . . . . |        |          | 12 0 |

PART VII SUMMARY

|                                                                   |    |        |
|-------------------------------------------------------------------|----|--------|
| 13. Sum of lines 2, 4, 6, 8, 10, and 12 (to Schedule A) . . . . . | 13 | 12,540 |
|-------------------------------------------------------------------|----|--------|

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

Name of individual: Steve Jackson  
Individual's SSN 465-88-9415  
Individual's date of birth: 12/13/1965

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

Steve Jackson SSN: 465-88-9415

## Information about affected individual:

Name Steve Jackson  
SSN 465-88-9415  
Date of birth (MM/DD/YYYY) 12/13/1965

**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)<br>Prelim Final |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------------------|--------------------------------------------------|
| Jan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |
| Feb | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |
| Mar | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |
| Apr | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |
| May | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |
| Jun | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |
| Jul | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |
| Aug | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |
| Sep | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |
| Oct | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |
| Nov | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |
| Dec | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                 |                                                  |
| KIA |                                     |                          |                          |                                                 |                                                  |

Is this W-2 for:

☒ Yourself

☐ Your spouse

Note: If your Form W-2 is marked "Void," do not enter it in here.  
You should contact your employer to receive a corrected Form W-2.

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

a. Employee's SSN:

465-88-9415

☐ Do NOT carry SSN from Background Wkst

Void

☐

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

b. Employer ID No.

1. Wages, etc.

121,200

2. Fed Tax WH

18,500

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

Name1:

Name2:

Street:

City:

State: ZIP:

☐ Check if foreign address.

Country

Province/state/county

Postal code

3. Soc Sec Wages

4. SocSec Tax WH

5. Med. Wages

6. Med. Tax WH

7. Soc Sec Tips

8. Alloc. tips

d. Control Number

Ver. code (optional)

10. Depndnt Care

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

Steve Jackson

☐ Do NOT carry name from Bkgd Wkst

11. Nonqual plans

12. See instrns. Code Amt.

f. Employee's address and ZIP code

Add1: 3215 Pacific Dr.

Add2:

Apt No.

Town/City Del Mar

State & ZIP CA 92014

☐ Check if foreign address.

Country

Province/state/county

Postal code

☐ Do NOT carry addr from Bkgd Wkst

13. Statutory employee .. ☐

Retirement plan ..... ☐

Third party sick pay ... ☐

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

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

14. Other Description

Other Amt.

15. State

Employer State Tax ID #

16. State Wages

17. State Tax

9,300

18. Local Wages

19. Local Tax

20. Locality Name

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

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

☐ Use box 8

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

|                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| Cash and charge tips <b>equal to \$20 or more</b> 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 <b>less than \$20</b> in a calendar month . . . . . |  |
| <b>Note:</b> The \$20 per month limitation on lines 2 and 3 applies separately to each employer.                                             |  |

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

If an amount appears in box 10 above, check the box that applies.  
 The benefits were for:

1. A care provider you hired and paid . . . . . ☐

2. A care provider hired and paid by your employer . . . . . ☐

3. On-site care provided by your employer . . . . . ☐

Did you contribute to a flexible spending account during 2016? ☐ Yes ☐ No

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

a. Check this box if you received a distribution from a nonqualified plan or nongovernmental Section 457(b) plan . . . . . ☐

b. Is the amount in box 11 above a distribution from a nonqualified plan or nongovernmental Section 457(b) plan? ☐ Yes ☐ No

• If Yes, we carry the amount from box 11 to line c below.

• If No, enter the distribution amount received from your nonqualified plan or nongovernmental 457(b) plan . . . . .

c. Distribution amount received from your nonqualified plan or nongovernmental 457(b) plan (from box 11 of W-2 or line b above) . . . . .

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

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

Box 12 amounts with Code P . . . . .

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

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

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

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

If you have a box 12 Code A amount, enter the portion of this amount that consists of uncollected Social Security and Tier 1 RRTA tax on tips.  
**DO NOT** include Tier 2 RRTA amounts.

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

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

If you have a box 12 Code M amount, tell us the portion of this amount that consists of uncollected Social Security and Tier 1 RRTA tax on group-term life insurance.  
**DO NOT** include Tier 2 RRTA amounts.

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

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

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

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

**ADDITIONAL MISCELLANEOUS INFORMATION**

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

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

☐ **International Employee**

**ADDITIONAL INFORMATION FOR CLERGY MEMBERS**

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

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

FRV Church provided Parsonage . . . . .

Utility allowance, if any . . . . .

Actual expenses for utilities . . . . .

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

Parsonage or rental allowance . . . . .

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

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