

2016 Federal Forms to Print and Mail

Important: Your taxes are not finished until all required steps are completed.



Keeley M Hammond & David J Rappoccio
2260 NW Everett St, Apt. 3
Portland, OR 97210

What You Need to Mail	<p>Form 8453</p> <p>What is this form?</p> <p>This form is used to send any required forms or supporting documentation to the IRS.</p> <p>When do I mail it?</p> <p>Do not mail Form 8453 until after your return is accepted by the IRS. Attach the following items to Form 8453: Form 8949 or an acceptable Continuation Sheet for Schedule D.</p> <p>Mail Form 8453 to:</p> <p>Internal Revenue Service Attn: Shipping and Receiving, 0254 Receipt and Control Branch Austin, TX 73344-0254</p> <p>Don't forget to use the correct postage on the envelope.</p>		
Balance Due/Refund	<p>You've chosen to pay for your federal balance due of \$798.00 by credit card. Double-check your credit card statement to make sure your payment was received by the IRS. This will help you avoid any possible interest and/or penalties. And since you paid by credit card, you don't need to mail a payment to the Internal Revenue Service.</p>		
2016 Federal Tax Return Summary	Adjusted Gross Income	\$	75,029.00
	Taxable Income	\$	54,329.00
	Total Tax	\$	9,088.00
	Total Payments/Credits	\$	8,290.00
	Payment Due	\$	798.00
	Effective Tax Rate		9.61%
Forms Included	U.S. Individual Income Tax Return		

U.S. Individual Income Tax Transmittal for an IRS e-file Return

For the year January 1–December 31, 2016

► See instructions on back.

► Information about Form 8453 and its instructions is available at www.irs.gov/form8453.

OMB No. 1545-0074

2016

Please
print or
type.

P
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C
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Y

Your first name and initial

Keeley M

Last name

Hammond

Your social security number

091-74-9194

If a joint return, spouse's first name and initial

David J

Last name

Rappoccio

Spouse's social security number

214-21-9420

Home address (number and street). If you have a P.O. box, see instructions.

2260 NW Everett St

Apt. no.

3

City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.)

Portland OR 97210

Foreign country name

Foreign province/state/county

Foreign postal code

▲ **Important!** ▲
You **must** enter
your SSN(s) above.

**FILE THIS FORM ONLY IF YOU ARE ATTACHING ONE OR MORE
OF THE FOLLOWING FORMS OR SUPPORTING DOCUMENTS.**

Check the applicable box(es) to identify the attachments.

- ☐ Form 1098-C, Contributions of Motor Vehicles, Boats, and Airplanes (or equivalent contemporaneous written acknowledgement)
- ☐ Form 2848, Power of Attorney and Declaration of Representative (or POA that states the agent is granted authority to sign the return)
- ☐ Form 3115, Application for Change in Accounting Method
- ☐ Form 3468 - attach a copy of the first page of NPS Form 10-168, Historic Preservation Certification Application (Part 2—Description of Rehabilitation), with an indication that it was received by the Department of the Interior or the State Historic Preservation Officer, together with proof that the building is a certified historic structure (or that such status has been requested)
- ☐ Form 4136 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- ☐ Form 5713, International Boycott Report
- ☐ Form 8283, Noncash Charitable Contributions, Section A (if any statement or qualified appraisal is required), or Section B, Donated Property, and any related attachments (including any qualified appraisal or partnership Form 8283)
- ☐ Form 8332, Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent (or certain pages from a divorce decree or separation agreement, that went into effect after 1984 and before 2009) (see instructions)
- ☐ Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities
- ☐ Form 8864 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- ☐ Form 8885, Health Coverage Tax Credit, and all required attachments
- ☒ Form 8949, Sales and Other Dispositions of Capital Assets (or a statement with the same information), if you elect not to report your transactions electronically on Form 8949

DO NOT SIGN THIS FORM.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 01/25/17 TTO

Form **8453** (2016)
Mail Form 8453 and any required attachments to:
Internal Revenue Service
Attn: Shipping and Receiving, 0254
Receipt and Control Branch
Austin, TX 73344-0254

Form OR-40-V

Page 1 of 1, 150-101-172 (Rev. 12-16) Oregon Department of Revenue

Oregon Individual Income Tax Payment Voucher and Instructions

Online payments:

You may make payments directly online at www.oregon.gov/dor. Don't use this form with online payments.

Where to mail your payment:

Mail to:

For payments made with an original or amended return, if you filed your return:	Non-2-D paper returns—	PO Box 14555 Salem OR 97309-0940
	2-D paper returns or electronically—	PO Box 14720 Salem OR 97309-0463
For estimated payments and extension payments:		PO Box 14950 Salem OR 97309-0950

Don't use Form OR-40-V if you are using an electronic payment option. Use the voucher only if you are paying by check or money order. Do not mail cash.

Payment type. Check the appropriate box for the type of payment being made and completely fill out the form.

Tax year. Enter the month, day, and year for the beginning and end date of the tax year you are submitting the payment for. For most filers this will be January 1 through December 31 of the tax year. **Example:** For tax year 2016, enter: *Begins: 01/01/2016. Ends: 12/31/2016.*

Cut along the dotted line and mail to the Department of Revenue at the appropriate address from above.

Note: If you are viewing this form electronically, and you see a solid box instead of letters or numbers, adjust the view size to 100 percent. If the letters or numbers are still not visible, press the tab key.

Visit www.oregon.gov/dor/forms to print more vouchers.

1555 02 REV 02/23/17 TTO

Form OR-40-V, Oregon Individual Income Tax Payment Voucher

• Tax year:

Begins: 01/01/2016

Ends: 12/31/2016

• Payment type (check only one):



Original return.



Estimated payment.



Extension payment.



Amended return.

Office use only

First name and initial

KEELEY M

Spouse's first name and initial

DAVID J

Current mailing address

2260 NW EVERETT ST APT 3

City

PORTLAND

150-101-172 (Rev. 12-16)

Last name

HAMMOND

Spouse's last name

RAPPOCCIO

State ZIP code

OR 97210

SSN

091-74-9194

SSN

214-21-9420

Contact phone

440-227-6814

Enter payment amount

\$

741.00

1003000000091749194HAMM214219420201612310101555023