Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

	0.0.	marriadai moo		AX IXOCUIII		- OIVIL	J 140. 104	13-0074 1110 030	, Offiny — i	Do not write or staple in t	по орасс.	
For the year Jan. 1-Dec	2. 31, 2017	7, or other tax year beginning			, 2017, e	nding		, 20	Se	ee separate instruc	tions.	
Your first name and initial				Last name						Your social security number		
If a joint return, spouse's first name and initial			Last na	Last name						oouse's social security	number	
Home address (num	ber and	street). If you have a P.O. b	ox, see ir	nstructions.				Apt. no		Make sure the SSN	(s) above	
										and on line 6c are		
City, town or post offic	e, state, a	and ZIP code. If you have a fo	reign addr	ess, also complete space	es below (se	ee instruction	ns).	l	F	Presidential Election C	ampaign	
										eck here if you, or your spou		
Foreign country nam	e			Foreign province	e/state/co	ounty		Foreign postal co		itly, want \$3 to go to this fur ox below will not change yo		
										und. You	Spouse	
F::: Ott	1	Single		l e		4 N	Head of he	ousehold (with au	alifving	person). (See instruct	ions )	
Filing Status	2	Married filing jointly		ut not your dependent								
Check only one	3	Married filing separ		, ,								
box.	_	and full name here.	instru	ictions)								
	6a	Yourself. If some	)	Boxes checked								
Exemptions	b	Spouse							j	on 6a and 6b No. of children		
	С	Dependents:		(2) Dependent's	(3)	Dependent's		✓ if child under age		on 6c who:		
	(1) First	•	e	social security number		onship to you	J quali	ifying for child tax c (see instructions)	edit	<ul><li>lived with you</li><li>did not live with</li></ul>		
	.,									you due to divorce or separation	9	
If more than four										(see instructions)		
dependents, see instructions and										Dependents on 6c not entered above		
check here ▶					17							
	d	Total number of exem	nptions c	laimed		. /. /.	· .			Add numbers on lines above ▶		
	7	Wages, salaries, tips,	etc. Atta	ach Form(s) W-2		<del>.</del>			7			
Income	8a	Taxable interest. Atta		` '	.).).				8a			
	b	Tax-exempt interest.		• / /		8b						
Attach Form(s)	9a	Ordinary dividends. A							9a			
W-2 here. Also attach Forms	b	Qualified dividends										
W-2G and	10	Taxable refunds, cred	lits, or o	ffsets of state and lo	ocal inco	me taxes			10			
1099-R if tax	11	Alimony received .	11									
was withheld.	12	Business income or (I	12									
	13	Capital gain or (loss).	13									
If you did not	14	Other gains or (losses	s). Attach	Form 4797					14			
get a W-2, see instructions.	15a	IRA distributions .	15a			<b>b</b> Taxable	e amoun	t	15b			
See instructions.	16a	Pensions and annuities	16a			<b>b</b> Taxable	e amoun	t	16b			
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E										
	18	Farm income or (loss). Attach Schedule F										
	19	Unemployment comp	ensation	1					19			
	20a	Social security benefits	20a			<b>b</b> Taxable	e amoun	t	20b			
	21	Other income. List type							21			
	22	Combine the amounts in	n the far r	ight column for lines	7 through	21. This is	your <b>tota</b>	al income 🕨	22			
A alia.t!	23	Educator expenses				23						
Adjusted	24	Certain business expens	ses of res	ervists, performing art	ists, and							
Gross		fee-basis government of	ficials. At	tach Form 2106 or 210	06-EZ	24						
Income	25	Health savings accou	nt dedu	ction. Attach Form 8	. 8889	25						
	26	Moving expenses. At	tach For	m 3903		26						
	27	Deductible part of self-	employme	ent tax. Attach Schedu	ule SE .	27						
	28	Self-employed SEP, S	SIMPLE,	and qualified plans	qualified plans 28 duction 29							
	29	Self-employed health	insuran	ce deduction .								
	30	Penalty on early with	drawal o	f savings		30						
	31a	Alimony paid <b>b</b> Reci			N ▶ 31a		1a					
	32	IRA deduction				32						
	33	Student loan interest	deduction	on		33						
	34	Tuition and fees. Atta				34						
	35	Domestic production a				35						
	36	Add lines 23 through							36			
	27	Subtract line 26 from	line on '	This is your adjusts	d aroca	income			0.7		1	

Form 1040 (2017	7)			Page 2					
	38	Amount from line 37 (adjusted gross income)	38						
Toy and	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
Tax and		if: Spouse was born before January 2, 1953, ☐ Blind. checked ▶ 39a							
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b							
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40						
Deduction	41	Subtract line 40 from line 38	41	+					
for—				+					
<ul> <li>People who check any</li> </ul>	42	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	+					
box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	+					
39a or 39b <b>or</b> who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c L	44						
claimed as a dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45	+					
see	46	Excess advance premium tax credit repayment. Attach Form 8962	46						
instructions.	47	Add lines 44, 45, and 46	47						
All others:     Single or	48	Foreign tax credit. Attach Form 1116 if required 48							
Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49							
separately, \$6,350	50	Education credits from Form 8863, line 19	1						
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51	1						
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52	1						
widow(er),	53	Residential energy credits. Attach Form 5695	1						
\$12,700	54	Other credits from Form: a 3800 b 8801 c 54	-						
Head of household,	55	Add lines 48 through 54. These are your <b>total credits</b>	- FE						
\$9,350		Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	55	+					
	56		56	+					
	57	Self-employment tax. Attach Schedule SE	57	+					
Other	58	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919	58	_					
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59						
	60a	Household employment taxes from Schedule H	60a						
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b						
	61	Health care: individual responsibility (see instructions) Full-year coverage	61						
	62	Taxes from: <b>a</b> Form 8959 <b>b</b> Form 8960 <b>c</b> Instructions; enter code(s)	62						
	63	Add lines 56 through 62. This is your <b>total tax</b>	63						
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64							
	65	2017 estimated tax payments and amount applied from 2016 return 65	1						
If you have a	66a	Earned income credit (EIC)	1						
qualifying child, attach	b	Nontaxable combat pay election 66b	1						
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67	1						
	68	American opportunity credit from Form 8863, line 8 68	1						
	69	Net premium tax credit. Attach Form 8962 69	1						
			1						
	70	Amount paid with request for extension to file	-						
	71	Excess social security and tier 1 RRTA tax withheld	-						
	72	Credit for federal tax on fuels. Attach Form 4136	-	1					
	73	Credits from Form: a 2439 b Reserved c 8885 d 273	_						
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	_					
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	75	+					
	76a	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶	76a	_					
Direct deposit?	► b	Routing number		1					
See instructions.	► d	Account number							
instructions.	77	Amount of line 75 you want applied to your 2018 estimated tax ▶ 77							
Amount	78	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	78						
You Owe	79	Estimated tax penalty (see instructions)							
Third Party	Do	you want to allow another person to discuss this return with the IRS (see instructions)?	S. Complete below.	No					
Designee		signee's Phone Personal iden							
		ne ► no. ► number (PIN)							
Sign	Under po	enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowle ely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all infor	dge and belief, they are true, correct mation of which preparer has any kr	t, and nowledge					
Here		ur signature Date Your occupation	Daytime phone number	iomougo					
Joint return? See									
instructions.	Sno	Spouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation If the IRS sent you an Identity							
Keep a copy for your records.	Spo	Spouse 5 Occupation	PIN, enter it	7.00ti011					
,	D-d-	at/Typo proparar's name Proparar's signature	here (see inst.)						
Paid	Prir	nt/Type preparer's name	Check if PTIN						
Preparer			self-employed						
Use Only	Firr	m's name ►	Firm's EIN ▶						
	Firr	m's address ▶	Phone no.						