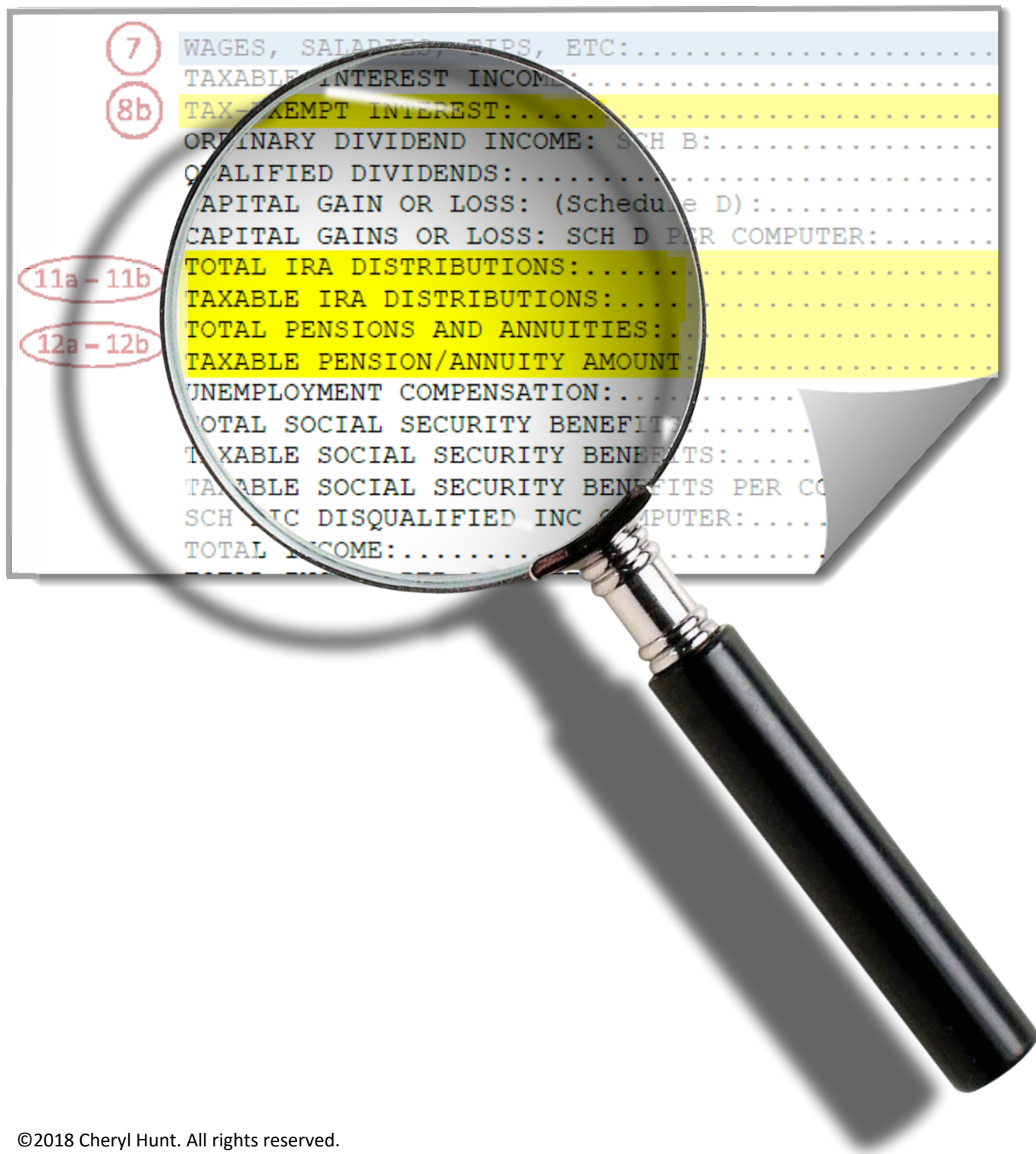


# Tax Transcript Decoder®

COMPARISON OF 2016 TAX RETURN AND TAX TRANSCRIPT DATA  
2018-2019 Award Year (*version 3.1*)



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## **Disclaimer**

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## Comparison of 2016 Tax Return and Tax Transcript Data

FAFSA instructions direct applicants to obtain information from certain lines on IRS income tax returns, which differ based on whether the tax filer completed a Form 1040, 1040A or 1040EZ. For the most part, the instructions identify the relevant lines on the tax return by line number. These line item numbers do not appear on IRS tax transcripts. Instead, each item is identified by name. When verifying FAFSA data using tax transcripts, it is important to identify the correct answer.

The following pages contain sample tax returns and corresponding tax return transcripts. Relevant line items have been highlighted as follows:

**Red:** information to help cross-reference tax return line items with corresponding data on the tax return transcript.

**Yellow:** tax return line items that are required verification data elements for the 2018-2019 award year.

**Blue:** tax return line items listed in the FAFSA instructions, which should be reviewed for potential conflicting information.

### Tax Return Line Items for 2018-2019 Verification

|                                        | 2016 1040 EZ | 2016 1040A    | 2016 1040     |
|----------------------------------------|--------------|---------------|---------------|
| AGI                                    | 4            | 21            | 37            |
| Income tax paid                        | 10           | 28 minus 36   | 56 minus 46   |
| Education credits                      | N/A          | 33            | 50            |
| IRA deductions and payments            |              | 17            | 28 plus 32    |
| Tax-exempt interest income             |              | 8b            | 8b            |
| Untaxed portions of IRA distributions* |              | 11a minus 11b | 15a minus 15b |
| Untaxed portions of pensions*          |              | 12a minus 12b | 16a minus 16b |

### Tax Return Transcript Line Items for 2018-2019 Verification

|                                        | 2016 1040 EZ                                                                                             | 2016 1040A                                                                     | 2016 1040                                                                                                      |
|----------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| AGI                                    | "ADJUSTED GROSS INCOME PER COMPUTER"                                                                     |                                                                                |                                                                                                                |
| Income tax paid**                      | "TOTAL TAX LIABILITY TP FIGURES PER COMPUTER"<br><i>less</i><br>"HEALTH CARE: INDIVIDUAL RESPONSIBILITY" | "TENTATIVE TAX PER COMPUTER"<br><i>less</i><br>"TOTAL CREDITS PER COMPUTER"    | "INCOME TAX AFTER CREDITS PER COMPUTER"<br><i>less</i><br>"EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT" |
| Education credits                      | N/A                                                                                                      | "EDUCATION CREDIT PER COMPUTER"                                                |                                                                                                                |
| IRA deductions and payments            |                                                                                                          | "IRA DEDUCTION PER COMPUTER"                                                   | "KEOGH/SEP CONTRIBUTION DEDUCTION"<br><i>plus</i> "IRA DEDUCTION PER COMPUTER"                                 |
| Tax-exempt interest income             |                                                                                                          | "TAX-EXEMPT INTEREST"                                                          |                                                                                                                |
| Untaxed portions of IRA distributions* |                                                                                                          | "TOTAL IRA DISTRIBUTIONS" <i>less</i> "TAXABLE IRA DISTRIBUTIONS"              |                                                                                                                |
| Untaxed portions of pensions*          |                                                                                                          | "TOTAL PENSIONS AND ANNUITIES"<br><i>less</i> "TAXABLE PENSION/ANNUITY AMOUNT" |                                                                                                                |

\*Exclude rollovers.

\*\*For all transcripts, if income tax paid is negative, use '0' (zero).

## Sample IRS Form 1040EZ: Chloe Hernandez

| Department of the Treasury—Internal Revenue Service                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                                   |                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|
| Form<br><b>1040EZ</b>                                                                                                                                                                                                                               | <b>Income Tax Return for Single and Joint Filers With No Dependents</b> (99)                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>2016</b>                                                                      |                                                                                                   |                                                                                         |  |
| OMB No. 1545-0074                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                                   |                                                                                         |  |
| Your first name and initial<br><b>Chloe G</b>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                       | Last name<br><b>Hernandez</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                                                                   |                                                                                         |  |
| If a joint return, spouse's first name and initial                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                       | Last name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                                   |                                                                                         |  |
| Your social security number<br><b>AAA AA AAAA</b>                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                       | Spouse's social security number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                                   |                                                                                         |  |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>1629 F. Street</b>                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                       | Apt. no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <div style="text-align: center;">▲</div> Make sure the SSN(s) above are correct. |                                                                                                   |                                                                                         |  |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).<br><b>Hadley, MA 99999</b>                                                                                            |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                                   |                                                                                         |  |
| Foreign country name                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                       | Foreign province/state/county                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Foreign postal code                                                              |                                                                                                   |                                                                                         |  |
| <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                                   |                                                                                         |  |
| <b>Income</b><br><br><b>Attach Form(s) W-2 here.</b><br><br>Enclose, but do not attach, any payment.                                                                                                                                                | <b>1</b>                                                                                                                                                                                                                                                                                                                                                              | Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1</b>                                                                         | <b>3,253</b>                                                                                      | <b>00</b>                                                                               |  |
|                                                                                                                                                                                                                                                     | <b>2</b>                                                                                                                                                                                                                                                                                                                                                              | Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2</b>                                                                         |                                                                                                   |                                                                                         |  |
|                                                                                                                                                                                                                                                     | <b>3</b>                                                                                                                                                                                                                                                                                                                                                              | Unemployment compensation and Alaska Permanent Fund dividends (see instructions).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3</b>                                                                         |                                                                                                   |                                                                                         |  |
|                                                                                                                                                                                                                                                     | <b>4</b>                                                                                                                                                                                                                                                                                                                                                              | Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4</b>                                                                         | <b>3,253</b>                                                                                      | <b>00</b>                                                                               |  |
|                                                                                                                                                                                                                                                     | <b>5</b>                                                                                                                                                                                                                                                                                                                                                              | If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back.<br><input checked="" type="checkbox"/> <b>You</b> <input type="checkbox"/> <b>Spouse</b><br>If no one can claim you (or your spouse if a joint return), enter \$10,350 if <b>single</b> ; \$20,700 if <b>married filing jointly</b> . See back for explanation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5</b>                                                                         | <b>3,603</b>                                                                                      | <b>00</b>                                                                               |  |
|                                                                                                                                                                                                                                                     | <b>6</b>                                                                                                                                                                                                                                                                                                                                                              | Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.<br>This is your <b>taxable income</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>6</b>                                                                         | <b>0</b>                                                                                          | <b>00</b>                                                                               |  |
|                                                                                                                                                                                                                                                     | <b>7</b>                                                                                                                                                                                                                                                                                                                                                              | Federal income tax withheld from Form(s) W-2 and 1099.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>7</b>                                                                         | <b>218</b>                                                                                        | <b>05</b>                                                                               |  |
|                                                                                                                                                                                                                                                     | <b>8a</b>                                                                                                                                                                                                                                                                                                                                                             | <b>Earned income credit (EIC)</b> (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>8a</b>                                                                        |                                                                                                   |                                                                                         |  |
|                                                                                                                                                                                                                                                     | <b>b</b>                                                                                                                                                                                                                                                                                                                                                              | Nontaxable combat pay election. <span style="float: right;">8b</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                                                   |                                                                                         |  |
|                                                                                                                                                                                                                                                     | <b>9</b>                                                                                                                                                                                                                                                                                                                                                              | Add lines 7 and 8a. These are your <b>total payments and credits</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>9</b>                                                                         | <b>218</b>                                                                                        | <b>05</b>                                                                               |  |
| <b>Payments, Credits, and Tax</b>                                                                                                                                                                                                                   | <b>10</b>                                                                                                                                                                                                                                                                                                                                                             | <b>Tax.</b> Use the amount on <b>line 6 above</b> to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>10</b>                                                                        | <b>0</b>                                                                                          | <b>00</b>                                                                               |  |
|                                                                                                                                                                                                                                                     | <b>11</b>                                                                                                                                                                                                                                                                                                                                                             | Health care: individual responsibility (see instructions) <span style="float: right;">Full-year coverage <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>11</b>                                                                        |                                                                                                   |                                                                                         |  |
|                                                                                                                                                                                                                                                     | <b>12</b>                                                                                                                                                                                                                                                                                                                                                             | Add lines 10 and 11. This is your <b>total tax</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>12</b>                                                                        | <b>0</b>                                                                                          | <b>00</b>                                                                               |  |
|                                                                                                                                                                                                                                                     | <b>13a</b>                                                                                                                                                                                                                                                                                                                                                            | If line 9 is larger than line 12, subtract line 12 from line 9. This is your <b>refund</b> .<br>If Form 8888 is attached, check here <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>13a</b>                                                                       | <b>218</b>                                                                                        | <b>05</b>                                                                               |  |
| <b>Refund</b><br><br>Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.                                                                                                                                      | <b>b</b>                                                                                                                                                                                                                                                                                                                                                              | Routing number <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>c</b>                                                                         | Type: <input checked="" type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b> |                                                                                         |  |
|                                                                                                                                                                                                                                                     | <b>d</b>                                                                                                                                                                                                                                                                                                                                                              | Account number <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> |                                                                                  |                                                                                                   |                                                                                         |  |
| <b>Amount You Owe</b>                                                                                                                                                                                                                               | <b>14</b>                                                                                                                                                                                                                                                                                                                                                             | If line 12 is larger than line 9, subtract line 9 from line 12. This is the <b>amount you owe</b> . For details on how to pay, see instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>14</b>                                                                        |                                                                                                   |                                                                                         |  |
|                                                                                                                                                                                                                                                     | <b>Third Party Designee</b><br>Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> <b>Yes. Complete below.</b> <input checked="" type="checkbox"/> <b>No</b><br>Designee's name <span style="float: right;">Phone no.</span> <span style="float: right;">Personal identification number (PIN)</span> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                                   |                                                                                         |  |
| <b>Sign Here</b><br><br>Joint return? See instructions.<br><br>Keep a copy for your records.                                                                                                                                                        | Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                                   |                                                                                         |  |
|                                                                                                                                                                                                                                                     | Your signature<br><i>Chloe G. Hernandez</i>                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date<br><b>2/15/2017</b>                                                         | Your occupation<br><b>Student</b>                                                                 | Daytime phone number<br><b>(555) 529-1614</b>                                           |  |
|                                                                                                                                                                                                                                                     | Spouse's signature. If a joint return, <b>both</b> must sign.                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                             | Spouse's occupation                                                                               | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)               |  |
|                                                                                                                                                                                                                                                     | Print/Type preparer's name                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Preparer's signature                                                             | Date                                                                                              | Check <input type="checkbox"/> if self-employed <span style="float: right;">PTIN</span> |  |
| <b>Paid Preparer Use Only</b>                                                                                                                                                                                                                       | Firm's name                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Firm's EIN                                                                       |                                                                                                   |                                                                                         |  |
|                                                                                                                                                                                                                                                     | Firm's address                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Phone no.                                                                        |                                                                                                   |                                                                                         |  |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Cat. No. 11329W

Form **1040EZ** (2016)

**Use this form if**

- Your filing status is single or married filing jointly. If you are not sure about your filing status, see instructions.
  - You (and your spouse if married filing jointly) were under age 65 and not blind at the end of 2016. If you were born on January 1, 1952, you are considered to be age 65 at the end of 2016.
  - You do not claim any dependents. For information on dependents, see Pub. 501.
  - Your taxable income (line 6) is less than \$100,000.
  - You do not claim any adjustments to income. For information on adjustments to income, use the Tax Topics listed under *Adjustments to Income* at [www.irs.gov/taxtopics](http://www.irs.gov/taxtopics) (see instructions).
  - The only tax credit you can claim is the earned income credit (EIC). The credit may give you a refund even if you do not owe any tax. You do not need a qualifying child to claim the EIC. For information on credits, use the Tax Topics listed under *Tax Credits* at [www.irs.gov/taxtopics](http://www.irs.gov/taxtopics) (see instructions). If you received a Form 1098-T or paid higher education expenses, you may be eligible for a tax credit or deduction that you must claim on Form 1040A or Form 1040. For more information on tax benefits for education, see Pub. 970.
- Caution:** If you can claim the premium tax credit or you received any advance payment of the premium tax credit in 2016, you must use Form 1040A or Form 1040.
- You had only wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, or Alaska Permanent Fund dividends, and your taxable interest was not over \$1,500. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your Form W-2, you may not be able to use Form 1040EZ (see instructions). If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see instructions.

**Filling in your return**

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the instructions before filling in the form. Also, see the instructions if you received a Form 1099-INT showing federal income tax withheld or if federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

For tips on how to avoid common mistakes, see instructions.

Remember, you must report all wages, salaries, and tips even if you do not get a Form W-2 from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

**Worksheet for Line 5 — Dependents Who Checked One or Both Boxes**

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, see Pub. 501.

|                                                                                                                              |                 |               |                  |
|------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|------------------|
| A. Amount, if any, from line 1 on front . . . . .                                                                            | <b>3,2 3.00</b> |               |                  |
|                                                                                                                              | <b>+ 350.00</b> | Enter total ► | <b>A . 3,603</b> |
| B. Minimum standard deduction . . . . .                                                                                      |                 |               | <b>B . 1,050</b> |
| C. Enter the <b>larger</b> of line A or line B here . . . . .                                                                |                 |               | <b>C . 3,603</b> |
| D. Maximum standard deduction. If <b>single</b> , enter \$6,300; if <b>married filing jointly</b> , enter \$12,600 . . . . . |                 |               | <b>D . 6,300</b> |
| E. Enter the <b>smaller</b> of line C or line D here. This is your standard deduction . . . . .                              |                 |               | <b>E . 3,603</b> |
| F. Exemption amount.                                                                                                         |                 |               |                  |
| • If single, enter -0-.                                                                                                      |                 |               |                  |
| • If married filing jointly and —                                                                                            |                 |               |                  |
| —both you and your spouse can be claimed as dependents, enter -0-.                                                           |                 |               |                  |
| —only one of you can be claimed as a dependent, enter \$4,050.                                                               |                 |               |                  |
| G. Add lines E and F. Enter the total here and on line 5 on the front . . . . .                                              |                 |               | <b>G . 3,603</b> |

(keep a copy for your records)

**If you did not check any boxes on line 5**, enter on line 5 the amount shown below that applies to you.

- Single, enter \$10,350. This is the total of your standard deduction (\$6,300) and your exemption (\$4,050).
- Married filing jointly, enter \$20,700. This is the total of your standard deduction (\$12,600), your exemption (\$4,050), and your spouse's exemption (\$4,050).

**Mailing Return**

Mail your return by **April 18, 2017**. Mail it to the address shown on the last page of the instructions.



# Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 01-13-2018

Response Date: 01-13-2018

Tracking Number: XXXXXXXXXXXX

Tax Return Transcript

SSN Provided: AAA-AA-AAAA

Tax Period Ending: Dec. 31, 2016

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: AAA-AA-AAAA

NAME(S) SHOWN ON RETURN: CHLOE G HERNANDEZ

ADDRESS: 1629 F. St  
HADLEY, 99999

|                              |              |
|------------------------------|--------------|
| FILING STATUS:               | Single       |
| FORM NUMBER:                 | 1040EZ       |
| CYCLE POSTED:                | 20171502     |
| RECEIVED DATE:               | Apr.15, 2017 |
| REMITTANCE:                  | \$0.00       |
| <b>(5)</b> EXEMPTION NUMBER: | 0            |
| PTIN:                        |              |
| PREPARER EIN:                |              |

**Income**

|                                             |            |
|---------------------------------------------|------------|
| <b>(1)</b> WAGES, SALARIES, TIPS, ETC:..... | \$3,253.00 |
| TAXABLE INTEREST INCOME:.....               | \$0.00     |
| TAX-EXEMPT INTEREST:.....                   | \$0.00     |
| UNEMPLOYMENT COMPENSATION:.....             | \$0.00     |

**Adjustments to Income**

|                                                        |            |
|--------------------------------------------------------|------------|
| ADJUSTED GROSS INCOME:.....                            | \$3,253.00 |
| <b>(4)</b> ADJUSTED GROSS INCOME PER COMPUTER:.....    | \$3,253.00 |
| RECOMPUTED ADJUSTED GROSS INCOME PER COMPUTER:.....    | \$0.00     |
| DEPENDENT ON ANOTHER TP:.....                          | YES        |
| FORM 1040EZ DEDUCTION AND EXEMPTION PER COMPUTER:..... | \$3,603.00 |

**Tax and Credits**

|                                   |        |
|-----------------------------------|--------|
| TAXABLE INCOME:.....              | \$0.00 |
| TAXABLE INCOME PER COMPUTER:..... | \$0.00 |

**Other Taxes**

|                                                            |               |
|------------------------------------------------------------|---------------|
| TOTAL TAX LIABILITY TP FIGURES:.....                       | \$0.00        |
| <b>* TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....</b> | <b>\$0.00</b> |

**Payments**

|                                                        |               |
|--------------------------------------------------------|---------------|
| FEDERAL INCOME TAX WITHHELD:.....                      | \$218.05      |
| OTHER PAYMENT CREDIT AMOUNT:.....                      | \$0.00        |
| EARNED INCOME CREDIT:.....                             | \$0.00        |
| EARNED INCOME CREDIT PER COMPUTER:.....                | \$0.00        |
| EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....       | \$0.00        |
| <b>** HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....</b> | <b>\$0.00</b> |
| HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....         | 0             |

\* "Total Tax Liability TP Figures Per Computer"

- \*\* "Health Care: Individual Responsibility"

= \*\*\* Income Tax Paid

**(10)**

\*\*\*If Income Tax Paid is negative, use '0' (zero).

Tracking Number: XXXXXXXXXXXX

|                                                    |          |
|----------------------------------------------------|----------|
| SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:..... | \$0.00   |
| TOTAL PAYMENTS:.....                               | \$218.05 |
| TOTAL PAYMENTS PER COMPUTER:.....                  | \$218.05 |

**Refund or Amount Owed**

|                                                   |           |
|---------------------------------------------------|-----------|
| REFUND AMOUNT:.....                               | \$-218.05 |
| BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:..... | \$-218.05 |
| BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....    | \$-218.05 |
| FORM 8888 TOTAL REFUND PER COMPUTER:.....         | \$0.00    |

**Third Party Designee**

|                                      |   |
|--------------------------------------|---|
| THIRD PARTY DESIGNEE ID NUMBER:..... |   |
| AUTHORIZATION INDICATOR:.....        | 0 |
| THIRD PARTY DESIGNEE NAME:.....      |   |

This Product Contains Sensitive Taxpayer Data

# Sample IRS Form 1040A: Adam Brady

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form<br><b>1040A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Department of the Treasury—Internal Revenue Service<br><b>U.S. Individual Income Tax Return (99)</b> |                               | <b>2016</b>                            |                                     | IRS Use Only—Do not write or staple in this space.                                                                                                                                                                                                  |                                                                                                                                                                                                                               |
| Your first name and initial<br><b>Adam E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                      | Last name<br><b>Brady</b>     |                                        |                                     | OMB No. 1545-0074                                                                                                                                                                                                                                   |                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                      |                               |                                        |                                     | Your social security number<br><b>BBB BB BBBB</b>                                                                                                                                                                                                   |                                                                                                                                                                                                                               |
| If a joint return, spouse's first name and initial                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                      | Last name                     |                                        |                                     | Spouse's social security number                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>425 Midway</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                      |                               |                                        |                                     | Apt. no.                                                                                                                                                                                                                                            |                                                                                                                                                                                                                               |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).<br><b>Durham, NC 99999</b>                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                      |                               |                                        |                                     | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |                                                                                                                                                                                                                               |
| Foreign country name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                      | Foreign province/state/county |                                        | Foreign postal code                 |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |
| <b>Filing status</b><br>Check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |
| 1 <input type="checkbox"/> Single<br>2 <input type="checkbox"/> Married filing jointly (even if only one had income)<br>3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶<br>4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶<br>5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions) |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |
| <b>Exemptions</b><br>6a <input checked="" type="checkbox"/> <b>Yourself.</b> If someone can claim you as a dependent, <b>do not</b> check box 6a.<br>b <input type="checkbox"/> <b>Spouse</b><br>c <b>Dependents:</b>                                                                                                                                                                                                                                                                                                        |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |
| If more than six dependents, see instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |
| (1) First name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Last name                                                                                            |                               | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)                                                                                                                                    | Boxes checked on 6a and 6b<br>No. of children on 6c who:<br>• lived with you<br>• did not live with you due to divorce or separation (see instructions)<br>Dependents on 6c not entered above<br>Add numbers on lines above ▶ |
| Patrick Brady                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                      |                               | CCC-CC-CCCC                            | Son                                 | <input checked="" type="checkbox"/>                                                                                                                                                                                                                 | 1                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                      |                               |                                        |                                     | <input type="checkbox"/>                                                                                                                                                                                                                            |                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                      |                               |                                        |                                     | <input type="checkbox"/>                                                                                                                                                                                                                            |                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                      |                               |                                        |                                     | <input type="checkbox"/>                                                                                                                                                                                                                            |                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                      |                               |                                        |                                     | <input type="checkbox"/>                                                                                                                                                                                                                            |                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                      |                               |                                        |                                     | <input type="checkbox"/>                                                                                                                                                                                                                            |                                                                                                                                                                                                                               |
| d Total number of exemptions claimed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 2                                                                                                                                                                                                                             |
| <b>Income</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 7 43,455 00                                                                                                                                                                                                                   |
| 8a Taxable interest. Attach Schedule B if required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 8a                                                                                                                                                                                                                            |
| b Tax-exempt interest. Do not include on line 8a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 8b                                                                                                                                                                                                                            |
| 9a Ordinary dividends. Attach Schedule B if required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 9a                                                                                                                                                                                                                            |
| b Qualified dividends (see instructions).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 9b                                                                                                                                                                                                                            |
| 10 Capital gain distributions (see instructions).                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 10                                                                                                                                                                                                                            |
| 11a IRA distributions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 11a                                                                                                  |                               | 11b Taxable amount (see instructions). |                                     | 11b                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |
| 12a Pensions and annuities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 12a                                                                                                  |                               | 12b Taxable amount (see instructions). |                                     | 12b                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |
| 13 Unemployment compensation and Alaska Permanent Fund dividends.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 13                                                                                                                                                                                                                            |
| 14a Social security benefits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 14a                                                                                                  |                               | 14b Taxable amount (see instructions). |                                     | 14b                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |
| 15 Add lines 7 through 14b (far right column). This is your <b>total income</b> . ▶                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 15 43,455 00                                                                                                                                                                                                                  |
| <b>Adjusted gross income</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |
| 16 Educator expenses (see instructions).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 16                                                                                                                                                                                                                            |
| 17 IRA deduction (see instructions).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 17                                                                                                                                                                                                                            |
| 18 Student loan interest deduction (see instructions).                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 18                                                                                                                                                                                                                            |
| 19 Tuition and fees. Attach Form 8917.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 19                                                                                                                                                                                                                            |
| 20 Add lines 16 through 19. These are your <b>total adjustments</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 20                                                                                                                                                                                                                            |
| 21 Subtract line 20 from line 15. This is your <b>adjusted gross income</b> . ▶                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     | 21 43,455 00                                                                                                                                                                                                                  |
| For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11327A Form 1040A (2016)                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                      |                               |                                        |                                     |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |

**Tax, credits, and payments****Standard Deduction for —**

• People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$6,300  
Married filing jointly or Qualifying widow(er), \$12,600  
Head of household, \$9,300

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

**Amount you owe****Third party designee****Sign here**

Joint return? See instructions. Keep a copy for your records.

**Paid preparer use only**

|                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                              |                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>22</b>                                                                                                                                                                                                                                                                                                                                                                                          | Enter the amount from line 21 (adjusted gross income).                                                                                                                                                                                                                                                                                    | 22                   | 43,455                                                                                                       | 00                                                                                                                                       |
| <b>23a</b>                                                                                                                                                                                                                                                                                                                                                                                         | Check if: <input type="checkbox"/> <b>You</b> were born before January 2, 1952, <input type="checkbox"/> <b>Blind</b> <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1952, <input type="checkbox"/> <b>Blind</b> } <b>Total boxes checked</b> <b>23a</b> <span style="border: 1px solid black; padding: 2px;">0</span> |                      |                                                                                                              |                                                                                                                                          |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                           | If you are married filing separately and your spouse itemizes deductions, check here <b>23b</b> <input type="checkbox"/>                                                                                                                                                                                                                  |                      |                                                                                                              |                                                                                                                                          |
| <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                          | Enter your <b>standard deduction</b> .                                                                                                                                                                                                                                                                                                    | 24                   | 9,300                                                                                                        | 00                                                                                                                                       |
| <b>25</b>                                                                                                                                                                                                                                                                                                                                                                                          | Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.                                                                                                                                                                                                                                                                | 25                   | 34,155                                                                                                       | 00                                                                                                                                       |
| <b>26</b>                                                                                                                                                                                                                                                                                                                                                                                          | <b>Exemptions.</b> Multiply \$4,050 by the number on line 6d.                                                                                                                                                                                                                                                                             | 26                   | 8,100                                                                                                        | 00                                                                                                                                       |
| <b>27</b>                                                                                                                                                                                                                                                                                                                                                                                          | Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your <b>taxable income</b> .                                                                                                                                                                                                                           | 27                   | 26,055                                                                                                       | 00                                                                                                                                       |
| <b>28</b>                                                                                                                                                                                                                                                                                                                                                                                          | <b>Tax</b> , including any alternative minimum tax (see instructions).                                                                                                                                                                                                                                                                    | 28                   | 3,249                                                                                                        | 00                                                                                                                                       |
| <b>29</b>                                                                                                                                                                                                                                                                                                                                                                                          | Excess advance premium tax credit repayment. Attach Form 8962.                                                                                                                                                                                                                                                                            | 29                   |                                                                                                              |                                                                                                                                          |
| <b>30</b>                                                                                                                                                                                                                                                                                                                                                                                          | Add lines 28 and 29.                                                                                                                                                                                                                                                                                                                      | 30                   | 3,249                                                                                                        | 00                                                                                                                                       |
| <b>31</b>                                                                                                                                                                                                                                                                                                                                                                                          | Credit for child and dependent care expenses. Attach Form 2441.                                                                                                                                                                                                                                                                           | 31                   | 600                                                                                                          | 00                                                                                                                                       |
| <b>32</b>                                                                                                                                                                                                                                                                                                                                                                                          | Credit for the elderly or the disabled. Attach Schedule R.                                                                                                                                                                                                                                                                                | 32                   |                                                                                                              |                                                                                                                                          |
| <b>33</b>                                                                                                                                                                                                                                                                                                                                                                                          | Education credits from Form 8863, line 19.                                                                                                                                                                                                                                                                                                | 33                   |                                                                                                              |                                                                                                                                          |
| <b>34</b>                                                                                                                                                                                                                                                                                                                                                                                          | Retirement savings contributions credit. Attach Form 8880.                                                                                                                                                                                                                                                                                | 34                   |                                                                                                              |                                                                                                                                          |
| <b>35</b>                                                                                                                                                                                                                                                                                                                                                                                          | Child tax credit. Attach Schedule 8812, if required.                                                                                                                                                                                                                                                                                      | 35                   | 1,000                                                                                                        | 00                                                                                                                                       |
| <b>36</b>                                                                                                                                                                                                                                                                                                                                                                                          | Add lines 31 through 35. These are your <b>total credits</b> .                                                                                                                                                                                                                                                                            | 36                   | 1,600                                                                                                        | 00                                                                                                                                       |
| <b>37</b>                                                                                                                                                                                                                                                                                                                                                                                          | Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.                                                                                                                                                                                                                                                                | 37                   | 1,649                                                                                                        | 00                                                                                                                                       |
| <b>38</b>                                                                                                                                                                                                                                                                                                                                                                                          | Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>                                                                                                                                                                                                                         | 38                   |                                                                                                              |                                                                                                                                          |
| <b>39</b>                                                                                                                                                                                                                                                                                                                                                                                          | Add line 37 and line 38. This is your <b>total tax</b> .                                                                                                                                                                                                                                                                                  | 39                   | 1,649                                                                                                        | 00                                                                                                                                       |
| <b>40</b>                                                                                                                                                                                                                                                                                                                                                                                          | Federal income tax withheld from Forms W-2 and 1099.                                                                                                                                                                                                                                                                                      | 40                   | 4,270                                                                                                        |                                                                                                                                          |
| <b>41</b>                                                                                                                                                                                                                                                                                                                                                                                          | 2016 estimated tax payments and amount applied from 2015 return.                                                                                                                                                                                                                                                                          | 41                   |                                                                                                              |                                                                                                                                          |
| <b>42a</b>                                                                                                                                                                                                                                                                                                                                                                                         | <b>Earned income credit (EIC).</b>                                                                                                                                                                                                                                                                                                        | 42a                  |                                                                                                              |                                                                                                                                          |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                           | Nontaxable combat pay election. <b>42b</b>                                                                                                                                                                                                                                                                                                |                      |                                                                                                              |                                                                                                                                          |
| <b>43</b>                                                                                                                                                                                                                                                                                                                                                                                          | Additional child tax credit. Attach Schedule 8812.                                                                                                                                                                                                                                                                                        | 43                   |                                                                                                              |                                                                                                                                          |
| <b>44</b>                                                                                                                                                                                                                                                                                                                                                                                          | American opportunity credit from Form 8863, line 8.                                                                                                                                                                                                                                                                                       | 44                   |                                                                                                              |                                                                                                                                          |
| <b>45</b>                                                                                                                                                                                                                                                                                                                                                                                          | Net premium tax credit. Attach Form 8962.                                                                                                                                                                                                                                                                                                 | 45                   |                                                                                                              |                                                                                                                                          |
| <b>46</b>                                                                                                                                                                                                                                                                                                                                                                                          | Add lines 40, 41, 42a, 43, 44, and 45. These are your <b>total payments</b> .                                                                                                                                                                                                                                                             | 46                   | 4,270                                                                                                        | 00                                                                                                                                       |
| <b>47</b>                                                                                                                                                                                                                                                                                                                                                                                          | If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you <b>overpaid</b> .                                                                                                                                                                                                                                  | 47                   | 2,621                                                                                                        | 00                                                                                                                                       |
| <b>48a</b>                                                                                                                                                                                                                                                                                                                                                                                         | Amount of line 47 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>                                                                                                                                                                                                                         | 48a                  | 2,621                                                                                                        | 00                                                                                                                                       |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                           | Routing number <span style="border: 1px solid black; padding: 2px;">XXXXXX XXXX</span> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings                                                                                                                                                       |                      |                                                                                                              |                                                                                                                                          |
| <b>d</b>                                                                                                                                                                                                                                                                                                                                                                                           | Account number <span style="border: 1px solid black; padding: 2px;">XXXXXXXXXXXXXXXXXXXXXXXXXXXX</span>                                                                                                                                                                                                                                   |                      |                                                                                                              |                                                                                                                                          |
| <b>49</b>                                                                                                                                                                                                                                                                                                                                                                                          | Amount of line 47 you want <b>applied to your 2017 estimated tax</b> .                                                                                                                                                                                                                                                                    | 49                   |                                                                                                              |                                                                                                                                          |
| <b>50</b>                                                                                                                                                                                                                                                                                                                                                                                          | <b>Amount you owe.</b> Subtract line 46 from line 39. For details on how to pay, see instructions.                                                                                                                                                                                                                                        | 50                   |                                                                                                              |                                                                                                                                          |
| <b>51</b>                                                                                                                                                                                                                                                                                                                                                                                          | Estimated tax penalty (see instructions).                                                                                                                                                                                                                                                                                                 | 51                   |                                                                                                              |                                                                                                                                          |
| Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> <b>Yes</b> . Complete the following. <input type="checkbox"/> <b>No</b>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                              |                                                                                                                                          |
| Designee's name <b>▶</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                           | Phone no. <b>▶</b>   | Personal identification number (PIN) <b>▶</b> <span style="border: 1px solid black; padding: 2px;">  </span> |                                                                                                                                          |
| 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge. |                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                              |                                                                                                                                          |
| Your signature<br><b>Adam E. Brady</b>                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                           | Date<br>1/18/2017    | Your occupation<br>Trainer                                                                                   | Daytime phone number<br>(555) 541-6200                                                                                                   |
| Spouse's signature. If a joint return, <b>both</b> must sign.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                           | Date                 | Spouse's occupation                                                                                          | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <span style="border: 1px solid black; padding: 2px;">  </span> |
| Print/type preparer's name                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                           | Preparer's signature | Date                                                                                                         | Check <input type="checkbox"/> if self-employed PTIN                                                                                     |
| Firm's name <b>▶</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                           | Firm's EIN <b>▶</b>  |                                                                                                              |                                                                                                                                          |
| Firm's address <b>▶</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                           | Phone no.            |                                                                                                              |                                                                                                                                          |

**Line 28**  
**- Line 36**  
**= Income Tax Paid \***

\*If Income Tax Paid is negative, use '0' (zero).



# Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 01-02-2018  
Response Date: 01-02-2018  
Tracking Number: XXXXXXXXXXXX

## Tax Return Transcript

SSN Provided: BBB-BB-BBBB

Tax Period Ending: Dec. 31, 2016

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

NAME(S) SHOWN ON RETURN: ADAM E. BRADY

SSN: BBB-BB-BBBB

SPOUSE SSN:

ADDRESS: 425 MIDWAY  
DURHAM, NC 99999

|                             |                   |
|-----------------------------|-------------------|
| FILING STATUS:              | HEAD OF HOUSEHOLD |
| FORM NUMBER:                | 1040A             |
| CYCLE POSTED:               | 20170502          |
| RECEIVED DATE:              | Apr.15, 2017      |
| REMITTANCE:                 | \$0.00            |
| 6d EXEMPTION NUMBER:        | 2                 |
| DEPENDENT 1 NAME CTRL:..... | BRAD              |
| DEPENDENT 1 SSN:.....       | CCC-CC-CCCC       |
| DEPENDENT 2 NAME CTRL:..... |                   |
| 6c DEPENDENT 2 SSN:.....    |                   |
| DEPENDENT 3 NAME CTRL:..... |                   |
| DEPENDENT 3 SSN:.....       |                   |
| DEPENDENT 4 NAME CTRL:..... |                   |
| DEPENDENT 4 SSN:.....       |                   |
| PTIN:                       |                   |
| PREPARER EIN:               |                   |

### Income

|           |                                                     |             |
|-----------|-----------------------------------------------------|-------------|
| 7         | WAGES, SALARIES, TIPS, ETC:.....                    | \$43,455.00 |
|           | TAXABLE INTEREST INCOME:.....                       | \$0.00      |
| 8b        | TAX-EXEMPT INTEREST:.....                           | \$0.00      |
|           | ORDINARY DIVIDEND INCOME: SCH B:.....               | \$0.00      |
|           | QUALIFIED DIVIDENDS:.....                           | \$0.00      |
|           | CAPITAL GAIN OR LOSS: (Schedule D):.....            | \$0.00      |
|           | CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....     | \$0.00      |
| 11a - 11b | TOTAL IRA DISTRIBUTIONS:.....                       | \$0.00      |
|           | TAXABLE IRA DISTRIBUTIONS:.....                     | \$0.00      |
| 12a - 12b | TOTAL PENSIONS AND ANNUITIES:.....                  | \$0.00      |
|           | TAXABLE PENSION/ANNUITY AMOUNT:.....                | \$0.00      |
|           | UNEMPLOYMENT COMPENSATION:.....                     | \$0.00      |
|           | TOTAL SOCIAL SECURITY BENEFITS:.....                | \$0.00      |
|           | TAXABLE SOCIAL SECURITY BENEFITS:.....              | \$0.00      |
|           | TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:..... | \$0.00      |
|           | SCH EIC DISQUALIFIED INC COMPUTER:.....             | \$0.00      |
|           | TOTAL INCOME:.....                                  | \$43,455.00 |
|           | TOTAL INCOME PER COMPUTER:.....                     | \$43,455.00 |

### Adjustments to Income

|    |                                           |        |
|----|-------------------------------------------|--------|
|    | EDUCATOR EXPENSES:.....                   | \$0.00 |
|    | EDUCATOR EXPENSES PER COMPUTER:.....      | \$0.00 |
|    | EARLY WITHDRAWAL OF SAVINGS PENALTY:..... | \$0.00 |
|    | IRA DEDUCTION:.....                       | \$0.00 |
| 17 | IRA DEDUCTION PER COMPUTER:.....          | \$0.00 |

STUDENT LOAN INTEREST DEDUCTION:.....\$0.00  
 STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....\$0.00  
 TUITION AND FEES DEDUCTION:.....\$0.00  
 TUITION AND FEES DEDUCTION PER COMPUTER:.....\$0.00  
 TOTAL ADJUSTMENTS:.....\$0.00  
 TOTAL ADJUSTMENTS PER COMPUTER:.....\$0.00  
 ADJUSTED GROSS INCOME:.....\$43,455.00  
 (21) ADJUSTED GROSS INCOME PER COMPUTER:.....\$43,455.00

**Tax and Credits**

65-OR-OVER:.....NO  
 BLIND:.....NO  
 SPOUSE 65-OR-OVER:.....NO  
 SPOUSE BLIND:.....NO  
 EXEMPTION AMOUNT PER COMPUTER:.....\$8,100.00  
 TAXABLE INCOME:.....\$26,055.00  
 TAXABLE INCOME PER COMPUTER:.....\$26,055.00  
 TENTATIVE TAX:.....\$3,249.00  
 \* TENTATIVE TAX PER COMPUTER:.....\$3,249.00  
 EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....\$0.00  
 EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....\$0.00  
 CHILD & DEPENDENT CARE CREDIT:.....\$600.00  
 CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....\$600.00  
 CREDIT FOR ELDERLY AND DISABLED:.....\$0.00  
 CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....\$0.00  
 EDUCATION CREDIT:.....\$0.00  
 (33) EDUCATION CREDIT PER COMPUTER:.....\$0.00  
 GROSS EDUCATION CREDIT PER COMPUTER:.....\$0.00  
 RETIREMENT SAVINGS CNTRB CREDIT:.....\$0.00  
 RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:.....\$0.00  
 PRIM RET SAV CNTRB: F8880 LN6A:.....\$0.00  
 SEC RET SAV CNTRB: F8880 LN6B:.....\$0.00  
 CHILD TAX CREDIT:.....\$1,000.00  
 CHILD TAX CREDIT PER COMPUTER:.....\$1,000.00  
 ADOPTION CREDIT: F8839:.....\$0.00  
 ADOPTION CREDIT PER COMPUTER:.....\$0.00  
 TOTAL CREDITS:.....\$1,600.00  
 \*\* TOTAL CREDITS PER COMPUTER:.....\$1,600.00

**Other Taxes**

OTHER TAXES PER COMPUTER:.....\$0.00  
 TOTAL TAX LIABILITY TP FIGURES:.....\$1,649.00  
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$1,649.00

\* "Tentative Tax Per Computer"  
 — \*\* "Total Credits Per Computer"  
 = \*\*\* Income Tax Paid

(28 - 36)

**Payments**

FEDERAL INCOME TAX WITHHELD:.....\$4,270.00  
 HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....\$0.00  
 HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....1  
 ESTIMATED TAX PAYMENTS:.....\$0.00  
 OTHER PAYMENT CREDIT AMOUNT:.....\$0.00  
 REFUNDABLE EDUCATION CREDIT:.....\$0.00  
 REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$0.00  
 REFUNDABLE EDUCATION CREDIT VERIFIED:.....\$0.00  
 EARNED INCOME CREDIT:.....\$0.00  
 EARNED INCOME CREDIT PER COMPUTER:.....\$0.00  
 EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....\$0.00  
 SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....\$0.00  
 SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....\$0.00  
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....\$0.00

\*\*\*If Income Tax Paid is negative, use '0' (zero).

SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....\$0.00  
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....\$0.00  
 PREMIUM TAX CREDIT AMOUNT:.....\$0.00  
 PREMIUM TAX CREDIT VERIFIED AMOUNT:.....\$0.00  
 SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00  
 TOTAL PAYMENTS:.....\$4,270.00  
 TOTAL PAYMENTS PER COMPUTER:.....\$4,270.00

**Refund or Amount Owed**

REFUND AMOUNT:.....\$-2,621.00  
 APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....\$0.00  
 ESTIMATED TAX PENALTY:.....\$0.00  
 BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$-2,621.00  
 BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$-2,621.00  
 FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

**Third Party Designee**

THIRD PARTY DESIGNEE ID NUMBER:.....  
 AUTHORIZATION INDICATOR:.....0  
 THIRD PARTY DESIGNEE NAME:.....

**Form 2441--Child and Dependent Care Expenses**

PROV NAME CNTRL:.....ALPH  
 CARE PROV SSN:.....XXX-XX-XXXX  
 DEPENDENT CARE EMPLOYER BENEFITS AMT:.....\$0.00  
 QUALIFIED EXPENSES EMPLOYER INCURRED AMT:.....\$0.00  
 DEPENDENT CARE EXCLUSION AMOUNT:.....\$0.00

**PART II CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES**

NUMBER OF QUALIFYING PERSONS:.....1  
 SSNS NOT REQ'D IND:.....0  
 CHILD 1 NAME CONTROL:.....BRAD  
 CHILD 1 SSN:.....CCC-CC-CCCC  
 CHILD 1 QUALIFIED EXPENSE:.....\$9,116.00  
 CHILD 2 NAME CONTROL:.....  
 CHILD 2 SSN:.....  
 CHILD 2 QUALIFIED EXPENSE:.....\$0.00  
 AMOUNT OF QUALIFIED EXPENSES:.....\$3,000.00  
 EARNED INCOME-PRIMARY:.....\$43,455.00  
 EARNED INCOME-SECONDARY:.....\$43,455.00  
 PRIOR YEAR CHILD CARE EXPENSES:.....\$0.00  
 PRIOR YEAR CHILD CARE EXPENSES PER COMPUTER:.....\$0.00  
 CHILD AND DEPENDENT CARE BASE AMOUNT PER COMPUTER:.....\$3,000.00

**PART III DEPENDENT CARE BENEFITS**

DEPENDENT CARE EMPLOYER BENEFITS:.....\$0.00  
 QUALIFIED EXPENSES EMPLOYER INCURRED:.....\$0.00  
 DEPENDENT CARE EXCLUDED BENEFITS:.....\$0.00  
 GROSS CHILD CARE CREDIT PER COMPUTER:.....\$600.00  
 TOTAL QUALIFYING EXPENSES PER COMPUTER:.....\$3,000.00

**Form 8863 - Education Credits (Hope and Lifetime Learning Credits)****PART III - ALLOWABLE EDUCATION CREDITS**

GROSS EDUCATION CR PER COMPUTER:.....\$0.00  
 TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00  
 TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00

This Product Contains Sensitive Taxpayer Data

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# Sample IRS Form 1040: Ernie and Babs Weston

| <b>Form 1040</b> Department of the Treasury—Internal Revenue Service (99) <b>2016</b> U.S. Individual Income Tax Return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                                                                                                            | OMB No. 1545-0074                                                                                                                                                                                                                                   | IRS Use Only—Do not write or staple in this space. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| For the year Jan. 1–Dec. 31, 2016, or other tax year beginning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Your first name and initial<br><b>Ernie D</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                                                                                                                            | Last name<br><b>Weston</b>                                                                                                                                                                                                                          |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| If a joint return, spouse's first name and initial<br><b>Babs L</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                            | Last name<br><b>Weston</b>                                                                                                                                                                                                                          |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Home address (number and street). If you have a P.O. box, see instructions.<br><b>2232 Main Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                                                                                        | Apt. no.<br><b>▲</b> Make sure the SSN(s) above and on line 6c are correct.                                                                                                                                                                         |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).<br><b>Eugene, OR 99999</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                        |                                     |                                                                                                                  |                          |  |            |           |                          |                          |            |           |           |                          |                          |           |           |          |                          |                          |                                                                                                                                                                                                                                                                             |          |              |                          |                                                                                                                                                                                                                                                                             |  |  |  |            |  |  |  |            |  |  |  |            |  |              |           |           |          |              |           |           |          |               |           |            |  |               |           |            |  |               |           |           |  |               |           |           |  |               |           |
| Foreign country name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                                                                                                            | Foreign province/state/county                                                                                                                                                                                                                       | Foreign postal code                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>Filing Status</b> <table style="width:100%;"> <tr> <td style="width:50%;"> <b>1</b> <input type="checkbox"/> Single<br/> <b>2</b> <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)<br/> <b>3</b> <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶         </td> <td style="width:50%;"> <b>4</b> <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶<br/> <b>5</b> <input type="checkbox"/> Qualifying widow(er) with dependent child         </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                     |                                                    | <b>1</b> <input type="checkbox"/> Single<br><b>2</b> <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)<br><b>3</b> <input type="checkbox"/> Married filing separately. 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| <b>Exemptions</b> <table style="width:100%;"> <tr> <td style="width:70%;"> <b>6a</b> <input checked="" type="checkbox"/> <b> Yourself.</b> If someone can claim you as a dependent, <b>do not</b> check box 6a . . . . .<br/> <b>b</b> <input checked="" type="checkbox"/> <b> Spouse</b> . . . . .<br/> <b>c Dependents:</b><br/> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">(1) First name</th> <th style="width:30%;">Last name</th> <th style="width:20%;">(2) Dependent's social security number</th> <th style="width:20%;">(3) Dependent's relationship to you</th> <th style="width:10%;">(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> </td> <td style="width:30%;"> <b>Boxes checked on 6a and 6b</b> <b>2</b><br/> <b>No. of children on 6c who:</b><br/>           • lived with you<br/>           • did not live with you due to divorce or separation (see instructions)<br/> <b>Dependents on 6c not entered above</b><br/> <b>Add numbers on lines above ▶</b> <b>2</b> </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                     |                                                    | <b>6a</b> <input checked="" type="checkbox"/> <b> Yourself.</b> If someone can claim you as a dependent, <b>do not</b> check box 6a . . . . .<br><b>b</b> <input checked="" type="checkbox"/> <b> Spouse</b> . . . . .<br><b>c Dependents:</b><br><table border="1" style="width:100%; 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| <b>Income</b> <table style="width:100%;"> <tr> <td style="width:70%;"> <b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .<br/> <b>8a</b> Taxable interest. Attach Schedule B if required . . . . .<br/> <b>b</b> Tax-exempt interest. <b>Do not</b> include on line 8a . . . . . <b>8b</b> <span style="background-color: yellow;"> </span><br/> <b>9a</b> Ordinary dividends. Attach Schedule B if required . . . . .<br/> <b>b</b> Qualified dividends . . . . . <b>9b</b> <span style="background-color: yellow;"> </span><br/> <b>10</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . .<br/> <b>11</b> Alimony received . . . . .<br/> <b>12</b> Business income or (loss). Attach Schedule C or C-EZ . . . . .<br/> <b>13</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/><br/> <b>14</b> Other gains or (losses). Attach Form 4797 . . . . .<br/> <b>15a</b> IRA distributions . . . . . <b>15a</b> <span style="background-color: yellow;"> </span> <b>b</b> Taxable amount . . . . . <b>15b</b> <span style="background-color: yellow;"> </span><br/> <b>16a</b> Pensions and annuities <b>16a</b> <span style="background-color: yellow;"> </span> <b>b</b> Taxable amount . . . . . <b>16b</b> <span style="background-color: yellow;"> </span><br/> <b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .<br/> <b>18</b> Farm income or (loss). Attach Schedule F . . . . .<br/> <b>19</b> Unemployment compensation . . . . .<br/> <b>20a</b> Social security benefits <b>20a</b> <span style="background-color: yellow;"> </span> <b>b</b> Taxable amount . . . . . <b>20b</b> <span style="background-color: yellow;"> </span><br/> <b>21</b> Other income. List type and amount<br/> <b>22</b> Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶         </td> <td style="width:30%;"> <table style="width:100%;"> <tr><td><b>7</b></td><td><b>*</b></td><td><b>70,504</b></td><td><b>00</b></td></tr> <tr><td><b>8a</b></td><td></td><td><b>433</b></td><td><b>00</b></td></tr> <tr><td><b>9a</b></td><td></td><td></td><td></td></tr> <tr><td><b>10</b></td><td></td><td><b>815</b></td><td><b>00</b></td></tr> <tr><td><b>11</b></td><td></td><td></td><td></td></tr> <tr><td><b>12</b></td><td><b>*</b></td><td><b>(993)</b></td><td><b>00</b></td></tr> <tr><td><b>13</b></td><td></td><td></td><td></td></tr> <tr><td><b>14</b></td><td></td><td></td><td></td></tr> <tr><td><b>15b</b></td><td></td><td></td><td></td></tr> <tr><td><b>16b</b></td><td></td><td></td><td></td></tr> <tr><td><b>17</b></td><td></td><td><b>3,505</b></td><td><b>00</b></td></tr> <tr><td><b>18</b></td><td><b>*</b></td><td></td><td></td></tr> <tr><td><b>19</b></td><td></td><td><b>11,340</b></td><td><b>00</b></td></tr> <tr><td><b>20b</b></td><td></td><td></td><td></td></tr> <tr><td><b>21</b></td><td></td><td></td><td></td></tr> <tr><td><b>22</b></td><td></td><td><b>85,604</b></td><td><b>00</b></td></tr> </table> </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                     |                                                    | <b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .<br><b>8a</b> Taxable interest. Attach Schedule B if required . . . . .<br><b>b</b> Tax-exempt interest. <b>Do not</b> include on line 8a . . . . . <b>8b</b> <span style="background-color: yellow;"> </span><br><b>9a</b> Ordinary dividends. Attach Schedule B if required . . . . .<br><b>b</b> Qualified dividends . . . . . <b>9b</b> <span style="background-color: yellow;"> </span><br><b>10</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . .<br><b>11</b> Alimony received . . . . .<br><b>12</b> Business income or (loss). Attach Schedule C or C-EZ . . . . .<br><b>13</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/><br><b>14</b> Other gains or (losses). Attach Form 4797 . . . . .<br><b>15a</b> IRA distributions . . . . . <b>15a</b> <span style="background-color: yellow;"> </span> <b>b</b> Taxable amount . . . . . <b>15b</b> <span style="background-color: yellow;"> </span><br><b>16a</b> Pensions and annuities <b>16a</b> <span style="background-color: yellow;"> </span> <b>b</b> Taxable amount . . . . . <b>16b</b> <span style="background-color: yellow;"> </span><br><b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .<br><b>18</b> Farm income or (loss). Attach Schedule F . . . . .<br><b>19</b> Unemployment compensation . . . . .<br><b>20a</b> Social security benefits <b>20a</b> <span style="background-color: yellow;"> </span> <b>b</b> Taxable amount . . . . . <b>20b</b> <span style="background-color: yellow;"> </span><br><b>21</b> Other income. List type and amount<br><b>22</b> Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶                                                          | <table style="width:100%;"> <tr><td><b>7</b></td><td><b>*</b></td><td><b>70,504</b></td><td><b>00</b></td></tr> <tr><td><b>8a</b></td><td></td><td><b>433</b></td><td><b>00</b></td></tr> <tr><td><b>9a</b></td><td></td><td></td><td></td></tr> <tr><td><b>10</b></td><td></td><td><b>815</b></td><td><b>00</b></td></tr> <tr><td><b>11</b></td><td></td><td></td><td></td></tr> <tr><td><b>12</b></td><td><b>*</b></td><td><b>(993)</b></td><td><b>00</b></td></tr> <tr><td><b>13</b></td><td></td><td></td><td></td></tr> <tr><td><b>14</b></td><td></td><td></td><td></td></tr> <tr><td><b>15b</b></td><td></td><td></td><td></td></tr> <tr><td><b>16b</b></td><td></td><td></td><td></td></tr> <tr><td><b>17</b></td><td></td><td><b>3,505</b></td><td><b>00</b></td></tr> <tr><td><b>18</b></td><td><b>*</b></td><td></td><td></td></tr> <tr><td><b>19</b></td><td></td><td><b>11,340</b></td><td><b>00</b></td></tr> <tr><td><b>20b</b></td><td></td><td></td><td></td></tr> <tr><td><b>21</b></td><td></td><td></td><td></td></tr> <tr><td><b>22</b></td><td></td><td><b>85,604</b></td><td><b>00</b></td></tr> </table> | <b>7</b>  | <b>*</b>                               | <b>70,504</b>                       | <b>00</b>                                                                                                        | <b>8a</b>                |  | <b>433</b> | <b>00</b> | <b>9a</b>                |                          |            |           | <b>10</b> |                          | <b>815</b>               | <b>00</b> | <b>11</b> |          |                          |                          | <b>12</b>                                                                                                                                                                                                                                                                   | <b>*</b> | <b>(993)</b> | <b>00</b>                | <b>13</b>                                                                                                                                                                                                                                                                   |  |  |  | <b>14</b>  |  |  |  | <b>15b</b> |  |  |  | <b>16b</b> |  |              |           | <b>17</b> |          | <b>3,505</b> | <b>00</b> | <b>18</b> | <b>*</b> |               |           | <b>19</b>  |  | <b>11,340</b> | <b>00</b> | <b>20b</b> |  |               |           | <b>21</b> |  |               |           | <b>22</b> |  | <b>85,604</b> | <b>00</b> |
| <b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .<br><b>8a</b> Taxable interest. Attach Schedule B if required . . . . .<br><b>b</b> Tax-exempt interest. <b>Do not</b> include on line 8a . . . . . <b>8b</b> <span style="background-color: yellow;"> </span><br><b>9a</b> Ordinary dividends. Attach Schedule B if required . . . . .<br><b>b</b> Qualified dividends . . . . . <b>9b</b> <span style="background-color: yellow;"> </span><br><b>10</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . .<br><b>11</b> Alimony received . . . . .<br><b>12</b> Business income or (loss). Attach Schedule C or C-EZ . . . . .<br><b>13</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/><br><b>14</b> Other gains or (losses). Attach Form 4797 . . . . .<br><b>15a</b> IRA distributions . . . . . <b>15a</b> <span style="background-color: yellow;"> </span> <b>b</b> Taxable amount . . . . . <b>15b</b> <span style="background-color: yellow;"> </span><br><b>16a</b> Pensions and annuities <b>16a</b> <span style="background-color: yellow;"> </span> <b>b</b> Taxable amount . . . . . <b>16b</b> <span style="background-color: yellow;"> </span><br><b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .<br><b>18</b> Farm income or (loss). Attach Schedule F . . . . .<br><b>19</b> Unemployment compensation . . . . .<br><b>20a</b> Social security benefits <b>20a</b> <span style="background-color: yellow;"> </span> <b>b</b> Taxable amount . . . . . <b>20b</b> <span style="background-color: yellow;"> </span><br><b>21</b> Other income. List type and amount<br><b>22</b> Combine the amounts in the far right column for lines 7 through 21. 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| <b>00</b> | <b>11</b> |                          |                          |           | <b>12</b> | <b>*</b> | <b>(993)</b>             | <b>00</b>                | <b>13</b>                                                                                                                                                                                                                                                                   |          |              |                          | <b>14</b>                                                                                                                                                                                                                                                                   |  |  |  | <b>15b</b> |  |  |  | <b>16b</b> |  |  |  | <b>17</b>  |  | <b>3,505</b> | <b>00</b> | <b>18</b> | <b>*</b> |              |           | <b>19</b> |          | <b>11,340</b> | <b>00</b> | <b>20b</b> |  |               |           | <b>21</b>  |  |               |           | <b>22</b> |  | <b>85,604</b> | <b>00</b> |           |  |               |           |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <b>12</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>13</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>14</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>15b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>16b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>17</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>18</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>20b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>22</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>Adjusted Gross Income</b> <table style="width:100%;"> <tr> <td style="width:70%;"> <b>23</b> Educator expenses . . . . . <b>23</b> <span style="background-color: yellow;"> </span><br/> <b>24</b> Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ <b>24</b> <span style="background-color: yellow;"> </span><br/> <b>25</b> Health savings account deduction. Attach Form 8889 . . . . . <b>25</b> <span style="background-color: yellow;"> </span><br/> <b>26</b> Moving expenses. Attach Form 3903 . . . . . <b>26</b> <span style="background-color: yellow;"> </span><br/> <b>27</b> Deductible part of self-employment tax. Attach Schedule SE . . . . . <b>27</b> <span style="background-color: yellow;"> </span><br/> <b>28</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>28</b> <span style="background-color: yellow;"> </span><br/> <b>29</b> Self-employed health insurance deduction . . . . . <b>29</b> <span style="background-color: yellow;"> </span><br/> <b>30</b> Penalty on early withdrawal of savings . . . . . <b>30</b> <span style="background-color: yellow;"> </span><br/> <b>31a</b> Alimony paid <b>b</b> Recipient's SSN ▶ <span style="background-color: yellow;"> </span> <b>31a</b> <span style="background-color: yellow;"> </span><br/> <b>32</b> IRA deduction . . . . . <b>32</b> <span style="background-color: yellow;"> </span><br/> <b>33</b> Student loan interest deduction . . . . . <b>33</b> <span style="background-color: yellow;"> </span><br/> <b>34</b> Tuition and fees. Attach Form 8917. . . . . <b>34</b> <span style="background-color: yellow;"> </span><br/> <b>35</b> Domestic production activities deduction. Attach Form 8903 <b>35</b> <span style="background-color: yellow;"> </span><br/> <b>36</b> Add lines 23 through 35 . . . . . <b>36</b> <span style="background-color: yellow;"> </span><br/> <b>37</b> Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶         </td> <td style="width:30%;"> <table style="width:100%;"> <tr><td><b>23</b></td><td></td><td></td><td></td></tr> <tr><td><b>24</b></td><td></td><td></td><td></td></tr> <tr><td><b>25</b></td><td></td><td></td><td></td></tr> <tr><td><b>26</b></td><td></td><td></td><td></td></tr> <tr><td><b>27</b></td><td></td><td></td><td></td></tr> <tr><td><b>28</b></td><td></td><td></td><td></td></tr> <tr><td><b>29</b></td><td></td><td></td><td></td></tr> <tr><td><b>30</b></td><td></td><td></td><td></td></tr> <tr><td><b>31a</b></td><td></td><td></td><td></td></tr> <tr><td><b>32</b></td><td></td><td></td><td></td></tr> <tr><td><b>33</b></td><td></td><td></td><td></td></tr> <tr><td><b>34</b></td><td></td><td></td><td></td></tr> <tr><td><b>35</b></td><td></td><td></td><td></td></tr> <tr><td><b>36</b></td><td></td><td><b>0</b></td><td><b>00</b></td></tr> <tr><td><b>37</b></td><td></td><td><b>85,604</b></td><td><b>00</b></td></tr> </table> </td> </tr> </table>                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                     |                                                    | <b>23</b> Educator expenses . . . . . <b>23</b> <span style="background-color: yellow;"> </span><br><b>24</b> Certain business expenses of reservists, performing artists, and fee-basis government officials. 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| <b>23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>27</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>28</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>29</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>30</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>31a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>32</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>33</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>34</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>35</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>36</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>37</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2016)

\*Income earned from work is the sum of lines 7, 12, and 18 for form 1040, and box 14 (Code A) of the Schedule K-1 for form 1065.  
 If any of these values are negative, treat them as zero when determining the income earned from work. Source: 2018-2019 FSA Handbook, p. AVG-14.

|                                                                                       |                                                                                                                                                                                                                                                                                                                    |                      |                                        |                                                                                                                                                               |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Third Party Designee</b>                                                           | Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> <b>Yes.</b> Complete below. <input checked="" type="checkbox"/> <b>No</b>                                                                                                                     |                      |                                        |                                                                                                                                                               |
|                                                                                       | Designee's name ▶                                                                                                                                                                                                                                                                                                  | Phone no. ▶          | Personal identification number (PIN) ▶ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                                                           |
| <b>Sign Here</b><br><br>Joint return? See instructions. Keep a copy for your records. | 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. |                      |                                        |                                                                                                                                                               |
|                                                                                       | Your signature<br><i>Ernie D. Weston</i>                                                                                                                                                                                                                                                                           | Date<br>2/01/2017    | Your occupation<br>Systems Analyst     | Daytime phone number<br>(555) 221-3498                                                                                                                        |
|                                                                                       | Spouse's signature. If a joint return, <b>both</b> must sign.<br><i>Babs L. Weston</i>                                                                                                                                                                                                                             | Date<br>2/01/2017    | Spouse's occupation<br>Piano Teacher   | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                       | Print/Type preparer's name                                                                                                                                                                                                                                                                                         | Preparer's signature | Date                                   | Check <input type="checkbox"/> if self-employed PTIN <input type="text"/>                                                                                     |
| <b>Paid Preparer Use Only</b>                                                         | Firm's name ▶                                                                                                                                                                                                                                                                                                      | Firm's EIN ▶         |                                        |                                                                                                                                                               |
|                                                                                       | Firm's address ▶                                                                                                                                                                                                                                                                                                   | Phone no. ▶          |                                        |                                                                                                                                                               |

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# Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 06-11-2017  
 Response Date: 06-11-2017  
 Tracking Number: XXXXXXXXXXXX

## Tax Return Transcript

SSN Provided: HHH-HH-HHHH  
 Tax Period Ending: Dec. 31, 2016

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: HHH-HH-HHHH  
 SPOUSE SSN: III-II-IIII

NAME(S) SHOWN ON RETURN: ERNIE D &amp; BABS L WESTON

ADDRESS: 2232 MAIN ST  
 EUGENE, OR 99999

FILING STATUS: MARRIED FILING JOINT  
 FORM NUMBER: 1040  
 CYCLE POSTED: 20171005  
 RECEIVED DATE: Apr. 15, 2017  
 REMITTANCE: \$0.00  
 EXEMPTION NUMBER: 2  
 DEPENDENT 1 NAME CTRL:  
 DEPENDENT 1 SSN:  
 DEPENDENT 2 NAME CTRL:  
 DEPENDENT 2 SSN:  
 DEPENDENT 3 NAME CTRL:  
 DEPENDENT 3 SSN:  
 DEPENDENT 4 NAME CTRL:  
 DEPENDENT 4 SSN:  
 PTIN:  
 PREPARER EIN:

### Income

7 \* WAGES, SALARIES, TIPS, ETC:.....\$70,504.00  
 TAXABLE INTEREST INCOME: SCH B:.....\$433.00  
 8b TAX-EXEMPT INTEREST:.....\$0.00  
 ORDINARY DIVIDEND INCOME: SCH B:.....\$0.00  
 QUALIFIED DIVIDENDS:.....\$0.00  
 REFUNDS OF STATE/LOCAL TAXES:.....\$815.00  
 ALIMONY RECEIVED:.....\$0.00  
 BUSINESS INCOME OR LOSS (Schedule C):.....\$-993.00  
 12 \* BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....\$-993.00  
 CAPITAL GAIN OR LOSS: (Schedule D):.....\$0.00  
 CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....\$0.00  
 OTHER GAINS OR LOSSES (Form 4797):.....\$0.00  
 15a - 15b TOTAL IRA DISTRIBUTIONS:.....\$0.00  
 TAXABLE IRA DISTRIBUTIONS:.....\$0.00  
 16a - 16b TOTAL PENSIONS AND ANNUITIES:.....\$0.00  
 TAXABLE PENSION/ANNUITY AMOUNT:.....\$0.00  
 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):.....\$3,505.00  
 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:.....\$3,505.00  
 RENT/ROYALTY INCOME/LOSS PER COMPUTER:.....\$3,505.00  
 ESTATE/TRUST INCOME/LOSS PER COMPUTER:.....\$0.00  
 PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER PER COMPUTER:.....\$0.00  
 FARM INCOME OR LOSS (Schedule F):.....\$0.00  
 18 \* FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....\$0.00  
 UNEMPLOYMENT COMPENSATION:.....\$11,340.00

\*Income earned from work is the sum of lines 7, 12, and 18 for form 1040, and box 14 (Code A) of the Schedule K-1 for form 1065.

If any of these values are negative, treat them as zero when determining the income earned from work. Source: 2018-2019 FSA Handbook, p. AVG-14.

|                                                |             |
|------------------------------------------------|-------------|
| TOTAL SOCIAL SECURITY BENEFITS:                | \$0.00      |
| TAXABLE SOCIAL SECURITY BENEFITS:              | \$0.00      |
| TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER: | \$0.00      |
| OTHER INCOME:                                  | \$0.00      |
| SCHEDULE EIC SE INCOME PER COMPUTER:           | \$0.00      |
| SCHEDULE EIC EARNED INCOME PER COMPUTER:       | \$0.00      |
| SCH EIC DISQUALIFIED INC COMPUTER:             | \$0.00      |
| TOTAL INCOME:                                  | \$85,604.00 |
| TOTAL INCOME PER COMPUTER:                     | \$85,604.00 |

#### Adjustments to Income

|                                                |             |
|------------------------------------------------|-------------|
| EDUCATOR EXPENSES:                             | \$0.00      |
| EDUCATOR EXPENSES PER COMPUTER:                | \$0.00      |
| RESERVIST AND OTHER BUSINESS EXPENSE:          | \$0.00      |
| HEALTH SAVINGS ACCT DEDUCTION:                 | \$0.00      |
| (25) HEALTH SAVINGS ACCT DEDUCTION PER COMPTR: | \$0.00      |
| MOVING EXPENSES: F3903:                        | \$0.00      |
| SELF EMPLOYMENT TAX DEDUCTION:                 | \$0.00      |
| SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:    | \$0.00      |
| SELF EMPLOYMENT TAX DEDUCTION VERIFIED:        | \$0.00      |
| (28) KEOGH/SEP CONTRIBUTION DEDUCTION:         | \$0.00      |
| SELF-EMP HEALTH INS DEDUCTION:                 | \$0.00      |
| EARLY WITHDRAWAL OF SAVINGS PENALTY:           | \$0.00      |
| ALIMONY PAID SSN:                              | \$0.00      |
| ALIMONY PAID:                                  | \$0.00      |
| IRA DEDUCTION:                                 | \$0.00      |
| (32) IRA DEDUCTION PER COMPUTER:               | \$0.00      |
| STUDENT LOAN INTEREST DEDUCTION:               | \$0.00      |
| STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:  | \$0.00      |
| STUDENT LOAN INTEREST DEDUCTION VERIFIED:      | \$0.00      |
| TUITION AND FEES DEDUCTION:                    | \$0.00      |
| TUITION AND FEES DEDUCTION PER COMPUTER:       | \$0.00      |
| DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:      | \$0.00      |
| OTHER ADJUSTMENTS:                             | \$0.00      |
| ARCHER MSA DEDUCTION:                          | \$0.00      |
| ARCHER MSA DEDUCTION PER COMPUTER:             | \$0.00      |
| TOTAL ADJUSTMENTS:                             | \$0.00      |
| TOTAL ADJUSTMENTS PER COMPUTER:                | \$0.00      |
| ADJUSTED GROSS INCOME:                         | \$85,604.00 |
| (37) ADJUSTED GROSS INCOME PER COMPUTER:       | \$85,604.00 |

#### Tax and Credits

|                                                              |             |
|--------------------------------------------------------------|-------------|
| 65-OR-OVER:                                                  | NO          |
| BLIND:                                                       | NO          |
| SPOUSE 65-OR-OVER:                                           | NO          |
| SPOUSE BLIND:                                                | NO          |
| STANDARD DEDUCTION PER COMPUTER:                             | \$0.00      |
| ADDITIONAL STANDARD DEDUCTION PER COMPUTER:                  | \$0.00      |
| TAX TABLE INCOME PER COMPUTER:                               | \$62,483.00 |
| EXEMPTION AMOUNT PER COMPUTER:                               | \$8,100.00  |
| TAXABLE INCOME:                                              | \$54,383.00 |
| TAXABLE INCOME PER COMPUTER:                                 | \$54,383.00 |
| TOTAL POSITIVE INCOME PER COMPUTER:                          | \$86,597.00 |
| TENTATIVE TAX:                                               | \$7,229.00  |
| TENTATIVE TAX PER COMPUTER:                                  | \$7,229.00  |
| FORM 8814 ADDITIONAL TAX AMOUNT:                             | \$0.00      |
| TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:              | \$0.00      |
| FORM 6251 ALTERNATIVE MINIMUM TAX:                           | \$0.00      |
| FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:              | \$0.00      |
| FOREIGN TAX CREDIT:                                          | \$0.00      |
| FOREIGN TAX CREDIT PER COMPUTER:                             | \$0.00      |
| FOREIGN INCOME EXCLUSION PER COMPUTER:                       | \$0.00      |
| FOREIGN INCOME EXCLUSION TAX PER COMPUTER:                   | \$0.00      |
| ** EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:       | \$0.00      |
| EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT: | \$0.00      |
| CHILD & DEPENDENT CARE CREDIT:                               | \$0.00      |
| CHILD & DEPENDENT CARE CREDIT PER COMPUTER:                  | \$0.00      |
| CREDIT FOR ELDERLY AND DISABLED:                             | \$0.00      |

\*\*See next page.

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CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....\$0.00  
EDUCATION CREDIT:.....\$0.00  
EDUCATION CREDIT PER COMPUTER:.....\$0.00  
GROSS EDUCATION CREDIT PER COMPUTER:.....\$0.00  
RETIREMENT SAVINGS CNTRB CREDIT:.....\$0.00  
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:.....\$0.00  
PRIM RET SAV CNTRB: F8880 LN6A:.....\$0.00  
SEC RET SAV CNTRB: F8880 LN6B:.....\$0.00  
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:.....\$0.00  
RESIDENTIAL ENERGY CREDIT:.....\$0.00  
RESIDENTIAL ENERGY CREDIT PER COMPUTER:.....\$0.00  
CHILD TAX CREDIT:.....\$0.00  
CHILD TAX CREDIT PER COMPUTER:.....\$0.00  
ADOPTION CREDIT: F8839:.....\$0.00  
ADOPTION CREDIT PER COMPUTER:.....\$0.00  
FORM 8396 MORTGAGE CERTIFICATE CREDIT:.....\$0.00  
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:.....\$0.00  
F3800, F8801 AND OTHER CREDIT AMOUNT:.....\$0.00  
FORM 3800 GENERAL BUSINESS CREDITS:.....\$0.00  
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:.....\$0.00  
PRIOR YR MIN TAX CREDIT: F8801:.....\$0.00  
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:.....\$0.00  
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:.....\$0.00  
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:.....\$0.00  
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:.....\$0.00  
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:.....\$0.00  
OTHER CREDITS:.....\$0.00  
TOTAL CREDITS:.....\$0.00  
TOTAL CREDITS PER COMPUTER:.....\$0.00  
\*\*\* INCOME TAX AFTER CREDITS PER COMPUTER:.....\$7,229.00

\*\*\* "Income Tax After Credits Per Computer"

- \*\* "Excess Advance Premium Tax Credit Repayment Amount"

= \*\*\*\* Income Tax Paid

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## Other Taxes

SE TAX:.....\$0.00  
SE TAX PER COMPUTER:.....\$0.00  
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:.....\$0.00  
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....\$0.00  
TAX ON QUALIFIED PLANS F5329 (PR):.....\$0.00  
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....\$0.00  
IRAF TAX PER COMPUTER:.....\$0.00  
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....\$7,229.00  
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....\$7,229.00  
OTHER TAXES PER COMPUTER:.....\$0.00  
UNPAID FICA ON REPORTED TIPS:.....\$0.00  
OTHER TAXES:.....\$0.00  
RECAPTURE TAX: F8611:.....\$0.00  
HEALTH CARE RESPONSIBILITY PENALTY:.....\$0.00  
HEALTH CARE RESPONSIBILITY PENALTY VERIFIED:.....\$0.00  
HOUSEHOLD EMPLOYMENT TAXES:.....\$0.00  
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....\$0.00  
RECAPTURE TAXES:.....\$0.00  
TOTAL ASSESSMENT PER COMPUTER:.....\$7,229.00  
TOTAL TAX LIABILITY TP FIGURES:.....\$7,229.00  
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$7,229.00

## Payments

FEDERAL INCOME TAX WITHHELD:.....\$12,242.00  
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....\$0.00  
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....1  
ESTIMATED TAX PAYMENTS:.....\$0.00  
OTHER PAYMENT CREDIT:.....\$0.00  
REFUNDABLE EDUCATION CREDIT:.....\$0.00  
REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$0.00  
REFUNDABLE EDUCATION CREDIT VERIFIED:.....\$0.00  
EARNED INCOME CREDIT:.....\$0.00  
EARNED INCOME CREDIT PER COMPUTER:.....\$0.00

\*\*\*\*If Income Tax Paid is negative, use '0' (zero).

|                                                                |             |
|----------------------------------------------------------------|-------------|
| EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....               | \$0.00      |
| SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....                      | \$0.00      |
| EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:.....               | \$0.00      |
| SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....                   | \$0.00      |
| SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....                | \$0.00      |
| SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....   | \$0.00      |
| SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....       | \$0.00      |
| AMOUNT PAID WITH FORM 4868:.....                               | \$0.00      |
| FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....            | \$0.00      |
| FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....                | \$0.00      |
| FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....   | \$0.00      |
| HEALTH COVERAGE TX CR: F8885:.....                             | \$0.00      |
| PREMIUM TAX CREDIT AMOUNT:.....                                | \$0.00      |
| PREMIUM TAX CREDIT VERIFIED AMOUNT:.....                       | \$0.00      |
| PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....        | \$0.00      |
| SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....      | \$0.00      |
| FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....             | \$0.00      |
| FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:..... | \$0.00      |
| SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....             | \$0.00      |
| SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....         | \$0.00      |
| FORM 2439 AND OTHER CREDITS:.....                              | \$0.00      |
| TOTAL PAYMENTS:.....                                           | \$12,242.00 |
| TOTAL PAYMENTS PER COMPUTER:.....                              | \$12,242.00 |

#### Refund or Amount Owed

|                                                    |             |
|----------------------------------------------------|-------------|
| REFUND AMOUNT:.....                                | \$-5,013.00 |
| APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....         | \$0.00      |
| ESTIMATED TAX PENALTY:.....                        | \$0.00      |
| TAX ON INCOME LESS STATE REFUND PER COMPUTER:..... | \$0.00      |
| BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....  | \$-5,013.00 |
| BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....     | \$-5,013.00 |
| FORM 8888 TOTAL REFUND PER COMPUTER:.....          | \$0.00      |

#### Third Party Designee

|                                      |   |
|--------------------------------------|---|
| THIRD PARTY DESIGNEE ID NUMBER:..... |   |
| AUTHORIZATION INDICATOR:.....        | 0 |
| THIRD PARTY DESIGNEE NAME:.....      |   |

#### Schedule A--Itemized Deductions

##### MEDICAL/DENTAL

|                                                                 |            |
|-----------------------------------------------------------------|------------|
| MEDICAL AND DENTAL EXPENSES:.....                               | \$0.00     |
| ADJUSTED GROSS INCOME PERCENTAGE:.....                          | \$0.00     |
| ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 10 PERCENT:.....  | \$8,560.00 |
| ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 7.5 PERCENT:..... | \$6,420.00 |
| NET MEDICAL DEDUCTION:.....                                     | \$0.00     |
| NET MEDICAL DEDUCTION PER COMPUTER:.....                        | \$0.00     |

##### TAXES PAID

|                                       |             |
|---------------------------------------|-------------|
| STATE AND LOCAL INCOME TAXES:.....    | \$5,654.00  |
| INCOME TAX OR GENERAL SALES TAX:..... | \$0.00      |
| REAL ESTATE TAXES:.....               | \$5,316.00  |
| PERSONAL PROPERTY TAXES:.....         | \$0.00      |
| OTHER TAXES AMOUNT:.....              | \$0.00      |
| SCH A TAX DEDUCTIONS:.....            | \$10,970.00 |
| SCH A TAX PER COMPUTER:.....          | \$10,970.00 |

##### INTEREST PAID

|                                             |             |
|---------------------------------------------|-------------|
| MORTGAGE INTEREST (FINANCIAL):.....         | \$9,723.00  |
| MORTGAGE INTEREST (INDIVIDUAL):.....        | \$0.00      |
| DEDUCTIBLE POINTS:.....                     | \$0.00      |
| QUALIFIED MORTGAGE INSURANCE PREMIUMS:..... | \$1,958.00  |
| DEDUCTIBLE INVESTMENT INTEREST:.....        | \$0.00      |
| TOTAL INTEREST DEDUCTION:.....              | \$11,681.00 |
| TOTAL INTEREST DEDUCTION PER COMPUTER:..... | \$11,681.00 |

## CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS:.....\$130.00  
OTHER THAN CASH: Form 8283:.....\$340.00  
CARRYOVER FROM PRIOR YEAR:.....\$0.00  
SCH A TOTAL CONTRIBUTIONS:.....\$470.00  
SCH A TOTAL CONTRIBUTIONS PER COMPUTER:.....\$470.00

## CASUALTY AND THEFT LOSS

CASUALTY OR THEFT LOSS:.....\$0.00

## JOBS AND MISCELLANEOUS

UNREIMBURSED EMPLOYEE EXPENSE AMOUNT:.....\$0.00  
TOTAL LIMITED MISC EXPENSES:.....\$0.00  
NET LIMITED MISC DEDUCTION:.....\$0.00  
NET LIMITED MISC DEDUCTION PER COMPUTER:.....\$0.00

## OTHER MISCELLANEOUS

OTHER THAN GAMBLING AMOUNT:.....\$0.00  
OTHER MISC DEDUCTIONS:.....\$0.00

## TOTAL ITEMIZED DEDUCTIONS

TOTAL ITEMIZED DEDUCTIONS:.....\$23,121.00  
TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$23,121.00  
RECOMPUTED TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$0.00  
ELECT ITEMIZED DEDUCTION INDICATOR:.....  
SCH A ITEMIZED PERCENTAGE PER COMPUTER:.....\$0.00

## Schedule C--Profit or Loss From Business

SOCIAL SECURITY NUMBER:.....III-II-IIII  
EMPLOYER ID NUMBER:.....  
BUSINESS NAME:.....MUSIC MASTERY INC  
DESCRIPTION OF BUSINESS/PROFESSION:.....PIANO TEACHER TEACHI  
NAICS CODE:.....611610  
ACCT MTHD:.....Other  
FIRST TIME SCHEDULE C FILED:.....N  
STATUTORY EMPLOYEE IND:.....N

## INCOME

GROSS RECEIPTS OR SALES:.....\$1,500.00  
RETURNS AND ALLOWANCES:.....\$0.00  
NET GROSS RECEIPTS:.....\$1,500.00  
COST OF GOODS SOLD:.....\$0.00  
SCHEDULE C FORM 1099 REQUIRED:.....NO  
SCHEDULE C FORM 1099 FILED:.....NONE  
OTHER INCOME:.....\$0.00

## EXPENSES

CAR AND TRUCK EXPENSES:.....\$348.00  
DEPRECIATION:.....\$0.00  
INSURANCE (OTHER THAN HEALTH):.....\$0.00  
MORTGAGE INTEREST:.....\$0.00  
LEGAL AND PROFESSIONAL SERVICES:.....\$0.00  
REPAIRS AND MAINTENANCE:.....\$0.00  
TRAVEL:.....\$676.00  
MEALS AND ENTERTAINMENT:.....\$7.00  
WAGES:.....\$0.00  
OTHER EXPENSES:.....\$0.00  
TOTAL EXPENSES:.....\$2,493.00  
EXP FOR BUSINESS USE OF HOME:.....\$0.00  
SCH C NET PROFIT OR LOSS PER COMPUTER:.....\$-993.00  
AT RISK CD:.....  
OFFICE EXPENSE AMOUNT:.....\$305.00  
UTILITIES EXPENSE AMOUNT:.....\$0.00

COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR:.....\$0.00  
INVENTORY AT END OF YEAR:.....\$0.00

**Schedule E--Supplemental Income and Loss**

INCOME OR LOSS FROM RENTAL REAL ESTATE AND ROYALTIES

SCHEDULE E FORM 1099 REQUIRED:.....No box checked  
SCHEDULE E FORM FILED:.....Neither box checked  
TOTAL RENTS RECEIVED:.....\$0.00  
TOTAL ROYALTIES RECEIVED:.....\$0.00  
TOTAL MORTGAGE INTEREST ALL PROPERTIES:.....\$0.00  
TOTAL DEPRECIATION OR DEPLETION FOR ALL PROPERTIES:.....\$0.00  
TOTAL EXPENSES FOR ALL PROPERTIES:.....\$0.00  
TOTAL RENTAL REAL ESTATE AND ROYALTY INCOME OR LOSS:.....\$0.00  
RENT & ROYALTY INCOME:.....\$3,505.00  
RENT & ROYALTY LOSSES:.....\$0.00  
REPAIRS EXPENSE COLUMN A:.....\$1,613.00  
REPAIRS EXPENSE COLUMN B:.....\$0.00  
REPAIRS EXPENSE COLUMN C:.....\$0.00

INCOME OR LOSS FROM PARTNERSHIPS AND S CORPS

PRTSHP/CORP PASSIVE INCOME:.....\$0.00  
PRTSHP/CORP NONPASSIVE INCOME:.....\$0.00  
PRTSHP/CORP PASSIVE LOSS:.....\$0.00  
PRTSHP/CORP NONPASSIVE LOSS:.....\$0.00  
PARTNERSHIP INCOME:.....\$0.00  
PARTNERSHIP LOSS:.....\$0.00

INCOME OR LOSS FROM ESTATES AND TRUSTS

ESTATE/TRUST PASSIVE INCOME:.....\$0.00  
ESTATE/TRUST PASSIVE LOSS:.....\$0.00  
ESTATE AND TRUST INCOME:.....\$0.00  
ESTATE AND TRUST LOSS:.....\$0.00  
PASSIVE LOSS NOT REPORTED ON F8582:.....N  
SCH K1 ES PAYMENT INDICATOR:.....N

INCOME OR LOSS FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS

REAL ESTATE MORTGAGE INCOME/LOSS:.....\$0.00

SUMMARY

NET FARM RENT INCOME/LOSS:.....\$0.00  
GROSS FARMING & FISHING INCOME:.....\$0.00

**Form 8863 - Education Credits (Hope and Lifetime Learning Credits)**

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$0.00  
TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00  
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00

This Product Contains Sensitive Taxpayer Data

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# Appendices

## Appendix A

**Sample 2016 W-2 Form, Reference Guide for Box 12 Codes, and Sample Form W-2 Wage and Tax Statement**

## Appendix B

**Criteria for 2018-2019 Simplified Needs Formulas and Automatic Zero EFC Calculation**

## Appendix C

**2016 Federal Tax Year: Eligible to File a 1040A/EZ?**

## Appendix D

**Current Year Transcript Availability**

## Appendix E

**References, Resources and Websites – Tax Returns and Transcripts**

# Appendix A

## Sample 2016 W-2 Form

In addition to wages earned, the W-2 form may reveal sources of untaxed income, such as payments to tax-deferred pension and savings plan amounts reported in boxes 12a through 12d, coded D, E, F, G, H and S.

Schools are not required to review income listed in box 14, however if you are aware that a box 14 item should be reported (i.e. clergy parsonage allowances) then you would count that amount as untaxed income.

|                                                     |  |                                                                                                                                                     |  |                                           |  |
|-----------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|
| 22222                                               |  | a Employee's social security number                                                                                                                 |  | OMB No. 1545-0008                         |  |
| b Employer identification number (EIN)              |  | 1 Wages, tips, other compensation<br>57426.94                                                                                                       |  | 2 Federal income tax withheld<br>9565.54  |  |
| c Employer's name, address, and ZIP code            |  | 3 Social security wages<br>61242.04                                                                                                                 |  | 4 Social security tax withheld<br>3797.01 |  |
|                                                     |  | 5 Medicare wages and tips<br>61242.04                                                                                                               |  | 6 Medicare tax withheld<br>888.01         |  |
|                                                     |  | 7 Social security tips                                                                                                                              |  | 8 Allocated tips                          |  |
| d Control number                                    |  | 9                                                                                                                                                   |  | 10 Dependent care benefits                |  |
| e Employee's first name and initial Last name Suff. |  | 11 Nonqualified plans                                                                                                                               |  | 12a C 214.98                              |  |
|                                                     |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b DD 15207.38                           |  |
|                                                     |  | 14 Other                                                                                                                                            |  | 12c E 3815.10                             |  |
|                                                     |  |                                                                                                                                                     |  | 12d                                       |  |
| f Employee's address and ZIP code                   |  | 15 State Employer's state ID number                                                                                                                 |  | 16 State wages, tips, etc.<br>57426.94    |  |
|                                                     |  | 17 State income tax<br>4154.00                                                                                                                      |  | 18 Local wages, tips, etc.                |  |
|                                                     |  |                                                                                                                                                     |  | 19 Local income tax                       |  |
|                                                     |  |                                                                                                                                                     |  | 20 Locality name                          |  |

Form **W-2** Wage and Tax Statement

2016

Department of the Treasury—Internal Revenue Service

## Form W-2 Reference Guide for Box 12 Codes

|   |                                                                                                                                |   |                                                                                                                                               |    |                                                                                                                                  |
|---|--------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------|
| A | Uncollected social security or RRTA tax on tips                                                                                | K | 20% excise tax on excess golden parachute payments                                                                                            | V  | Income from exercise of nonstatutory stock option(s)                                                                             |
| B | Uncollected Medicare tax on tips (but not Additional Medicare Tax)                                                             | L | Substantiated employee business expense reimbursements                                                                                        | W  | Employer contributions (including employee contributions through a cafeteria plan) to an employee's health savings account (HSA) |
| C | Taxable cost of group-term life insurance over \$50,000                                                                        | M | Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only)                    | Y  | Deferrals under a section 409A nonqualified deferred compensation plan                                                           |
| D | Elective deferrals to a section 401(k) cash or deferred arrangement plan (including a SIMPLE 401(k) arrangement)               | N | Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (but not Additional Medicare Tax) (former employees only) | Z  | Income under a nonqualified deferred compensation plan that fails to satisfy section 409A                                        |
| E | Elective deferrals under a section 403(b) salary reduction agreement                                                           | P | Excludable moving expense reimbursements paid directly to employee                                                                            | AA | Designated Roth contributions under a section 401(k) plan                                                                        |
| F | Elective deferrals under a section 408(k)(6) salary reduction SEP                                                              | Q | Nontaxable combat pay                                                                                                                         | BB | Designated Roth contributions under a section 403(b) plan                                                                        |
| G | Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan | R | Employer contributions to an Archer MSA                                                                                                       | DD | Cost of employer-sponsored health coverage                                                                                       |
| H | Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan                                                     | S | Employee salary reduction contributions under a section 408(p) SIMPLE plan                                                                    | EE | Designated Roth contributions under a governmental section 457(b) plan                                                           |
| J | Nontaxable sick pay                                                                                                            | T | Adoption benefits                                                                                                                             |    |                                                                                                                                  |

## Sample 2016 Form W-2 Wage and Tax Statement



# Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 07-08-2017 \*  
Response Date: 07-08-2017  
Tracking Number: XXXXXXXXXXXXX

### Wage and Income Transcript

SSN Provided: HHH-HH-HHHH  
Tax Period Ending: December 2016

### Form W-2 Wage and Tax Statement

#### Employer:

Employer Identification Number (EIN):

#### Employee:

Employee's Social Security Number: HHH-HH-HHHH  
ERNIE D WESTON  
2232 MAIN ST  
EUGENE, OR 99999

Submission Type:.....Original document

|                                                                                        |                        |                                |
|----------------------------------------------------------------------------------------|------------------------|--------------------------------|
| Wages, Tips and Other Compensation:.....                                               | \$57,426.00            | - - - - -> Box 1               |
| Federal Income Tax Withheld:.....                                                      | \$9,565.00             | - -> Box 2                     |
| Social Security Wages:.....                                                            | \$61,242.00            | - - - - -> Box 3               |
| Social Security Tax Withheld:.....                                                     | \$3,797.00             | - -> Box 4                     |
| Medicare Wages and Tips:.....                                                          | \$61,242.00            | - - - - -> Box 5               |
| Medicare Tax Withheld:.....                                                            | \$888.00               | - -> Box 6                     |
| Social Security Tips:.....                                                             | \$0.00                 | - - - - -> Box 7               |
| Allocated Tips:.....                                                                   | \$0.00                 | - -> Box 8                     |
| Dependent Care Benefits:.....                                                          | \$0.00                 | - - - - -> Box 10              |
| Deferred Compensation:.....                                                            | \$3,815.00             | - -> Box 12a-d (D, E, F, G, H) |
| Code "Q" Nontaxable Combat Pay:.....                                                   | \$0.00                 |                                |
| Code "W" Employer Contributions to a Health Savings Account:.....                      | \$0.00                 |                                |
| Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....  | \$0.00                 |                                |
| Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....  | \$0.00                 |                                |
| Code "R" Employer's Contribution to MSA:.....                                          | \$0.00                 |                                |
| Code "S" Employer's Contribution to Simple Account:.....                               | \$0.00                 | - - - - -> Box 12a-d (S)       |
| Code "T" Expenses Incurred for Qualified Adoptions:.....                               | \$0.00                 |                                |
| Code "V" Income from exercise of non-statutory stock options:.....                     | \$0.00                 |                                |
| Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....              | \$0.00                 |                                |
| Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....              | \$0.00                 |                                |
| Code "DD" Cost of Employer-Sponsored Health Coverage:.....                             | \$15,207.00            |                                |
| Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:..... | \$0.00                 |                                |
| Third Party Sick Pay Indicator:.....                                                   | Unanswered             |                                |
| Retirement Plan Indicator:.....                                                        | Yes                    |                                |
| Statutory Employee:.....                                                               | Not Statutory Employee |                                |
| W2 Submission Type:.....                                                               | Original               |                                |
| W2 WHC SSN Validation Code:.....                                                       | Correct SSN            |                                |

\* Current tax year information may not be complete until July.

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## Appendix B

### Criteria for 2018-2019 Simplified Needs Formulas and Automatic Zero EFC Calculation

The following criteria is used to determine if students qualify to have their EFCs calculated using a simplified formula.

|                                                                                         | Simplified<br>(assets not considered)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Automatic Zero EFC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Formula A</b><br>Dependent student                                                   | <ul style="list-style-type: none"> <li>■ Parents had a 2016 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2016 is \$49,999 or less; <b>and</b></li> <li>■ Either             <ul style="list-style-type: none"> <li>- Parents filed or are eligible to file 2016 IRS Form 1040A or 1040EZ (or not required to file any income tax return) <b>or</b></li> <li>- Anyone in the parents' household size (as defined on the FAFSA) received any designated means-tested federal benefits* during 2016 or 2017, <b>or</b></li> <li>- Parent is a dislocated worker.</li> </ul> </li> </ul>                                                                 | <ul style="list-style-type: none"> <li>■ Parents had a 2016 AGI of \$25,000 or less (for tax filers), or if non-filers, income earned from work in 2016 is \$25,000 or less; <b>and</b></li> <li>■ Either             <ul style="list-style-type: none"> <li>- Parents filed or are eligible to file 2016 IRS Form 1040A or 1040EZ (or not required to file any income tax return) <b>or</b></li> <li>- Anyone in the parents' household size (as defined on the FAFSA) received any designated means-tested federal benefits* during 2016 or 2017, <b>or</b></li> <li>- Parent is a dislocated worker.</li> </ul> </li> </ul>                                                                 |
| <b>Formula B</b><br>Independent student <b>without</b> dependents (other than a spouse) | <ul style="list-style-type: none"> <li>■ Student (and spouse, if any) had a 2016 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2016 is \$49,999 or less; <b>and</b></li> <li>■ Either             <ul style="list-style-type: none"> <li>- Student (and spouse, if any) filed or are eligible to file 2016 IRS Form 1040A or 1040EZ (or not required to file any income tax return) <b>or</b></li> <li>- Anyone in the student's household size (as defined on the FAFSA) received any designated means-tested federal benefits* during 2016 or 2017, <b>or</b></li> <li>- Student (or spouse, if any) is a dislocated worker.</li> </ul> </li> </ul> | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Formula C</b><br>Independent student <b>with</b> dependents (other than a spouse)    | <ul style="list-style-type: none"> <li>■ Student (and spouse, if any) had a 2016 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2016 is \$49,999 or less; <b>and</b></li> <li>■ Either             <ul style="list-style-type: none"> <li>- Student (and spouse, if any) filed or are eligible to file 2016 IRS Form 1040A or 1040EZ (or not required to file any income tax return) <b>or</b></li> <li>- Anyone in the student's household size (as defined on the FAFSA) received any designated means-tested federal benefits* during 2016 or 2017, <b>or</b></li> <li>- Student (or spouse, if any) is a dislocated worker.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>■ Student (and spouse, if any) had a 2016 AGI of \$25,000 or less (for tax filers), or if non-filers, income earned from work in 2016 is \$25,000 or less; <b>and</b></li> <li>■ Either             <ul style="list-style-type: none"> <li>- Student (and spouse, if any) filed or are eligible to file 2016 IRS Form 1040A or 1040EZ (or not required to file any income tax return) <b>or</b></li> <li>- Anyone in the student's household size (as defined on the FAFSA) received any designated means-tested federal benefits* during 2016 or 2017, <b>or</b></li> <li>- Student (or spouse, if any) is a dislocated worker.</li> </ul> </li> </ul> |

\*Benefits include: Medicaid, Supplemental Security Income (SSI), Supplemental Nutrition Assistance (SNAP), Free or Reduced Price School Lunch, Temporary Assistance for Needy Families (TANF), and Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

## Appendix C

### 2016 Federal Tax Year: Eligible to File a 1040A/EZ?

"If you have filed or will file a 1040, were you eligible to file a 1040A or 1040EZ" (2018-2019 FAFSA questions 35 and 83.)

YES, **IF** taxable income from line 43 is less than \$100,000 **–AND–**

**IF** amounts (other than zero) do not appear on the following lines, except as noted below for lines 13, 40 and 44:

| 1040 Section          | Line # | Description                                                                                    |
|-----------------------|--------|------------------------------------------------------------------------------------------------|
| Income                | 10     | Taxable refunds, credits or offsets of state and local income taxes                            |
|                       | 11     | Alimony received                                                                               |
|                       | 12     | Business income or loss                                                                        |
|                       | 13     | Capital gain or loss (ignore amount unless Schedule D was required)                            |
|                       | 14     | Other gains or losses                                                                          |
|                       | 17     | Rental real estate, royalties, partnerships, etc.                                              |
|                       | 18     | Farm income or loss                                                                            |
|                       | 21     | Other income                                                                                   |
| Adjusted Gross Income | 24     | Certain business expenses of reservists, performing artists and fee-basis government officials |
|                       | 25     | Health savings account deduction                                                               |
|                       | 26     | Moving expenses                                                                                |
|                       | 27     | Deductible part of self-employment tax                                                         |
|                       | 28     | Self-employed SEP, SIMPLE, and qualified plans                                                 |
|                       | 29     | Self-employed health insurance deduction                                                       |
|                       | 30     | Penalty on early withdrawal of savings                                                         |
|                       | 31a    | Alimony paid                                                                                   |
| Tax and Credits       | 35     | Domestic production activities deduction                                                       |
|                       | 40     | Itemized or standard deduction (ignore amount unless itemized deductions were taken) *         |
|                       | 43     | Taxable income must be less than \$100,000                                                     |
|                       | 44     | Tax (ignore amount unless any box is checked on line 44)                                       |
|                       | 48     | Foreign tax credit                                                                             |
|                       | 53     | Residential energy credits                                                                     |
| Other Taxes           | 54     | Other credits from Form 3800, 8801 or other                                                    |
|                       | 57     | Self-employment tax                                                                            |
|                       | 58     | Unreported social security and Medicare tax from Form 4137 or 891.                             |
|                       | 59     | Additional tax on IRAs, other qualified retirement plans, etc.                                 |
|                       | 60a    | Household employment taxes from Schedule H                                                     |
|                       | 60b    | First-time homebuyer credit repayment                                                          |
| Payments              | 62     | Taxes from Form 8959, 8960 or other                                                            |
|                       | 72     | Credit for federal tax on fuels                                                                |
|                       | 73     | Credits from Form 2439, 8885 or other                                                          |

***\*On an IRS tax return transcript, the 'Standard Deduction Per Computer' line amount will show as a zero for someone who itemized.***

If all of the above conditions apply, the tax filer was eligible to file a 1040A or 1040EZ but filed a 1040 for other reasons. Therefore, the tax filer should answer YES to question 35 (student) or 83 (parent) on the 2018-2019 FAFSA.

## Sample IRS Form 1040: Eligible to File a 1040A/EZ?

| Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1040      | Department of the Treasury—Internal Revenue Service (99)            | 2016                                | OMB No. 1545-0074                                                                                                                                                                                                                                                                                                                                                                                                                             | IRS Use Only—Do not write or staple in this space. |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------|-----------|----------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------|--|--|--|--|--------------------------|--|--|--|--|--------------------------|--|--|--|--|--------------------------|--|--|--|--|--------------------------|
| For the year Jan. 1–Dec. 31, 2016, or other tax year beginning _____, 2016, ending _____, 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| Your first name and initial<br><b>Ernie D</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           | Last name<br><b>Weston</b>                                          |                                     | See separate instructions.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| If a joint return, spouse's first name and initial<br><b>Babs L</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | Last name<br><b>Weston</b>                                          |                                     | Your social security number<br><b>HHH HH HHHH</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>2232 Main Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                     |                                     | Apt. no.                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).<br><b>Eugene, OR 99999</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                     |                                     | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse                                                                                                                                                                                           |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| Foreign country name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | Foreign province/state/county                                       |                                     | Foreign postal code                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| <b>Filing Status</b><br>Check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 1 <input type="checkbox"/> Single<br>2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)<br>3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <span style="border: 1px solid black; padding: 0 20px;"></span><br>4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. <span style="border: 1px solid black; padding: 0 20px;"></span><br>5 <input type="checkbox"/> Qualifying widow(er) with dependent child                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| <b>Exemptions</b><br>6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. . . . .<br>b <input checked="" type="checkbox"/> Spouse . . . . .<br>c Dependents:<br><table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> If more than four dependents, see instructions and check here <input type="checkbox"/> |           |                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    | (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions) |  |  |  |  | <input type="checkbox"/> |  |  |  |  | <input type="checkbox"/> |  |  |  |  | <input type="checkbox"/> |  |  |  |  | <input type="checkbox"/> |
| (1) First name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Last name | (2) Dependent's social security number                              | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)                                                                                                                                                                                                                                                                                                                              |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                     |                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                     |                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                     |                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                     |                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| d Total number of exemptions claimed . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                     |                                     | Boxes checked on 6a and 6b <b>2</b><br>No. of children on 6c who:<br>• lived with you <span style="border: 1px solid black; padding: 0 20px;"></span><br>• did not live with you due to divorce or separation (see instructions) <span style="border: 1px solid black; padding: 0 20px;"></span><br>Dependents on 6c not entered above <span style="border: 1px solid black; padding: 0 20px;"></span><br>Add numbers on lines above <b>2</b> |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| <b>Income</b><br>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.<br>If you did not get a W-2, see instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                                                     |                                     | 7 <b>70,504 00</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 8a Taxable interest. Attach Schedule B if required . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                     |                                     | 8a <b>433 00</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| b Tax-exempt interest. Do not include on line 8a . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                                                     |                                     | 8b <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 9a Ordinary dividends. Attach Schedule B if required . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                     |                                     | 9a <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| b Qualified dividends . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                     |                                     | 9b <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                     |                                     | 10 <b>815 00</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 11 Alimony received . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                                     |                                     | 11 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 12 Business income or (loss). Attach Schedule C or C-EZ . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                     |                                     | 12 <b>(993 00)</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input checked="" type="checkbox"/> <b>*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                     |                                     | 13 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 14 Other gains or (losses). Attach Form 4797 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                     |                                     | 14 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 15a IRA distributions . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | 15a <span style="border: 1px solid black; padding: 0 20px;"></span> |                                     | b Taxable amount . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 16a Pensions and annuities . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | 16a <span style="border: 1px solid black; padding: 0 20px;"></span> |                                     | b Taxable amount . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                     |                                     | 17 <b>3,505 00</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 18 Farm income or (loss). Attach Schedule F . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                     |                                     | 18 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 19 Unemployment compensation . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                     |                                     | 19 <b>11,340 00</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 20a Social security benefits . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | 20a <span style="border: 1px solid black; padding: 0 20px;"></span> |                                     | b Taxable amount . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 21 Other income. List type and amount <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                     |                                     | 21 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                     |                                     | 22 <b>85,604 00</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| <b>Adjusted Gross Income</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 23 Educator expenses . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                     |                                     | 23 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                     |                                     | 24 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 25 Health savings account deduction. Attach Form 8889 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                     |                                     | 25 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 26 Moving expenses. Attach Form 3903 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                     |                                     | 26 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 27 Deductible part of self-employment tax. Attach Schedule SE . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                     |                                     | 27 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 28 Self-employed SEP, SIMPLE, and qualified plans . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                     |                                     | 28 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 29 Self-employed health insurance deduction . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                     |                                     | 29 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 30 Penalty on early withdrawal of savings . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                     |                                     | 30 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 31a Alimony paid b Recipient's SSN ▶ <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | 31a <span style="border: 1px solid black; padding: 0 20px;"></span> |                                     | 31a <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 32 IRA deduction . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                                                     |                                     | 32 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 33 Student loan interest deduction . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                     |                                     | 33 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 34 Tuition and fees. Attach Form 8917 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                     |                                     | 34 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 35 Domestic production activities deduction. Attach Form 8903 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                     |                                     | 35 <span style="border: 1px solid black; padding: 0 20px;"></span>                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 36 Add lines 23 through 35 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                     |                                     | 36 <b>0 00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 37 Subtract line 36 from line 22. This is your adjusted gross income ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                     |                                     | 37 <b>85,604 00</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                |           |                                        |                                     |                                                                                                                  |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form 1040 (2016)

\*Ignore amount on line 13 unless Schedule D was required (as indicated by an un-checked box).

\*\*Write-in adjustments require the taxpayer to complete a form 1040.

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Form **1040** (2016)

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# Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 06-11-2017  
Response Date: 06-11-2017  
Tracking Number: XXXXXXXXXXXX

## Tax Return Transcript

SSN Provided: HHH-HH-HHHH  
Tax Period Ending: Dec. 31, 2016

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: HHH-HH-HHHH  
SPOUSE SSN: III-II-IIII

NAME(S) SHOWN ON RETURN: ERNIE D & BABS L WESTON

ADDRESS: 2232 MAIN ST  
EUGENE, OR 99999

FILING STATUS: MARRIED FILING JOINT  
FORM NUMBER: 1040  
CYCLE POSTED: 20171005  
RECEIVED DATE: Apr. 15, 2017  
REMITTANCE: \$0.00  
EXEMPTION NUMBER: 2  
DEPENDENT 1 NAME CTRL:  
DEPENDENT 1 SSN:  
DEPENDENT 2 NAME CTRL:  
DEPENDENT 2 SSN:  
DEPENDENT 3 NAME CTRL:  
DEPENDENT 3 SSN:  
DEPENDENT 4 NAME CTRL:  
DEPENDENT 4 SSN:  
PTIN:  
PREPARER EIN:

### Income

|     |                                                                 |             |
|-----|-----------------------------------------------------------------|-------------|
|     | WAGES, SALARIES, TIPS, ETC:.....                                | \$70,504.00 |
|     | TAXABLE INTEREST INCOME: SCH B:.....                            | \$433.00    |
|     | TAX-EXEMPT INTEREST:.....                                       | \$0.00      |
|     | ORDINARY DIVIDEND INCOME: SCH B:.....                           | \$0.00      |
|     | QUALIFIED DIVIDENDS:.....                                       | \$0.00      |
| 10  | REFUNDS OF STATE/LOCAL TAXES:.....                              | \$815.00    |
| 11  | ALIMONY RECEIVED:.....                                          | \$0.00      |
|     | BUSINESS INCOME OR LOSS (Schedule C):.....                      | \$-993.00   |
| 12  | BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....               | \$-993.00   |
|     | CAPITAL GAIN OR LOSS: (Schedule D):.....                        | \$0.00      |
| 13* | CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....                 | \$0.00      |
| 14  | OTHER GAINS OR LOSSES (Form 4797):.....                         | \$0.00      |
|     | TOTAL IRA DISTRIBUTIONS:.....                                   | \$0.00      |
|     | TAXABLE IRA DISTRIBUTIONS:.....                                 | \$0.00      |
|     | TOTAL PENSIONS AND ANNUITIES:.....                              | \$0.00      |
|     | TAXABLE PENSION/ANNUITY AMOUNT:.....                            | \$0.00      |
|     | RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):.....              | \$3,505.00  |
| 17  | RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:..... | \$3,505.00  |
|     | RENT/ROYALTY INCOME/LOSS PER COMPUTER:.....                     | \$3,505.00  |
|     | ESTATE/TRUST INCOME/LOSS PER COMPUTER:.....                     | \$0.00      |
|     | PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER PER COMPUTER:.....  | \$0.00      |
|     | FARM INCOME OR LOSS (Schedule F):.....                          | \$0.00      |
| 18  | FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....             | \$0.00      |
|     | UNEMPLOYMENT COMPENSATION:.....                                 | \$11,340.00 |

\*Ignore amount on line 13 unless Schedule D was required.

|    |                                                     |               |
|----|-----------------------------------------------------|---------------|
|    | TOTAL SOCIAL SECURITY BENEFITS:.....                | \$0.00        |
|    | TAXABLE SOCIAL SECURITY BENEFITS:.....              | \$0.00        |
|    | TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:..... | \$0.00        |
| 21 | <b>OTHER INCOME:.....</b>                           | <b>\$0.00</b> |
|    | SCHEDULE EIC SE INCOME PER COMPUTER:.....           | \$0.00        |
|    | SCHEDULE EIC EARNED INCOME PER COMPUTER:.....       | \$0.00        |
|    | SCH EIC DISQUALIFIED INC COMPUTER:.....             | \$0.00        |
|    | TOTAL INCOME:.....                                  | \$85,604.00   |
|    | TOTAL INCOME PER COMPUTER:.....                     | \$85,604.00   |

#### Adjustments to Income

|    |                                                         |               |
|----|---------------------------------------------------------|---------------|
|    | EDUCATOR EXPENSES:.....                                 | \$0.00        |
|    | EDUCATOR EXPENSES PER COMPUTER:.....                    | \$0.00        |
| 24 | <b>RESERVIST AND OTHER BUSINESS EXPENSE:.....</b>       | <b>\$0.00</b> |
|    | HEALTH SAVINGS ACCT DEDUCTION:.....                     | \$0.00        |
| 25 | <b>HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:.....</b>   | <b>\$0.00</b> |
| 26 | <b>MOVING EXPENSES: F3903:.....</b>                     | <b>\$0.00</b> |
|    | SELF EMPLOYMENT TAX DEDUCTION:.....                     | \$0.00        |
| 27 | <b>SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:.....</b> | <b>\$0.00</b> |
|    | SELF EMPLOYMENT TAX DEDUCTION VERIFIED:.....            | \$0.00        |
| 28 | <b>KEOGH/SEP CONTRIBUTION DEDUCTION:.....</b>           | <b>\$0.00</b> |
| 29 | <b>SELF-EMP HEALTH INS DEDUCTION:.....</b>              | <b>\$0.00</b> |
| 30 | <b>EARLY WITHDRAWAL OF SAVINGS PENALTY:.....</b>        | <b>\$0.00</b> |
|    | ALIMONY PAID SSN:.....                                  |               |
| 31 | <b>ALIMONY PAID:.....</b>                               | <b>\$0.00</b> |
|    | IRA DEDUCTION:.....                                     | \$0.00        |
|    | IRA DEDUCTION PER COMPUTER:.....                        | \$0.00        |
|    | STUDENT LOAN INTEREST DEDUCTION:.....                   | \$0.00        |
|    | STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....      | \$0.00        |
|    | STUDENT LOAN INTEREST DEDUCTION VERIFIED:.....          | \$0.00        |
|    | TUITION AND FEES DEDUCTION:.....                        | \$0.00        |
|    | TUITION AND FEES DEDUCTION PER COMPUTER:.....           | \$0.00        |
| 35 | <b>DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:.....</b>   | <b>\$0.00</b> |
| ** | <b>OTHER ADJUSTMENTS:.....</b>                          | <b>\$0.00</b> |
|    | ARCHER MSA DEDUCTION:.....                              | \$0.00        |
| ** | <b>ARCHER MSA DEDUCTION PER COMPUTER:.....</b>          | <b>\$0.00</b> |
|    | TOTAL ADJUSTMENTS:.....                                 | \$0.00        |
|    | TOTAL ADJUSTMENTS PER COMPUTER:.....                    | \$0.00        |
|    | ADJUSTED GROSS INCOME:.....                             | \$85,604.00   |
|    | ADJUSTED GROSS INCOME PER COMPUTER:.....                | \$85,604.00   |

#### Tax and Credits

|       |                                                                   |                    |
|-------|-------------------------------------------------------------------|--------------------|
|       | 65-OR-OVER:.....                                                  | NO                 |
|       | BLIND:.....                                                       | NO                 |
|       | SPOUSE 65-OR-OVER:.....                                           | NO                 |
|       | SPOUSE BLIND:.....                                                | NO                 |
| 40*** | <b>STANDARD DEDUCTION PER COMPUTER:.....</b>                      | <b>\$0.00</b>      |
|       | ADDITIONAL STANDARD DEDUCTION PER COMPUTER:.....                  | \$0.00             |
|       | TAX TABLE INCOME PER COMPUTER:.....                               | \$62,483.00        |
|       | EXEMPTION AMOUNT PER COMPUTER:.....                               | \$8,100.00         |
|       | TAXABLE INCOME:.....                                              | \$54,383.00        |
| 43    | <b>TAXABLE INCOME PER COMPUTER:.....</b>                          | <b>\$54,383.00</b> |
|       | TOTAL POSITIVE INCOME PER COMPUTER:.....                          | \$86,597.00        |
|       | TENTATIVE TAX:.....                                               | \$7,229.00         |
|       | TENTATIVE TAX PER COMPUTER:.....                                  | \$7,229.00         |
| 44    | <b>FORM 8814 ADDITIONAL TAX AMOUNT:.....</b>                      | <b>\$0.00</b>      |
|       | TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:.....              | \$0.00             |
|       | FORM 6251 ALTERNATIVE MINIMUM TAX:.....                           | \$0.00             |
|       | FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....              | \$0.00             |
|       | FOREIGN TAX CREDIT:.....                                          | \$0.00             |
| 48    | <b>FOREIGN TAX CREDIT PER COMPUTER:.....</b>                      | <b>\$0.00</b>      |
|       | FOREIGN INCOME EXCLUSION PER COMPUTER:.....                       | \$0.00             |
|       | FOREIGN INCOME EXCLUSION TAX PER COMPUTER:.....                   | \$0.00             |
|       | EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....          | \$0.00             |
|       | EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:..... | \$0.00             |
|       | CHILD & DEPENDENT CARE CREDIT:.....                               | \$0.00             |
|       | CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....                  | \$0.00             |
|       | CREDIT FOR ELDERLY AND DISABLED:.....                             | \$0.00             |

\*\*These are write-in adjustments and require the taxpayer to complete a form 1040.

\*\*\*The 'Standard Deduction per Computer' line will show as a zero for someone who itemized.

|    |                                                                  |               |
|----|------------------------------------------------------------------|---------------|
|    | CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....               | \$0.00        |
|    | EDUCATION CREDIT:.....                                           | \$0.00        |
|    | EDUCATION CREDIT PER COMPUTER:.....                              | \$0.00        |
|    | GROSS EDUCATION CREDIT PER COMPUTER:.....                        | \$0.00        |
|    | RETIREMENT SAVINGS CNTRB CREDIT:.....                            | \$0.00        |
|    | RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:.....               | \$0.00        |
|    | PRIM RET SAV CNTRB: F8880 LN6A:.....                             | \$0.00        |
|    | SEC RET SAV CNTRB: F8880 LN6B:.....                              | \$0.00        |
|    | TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:.....         | \$0.00        |
|    | RESIDENTIAL ENERGY CREDIT:.....                                  | \$0.00        |
| 53 | <b>RESIDENTIAL ENERGY CREDIT PER COMPUTER:.....</b>              | <b>\$0.00</b> |
|    | CHILD TAX CREDIT:.....                                           | \$0.00        |
|    | CHILD TAX CREDIT PER COMPUTER:.....                              | \$0.00        |
|    | ADOPTION CREDIT: F8839:.....                                     | \$0.00        |
| 54 | <b>ADOPTION CREDIT PER COMPUTER:.....</b>                        | <b>\$0.00</b> |
|    | FORM 8396 MORTGAGE CERTIFICATE CREDIT:.....                      | \$0.00        |
| 54 | <b>FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:.....</b>  | <b>\$0.00</b> |
|    | F3800, F8801 AND OTHER CREDIT AMOUNT:.....                       | \$0.00        |
|    | FORM 3800 GENERAL BUSINESS CREDITS:.....                         | \$0.00        |
| 54 | <b>FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:.....</b>     | <b>\$0.00</b> |
|    | PRIOR YR MIN TAX CREDIT: F8801:.....                             | \$0.00        |
| 54 | <b>PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:.....</b>         | <b>\$0.00</b> |
|    | F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:.....                 | \$0.00        |
| 54 | <b>F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:.....</b>    | <b>\$0.00</b> |
|    | F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:.....              | \$0.00        |
| 54 | <b>F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:.....</b> | <b>\$0.00</b> |
|    | OTHER CREDITS:.....                                              | \$0.00        |
|    | TOTAL CREDITS:.....                                              | \$0.00        |
|    | TOTAL CREDITS PER COMPUTER:.....                                 | \$0.00        |
|    | INCOME TAX AFTER CREDITS PER COMPUTER:.....                      | \$7,229.00    |

#### Other Taxes

|    |                                                                               |               |
|----|-------------------------------------------------------------------------------|---------------|
|    | SE TAX:.....                                                                  | \$0.00        |
| 57 | <b>SE TAX PER COMPUTER:.....</b>                                              | <b>\$0.00</b> |
|    | SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:.....                     | \$0.00        |
| 58 | <b>SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....</b> | <b>\$0.00</b> |
|    | TAX ON QUALIFIED PLANS F5329 (PR):.....                                       | \$0.00        |
| 59 | <b>TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....</b>                        | <b>\$0.00</b> |
|    | IRAF TAX PER COMPUTER:.....                                                   | \$0.00        |
|    | TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....                           | \$7,229.00    |
|    | IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....                            | \$7,229.00    |
| 62 | <b>OTHER TAXES PER COMPUTER:.....</b>                                         | <b>\$0.00</b> |
|    | UNPAID FICA ON REPORTED TIPS:.....                                            | \$0.00        |
|    | OTHER TAXES:.....                                                             | \$0.00        |
| 62 | <b>RECAPTURE TAX: F8611:.....</b>                                             | <b>\$0.00</b> |
|    | HEALTH CARE RESPONSIBILITY PENALTY:.....                                      | \$0.00        |
|    | HEALTH CARE RESPONSIBILITY PENALTY VERIFIED:.....                             | \$0.00        |
|    | HOUSEHOLD EMPLOYMENT TAXES:.....                                              | \$0.00        |
| 60 | <b>HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....</b>                          | <b>\$0.00</b> |
|    | RECAPTURE TAXES:.....                                                         | \$0.00        |
|    | TOTAL ASSESSMENT PER COMPUTER:.....                                           | \$7,229.00    |
|    | TOTAL TAX LIABILITY TP FIGURES:.....                                          | \$7,229.00    |
|    | TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....                             | \$7,229.00    |

#### Payments

|  |                                                |             |
|--|------------------------------------------------|-------------|
|  | FEDERAL INCOME TAX WITHHELD:.....              | \$12,242.00 |
|  | HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....   | \$0.00      |
|  | HEALTH CARE FULL-YEAR COVERAGE INDICATOR:..... | 1           |
|  | ESTIMATED TAX PAYMENTS:.....                   | \$0.00      |
|  | OTHER PAYMENT CREDIT:.....                     | \$0.00      |
|  | REFUNDABLE EDUCATION CREDIT:.....              | \$0.00      |
|  | REFUNDABLE EDUCATION CREDIT PER COMPUTER:..... | \$0.00      |
|  | REFUNDABLE EDUCATION CREDIT VERIFIED:.....     | \$0.00      |
|  | EARNED INCOME CREDIT:.....                     | \$0.00      |
|  | EARNED INCOME CREDIT PER COMPUTER:.....        | \$0.00      |

|                       |                                                                |             |
|-----------------------|----------------------------------------------------------------|-------------|
|                       | EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....               | \$0.00      |
|                       | SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....                      | \$0.00      |
|                       | EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:.....               | \$0.00      |
|                       | SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....                   | \$0.00      |
|                       | SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....                | \$0.00      |
|                       | SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....   | \$0.00      |
|                       | SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....       | \$0.00      |
|                       | AMOUNT PAID WITH FORM 4868:.....                               | \$0.00      |
| 73                    | FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....            | \$0.00      |
|                       | FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....                | \$0.00      |
| 72                    | FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....   | \$0.00      |
| 73                    | HEALTH COVERAGE TX CR: F8885:.....                             | \$0.00      |
|                       | PREMIUM TAX CREDIT AMOUNT:.....                                | \$0.00      |
|                       | PREMIUM TAX CREDIT VERIFIED AMOUNT:.....                       | \$0.00      |
|                       | PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....        | \$0.00      |
|                       | SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....      | \$0.00      |
|                       | FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....             | \$0.00      |
| 60                    | FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:..... | \$0.00      |
|                       | SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....             | \$0.00      |
|                       | SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....         | \$0.00      |
| 73                    | FORM 2439 AND OTHER CREDITS:.....                              | \$0.00      |
|                       | TOTAL PAYMENTS:.....                                           | \$12,242.00 |
|                       | TOTAL PAYMENTS PER COMPUTER:.....                              | \$12,242.00 |
| Refund or Amount Owed |                                                                |             |
|                       | REFUND AMOUNT:.....                                            | \$-5,013.00 |

## Appendix D

### Current Year Transcript Availability

Use the table below to determine the general timeframe when you can request a transcript for a current year Form 1040, 1040A, or 1040EZ return filed on or before the April due date. Availability varies based on the method you used to file your return and whether you have a refund or balance due.

**Note:** If you made estimated tax payments and/or applied your overpayment from a prior year tax return to your current year tax return, you can request a [tax account transcript](#) to confirm these payments or credits a few weeks after the beginning of the calendar year prior to filing your current year return.

| When your original return shows a ...                         | and you filed <i>electronically</i> , then                                      | and you filed on <i>paper</i> , then                                                                                                           |
|---------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| refund amount or no balance due,                              | allow 2-3 weeks after return submission before you request a transcript.        | allow 6-8 weeks after you mailed your return before you request a transcript.                                                                  |
| balance due and you paid in full with your return,            | allow 2-3 weeks after return submission before you request a transcript.        | we process your return in June and you can request a transcript in mid to late June.<br><br><b>Note:</b> we process all payments upon receipt. |
| balance due and you paid in full after submitting the return, | allow 3-4 weeks after full payment before you request a transcript.             |                                                                                                                                                |
| balance due and you didn't pay in full,                       | we process your return in mid-May and you can request a transcript by late May. |                                                                                                                                                |

<https://www.irs.gov/individuals/transcript-availability>

## Appendix E

### References, Resources and Websites -- Tax Returns and Transcripts

#### U.S. Department of Education

##### Dear Colleague Letters

- Subject: 2018-2019 Award Year: FAFSA® Information to be Verified and Acceptable Documentation  
<https://ifap.ed.gov/dpcletters/GEN1705.html>

##### Electronic Announcements

- Subject: Update to Previously Announced Verification process for Nontax-Filers  
<https://ifap.ed.gov/eannouncements/072117UpdatePrevAnnouncVerifProcforNontaxFilers.html>
- Subject: Changes to the IRS Data Retrieval Tool Process for the 2018-2019 FAFSA  
<https://ifap.ed.gov/eannouncements/080717ChangestoIRSDataRetrievalTool1819FAFSAForm.html>
- Subject: 2018-2019 Verification Suggested Text Package  
<https://ifap.ed.gov/eannouncements/081617VerificationSuggestedTextPackage1819.html>

##### 2018-2019 Federal Student Aid Handbook

- *Application and Verification Guide*  
Chapter 2: Filling Out the FAFSA  
Chapter 4: Verification, Updates, and Corrections  
[www.ifap.ed.gov](http://www.ifap.ed.gov)

##### Program Integrity Q&A – Verification

- <https://www2.ed.gov/policy/highered/reg/hearulemaking/2009/verification.html>

#### Internal Revenue Service

- Current Year Transcript Availability  
<https://www.irs.gov/individuals/transcript-availability>
- Secure Access: How to Register for Certain Online Self-Help Tools  
<https://www.irs.gov/individuals/secure-access-how-to-register-for-certain-online-self-help-tools>
- Transcript Types and Ways to Order Them  
<https://www.irs.gov/individuals/tax-return-transcript-types-and-ways-to-order-them>
- Get Transcript FAQs  
<https://www.irs.gov/individuals/get-transcript-faqs>
- 4506T-EZ: Short Form Request for Individual Tax Return Transcript  
<https://www.irs.gov/pub/irs-pdf/f4506tez.pdf>
- 4506-T: Request for Transcript of Tax Return (transcript and other return information)  
<https://www.irs.gov/pub/irs-pdf/f4506t.pdf>

Cheryl Hunt is a 29-year veteran of the financial aid industry. For 11 years she provided regulatory and compliance training to higher education professionals across the country. She created this Tax Transcript tool to help financial aid professionals better understand and navigate a somewhat complex IRS document.

Cheryl hails from Eugene, Oregon. She loves hiking and college football – GO DUCKS! As a versatile training professional, she excels at taking complex financial aid concepts and presenting them in an easy-to-understand, interesting, and entertaining way. As a financial aid trainer, Cheryl hits the trifecta – hands-on experience in the financial aid office, strong public speaking skills and the ability to develop and deliver high quality training.

If your organization is looking for someone to deliver interactive and effective web-based or in-person training, email Cheryl at [cheryl.hunt.trainer@gmail.com](mailto:cheryl.hunt.trainer@gmail.com) or send her a message through LinkedIn at <https://www.linkedin.com/in/cherylhunt1487>.

