

Your first name and initial		Last name		OMB No. 1545-0074	
Pedro O		Sorto		Your social security number	
				214 35 7333	
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.				Apt. no.	
3911 Old Dominion Blvd.					
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				Presidential Election Campaign	
Alexandria VA 22305				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.	
Foreign country name		Foreign province/state/county		Foreign postal code	
				<input type="checkbox"/> You <input type="checkbox"/> Spouse	

Filing status
 Check only one box.

1 ☒ Single
 2 ☐ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 ☐ 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. ▶
 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions
 If more than six dependents, see instructions.

6a ☒ Yourself. If someone can claim you as a dependent, **do not** check box 6a.
 b ☐ Spouse
 c **Dependents:**

(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"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b
 No. of children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see instructions)
 Dependents on 6c not entered above
 Add numbers on lines above ▶

1
 1
 1

d Total number of exemptions claimed.

Income
 Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.
 If you did not get a W-2, see instructions.

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 63,647.

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 total income .	15 63,647.

Adjusted gross income

16 Educator expenses (see instructions). 16
 17 IRA deduction (see instructions). 17
 18 Student loan interest deduction (see instructions). 18 2,296.

19 Tuition and fees. Attach Form 8917.	19
20 Add lines 16 through 19. These are your total adjustments .	20 2,296.
21 Subtract line 20 from line 15. This is your adjusted gross income .	21 61,351.

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	61,351.
	23a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind } checked ▶ 23a <input type="checkbox"/>		
	b	If you are married filing separately and your spouse itemizes deductions, check here ▶ 23b <input type="checkbox"/>		
	24	Enter your standard deduction .	24	6,300.
	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	55,051.
	26	Exemptions. Multiply \$4,050 by the number on line 6d.	26	4,050.
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.		
		This is your taxable income .	▶ 27	51,001.
	28	Tax , including any alternative minimum tax (see instructions).	28	8,528.
	29	Excess advance premium tax credit repayment. Attach Form 8962.	29	
30	Add lines 28 and 29.	30	8,528.	
31	Credit for child and dependent care expenses. Attach Form 2441.	31		
32	Credit for the elderly or the disabled. Attach Schedule R.	32		
33	Education credits from Form 8863, line 19.	33		
34	Retirement savings contributions credit. Attach Form 8880.	34		
35	Child tax credit. Attach Schedule 8812, if required.	35		
36	Add lines 31 through 35. These are your total credits .	36		
37	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	8,528.	
38	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	38	0.	
39	Add line 37 and line 38. This is your total tax .	39	8,528.	
40	Federal income tax withheld from Forms W-2 and 1099.	40	8,957.	
41	2016 estimated tax payments and amount applied from 2015 return.	41		
42a	Earned income credit (EIC).	42a		
b	Nontaxable combat pay election. 42b			
43	Additional child tax credit. Attach Schedule 8812.	43		
44	American opportunity credit from Form 8863, line 8.	44		
45	Net premium tax credit. Attach Form 8962.	45		
46	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments .	▶ 46	8,957.	
47	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid .	47	429.	
48a	Amount of line 47 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	48a	429.	
▶ b	Routing number <input type="text" value="051400549"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
▶ d	Account number <input type="text" value="2378641514"/>			
49	Amount of line 47 you want applied to your 2017 estimated tax .	49		

Refund	47	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid .	47	429.
	48a	Amount of line 47 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	48a	429.
Amount you owe	50	Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions.	▶ 50	
	51	Estimated tax penalty (see instructions).	51	
Third party designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes . Complete the following. <input checked="" type="checkbox"/> No			
Sign here	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	
	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	Date	Your occupation	Daytime phone number
	Spouse's signature. If a joint return, both 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	PTIN
Firm's name ▶	Self-Prepared			Firm's EIN ▶
Firm's address ▶				Phone no.



PEDRO O SORTO
3911 OLD DOMINION BLVD.
ALEXANDRIA VA 22305

SSN - You **┌** SORT 214357333

Vendor ID 1555 1555 **┐**

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	61351	Withholding (VA) - You	20A.	3157
Additions	2.		Withholding (VA) - Spouse	20B.	
Subtotal	3.	61351	Estimated Payments	21.	
Age Deduction - You	4A.		2015 Overpayment	22.	
Age Deduction - Spouse	4B.		Extension Payments	23.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	24.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	25.	
Subtractions	7.		Credit - Political Contributions	26.	
Subtotal Subtractions	8.		Credits - Schedule CR	27.	
Total VA Adj Gross Income (VAGI)	9.	61351	Total Payments / Credits	28.	3157
Fed Itemized Deductions	10.		Tax You Owe	29.	
State / Local Income Tax	11.		Tax Overpayment	30.	113
Standard / Itemized Deductions	12.	3000	Overpayment Credited to Next Year	31.	
Exemptions	13.	930	VAC - College Savings Plan	32.	
Deductions	14.		VAC - Other Contributions	33.	
Subtotal (Deductions & Exemptions)	15.	3930	Addition to Tax, Penalty & Interest	34.	
VA Taxable Income	16.	57421	Sales and Use Tax	35.	00
Amount of Tax	17.	3044	Amount You Owe		
Spouse Tax Adjustment (STA)	18.		Will Pay by Credit/Debit Card		
VAGI - Spouse	18A.		Your Refund	┐	113
Net Amount of Tax └	19.	3044	Bank Routing #	C	051400549
			Bank Account #		2378641514



Filing Status, Age & License Information

Additional Filing Information

Filing Status 1

Locality 510

Federal Head of Household

Name or Filing Status Change

DOB - You 02021992

Address Change

VA Driver's License ID - You B66043990

VA Return Not Filed Last Year

VA Driver's License - Iss. Date - You 02-01-12

Dependent on Another's Return

Spouse Name (Filing Status 3 Only)

Farmer / Fisherman / Merchant Seaman

DOB - Spouse

Amended

VA Driver's License ID - Spouse

NOL

VA Driver's License - Iss. Date - Spouse

Overseas on Due Date

Federal EIC & Amount

Exemptions (A)

Exemptions (B)

You 1

65 & Over - You

Deceased Indicator

Spouse

65 & Over - Spouse

Refund - Direct Bank Deposit X

Dependents

Blind - You

Refund - Check

Total (A) 1

Blind - Spouse

Obtain Electronic 1099G

Total (B)

Office Use Only

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date

Phone - You 7039454528

Signature - Spouse _____ Date

Phone - Spouse

Signature - Preparer _____ Date

Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information

SELF PREPARED

File by May 1, 2017

Include Page 1, Page 2 and all
supporting 760CG documents.

2016 Schedule INC/CG

214357333

Report all W-2s, 1099s & VK-1s with VA Withholding



PEDRO

O SORTO

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
214357333	W	3157.	272233165	30272233165F001	63647.

Total VA Withholding	SSN	VA Withholding
You	214357333	3157.
Spouse		

Total # of W-2s, 1099s & VK-1s	01
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To avoid delays - be sure to enter all information, including the Employer's FEIN.

Your first name and initial		Last name		OMB No. 1545-0074	
Pedro O		Sorto		Your social security number	
				214 35 7333	
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.				Apt. no.	
3911 Old Dominion Blvd.					
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				Presidential Election Campaign	
Alexandria VA 22305				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.	
Foreign country name		Foreign province/state/county		Foreign postal code	
				<input type="checkbox"/> You <input type="checkbox"/> Spouse	

Filing status

Check only one box.

1

☒ Single

2

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

3

☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4

☐ 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. ▶

5

☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a

☒ Yourself.

If someone can claim you as a dependent, **do not** check box 6a.

b

☐ Spouse

c Dependents:

(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"/>
				<input type="checkbox"/>
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Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

1

d Total number of exemptions claimed.

1

Income

7

Wages, salaries, tips, etc. Attach Form(s) W-2.

7

63,647.

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.

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Taxable amount (see instructions).

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Add lines 7 through 14b (far right column). This is your **total income**. ▶

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63,647.

Adjusted gross income

16

Educator expenses (see instructions).

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IRA deduction (see instructions).

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18

Student loan interest deduction (see instructions).

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2,296.

19

Tuition and fees. Attach Form 8917.

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20

Add lines 16 through 19. These are your **total adjustments**.

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	51	Estimated tax penalty (see instructions).	51	
Third party designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes . Complete the following. <input checked="" type="checkbox"/> No			
Sign here	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	<input type="text"/>
	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	Date	Your occupation	Daytime phone number
	Spouse's signature. If a joint return, both 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	PTIN
Firm's name ▶	Self-Prepared			Firm's EIN ▶
Firm's address ▶				Phone no.