

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20		See separate instructions.
Your first name and initial Joseph D	Last name Kodos	Your social security number 371-13-1928
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. 24011 Harrison St		Apt. no. ▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Clinton Township MI 48035		Presidential Election Campaign 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

1 <input checked="" type="checkbox"/> Single	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. ▶
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5 <input type="checkbox"/> Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b 1
b <input type="checkbox"/> Spouse				
c Dependents:		(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)
(1) First name	Last name			
If more than four dependents, see instructions and check here <input type="checkbox"/>				
d Total number of exemptions claimed 1				

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 48,812.
8a Taxable interest. Attach Schedule B if required	8a 15.
b Tax-exempt interest. Do not include on line 8a	8b
9a Ordinary dividends. Attach Schedule B if required	9a
b Qualified dividends	9b
10 Taxable refunds, credits, or offsets of state and local income taxes	10 0.
11 Alimony received	11
12 Business income or (loss). Attach Schedule C or C-EZ	12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13 1,047.
14 Other gains or (losses). Attach Form 4797	14
15a IRA distributions	15a
b Taxable amount	15b
16a Pensions and annuities	16a
b Taxable amount	16b 808.
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
18 Farm income or (loss). Attach Schedule F	18
19 Unemployment compensation	19
20a Social security benefits	20a
b Taxable amount	20b
21 Other income. List type and amount	21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22 50,682.

Adjusted Gross Income

23 Educator expenses	23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25 Health savings account deduction. Attach Form 8889	25
26 Moving expenses. Attach Form 3903	26
27 Deductible part of self-employment tax. Attach Schedule SE	27
28 Self-employed SEP, SIMPLE, and qualified plans	28
29 Self-employed health insurance deduction	29
30 Penalty on early withdrawal of savings	30
31a Alimony paid b Recipient's SSN ▶	31a
32 IRA deduction	32
33 Student loan interest deduction	33 2,500.
34 Tuition and fees. Attach Form 8917	34
35 Domestic production activities deduction. Attach Form 8903	35
36 Add lines 23 through 35	36 2,500.
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37 48,182.

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b 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

38	Amount from line 37 (adjusted gross income)	38	48,182.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,300.
41	Subtract line 40 from line 38	41	41,882.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	37,832.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	5,228.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	5,228.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	5,228.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required No	59	81.
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 <input type="checkbox"/>	61	237.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	5,546.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	7,316.
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC) No	66a	
b	Nontaxable combat pay election 66b	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	7,316.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,770.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	1,770.
b	Routing number 0 7 2 4 0 3 4 7 3 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 0 2 3 8 8 7 4 6 0 9 7		
77	Amount of line 75 you want applied to your 2017 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Unemployed	Daytime phone number (586) 612-2518
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.)

Paid Preparer Use Only

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.

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2016
Attachment
Sequence No. **12**

Name(s) shown on return

Joseph D Kodos

Your social security number

371-13-1928

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	4,852.	3,856.		996.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	896.	0.	-845.	51.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 1,047.

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	1,047.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions . . . ▶	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Joseph D Kodos

Social security number or taxpayer identification number

371-13-1928

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.17 INTERACTIVE INTELLIGENCE GROUP INC	10/01/15	05/12/16	6.21	4.80			1.41
	0.63 INTERACTIVE INTELLIGENCE GROUP INC	01/01/16	05/12/16	23.01	18.80			4.21
	0.66 INTERACTIVE INTELLIGENCE GROUP INC	04/01/16	05/12/16	24.10	22.84			1.26
	0.76 INTERACTIVE INTELLIGENCE GROUP INC	07/01/15	05/12/16	27.75	32.11			-4.36
	3 INTERACTIVE INTELLIGENCE GROUP INC	07/01/15	05/12/16	108.69	126.74			-18.05
	12 INTERACTIVE INTELLIGENCE GROUP INC	04/01/16	05/12/16	434.76	415.19			19.57
	26 INTERACTIVE INTELLIGENCE GROUP INC	01/01/16	05/12/16	941.98	776.07			165.91
	28 INTERACTIVE INTELLIGENCE GROUP INC	10/01/15	05/12/16	1,014.44	790.29			224.15
	0.87 INTERACTIVE INTELLIGENCE GROUP INC	07/01/16	07/29/16	46.50	33.88			12.62
	42 INTERACTIVE INTELLIGENCE GROUP INC	07/01/16	07/29/16	2,224.94	1,635.50			589.44
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				4,852.38	3,856.22			996.16

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Joseph D Kodos

Social security number or taxpayer identification number

371-13-1928

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☒ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	11 shares INTERACTIVE INTELLIGENCE GROUP INC	04/15/16	05/12/16	381.76	0.	O	-419.76	-38.
	10 shares INTERACTIVE INTELLIGENCE GROUP INC	07/15/16	07/29/16	514.06	0.	O	-425.50	88.56
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				895.82	0.		-845.26	50.56

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Tax History Report

► Keep for your records

2016

Name(s) Shown on Return

Joseph D Kodos

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status				Single	Single
Total income				62,139.	50,682.
Adjustments to income				2,500.	2,500.
Adjusted gross income				59,639.	48,182.
Tax expense				2,924.	2,437.
Interest expense . . .					
Contributions				50.	50.
Miscellaneous deductions.					
Other Itemized Deductions					0.
Total itemized/standard deduction . .				6,300.	6,300.
Exemption amount . .				4,000.	4,050.
Taxable income				49,339.	37,832.
Tax.				8,125.	5,228.
Alternative min tax . .					
Total credits					
Other taxes					318.
Payments				8,753.	7,316.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund.				628.	1,770.
Effective tax rate % . .				13.62	10.85
**Tax bracket %				25.0	25.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPSfee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Credit Tax Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ²	\$ 34 . 99

¹ You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

² However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

Questions? Call 1-877-908-7228

Consent to Use of Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

The following statements apply:

Sign this agreement by entering your name and the date below.

First Name

Last Name

Date

Name(s) Shown on Return Joseph D Kodos	Your SSN 371-13-1928
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Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2015 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0 .
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0 .

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 20.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State income tax allocable to net investment income

1	State, local, and foreign income taxes	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount	4	
5	State, local and foreign income taxes allocable to investment income	5	

Line 10 - Tax preparations fees allocable to net investment income

1	Tax preparations fees	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount	4	
5	Tax preparations fees allocable to investment income	5	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: _____ _____ _____		
2	Enter the total of all items listed on line 1	2	
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27)	3	
4	Enter the lesser of the total reported on line 2 or line 3	4	

Part II - Application of Section 67 Limitation to Specific Deductions

(A)	(B)	(C)
Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: _____ _____ _____	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5	7	
8	Enter the lesser of line 7 or line 4	8	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)		(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3		Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:			
1		x	=
		x	=
		x	=
		x	=
Total miscellaneous investment expenses to Form 8960, line 9c			
2	State, local, and foreign income taxes	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:			
3		x	=
		x	=
		x	=
		x	=
Penalty on early withdrawal of savings			
Other modifications:			
Total additional modifications to Form 8960, line 10			

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

Charitable Organization Worksheet

2016

► Keep for your records

Name(s) Shown on Return

Joseph D Kodos

Social Security Number

371-13-1928

Charity Name . . . Michigan Technological University

Address

City State ZIP code

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	(not needed)		Money	50.00
			Total:	50.00
			Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Joseph D Kodos

371-13-1928

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2016 Amount
1	(not needed)	50.00	1	<input checked="" type="checkbox"/>	Once	<input type="checkbox"/>	Recur	50.00
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven			
Other Costs	Description of Other Costs	Value of Miles				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				

Joseph D Kodos

371-13-1928

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:
☒ (a) 50% charity ☐ (b) Other than 50% charity

Federal Information Worksheet

► Keep for your records

2016

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Joseph
Middle initial D Suffix
Last name Kodos
Social security no. 371-13-1928
Occupation Unemployed
Date of birth 07/18/1991 (mm/dd/yyyy)
Age as of 1-1-2017 25
Daytime phone (586) 612-2518 Ext
Legally blind ☐
Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Spouse:

First name
Middle initial Suffix
Last name
Social security no.
Occupation
Date of birth (mm/dd/yyyy)
Age as of 1-1-2017
Daytime phone Ext
Legally blind ☐
Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☐ No
If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)

Address 24011 Harrison St Apt no.
City Clinton Township State MI ZIP code 48035
Foreign code Foreign country
Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone
Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Federal filing status:

☒ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
Check this box if you **did not** live with your spouse at any time during the year ☐
Check this box if you are eligible to claim your spouse's exemption (see Help) ☐
☐ 4 Head of household
If the 'qualifying person' is your child but **not** your dependent:
Child's First name MI Last Name Suff
Child's social security number
☐ 5 Qualifying widow(er)
Check the appropriate box for the year your spouse died 2014 ☐ 2015 ☐

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	Qualified child/dep care exps incurred and paid 2016	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr						

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States
for more than half of 2016? ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to
get a federally funded benefit, such as Medicaid, and the Social Security card
contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien
and you lived with your spouse during the last six months of 2016 ☐

Was EIC disallowed or reduced in a previous year and are you required to file
Form 8862 this year? ☐ Yes ☐ No

Check if you were notified by the IRS that EIC cannot be claimed in 2016 or
if you are ineligible to claim the EIC in 2015 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ▶ Huntington
Check the appropriate box ▶ Checking ☒ Savings ☐
Routing number ▶ 072403473 Account number ▶ 02388746097

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ▶ _____

Balance-due amount from this return ▶ _____

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐

Check this box if you are married filing separately and your spouse itemized deductions ☐

Check this box to take the standard deduction even if less than itemized deductions ☐

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No
Is the spouse a full-time student? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Northern Mariana Islands, or Puerto Rico	
Commonwealth of the Northern Mariana Islands	_____
Excludable income from Puerto Rico	_____

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ►

Third party designee phone number . . . ▶

Personal Identification number (enter any 5 numbers) . . ▶

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) ►

Part VI – Additional Information for Your Federal Return - Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2016 ▶ MI

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☐

Taxpayer is a resident of the state above for only part of year ▶ ☒

Date the taxpayer established residence in state above ▶ 11/15/2016

In which state (or foreign country) did the taxpayer reside before this change? ▶ IN

Spouse:

Enter the spouse's state of residence as of December 31, 2016 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
<u>IN</u>	

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 46249

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number K320441135567

Issued by what state MI

Expiration Date 07/18/2020

Issued Date 11/30/2016

License or ID license . ☒ ID . ☐ neither . ☐

Spouse

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID license . ☐ ID . ☐ neither . ☐

**Personal Information Worksheet
For the Taxpayer**

2016

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Joseph Middle initial . D Last name . . . Kodos
Suffix
Social security no. . . 371-13-1928 Member of U.S. Armed Forces in 2016? . . ☐ Yes ☒ No
Date of birth 07/18/1991 (mm/dd/yyyy) age as of 1-1-2017 25
Occupation Unemployed Daytime phone (586) 612-2518 Ext
Marital status . . . Single
If widowed, check the appropriate box for the year your spouse died:
After 2016 ► ☐ 2016 . ► ☐ 2015 . ► ☐ 2014 . ► ☐ Before 2014 . ► ☐
Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No
Check if this person is legally blind ► ☐ Yes ☒ No
If deceased, enter the date of death ► (mm/dd/yyyy)
Were you under the age of 16 as of 1-1-2017 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No
Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 **Can** someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☒ No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
3 Were you a full-time student during any part of five months during 2016? ► ☐ Yes ☐ No
4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No
5 Was at least one of your parents alive on December 31, 2016? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2016 MI
Check the appropriate box:
This person is a resident of the state above for the entire year ☐
This person is a resident of the state above for only part of year ☒
Date this person established residence in state above ► 11/15/2016
In which state (or foreign country) did this person reside before this change? ► IN

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2016
Unreimbursed medical expenses paid for qualifying person in 2016
Employment taxes paid for dependent care providers in 2016
Full-time student for 5 calendar months during 2016? ► ☐ Yes ☐ No
Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No
This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.

Check if covered or exempt (other than short gap) for prior year November ☒
Check if covered or exempt (other than short gap) for prior year December ☒

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.

12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type										Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec									
							Full Year . . . ▶														
							Full Year . . . ▶														
							Full Year . . . ▶														

Healthcare coverage information has been completed for this person.. . . . ☐

**Personal Information Worksheet
For the Spouse**

2016

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Part I – Spouse's Personal Information

First name . . . _____ Middle initial . ____ Last name . . . _____
Suffix

Social security no. Member of U.S. Armed Forces in 2016? . . ☐ Yes ☐ No

Date of birth (mm/dd/yyyy) age as of 1-1-2017

Occupation Daytime phone Ext _____

Marital status

If widowed, check the appropriate box for the year your spouse died:

After 2016 ► ☐ 2016 . ► ☐ 2015 . ► ☐ 2014 . ► ☐ Before 2014 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No

Check if this person is legally blind ► ☐ Yes ☐ No

If deceased, enter the date of death ► (mm/dd/yyyy) _____

Were you under the age of 16 as of 1-1-2017 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☐ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2016? ► ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2016? ► ☐ Yes ☐ No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2016 _____

Check the appropriate box:

This person is a resident of the state above for the entire year ☐

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ► _____

In which state (or foreign country) did this person reside before this change? ► _____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2016 _____

Unreimbursed medical expenses paid for qualifying person in 2016 _____

Employment taxes paid for dependent care providers in 2016 _____

Full-time student for 5 calendar months during 2016? ► ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.

Check if covered or exempt (other than short gap) for prior year November ☐

Check if covered or exempt (other than short gap) for prior year December ☐

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.

12 months ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec ☐

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type										Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec									
							Full Year . . . ▶														
							Full Year . . . ▶														
							Full Year . . . ▶														

Healthcare coverage information has been completed for this person.. . . . ☐

► Keep for your records

Name(s) Shown on Return
Joseph D Kodos

Social Security Number
371-13-1928

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	48,812.		48,812.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	7,154.		7,154.
3 & 7	Total social security wages/tips	48,609.		48,609.
4	Total social security tax withheld	3,013.		3,013.
5	Total Medicare wages and tips	48,609.		48,609.
6	Total Medicare tax withheld	704.		704.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	3,276.		3,276.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options	1,410.		1,410.
l	Non-taxable combat pay			
m	Total other items from box 12	1,866.		1,866.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14	203.		203.
16	Total state wages and tips	48,812.		48,812.
17	Total state tax withheld	1,580.		1,580.
19	Total local tax withheld.	823.		823.

Name
Joseph D KodosSocial Security Number
371-13-1928**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No. 371-13-1928
b Employer's ID number 35-1933097
c Employer's name, address, and ZIP code
INTERACTIVE INTELLIGENCE INC
 Street 7601 INTERACTIVE WAY
 City INDIANAPOLIS
 State IN ZIP Code 46278
 Foreign Country _____

d Control number . _____**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Joseph M.I. D
 Last Kodos Suff. _____
f Employee's address and ZIP code
 Street 24011 Harrison St
 City Clinton Township
 State MI ZIP Code 48035
 Foreign Country _____

1 Wages, tips, other compensation
5,199.06

3 Social security wages
5,199.06

5 Medicare wages and tips
5,199.06

7 Social security tips

Verification Code

11 Nonqualified plans

12 Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
731.74

4 Social security tax withheld
322.34

6 Medicare tax withheld
75.39

8 Allocated tips

10 Dependent care benefits

 Distributions from sect. 457 and nonqualified plans
(Important, see Help)

Box 12

Code

DD**Box 12**

Amount

1.98

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

G: ☐ Employer is **not** a state or local government**Box 15**

State

INEmployer's state I.D. no.
0005979935001**Box 16**

State wages, tips, etc.

5,199.06**Box 17**

State income tax

168.82**Box 20**

Locality name

49**Box 18**

Local wages, tips, etc.

5,199.06**Box 19**

Local income tax

90.54

Associated State

IN**Box 14**Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name
Joseph D KodosSocial Security Number
371-13-1928☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No. 371-13-1928
b Employer's ID number 38-3867866
c Employer's name, address, and ZIP code
INTERACTIVE PURECLOUD INC
 Street 7601 INTERACTIVE WAY
 City INDIANAPOLIS
 State IN ZIP Code 46278
 Foreign Country _____

d Control number . _____☒**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Joseph M.I. D
 Last Kodos Suff. _____
f Employee's address and ZIP code
 Street 24011 Harrison St
 City Clinton Township
 State MI ZIP Code 48035
 Foreign Country _____

1 Wages, tips, other compensation
43,613.04**3** Social security wages
43,410.08**5** Medicare wages and tips
43,410.08**7** Social security tips
_____Verification Code
_____**11** Nonqualified plans
_____**12** Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
6,421.81**4** Social security tax withheld
2,691.42**6** Medicare tax withheld
629.45**8** Allocated tips

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans
(Important, see Help)

Box 12

Code

CVDD**Box 12**

Amount

7.931,410.231,855.55

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

G: ☐ Employer is **not** a state or local government**Box 15**

State

INEmployer's state I.D. no.
0152378812001**Box 16**

State wages, tips, etc.

43,613.04**Box 17**

State income tax

1,410.52**Box 20**

Locality name

49**Box 18**

Local wages, tips, etc.

43,613.04**Box 19**

Local income tax

731.57

Associated State

IN**Box 14**Description or Code
on Actual Form W-2DISQ DISP

Amount

202.96

TurboTax Identification of Description or Code
 (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Other (not classified)

Healthcare Entry Sheet

2016

► Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap
Eligible*
Yes No

a. Name of covered individual(s)		b. SSN c. DOB		Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	Joseph	Kodos	371-13-1928 07/18/91	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

☒

Check this box once you are finished with all the healthcare related entries.

Form 1099-R Summary

2016

► Keep for your records

Name(s) Shown on Return
Joseph D Kodos

Social Security No.
371-13-1928

Traditional IRA Distributions			Taxpayer	Spouse
Gross	1	Total gross distributions from box 1 of Form 1099-R . . .		
	a	Less: Amounts rolled over		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited IRA amount		
	d	Less: Return of contributions		
	e	Less: Qualified charitable distributions		
	f	Less: HSA funding distributions		
	2	Balance of gross traditional IRA distributions		
	a	Gross distribution transferred to Form 8915A, 2(a) . . .		
	b	Qualified disaster distributions		
	c	Less: Amount rolled over		
	d	Gross distribution transferred to Form 8915A, 2(b) . . .		
	3	Amount of line 2 converted to a Roth IRA		
	a	Less: Amount recharacterized		
	4	Net amount of line 2 converted to a Roth IRA		
5	Amount of line 2 not converted to a Roth IRA			
Taxable	6	Earnings on return of contributions		
	7	Taxable amount of inherited IRAs on line 1c		
	8	Taxable amount not converted to Roth IRA		
	9	Taxable amount of Roth IRA conversions		
	10	Taxable amount included on Form 1040, line 15b . . .		
	11	If checked, taxable amount calculated on Form 8606 . .	<input type="checkbox"/>	<input type="checkbox"/>
Roth IRA Distributions				
Gross	12	Total gross distributions from box 1 of Form 1099-R . .		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	d	Less: Return of contributions		
	e	Qualified disaster distribution		
13	Roth IRA distributions subject to distribution rules . . .			
Qualified	14	Total gross qualified distributions		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
15	Qualified distributions subject to distribution rules . . .			
Taxable	16	Net nonqualified distributions for Form 8606		
	17	Earnings on return of contributions		
	18	Taxable amount of inherited Roth IRAs on line 12c . .		
	19	Taxable earnings on nonqualified distributions		
	20	Taxable amount included on Form 1040, line 15b . . .		
IRA Qualified Disaster Distributions From Form 8915A				
Taxable	20 a	Qualified distributions on Form 1040, line 15b		
	b	Home repayment distributions on Form 1040, line 15b .		
Recharacterizations (See Help)				
Gross	21 a	2016 form code N (included on Form 1040, line 15a) . .		
	21 b	2017 form code R (not included on 1040, line 15a) . .		

Pensions and Annuities			Taxpayer	Spouse
Gross	22	Total gross distributions from box 1 of Form 1099-R . . .	808.	
	a	Less: Lump sum transferred to Form 4972.		
	b	Less: Amount not reported on Form 1040, line 16.		
	c	Designated Roth distribution allocated to an IRR		
	23	Amount of line 22 converted to a Roth IRA.		
	a	Less: Amount recharacterized.		
	b	Net amount of line 23 converted to a Roth IRA		
	24	Distributions from Canada RRP Wks, line 7a		
	25	Gross distribution transferred to Form 1040, line 16a . . .	808.	
	a	Less: Amount rolled over		
	b	Amount attributable to an in-plan Roth rollover		
	c	Gross distribution transferred to Form 8915A, 1(a)		
	d	Qualified disaster distribution		
	e	Less: Amount rolled over		
	f	Gross distribution transferred to Form 8915A, 1(b)		
Taxable	26	Taxable amount in box 2a, Form 1099-R.	808.	
	a	Taxable amount rolled over		
	b	Non-taxable amount rolled over		
	c	Designated Roth contribution basis rolled to Roth IRA . .		
	d	Insurance premiums for retired public safety officers . .		
	e	Qualified disaster amount to Form 8915A		
	27	Lump sum amount transferred to Form 4972		
	28	Amount transferred to Form 1040, line 7		
	a	Disability before minimum retirement age		
	b	Return of contributions		
	c	Insurance premiums for retired public safety officers . .		
	29	Nontaxable amount from Simplified Method		
	30	Capital gains from charitable gift annuities		
	a	Capital gain subject to the 28% rate		
	b	Unrecaptured section 1250 gain		
	31	Taxable amount of Roth IRA conversions		
	a	Taxable amount of in-plan Roth rollovers		
	32 a	Taxable amount of distributions	808.	
	b	Taxable distributions from Canada RRP Wks, line 7b. . .		
	c	Taxable disaster distributions from Form 8915A.		
	d	Taxable amount transferred to Form 1040, line 16b. . .	808.	
Section 1035 Tax-free Exchange				
Pensions	33	Total gross distributions from box 1 of Form 1099-R . .		
IRAs	34	Total gross distributions from box 1 of Form 1099-R . .		
Distributions on 2016 1099-Rs Not Reported on the 2016 Return				
Code P	35	Distribution reported on 2015 tax return		
Code R	36	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return.		
Tax Withholding				
Box 4	37	Total federal tax withheld	162.	
Box 10	38	Total state tax withheld	34.	
Box 13	39	Total local tax withheld.		
Nontaxable Distributions for Sales Tax Deduction				
	40	Nontaxable IRA distributions		
	41	Nontaxable pension distributions	0.	
Health Insurance Premiums				
	42	Health insurance deductible on Schedule A		
Taxable Distributions included in Net Investment Income				
	43	Annuity payments and other distributions that may be subject to the net investment income tax		

Keep for your records

Name Joseph D Kodos	Social Security Number 371-13-1928
------------------------	---------------------------------------

Source Form : 1099-R . ☒ CSA-1099-R . ☐ CSF-1099-R . ☐ RRB-1099-R . ☐If Spouse's 1099-R, check this box . ☐
Do not transfer this 1099-R to next year ☐Corrected ☐

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code. Bank of America, N.A. Interactive Intelligence Group P.O. Box 1511 Pennington NJ 08534-0737 Payer's country		1 Gross distribution \$ 807.83
		2a Taxable amount (See Help) \$ 807.83
		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>
Payer's Federal identification number 94-1687665	Recipient's identification number 371-13-1928	3 Capital gain (included in box 2a) \$
		4 Federal income tax withheld \$ 161.57
Check to transfer Recipient's information from Federal Information Worksheet <input checked="" type="checkbox"/>		5 Employee contributions /Designated Roth contributns or insurance premiums \$
Recipient's name Joseph D Kodos Street address (including apartment number) 24011 Harrison St City Clinton Township State MI ZIP code 48035 Recipient's country		6 Net unrealized appreciation in employer securities \$
		7 Distribn code(s) 1st code <input type="checkbox"/> 1 IRA/SEP/SIMPLE 2nd code <input type="checkbox"/> <input type="checkbox"/>
		8 Other % \$
10 Amount allocable to IRR within 5 years \$		9a Your percentage of total distribution %
		9b Total employee contributions \$
11 1st year of desig. Roth contrib.		
FATCA filing requirement <input type="checkbox"/>		12 State tax withheld \$ 34.33
Special use code for first state (See Help) N		13 Payer's State / state no. MI / ME0356760
Special use code for second state (See Help)		14 State distribution \$ 807.83
Account number		15 Local tax withheld \$
		16 Name of locality
		17 Local distribution \$

- ☐ Check if NOT from a qualified retirement plan or IRA (see Help)
☐ If box 7 code is J or T, check if a qualified distribution (see Help)
☐ If box 7 code is J, enter amount used for first time home purchase
☐ If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help)

Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of

<input type="checkbox"/> Treat as recipient's own (this is treated as a rollover)	<input type="checkbox"/>
<input type="checkbox"/> Recipient, but was originally inherited from a spouse (treated as recipient's IRA)	<input type="checkbox"/>
<input type="checkbox"/> Spouse and not treat as recipient's own (taxable amount must be in box 2a)	<input type="checkbox"/>
<input type="checkbox"/> Someone other than a spouse (taxable amount must be in box 2a)	<input type="checkbox"/>
<input type="checkbox"/> From a traditional IRA	<input type="checkbox"/>
<input type="checkbox"/> From a Roth IRA	<input type="checkbox"/>
<input type="checkbox"/> From a SIMPLE plan (first two years of participation only)	<input type="checkbox"/>
<input type="checkbox"/> From a SIMPLE plan (more than two years of participation)	<input type="checkbox"/>
<input type="checkbox"/> From a SEP IRA	<input type="checkbox"/>
<input type="checkbox"/> None	<input type="checkbox"/>
<input type="checkbox"/> Subject to the penalty of early withdrawal	<input type="checkbox"/>
<input type="checkbox"/> Not subject to the penalty of early withdrawal	<input type="checkbox"/>

Insurance Amount of insurance premiums deductible on Schedule A
Amount of health savings account (HSA) funding distributions
Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution

Qualified Charitable Distribution Enter IRA distributions made directly by the trustee to a qualified charitable organization

RMD If this is a distribution from a traditional IRA or qualified retirement plan, and if this is a Required Minimum Distribution (RMD) (See Help),
Entire gross is RMD ☐ or the amount of gross distbn that is the RMD

Wages, Salaries, & Tips Worksheet

2016

► Keep for your records

Name(s) Shown on Return

Joseph D Kodos

Social Security Number

371-13-1928

The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	48,812.		48,812.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,000 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ►	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income			
10 Subtotal.			
Add lines 1 through 9	48,812.		48,812.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income			
15 Total of lines 10 through 14	48,812.		48,812.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2016

► Keep for your records

Name(s) Shown on Return
Joseph D Kodos

Social Security Number
371-13-1928

		Regular Tax	Alternative Minimum Tax																								
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.																											
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1																									
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2																									
3	Subtract line 2 from line 1	3																									
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4																									
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5																									
6	Add lines 3 through 5	6																									
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7																									
8	Enter the amount, if any, from Form 4797, line 8	8																									
9	Subtract line 8 from line 7. If zero or less, enter -0-	9																									
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10																									
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund																										
	<table border="0"> <tr> <td></td> <td>Regular</td> <td>AMT</td> </tr> <tr> <td>a</td> <td>On Form 1099-DIV</td> <td></td> </tr> <tr> <td>b</td> <td>On Form 2439</td> <td></td> </tr> <tr> <td>c</td> <td>On Schedule(s) K-1</td> <td></td> </tr> <tr> <td>d</td> <td>On Form 1099-R</td> <td></td> </tr> <tr> <td>e</td> <td>From Form 8814</td> <td></td> </tr> <tr> <td>f</td> <td>Other.</td> <td></td> </tr> <tr> <td></td> <td>Total</td> <td></td> </tr> </table>		Regular	AMT	a	On Form 1099-DIV		b	On Form 2439		c	On Schedule(s) K-1		d	On Form 1099-R		e	From Form 8814		f	Other.			Total		11	
	Regular	AMT																									
a	On Form 1099-DIV																										
b	On Form 2439																										
c	On Schedule(s) K-1																										
d	On Form 1099-R																										
e	From Form 8814																										
f	Other.																										
	Total																										
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12																									
13	Add lines 9 through 12.	13																									
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.																								
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.																								
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16																									
a	Enter your capital gain excess, if you are filing Form 2555	a	0.																								
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.																								
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18																									

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2016

Name(s) Shown on Return
Joseph D Kodos

Social Security Number
371-13-1928

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1			
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
a	Schedule D . . .				
b	Form 8814 . . .				
c	Schedule B . . .				
d	Form 6252 . . .				
e	Form 2439 . . .				
f	Other				
	Total	2			
3	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 4684, line 4 (but only if line 15 is more than zero)				
b	Form 6252				
c	Form 6781, Part II				
d	Form 8824				
	Total	3			
4	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 1099-DIV, box 2d . . .				
b	Form 2439, box 1d				
c	Schedule K-1 from a partnership, S corporation, estate, or trust				
d	Disposition of interest in partnership or S corporation				
e	Other				
	Total	4			
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	5			
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-	6			
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7			
8	Enter the amount of any capital gain excess	8			0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	0.		0.

Name(s) Shown on Return
Joseph D KodosSocial Security Number
371-13-1928

1 a	Enter your taxable income from Form 1040, line 43	1 a	37,832.
b	Enter the amount from your (and your spouse's) Form 2555, line 45	b	
c	Add lines 1a and 1b	1 c	37,832.
2 a	Enter your qualified dividends from Form 1040, line 9b	2 a	
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	0.
7 a	Enter line 15 of Schedule D	7 a	
b	Enter line 16 of Schedule D	b	1,047.
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	0.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	37,832.
15	Enter: • \$37,650 if single or married filing separately; • \$75,300 if married filing jointly or qualifying widow(er); or • \$50,400 if head of household.	15	37,650.
16	Enter the smaller of line 1c or line 15	16	37,650.
17	Enter the smaller of line 14 or line 16	17	37,650.
18	Subtr in 10 from in 1c. If zero or less, enter -0-	18	37,832.
19	Enter the larger of line 17 or line 18	19	37,832.
20	Subtract line 17 from line 16. This amount is taxed at 0% If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.	20	0.
21	Enter the smaller of line 1c or line 13	21	0.
22	Enter the amount from line 20 (if line 20 is blank, enter -0-)	22	0.
23	Subtract line 22 from line 21. If zero or less, enter -0-	23	0.
24	Enter: • \$415,050 if single, • \$233,475 if married filing separately, • \$466,950 if married filing jointly or qualifying widow(er), • \$441,000 if head of household.	24	415,050.
25	Enter the smaller of line 1c or line 24	25	37,832.
26	Add lines 19 and 20	26	37,832.
27	Subtract line 26 from line 25. If zero or less, enter -0-	27	0.
28	Enter the smaller of line 23 or line 27	28	0.
29	Multiply line 28 by 15% (.15)	29	0.
30	Add lines 22 and 28	30	0.
31	Subtract line 30 from line 21	31	0.
32	Multiply line 31 by 20% (.20)	32	0.
If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.			
33	Enter the smaller of line 9c above or Schedule D, line 19	33	
34	Add lines 10 and 19	34	
35	Enter the amount from line 1c above	35	
36	Subtract line 35 from line 34. If zero or less, enter -0-	36	
37	Subtract line 36 from line 33. If zero or less, enter -0-	37	
38	Multiply line 37 by 25% (.25)	38	

If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.

39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	_____ 5,228.
43	Add lines 29, 32, 38, 41, and 42	43	_____ 5,228.
44	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	_____ 5,228.
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 44.	45	_____ 5,228.

Form 1040 **Qualified Dividends and Capital Gain Tax Worksheet**
Line 44 ► Keep for your records

2016

Name(s) Shown on Return
Joseph D Kodos

Social Security Number
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1	Enter the amount from Form 1040, line 43	1	_____
2	Enter the amount from Form 1040, line 9b	2	_____
3	Are you filing Schedule D?		
<input type="checkbox"/>	Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
<input type="checkbox"/>	No. Enter the amount from Form 1040, line 13.		
4	Add lines 2 and 3	4	_____
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-.		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	_____
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	_____
8	Enter:		
	\$37,650 if single or married filing separately, \$75,300 if married filing jointly or qualifying widow(er), \$50,400 if head of household.	8	_____
9	Enter the smaller of line 1 or line 8	9	_____
10	Enter the smaller of line 7 or line 9	10	_____
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	_____
12	Enter the smaller of line 1 or line 6	12	_____
13	Enter the amount from line 11	13	_____
14	Subtract line 13 from line 12.	14	_____
15	Enter:		
	\$415,050 if single, \$233,475 if married filing separately, \$466,950 if married filing jointly or qualifying widow(er), \$441,000 if head of household.	15	_____
16	Enter the smaller of line 1 or line 15	16	_____
17	Add lines 7 and 11	17	_____
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	_____
19	Enter the smaller of line 14 or line 18	19	_____
20	Multiply line 19 by 15% (.15)	20	_____
21	Add lines 11 and 19	21	_____
22	Subtract line 21 from line 12	22	_____
23	Multiply line 22 by 20% (.20)	23	_____
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.		
25	Add lines 20, 23, and 24	25	_____
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.		
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 44.		
		27	_____

Capital Gain (Loss) Transaction Worksheet

► Keep for your records

2016

Name(s) Shown on Return
Joseph D Kodos

Social Security No.
371-13-1928

Transaction Number 1

Part I Investment Information

1 Information about this transaction:

- a Is this transaction reported to you on Form 1099-B or equivalent statement? ► Yes ☒ No ☐
- b If "Yes" is marked on line 1a, then (referring to the form or equivalent statement):
- (1) Is Box 5 marked (i.e., is this the sale of a noncovered security)? ► Yes ☒ No ☐
- (2) Is Box 3 marked (i.e., is the basis amount reported to the IRS)? ► Yes ☐ No ☒
- (3) Select type of gain (loss) indicated in Box 2, if any S
- (4) If necessary, enter corrected type of gain or loss
- (5) Enter wash sale loss disallowed amount, if any (see Tax Help) ► 0.00
- c If "Yes" is marked on lines 1a and 1b(2), enter the basis amount from Box 1e ►

2 Type of investment or other property (check one):

- | | | |
|---|--|--|
| a <input checked="" type="checkbox"/> Stock | e <input type="checkbox"/> Second home | i <input type="checkbox"/> Options (purchased) |
| b <input type="checkbox"/> Mutual fund | f <input type="checkbox"/> Land (unimproved) | j <input type="checkbox"/> Statement with details attached |
| c <input type="checkbox"/> Bond | g <input type="checkbox"/> Nonbusiness bad debt | k <input type="checkbox"/> Other investment (intangible) |
| d <input type="checkbox"/> Collectible | h <input type="checkbox"/> Personal, noninvestment | l <input type="checkbox"/> Other property (tangible) |

Part II Stock and Mutual Fund Information

1 If stock, mutual fund, or options, type (check one):

- | | |
|--|---|
| a <input type="checkbox"/> Publicly traded stock, mutual fund, or options | e <input type="checkbox"/> Section 1242 stock |
| b <input checked="" type="checkbox"/> Employer stock (ESPP, ISO, NQSO, etc.) | f <input type="checkbox"/> Section 1244 stock |
| c <input type="checkbox"/> Qualified small business (QSB) stock | g <input type="checkbox"/> Other |
| d <input type="checkbox"/> Spec. small bus. investment company (SSBIC) | h <input type="checkbox"/> Not applicable |

- 2 Number of shares sold ► 11.0000
- 3 Selling price per share ► 34.7055
- 4 Company name ► INTERACTIVE INTELLIGENCE GROUP INC
- 5 Other security information (optional):
- a Symbol
- b CUSIP number
- c Brokerage house ► E*TRADE CLEARING LLC
- d Account number ► 3604-9819

Part III Disposition Information

- 1 Description 11 shares INTERACTIVE INTELLIGENCE GROUP INC
- 2 Owner ☒ Taxpayer ☐ Spouse ☐ Joint
- 3 Type of disposition (check one):
- a ☒ Sold (enter trade date on line 4)
- b ☐ Short sale (on line 4, enter date property was delivered to broker or lender to close short sale)
- (1) Net proceeds from sale of borrowed property sold short ►
- (2) Date property delivered to close short sale was acquired ►
- (3) Purchase price of property delivered to close short sale ►
- c ☐ Bankrupt (enter date of bankruptcy on line 4)
- d ☐ Worthless (enter date stock or loan became worthless on line 4)
- e ☐ Expired (enter date options expired on line 4)
- f ☐ Other
- 4 Date sold (date of disposition) 05/12/2016
- 5 Sales price and sales expenses:
- a Gross sales price 381.76
- b Sales expenses and commissions (included on Form 1099-B)
- c Net sales price (Form 1099-B, Box 1d, if 1099-B received) 381.76
- d Sales expenses and commissions (not included on Form 1099-B)
- 6 Special disposition situations:
- a ☐ Wash sale (check if purchased substantially identical shares during wash sale window)
- (1) Wash sale window start date ►
- (2) Wash sale window end date ►
- (3) Number of substantially identical replacement shares purchased in window
- b ☐ Sold to related party
- c ☐ Cash in lieu of fractional shares
- d ☐ Stock sale to Employee Stock Ownership Plan (ESOP) (Section 1042)
- e ☐ Rollover to Specialized Small Business Investment Company (SSBIC) (Section 1044)
- f ☐ Rollover to another qualified small business (QSB) stock (Section 1045)
- g ☐ Sale of qualified small business (QSB) stock eligible for 50% exclusion of gain (Section 1202)
- h ☐ Sale of qualified small business (QSB) stock eligible for 60% exclusion of gain (Section 1202)
- i ☐ Sale of qualified small business (QSB) stock eligible for 75% exclusion of gain (Section 1202)
- j ☐ Sale of qualified small business (QSB) stock eligible for 100% exclusion of gain (Section 1202)
- k ☒ None

Part IV Acquisition Information

1 Do you have actual historical acquisition information?

a ☒ Yesb ☐ No

2 Method of acquisition (check one):

a ☐ Purchase

Complete line 3.

b ☐ Inheritance

Complete line 6.

c ☐ Gift

Complete line 7.

d ☐ Divorce

Complete line 8.

e ☐ Demutualization of insurance company

Complete line 9.

f ☐ Fractional shares (merger, spin-off, etc.)

Complete line 10.

g ☐ Other

Complete line 11.

h ☒ Not applicable

3 If acquired by purchase (check one):

a ☐ Single purchase

Complete line 4.

b ☐ Multiple purchase lots

Complete line 5.

4 If single purchase:

a Date purchased 04/15/2016

b Purchase price 0.00 (shares @)

c Purchase expenses and commissions

d Total purchase price

5 If multiple purchase lots, check one:

a ☐ Use multiple lots worksheet

Complete Multiple Lots Wks. ▶

b ☐ Use summary provided by broker

Complete Part X ▶

c ☐ Use cost basis lookup

6 If acquired by inheritance:

a Decedent's date of death

b Is basis "stepped-up" to fair market value? ▶ Yes ☐ No ☐

c Date of acquisition

d Basis for gain or loss. (shares @)

7 If acquired by gift:

a Date acquired by donor

b Date of gift

c Donor's cost basis (shares @)

d Fair market value on date of gift (shares @)

e Gift tax paid by donor, if any (rare)

8 If acquired by divorce:

a Date acquired by former spouse

b Former spouse's cost basis (shares @)

9 If acquired by demutualization:

a Date acquired policy or annuity

b Cost basis (shares @)

10 If fractional shares:

a Check one: ☐ Merger ☐ Spin-off ☐ Stock dividend ☐ Other

b Name of old company

c Name of new company, if merger or spin-off

d Date acquired shares in old company

e Cost basis of shares of old company

Number
Of SharesValue Per
Share

f Total shares of old company

g Merger, spin-off, or stock dividend fraction. ▶

h Total shares received (multiply line f by line g)

i Whole shares received

j Fractional shares deemed received and sold for cash

Allocation of Cost Basis: Basis

k Cost basis allocated to shares in old company

l Cost basis allocated to whole shares received

m Cost basis allocated to fractional shares

n Total cost basis.

11 If acquired by other means:

a Date acquired

b Cost basis (shares @)

12 Holding Period (check only if actual dates of acquisition and disposition not entered.)

a ☐ Short-termb ☐ Long-termc ☐ Both short and long-term

Part IX Adjustments to Gain or Loss

	(a) Short-Term	(b) Long-Term	(c) Total
1 Reported basis is incorrect			
2 Section 1202 exclusion of gain from QSB stock			
3 a Rollover of gain under section 1042			
b Rollover of gain under section 1044			
c Rollover of gain under section 1045			
4 Nondeductible loss from wash sale			
5 a Nondeductible loss from sale to related party			
b Nondeductible loss from second home			
c Nondeductible loss from personal use property			
6 a Compensation already included in income	-419.76		-419.76
b Section 1242 loss reported on Form 4797			
c Section 1244 loss reported on Form 4797			
d Selling expenses not reported on Form 1099-B			
f Other			

Part X Transaction Summary

	(a) Short-Term	(b) Long-Term	(c) Total
1 Number of shares, if stock or mutual fund	11.0000		
2 Date acquired	04/15/2016		04/15/2016
3 Date sold	05/12/2016		05/12/2016
4 Sales price	381.76		381.76
5 Cost or other basis	0.00		0.00
6 Gain (loss)	381.76		381.76
7 Total adjustment to gain (loss)	-419.76		-419.76
8 Adjusted gain (loss)	-38.00		-38.00
9 If summarizing attached statements, enter all single-letter adjustment codes that apply			

Part XI Short-Term Capital Gain or Loss Reported on Form 8949 and Schedule D

Related Form 8949 Box	(a) Description of property		(b) Date acquired	(c) Date sold
(d) Sales price	(e) Cost/Other Basis	(f) Adjustment Code(s)	(g) Adjustment Amount	(h) Gain or (loss)
B 381.76	11 shares INTERACTIVE INTELLIGENCE GROUP INC 0.00	O	04/15/16 -419.76	05/12/16 -38.00

Part XII Long-Term Capital Gain or Loss Reported on Form 8949 and Schedule D

Related Form 8949 Box	(a) Description of property		(b) Date acquired	(c) Date sold
(d) Sales price	(e) Cost/Other Basis	(f) Adjustment Code(s)	(g) Adjustment Amount	(h) Gain or (loss)

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1	Company name. . .	<u>INTERACTIVE INTELLIGENCE GROUP INC</u>	
2	Date shares sold		<u>05/12/16</u>
3	Selling price (per share)		<u>34.7055</u>
4	Number of shares sold	<u>11.0000</u>	
5	Gross sales price		<u>381.76</u>
6	Sales expenses and commissions included in Form 1099-B		<u></u>
7	Net sales price (Form 1099-B, Box 2)		<u>381.76</u>
8	Sales expenses and commissions not included in Form 1099-B		<u></u>

9 Employee is (check one): Taxpayer ☒ Spouse ☐

10 Type of stock plan. Check one:

a	<input type="checkbox"/>	Employee Stock Purchase Plan (ESPP)	Complete Part III	▶
b	<input type="checkbox"/>	Stock Options (NQSO or ISO)	Complete Part IV	▶
c	<input type="checkbox"/>	Restricted Stock	Complete Part V	▶
d	<input checked="" type="checkbox"/>	Restricted Stock Units (RSU)	Complete Part VI	▶

11 Check one:

a ☐ Compensation income, capital gain (loss) amounts **not** already determined (complete lines 12 through 14)

b ☐ Compensation income, capital gain (loss) amounts already determined (leave lines 12 through 14 blank and complete Part VII). **QuickZoom** to Part VII ►

12 Plan discount percent (if none, enter zero) ► _____ %

13 How acquired stock. Check one:

a ☐ Single purchase, same price per share paid for all shares

b ☐ Single purchase, different prices per share paid for shares

c ☐ Multiple purchases

14 For each ESPP purchase lot from which shares on line 4 above were sold, enter grant and acquisition information in columns (b) through (j). (Box numbers refer to Form 3922; see Tax Help.)

[illegible]

Part VI Restricted Stock Units (RSUs)

25 Enter vesting information in columns (b) through (g) for each lot from which shares on line 4 above were sold.

(a) Lot #	(b) Number of Shares	(c) Date Vested	(d) Market Price Per Share	(e) Price Paid Per Share If Any	(f) Fees Paid If Any	(g) Number of Shares Withheld If Any
1	18.0000	04/15/16	38.1600	0.0000		7.0000

26 Computation of compensation income and basis of shares, per lot

(a) Lot #	(b) Market Price	(c) Amount Paid	(d) Compensation Income	(e) Basis Total	(f) Basis Per Share	(g) Net Shares
1	686.88	0.00	686.88	419.76	38.1600	11.0000
Total			686.88		419.76	11.0000
Total for 2016			686.88			

27 Computation of capital gain (loss) per lot

		Capital Gain (Loss)			
(a) Lot Number	(b) Number of Shares	(c) Allocated Sales Price	(d) Cost Basis	(e) Short-term Capital Gain (Loss)	(f) Long-term Capital Gain (Loss)
1	11.0000	381.76	419.76	-38.00	
Total . . .	11.0000	381.76	419.76	-38.00	

Part VII Summary

28 Amount reported as compensation income for 2016 686.88

29 Capital Gain or (Loss)

	Short-Term	Long-Term	Total
a Number of shares	11.0000		11.0000
b Date acquired.	04/15/2016		04/15/2016
c Date sold	05/12/2016		05/12/2016
d Sales price	381.76		381.76
e Cost or other basis	419.76		419.76
f Gain or (loss)	-38.00		-38.00

Multiple Lots Worksheet

► Keep for your records

2016

Name(s) Shown on Return

Joseph D Kodos

Social Security Number

371-13-1928

Part I Stock or Mutual Fund Information

- 1 Description . . 11 shares INTERACTIVE INTELLIGENCE GROUP INC
- 2 a Date sold 05/12/16
- b Total number of shares sold 11.0000
- 3 Sales price 381.76
- 4 Check one:

a Use first-in first-out (FIFO) method ☒

b Use average single-category method (permitted for mutual funds only) ☐


c Use specific identification method ☐

Part II Original Purchase Lots

- 5 Complete columns (b) and (d) for each purchase lot from which the shares shown on line 2b were sold. Also complete either column (e), price per share, **or** column (f), total price of shares, for each lot. Enter reinvested dividends in Part IV of the Capital Gain Transaction Worksheet.

(a) Lot #	(b) Date	(c) L S	(d) Number of Shares	(e) Purchase Price Per Share	(f) Total Price of Shares	(g) Fees Paid	(h) Total Cost
1	04/15/16	S	11.0000	38.1600	419.76		419.76
6 Totals			11.0000		419.76		419.76

Part III Lot Identification

- 7 For first-in, first-out (FIFO) method or average single-category method, make no entries in this section.
For specific identification method, check the lots from which shares were sold. . . . 

(a) Lot #	(b) Date	(c) L S	(d) Adjusted Number of Shares	(e) Total Cost	(f) Cost Per Share	(g)	(h) Shares Sold From This Lot
1	04/15/16	S	11.0000	419.76	38.1600	<input checked="" type="checkbox"/>	11.0000
8 Totals			11.0000	419.76	38.1600		11.0000

Part IV Computation of Cost Basis

- 9 Cost basis of shares sold.

(a) Lot #	(b) Date Acquired	(c) L S	(d) Cost Basis Per Share	(e) Number of Shares	(f) Cost Basis Total
1	04/15/16	S	38.1600	11.0000	419.76
10 Total				11.0000	419.76
11 Total short-term				11.0000	419.76
12 Total long-term					

Part V Summary

	(a) Short-Term	(b) Long-Term	(c) Total
13 Number of shares	11.0000		11.0000
14 Date acquired	04/15/16		04/15/2016
15 Date sold	05/12/16		05/12/2016
16 Sales price	381.76		381.76
17 Cost basis	419.76		419.76
18 Gain or (loss)	-38.00		-38.00

Capital Gain (Loss) Transaction Worksheet

► Keep for your records

2016

Name(s) Shown on Return
Joseph D Kodos

Social Security No.
371-13-1928

Transaction Number 2

Part I Investment Information

1 Information about this transaction:

- a Is this transaction reported to you on Form 1099-B or equivalent statement? ► Yes ☒ No ☐
- b If "Yes" is marked on line 1a, then (referring to the form or equivalent statement):
- (1) Is Box 5 marked (i.e., is this the sale of a noncovered security)? ► Yes ☒ No ☐
- (2) Is Box 3 marked (i.e., is the basis amount reported to the IRS)? ► Yes ☐ No ☒
- (3) Select type of gain (loss) indicated in Box 2, if any S
- (4) If necessary, enter corrected type of gain or loss
- (5) Enter wash sale loss disallowed amount, if any (see Tax Help) ► 0.00
- c If "Yes" is marked on lines 1a and 1b(2), enter the basis amount from Box 1e ►

2 Type of investment or other property (check one):

- | | | |
|---|--|--|
| a <input checked="" type="checkbox"/> Stock | e <input type="checkbox"/> Second home | i <input type="checkbox"/> Options (purchased) |
| b <input type="checkbox"/> Mutual fund | f <input type="checkbox"/> Land (unimproved) | j <input type="checkbox"/> Statement with details attached |
| c <input type="checkbox"/> Bond | g <input type="checkbox"/> Nonbusiness bad debt | k <input type="checkbox"/> Other investment (intangible) |
| d <input type="checkbox"/> Collectible | h <input type="checkbox"/> Personal, noninvestment | l <input type="checkbox"/> Other property (tangible) |

Part II Stock and Mutual Fund Information

1 If stock, mutual fund, or options, type (check one):

- | | |
|--|---|
| a <input type="checkbox"/> Publicly traded stock, mutual fund, or options | e <input type="checkbox"/> Section 1242 stock |
| b <input checked="" type="checkbox"/> Employer stock (ESPP, ISO, NQSO, etc.) | f <input type="checkbox"/> Section 1244 stock |
| c <input type="checkbox"/> Qualified small business (QSB) stock | g <input type="checkbox"/> Other |
| d <input type="checkbox"/> Spec. small bus. investment company (SSBIC) | h <input type="checkbox"/> Not applicable |

2 Number of shares sold ► 10.0000

3 Selling price per share ► 51.4060

4 Company name ► INTERACTIVE INTELLIGENCE GROUP INC

5 Other security information (optional):

- a Symbol
- b CUSIP number
- c Brokerage house ► E*TRADE CLEARING LLC
- d Account number ► 3604-9819

Part III Disposition Information

1 Description 10 shares INTERACTIVE INTELLIGENCE GROUP INC

2 Owner ☒ Taxpayer ☐ Spouse ☐ Joint

3 Type of disposition (check one):

- a ☒ Sold (enter trade date on line 4)
- b ☐ Short sale (on line 4, enter date property was delivered to broker or lender to close short sale)
- (1) Net proceeds from sale of borrowed property sold short ►
- (2) Date property delivered to close short sale was acquired ►
- (3) Purchase price of property delivered to close short sale ►
- c ☐ Bankrupt (enter date of bankruptcy on line 4)
- d ☐ Worthless (enter date stock or loan became worthless on line 4)
- e ☐ Expired (enter date options expired on line 4)
- f ☐ Other

4 Date sold (date of disposition) 07/29/2016

5 Sales price and sales expenses:

- a Gross sales price. 514.06
- b Sales expenses and commissions (included on Form 1099-B)
- c Net sales price (Form 1099-B, Box 1d, if 1099-B received) 514.06
- d Sales expenses and commissions (not included on Form 1099-B)

6 Special disposition situations:

- a ☐ Wash sale (check if purchased substantially identical shares during wash sale window)
- (1) Wash sale window start date ►
- (2) Wash sale window end date ►
- (3) Number of substantially identical replacement shares purchased in window
- b ☐ Sold to related party
- c ☐ Cash in lieu of fractional shares
- d ☐ Stock sale to Employee Stock Ownership Plan (ESOP) (Section 1042)
- e ☐ Rollover to Specialized Small Business Investment Company (SSBIC) (Section 1044)
- f ☐ Rollover to another qualified small business (QSB) stock (Section 1045)
- g ☐ Sale of qualified small business (QSB) stock eligible for 50% exclusion of gain (Section 1202)
- h ☐ Sale of qualified small business (QSB) stock eligible for 60% exclusion of gain (Section 1202)
- i ☐ Sale of qualified small business (QSB) stock eligible for 75% exclusion of gain (Section 1202)
- j ☐ Sale of qualified small business (QSB) stock eligible for 100% exclusion of gain (Section 1202)
- k ☒ None

Part IV Acquisition Information

1 Do you have actual historical acquisition information?

a ☒ Yesb ☐ No

2 Method of acquisition (check one):

a ☐ Purchase

Complete line 3.

b ☐ Inheritance

Complete line 6.

c ☐ Gift

Complete line 7.

d ☐ Divorce

Complete line 8.

e ☐ Demutualization of insurance company

Complete line 9.

f ☐ Fractional shares (merger, spin-off, etc.)

Complete line 10.

g ☐ Other

Complete line 11.

h ☒ Not applicable

3 If acquired by purchase (check one):

a ☐ Single purchase

Complete line 4.

b ☐ Multiple purchase lots

Complete line 5.

4 If single purchase:

a Date purchased 07/15/2016

b Purchase price 0.00 (shares @)

c Purchase expenses and commissions

d Total purchase price

5 If multiple purchase lots, check one:

a ☐ Use multiple lots worksheet

Complete Multiple Lots Wks. ▶

b ☐ Use summary provided by broker

Complete Part X ▶

c ☐ Use cost basis lookup

6 If acquired by inheritance:

a Decedent's date of death

b Is basis "stepped-up" to fair market value? ▶ Yes ☐ No ☐

c Date of acquisition

d Basis for gain or loss. (shares @)

7 If acquired by gift:

a Date acquired by donor

b Date of gift

c Donor's cost basis (shares @)

d Fair market value on date of gift (shares @)

e Gift tax paid by donor, if any (rare)

8 If acquired by divorce:

a Date acquired by former spouse

b Former spouse's cost basis (shares @)

9 If acquired by demutualization:

a Date acquired policy or annuity

b Cost basis (shares @)

10 If fractional shares:

a Check one: ☐ Merger ☐ Spin-off ☐ Stock dividend ☐ Other

b Name of old company

c Name of new company, if merger or spin-off

d Date acquired shares in old company

e Cost basis of shares of old company

Number
Of SharesValue Per
Share

f Total shares of old company

g Merger, spin-off, or stock dividend fraction. ▶

h Total shares received (multiply line f by line g)

i Whole shares received

j Fractional shares deemed received and sold for cash

Allocation of Cost Basis: Basis

k Cost basis allocated to shares in old company

l Cost basis allocated to whole shares received

m Cost basis allocated to fractional shares

n Total cost basis.

11 If acquired by other means:

a Date acquired

b Cost basis (shares @)

12 Holding Period (check only if actual dates of acquisition and disposition not entered.)

a ☐ Short-termb ☐ Long-termc ☐ Both short and long-term

Part IX Adjustments to Gain or Loss

	(a) Short-Term	(b) Long-Term	(c) Total
1 Reported basis is incorrect			
2 Section 1202 exclusion of gain from QSB stock			
3 a Rollover of gain under section 1042			
b Rollover of gain under section 1044			
c Rollover of gain under section 1045			
4 Nondeductible loss from wash sale			
5 a Nondeductible loss from sale to related party			
b Nondeductible loss from second home			
c Nondeductible loss from personal use property . . .			
6 a Compensation already included in income	-425.50		-425.50
b Section 1242 loss reported on Form 4797			
c Section 1244 loss reported on Form 4797			
d Selling expenses not reported on Form 1099-B			
f Other			

Part X Transaction Summary

	(a) Short-Term	(b) Long-Term	(c) Total
1 Number of shares, if stock or mutual fund	10.0000		
2 Date acquired	07/15/2016		07/15/2016
3 Date sold	07/29/2016		07/29/2016
4 Sales price	514.06		514.06
5 Cost or other basis	0.00		0.00
6 Gain (loss)	514.06		514.06
7 Total adjustment to gain (loss)	-425.50		-425.50
8 Adjusted gain (loss)	88.56		88.56
9 If summarizing attached statements, enter all single-letter adjustment codes that apply			

Part XI Short-Term Capital Gain or Loss Reported on Form 8949 and Schedule D

Related Form 8949 Box	(a) Description of property		(b) Date acquired	(c) Date sold
(d) Sales price	(e) Cost/Other Basis	(f) Adjustment Code(s)	(g) Adjustment Amount	(h) Gain or (loss)
B 514.06	10 shares INTERACTIVE INTELLIGENCE GROUP INC 0.00	O	07/15/16 -425.50	07/29/16 88.56

Part XII Long-Term Capital Gain or Loss Reported on Form 8949 and Schedule D

Related Form 8949 Box	(a) Description of property		(b) Date acquired	(c) Date sold
(d) Sales price	(e) Cost/Other Basis	(f) Adjustment Code(s)	(g) Adjustment Amount	(h) Gain or (loss)

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1	Company name. . .	<u>INTERACTIVE INTELLIGENCE GROUP INC</u>	
2	Date shares sold		<u>07/29/16</u>
3	Selling price (per share)		<u>51.4060</u>
4	Number of shares sold	<u>10.0000</u>	
5	Gross sales price		<u>514.06</u>
6	Sales expenses and commissions included in Form 1099-B		<u></u>
7	Net sales price (Form 1099-B, Box 2)		<u>514.06</u>
8	Sales expenses and commissions not included in Form 1099-B.		<u></u>

9 Employee is (check one): Taxpayer ☒ Spouse ☐

10 Type of stock plan. Check one:

a	<input type="checkbox"/>	Employee Stock Purchase Plan (ESPP)	Complete Part III	▶
b	<input type="checkbox"/>	Stock Options (NQSO or ISO)	Complete Part IV	▶
c	<input type="checkbox"/>	Restricted Stock	Complete Part V	▶
d	<input checked="" type="checkbox"/>	Restricted Stock Units (RSU)	Complete Part VI	▶

11 Check one:

a ☐ Compensation income, capital gain (loss) amounts **not** already determined (complete lines 12 through 14)

b ☐ Compensation income, capital gain (loss) amounts already determined (leave lines 12 through 14 blank and complete Part VII). **QuickZoom** to Part VII ►

12 Plan discount percent (if none, enter zero) ► _____ %

13 How acquired stock. Check one:

a ☐ Single purchase, same price per share paid for all shares

b ☐ Single purchase, different prices per share paid for shares

c ☐ Multiple purchases

14 For each ESPP purchase lot from which shares on line 4 above were sold, enter grant and acquisition information in columns (b) through (j). (Box numbers refer to Form 3922; see Tax Help.)

[illegible]

Part VI Restricted Stock Units (RSUs)

25 Enter vesting information in columns (b) through (g) for each lot from which shares on line 4 above were sold.

(a) Lot #	(b) Number of Shares	(c) Date Vested	(d) Market Price Per Share	(e) Price Paid Per Share If Any	(f) Fees Paid If Any	(g) Number of Shares Withheld If Any
1	17.0000	07/15/16	42.5500	0.0000		7.0000

26 Computation of compensation income and basis of shares, per lot

(a) Lot #	(b) Market Price	(c) Amount Paid	(d) Compensation Income	(e) Basis Total	(f) Basis Per Share	(g) Net Shares
1	723.35	0.00	723.35	425.50	42.5500	10.0000
Total			723.35		425.50	10.0000
Total for 2016			723.35			

27 Computation of capital gain (loss) per lot

			Capital Gain (Loss)		
(a) Lot Number	(b) Number of Shares	(c) Allocated Sales Price	(d) Cost Basis	(e) Short-term Capital Gain (Loss)	(f) Long-term Capital Gain (Loss)
1	10.0000	514.06	425.50	88.56	
Total . . .	10.0000	514.06	425.50	88.56	

Part VII Summary

28 Amount reported as compensation income for 2016 723.35

29 Capital Gain or (Loss)

	Short-Term	Long-Term	Total
a Number of shares	10.0000		10.0000
b Date acquired	07/15/2016		07/15/2016
c Date sold	07/29/2016		07/29/2016
d Sales price	514.06		514.06
e Cost or other basis	425.50		425.50
f Gain or (loss)	88.56		88.56

- Keep for your records

Name(s) Shown on Return
Joseph D Kodos


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1	Description . . .	10 shares INTERACTIVE INTELLIGENCE GROUP INC	
2	a Date sold . . .	07/29/16	
	b Total number of shares sold . . .	10.0000	
3	Sales price . . .		514.06
4	Check one:		
	a Use first-in first-out (FIFO) method . . .	<input checked="" type="checkbox"/>	
	b Use average single-category method (permitted for mutual funds only) . . .	<input type="checkbox"/>	
	c Use specific identification method . . .	<input type="checkbox"/>	

5 Complete columns (b) and (d) for each purchase lot from which the shares shown on line 2b were sold. Also complete either column (e), price per share, **or** column (f), total price of shares, for each lot. Enter reinvested dividends in Part IV of the Capital Gain Transaction Worksheet.

(a) Lot #	(b) Date	(c) L S	(d) Number of Shares	(e) Purchase Price Per Share	(f) Total Price of Shares	(g) Fees Paid	(h) Total Cost
1	07/15/16	S	10.0000	42.5500	425.50		425.50
6 Totals			10.0000		425.50		425.50

Part III Lot Identification

- 7 For first-in, first-out (FIFO) method or average single-category method, make no entries in this section.
For specific identification method, check the lots from which shares were sold. . . . 

(a) Lot #	(b) Date	(c) L S	(d) Adjusted Number of Shares	(e) Total Cost	(f) Cost Per Share	(g)	(h) Shares Sold From This Lot
1	07/15/16	S	10.0000	425.50	42.5500	<input checked="" type="checkbox"/>	10.0000
8 Totals			10.0000	425.50	42.5500		10.0000

Part IV Computation of Cost Basis

- 9 Cost basis of shares sold.

(a) Lot #	(b) Date Acquired	(c) L S	(d) Cost Basis Per Share	(e) Number of Shares	(f) Cost Basis Total
1	07/15/16	S	42.5500	10.0000	425.50
10 Total				10.0000	425.50
11 Total short-term				10.0000	425.50
12 Total long-term					

Part V Summary

	(a) Short-Term	(b) Long-Term	(c) Total
13 Number of shares	10.0000		10.0000
14 Date acquired	07/15/16		07/15/2016
15 Date sold	07/29/16		07/29/2016
16 Sales price	514.06		514.06
17 Cost basis	425.50		425.50
18 Gain or (loss)	88.56		88.56

Summary of Compensation Income From Employer Stock Transactions

► Keep for your records

2016

Name(s) Shown on Return

Joseph D Kodos

Social Security Number

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Part I

Compensation Income from Employer Stock Transactions

(a) #	(b) Name of Company	(c) Type Of Plan	(d) T S	(e) Amount
1	INTERACTIVE INTELLIGENCE GROUP INC	RSU	T	723.35
2	INTERACTIVE INTELLIGENCE GROUP INC	RSU	T	686.88

Part II

Additional Compensation Income to be reported on Form 1040, Line 7 - Taxpayer

(a) #	(b) Name of Company	(c) Type Of Plan	(d) Total Amount	(e) Included in W-2?		(f) Amount Included In Form W-2	(g) Additional Amount To Line 7
				Yes	No		
1	INTERACTIVE INTELLIGENCE GROUP INC	RSU	1,410.23	X		1,410.23	0.00
Total			1,410.23			1,410.23	0.00

Part III

Additional Compensation Income to be reported on Form 1040, Line 7 - Spouse

(a) #	(b) Name of Company	(c) Type Of Plan	(d) Total Amount	(e) Included in W-2?		(f) Amount Included In Form W-2	(g) Additional Amount To Line 7
				Yes	No		
Total							

Form 1099-B Worksheet

► Keep for your records

2016

Name(s) Shown on Return

Joseph D Kodos

Social Security No.

371-13-1928

Name of reporting financial institution . . . ► E*TRADE CLEARING LLC

Acct Number ► 3604-9819

Transactions

(Numbers in bold to the right of a box description correspond to specific IRS box numbers on the official Form 1099-B. See Tax Help for more information.)

1 a Form 8949 Check Box <input checked="" type="checkbox"/> A	b Transaction number 1
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a) 0.17 INTERACTIVE INTELLIGENCE GROUP INC	
5 a Date acquired (1b) 10/01/15	b Date of sale/exchange (1c) 05/12/16
6 a Sales price (1d) 6.21	b Sales expenses not reported
7 a Cost or other basis (1e) 4.80	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) S	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code 0
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security INTERACTIVE INTELLIGENCE GROUP INC	b Owner of security
15 a Stock or other symbol	b Quantity sold 0.1700
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Result: 19 a Adjusted Gain (Loss) 1.41 b Holding Period S	
This sale is missing info?	

1 a Form 8949 Check Box	b Transaction number
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a) See Additional Investment Sales	
5 a Date acquired (1b)	b Date of sale/exchange (1c)
6 a Sales price (1d)	b Sales expenses not reported
7 a Cost or other basis (1e)	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2)	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security	b Owner of security
15 a Stock or other symbol	b Quantity sold
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Result: 19 a Adjusted Gain (Loss) b Holding Period	
This sale is missing info?	

Gross Proceeds	Net Gain/Loss	Box A	Box B				
		Short term sales with cost basis reported to the IRS	Long term sales with cost basis NOT reported to the IRS				
5,748.	1,047.	996.	51.				

Taxpayer must mail in a statement with more details? ☐ Yes ☐ No

Sale(s) missing info? _____

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Estimated Tax Payments for 2016 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/16		04/18/16			04/18/16		
2	06/15/16		06/15/16			06/15/16		
3	09/15/16		09/15/16			09/15/16		
4	01/17/17		01/17/17			01/17/17		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2016					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2016 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				7,154.	1,580.	823.
11	Forms W-2G						
12	Forms 1099-R				162.	34.	
13	Forms 1099-MISC, 1099-K and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St	_____	Loc	_____		
18 a	Other withholding	St	_____	Loc	_____		
b	Other withholding	St	_____	Loc	_____		
c	Other withholding	St	_____	Loc	_____		
d	Positive Adjustment	St	_____	Loc	_____		
e	Negative Adjustment	St	_____	Loc	_____		
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f				7,316.	1,614.	823.
20	Total Tax Payments for 2016				7,316.	1,614.	823.

Prior Year Taxes Paid In 2016 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2015 extensions				
22	2015 estimated tax paid after 12/31/2015				
23	Balance due paid with 2015 return				
24	Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2016

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Name(s) Shown on Return
Joseph D Kodos

Social Security Number
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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 38.	48,182.
(2) Nontaxable income entered elsewhere on return	0.
(3) Available income: 2015 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	48,182.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Illinois, Louisiana, Mississippi or New York only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 2,437.00

i State and Local Tax Deduction to Schedule A, line 5:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) 2,437.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 Real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Add lines 2a through 2f (to Schedule A, line 6)	_____
3	Personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2015 Amount Enter 2016 description:	
	_____	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 7)	_____
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit)	_____
e	Other taxes.	
	2015 Amount Enter 2016 description:	
	_____	_____
	_____	_____
	_____	_____
f	Add lines 4a through 4e (to Schedule A, line 8)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	_____
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above	_____
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2016

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Name(s) Shown on Return
Joseph D Kodos

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State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1,614.
2	2016 state estimated taxes paid in 2016	
3	2015 state estimated taxes paid in 2016	
4	Amount paid with 2015 state application for extension	
5	Amount paid with 2015 state income tax return	
6	Overpayment on 2015 state income tax return applied to 2016 tax	
7	Other amounts paid in 2016 (amended returns, installment payments, etc.)	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	
Local income taxes:		
9	Local income tax withheld	823.
10	2016 local estimated taxes paid in 2016	
11	2015 local estimated taxes paid in 2016	
12	Amount paid with 2015 local application for extension	
13	Amount paid with 2015 local income tax return	
14	Overpayment on 2015 local income tax return applied to 2016 tax	
15	Other amounts paid in 2016 (amended returns, installment payments, etc.)	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	
Other:		
17		
18	Total Add lines 1 through 17	2,437.
19	State and local refund allocated to 2016	
20	Nondeductible state income tax from line 28	
21	Total reductions Add lines 19 and 20	
22	Total state and local income tax deduction Line 18 less line 21	2,437.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	23	
24	Adjusted gross income	24	
25	Add lines 23 and 24	25	
26	Nondeductible percent. Line 23 divided by line 25	26	%
27	Hawaii state income tax included in line 18	27	
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28	

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Name(s) Shown on Return <u>Joseph D Kodos</u>	Social Security Number <u>371-13-1928</u>
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Cash Contributions

[illegible]

Charitable Deduction Limits Worksheet For Current Year Contributions

2016

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Name(s) Shown on Return
Joseph D Kodos

Social Security Number
371-13-1928

Step 1. List your qualified charitable contributions made during the year.

1 RESERVED for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1.

50.

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income

48,182.

9 Multiply line 8 by 0.5. This is your 50% limit.

24,091.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations						
10 Enter the smaller of line 2 or line 9					50 .	
11 Subtract line 10 from line 2						0 .
12 Subtract line 10 from line 9			24,041 .			
Contributions not to 50% limit organizations						
13 Add lines 2 and 3		50 .				
14 Multiply line 8 by 0.3. This is your 30% limit.		14,455 .	14,455 .			
15 Subtract line 13 from line 9		24,041 .				
16 Enter the smallest of line 6, 14, or 15 . .					0 .	
17 Subtract line 16 from line 6						0 .
18 Subtract line 16 from line 14				14,455 .		
Capital gain property to 50% limit organizations						
19 Enter the smallest of line 3, 12, or 14 . .					0 .	
20 Subtract line 19 from line 3						0 .
21 Subtract line 16 from line 15				24,041 .		
22 Subtract line 19 from line 14				14,455 .		
Capital gain property not to 50% limit organizations						
23 Multiply line 8 by 0.2. This is your 20% limit.				9,636 .		
24 Enter the smaller of line 7, 18, 21, 22, or 23					0 .	
25 Subtract line 24 from line 7						0 .
26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19					50 .	
27 Reserved for future use						
28 Reserved for future use						
29 Reserved for future use						
30 Add lines 11, 17, 20, and 25. Carry to next year.						0 .

Charitable Deduction Limits Worksheet For Carryover Contributions

2016

► Keep for your records

Name(s) Shown on Return
Joseph D Kodos

Social Security Number
371-13-1928

Step 1. List your qualified charitable contributions made during the year.

1 RESERVED for future use

Step 2. List your other charitable contributions made during the year.

- 2** Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . .
- 3** Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value
- 4** Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations
- 5** Enter your contributions "for the use" of any qualified organization
- 6** Add lines 4 and 5
- 7** Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

- 8** Enter your adjusted gross income 48,182.
- 9** Multiply line 8 by 0.5. This is your 50% limit. 24,091. less. 50. 24,041.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations						
10 Enter the smaller of line 2 or line 9					0.	
11 Subtract line 10 from line 2						0.
12 Subtract line 10 from line 9			24,041.			
Contributions not to 50% limit organizations						
13 Add lines 2 and 3		50.				
14 Multiply line 8 by 0.3. This is your 30% limit.		14,455.	14,455.			
15 Subtract line 13 from line 9		24,041.				
16 Enter the smallest of line 6, 14, or 15 . .					0.	
17 Subtract line 16 from line 6						0.
18 Subtract line 16 from line 14				14,455.		
Capital gain property to 50% limit organizations						
19 Enter the smallest of line 3, 12, or 14 . .					0.	
20 Subtract line 19 from line 3						0.
21 Subtract line 16 from line 15				24,041.		
22 Subtract line 19 from line 14				14,455.		
Capital gain property not to 50% limit organizations						
23 Multiply line 8 by 0.2. This is your 20% limit.				9,636.		
24 Enter the smaller of line 7, 18, 21, 22, or 23					0.	
25 Subtract line 24 from line 7						0.
26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19					0.	
27 Reserved for future use						
28 Reserved for future use						
29 Reserved for future use						
30 Add lines 11, 17, 20, and 25. Carry to next year.						0.

Charitable Contributions Summary

► Keep for your records

2016

Name(s) Shown on Return
Joseph D Kodos

Social Security Number
371-13-1928

Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Michigan Technological University	50.	50.		
Totals:	50.	50.		

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2017

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2016 contributions . .	50.		50.			
2 2016 contributions allowed	50.		50.	0.	0.	0.
3 Carryovers from:						
a 2015 tax year						
b 2014 tax year						
c 2013 tax year						
d 2012 tax year						
e 2011 tax year						
4 Carryovers allowed in 2016	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2016	0.		0.	0.	0.	0.
6 Carryovers to 2017:						
a From 2016	0.		0.	0.	0.	0.
b From 2015						
c From 2014						
d From 2013						
e From 2012						
f From 2011						

Part IV Special Situations in Your Return for Current Year Donations

- Was the **entire interest** given for all property donated to all charities? ☒ Yes ☐ No
- Were **restrictions** attached to any charities' right to use or dispose of any property donated to any charity? ☐ Yes ☒ No
- Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☒ No
- Was any charity other than a 50% charity? ☐ Yes ☒ No

Schedule A
Lines 21, 23, 28

Miscellaneous Itemized Deductions Worksheet

2016

► Keep for your records

Name(s) Shown on Return
Joseph D Kodos

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371-13-1928

Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b).	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Other: _____ _____ _____	7	
8	Combine lines 1 through 7 (to Schedule A, line 21)	8	

Miscellaneous Expenses – Subject to 2% Limitation

Check the box in investment column if an investment expense

Investment
expense ↓

9	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	9	
10	Casualty/theft losses of property used in services as an employee	<input type="checkbox"/>	10	
11	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	11	
12	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	12	0 .
13	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	13	
14	Miscellaneous deductions, from Schedule(s) K-1	<input type="checkbox"/>	14	
15	Excess deductions on termination, from Schedule(s) K-1	<input type="checkbox"/>	15	
16	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	16	
17	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	17	
18	Safe deposit box rental fees	<input checked="" type="checkbox"/>	18	
19	IRA custodial fees	<input checked="" type="checkbox"/>	19	
20	Loss incurred from total distribution of all traditional IRAs	<input type="checkbox"/>	20	
21	Loss incurred from total distribution of all Roth IRAs	<input type="checkbox"/>	21	
22	Loss incurred from final distribution of a QTP investment	<input type="checkbox"/>	22	
23	Hobby expense (limited to hobby income)	<input type="checkbox"/>	23	
24	Other: a Reserved _____	<input type="checkbox"/>	24	
b	_____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
25	Combine lines 9 through 24 (to Schedule A, line 23)		25	0 .

Other Miscellaneous Deductions – Not Subject to 2% Limitation

26	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	26	
27	Federal estate tax paid on decedent's income reported on this return		27	
28	Impairment-related expenses of a handicapped employee, from Form 2106		28	
29	Amortizable bond premiums on bonds acquired before 10/23/86		29	
30	Gambling losses		30	
31	Deduction for repayment of amounts under claim of right if over \$3,000		31	
32	Casualty/theft losses of income-producing property		32	
33	Unrecovered investment in annuity		33	
34	Ordinary loss attributable to certain debt instruments		34	
35	Net Qualified Disaster Loss		35	
36	Combine lines 26 through 35 (to Schedule A, line 28)		36	

Schedule A
Line 29

Itemized Deductions Worksheet

2016

► Keep for your records

Name(s) Shown on Return
Joseph D Kodos

Social Security Number
371-13-1928

1	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28	1	2,487.
2	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28 CAUTION: Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	2	0.
3	Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> Yes. Subtract line 2 from line 1	3	2,487.
4	Multiply line 3 by 80% (.80)	4	1,990.
5	Enter the amount from Form 1040, line 38	5	48,182.
6	Enter \$259,400 if single; \$311,300 if married filing jointly or qualifying widow(er); \$285,350 if head of household, \$155,650 if married filing separately	6	259,400.
7	Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> Yes. Subtract line 6 from line 5	7	
8	Multiply line 7 by 3% (.03)	8	
9	Enter the smaller of line 4 or line 8	9	
10	Total itemized deductions. Subtract line 9 from line 1. (to Schedule A, line 29)	10	

- Keep for your records

Name(s) Shown on Return <u>Joseph D Kodos</u>	Social Security Number <u>371-13-1928</u>
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$700? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,050		1	
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$6,300 • Married filing jointly or Qualifying widow(er) — \$12,600 • Head of household — \$9,300		2	6,300.
3	Standard deduction.			
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1952, and not blind, stop here and enter this amount on Form 1040, line 40. Otherwise go to line 3b		3 a	
3 b	If born before January 2, 1952, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household)		3 b	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040, line 40		3 c	

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

Form 1040
Line 42

Deduction for Exemptions Worksheet

2016

► Keep for your records

Name(s) Shown on Return
Joseph D Kodos

Social Security Number
371-13-1928

1	Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d	1	<u>4,050.</u>
2	Enter the amount from Form 1040, line 38	2	<u>48,182.</u>
3	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> • Single, enter \$259,400 • Married filing jointly or qualifying widow(er), enter \$311,300 • Married filing separately, enter \$155,650 • Head of household, enter \$285,350 	3	<u>259,400.</u>
4	Subtract line 3 from line 2. If zero or less, stop ; enter the amount from line 1 above on Form 1040, line 42.	4	<u>-211,218.</u>
5	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> Yes. You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. Do not complete the rest of this worksheet. <input type="checkbox"/> No. Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	5	
6	Multiply line 5 by 2% (.02) and enter the result as a decimal.	6	
7	Multiply line 1 by line 6	7	
8	Deduction for exemptions. Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42	8	

Earned Income Worksheet

2016

► Keep for your records

Name(s) Shown on Return Joseph D Kodos	Social Security Number 371-13-1928
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	48,812.		48,812.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	48,812.		48,812.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	48,812.		48,812.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	48,812.		48,812.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	48,812.		48,812.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	48,812.		48,812.

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	48,812.		48,812.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	48,812.		48,812.

► Keep for your records

Name(s) Shown on Return

Joseph D Kodos

Social Security Number

371-13-1928

Investment Interest Expense (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	15.
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	15.
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	Total investment income. Add lines 5d through 9.	10	15.

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	1,047.	1,047.
b	Less net gains from property not held for investment		
c	Net gains from property held for investment.	1,047.	1,047.
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	0.	0.
b	Less net capital gains from property not held for investment.		
c	Net capital gains from property held for investment.	0.	0.

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses included as itemized deductions (after the 2% limitation)	14	
15	Investment expenses included as itemized deductions (no 2% limitation)	15	
16	Expenses from nonpassive trade or business without material participation	16	
17	Other investment expenses:	17 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
18	Total investment expenses. Add lines 13 through 17.	18	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
19	Allowed investment interest expense, Form 4952, line 8.		
20	Less amount deducted on other forms and schedules:		
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
21	Investment interest expense.	21	

Form 1040
Line 66

Earned Income Credit Worksheet

2016

► Keep for your records

Name(s) Shown on Return
Joseph D Kodos

Social Security Number
371-13-1928

- QuickZoom** to Schedule EIC ►
QuickZoom to Dependent Information Worksheet to enter qualifying children information. . . . ►
QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

<p>1 Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="padding-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="padding-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="padding-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC 4 a</p> <p style="padding-left: 20px;">b Spouse's nontaxable combat pay election for EIC b</p> <p style="padding-left: 20px;">c Total nontaxable combat pay election 4 c</p> <p>5 If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Earned income. Add lines 3, 4c, and 5</p> <p>7 Enter the credit, from the EIC Table, for the amount on line 6. Be sure to use the correct column for filing status and number of children.</p> <p style="padding-left: 40px;">If line 7 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.</p> <p>8 Enter your AGI from Form 1040, line 38</p> <p>9 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 8 less than \$8,300 (\$13,850 if married filing jointly)? • 1 or more qualifying children, is the amount on line 8 less than \$18,200 (\$23,750 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 10 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 8. Be sure to use the correct column for filing status and number of children</p> <p>10 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 9, enter the amount from line 7 • If 'No' on line 9, enter the smaller of line 7 or line 9 	<p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>	<p>48,812.</p> <p></p> <p></p> <p></p> <p>48,812.</p> <p></p> <p></p> <p></p> <p>48,812.</p> <p>0.</p> <p></p> <p></p> <p></p> <p></p> <p></p>
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Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | \$14,880 (\$20,430 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$39,296 (\$44,846 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$44,648 (\$50,198 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$47,955 (\$53,505 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | \$14,880 (\$20,430 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$39,296 (\$44,846 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$44,648 (\$50,198 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$47,955 (\$53,505 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,400.
(Investment Income Smart Worksheet, item H above)
- 4 ☐ The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 ☐ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- | | | |
|---|--------------------------|---|
| a | <input type="checkbox"/> | qualifying children of another person, or |
| b | <input type="checkbox"/> | invalid social security numbers for EIC purposes. |
- (Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2016.
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)
-

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2016?

- ☐ Yes, all of the above is correct.
- ☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2016?

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2016.

Compliance and Due Diligence Indicator☒

Disqualified from Earned Income Credit.☒ Yes ☐ No

Potential qualifying child count▶ 0

Non dependent potential qualifying child count▶ 0

Qualifying child count (max 3)▶ 0

Schedule SE Adjustments Worksheet

2016

► Keep for your records

Name(s) Shown on Return Joseph D Kodos	Social Security Number 371-13-1928
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	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ►	<input type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ►	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self- employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code Z		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c.		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Name(s) Shown on Return
Joseph D KodosSocial Security Number
371-13-1928**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
LENDKEY TECHNOLOGIES	Taxpayer	371-13-1928	2,670.	2,592.
U.S. DEPARTMENT OF EDU	Taxpayer	371-13-1928	308.	282.
Total student loan interest.				2,874.

Part II Computation of Student Loan Interest Deduction

1	Enter the total interest you paid in 2016 on qualified student loans (see Form 1040 instructions).	1	2,874.
2	Enter the smaller of line 1 or \$2,500.	2	2,500.
3	Modified AGI Note: If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$160,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	50,682.
4	Enter: \$65,000 if single, head of household, or qualifying widow(er); \$130,000 if married filing jointly.	4	65,000.
5	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	0.
6	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	0.0000
7	Multiply line 2 by line 6	7	0.
8	Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	2,500.

* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2016

► Keep for your records

Name(s) Shown on Return Joseph D Kodos		Social Security Number 371-13-1928	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	1,047.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 30.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return Joseph D Kodos	Social Security Number 371-13-1928
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Taxable Income – Line 1

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.)	1	48,182.
2	Additions to income	2	
3	Add lines 1 and 2	3	48,182.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	48,182.

Taxes – Line 3

1	Generation skipping transfer taxes included on Schedule A, line 8	1	
---	---	---	--

Home Mortgage Interest Adjustment – Line 4

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1 Attributable to mortgage used to purchase, build, or improve:			
a Main home or second home that is house, apartment, condominium or non-transient mobile home			
b Second home that is transient mobile home or boat			
c Total			
2 Attributable to mortgage used to refinance:			
a To pay off mortgage			
b For other purposes			
c Total			
3 Attributable to other mortgage deductible for AMT:			
a Pre-July 1, 1982 mortgage			
4 Total column (a)			
5 Total column (b). Enter result on Form 6251, line 4.			
6 Total mortgage interest from Schedule A			

Refund of Taxes – Line 7

1	Taxable refund of state and local income tax	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7	3	0.

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	48,182.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	48,182.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	43,364.
6	Enter ATNOL carried to 2015 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg.	11	

Incentive Stock Options – Line 14

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 14	5	

Disposition of Property – Line 17

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)	1,047.	1,047.	0.
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 17			0.

Post-86 Depreciation – Line 18

1 From depreciation worksheets	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2.	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 18	5	

Passive Activities – Line 19

1 Adjustment for recomputed income (loss) from passive activities	1	
2 Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 19	4	

Circulation Costs – Line 21

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 21	3	

Mining Costs – Line 23

1 Mining costs adjustment from Schedule K-1 Worksheets	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 23	3	

Research and Experimental Costs – Line 24

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 24	3	

Intangible Drilling Costs – Line 26

1 Excess intangible drilling costs	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65% (.65)	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1.	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 26	6	

Other Adjustments – Line 27

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3.	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Add lines 5 and 6	7	
8 Standard deduction if a qualified disaster loss was added to standard deduction.	8	
9 Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 27.	9	

Alternative Minimum Taxable Income – Line 28

If married filing separately and Form 6251, line 28, is more than \$247,450:		
1	Alternative minimum taxable income, Form 6251	1 _____
2	Threshold amount	2 _____
3	Subtract line 2 from line 1	3 _____
4	Multiply line 3 by 25% (.25)	4 _____
5	Smaller of line 4 or \$41,900	5 _____
6	Add line 1 and line 5. Enter on Form 6251, line 28.	6 _____

Exemption – Line 29

1	Enter \$53,900 if single or head of household, \$83,800 if married filing jointly or qualifying widow(er), \$41,900 if married filing separately	1	53,900.
2	Enter your alternative minimum taxable income from Form 6251, line 28.	2	48,182.
3	Enter \$119,700 if single or head of household, \$159,700 if married filing jointly or qualifying widow(er), \$79,850 if married filing separately	3	119,700.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	53,900.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	7	_____
8 a	Enter the child's earned income , if any	8 a	_____
b	Enter any adjustments.	b	_____
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	_____
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29.	10	_____

Form 6251
Line 31

Foreign Earned Income
Alternative Minimum Tax Worksheet

2016

► Keep for your records

Name(s) Shown on Return Joseph D Kodos		Social Security Number 371-13-1928	
1	Enter amount from Form 6251, line 30.	1	
2 a	Enter amount from Form(s) 2555, lines 45 and 50	2a	
b	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3	
4	Tax on amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here. • All Others: If line 3 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result. 	4	
5	Tax on amount on line 2c. If line 2c is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	5	
6	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0	6	

Federal Carryover Worksheet

2016

► Keep for your records

Name(s) Shown on Return

Joseph D Kodos

Social Security Number

371-13-1928

2015 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
IN			2,924.		103.	
Totals . .			2,924.		103.	

Other Tax and Income Information

			2015	2016
1	Filing status	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	2,974.	2,487.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	59,639.	48,182.
6	Tax liability for Form 2210 or Form 2210-F	6	8,125.	5,309.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions

			2015	2016
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2015	2016
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2016	b		
	b 2015	c		
	c 2014	d		
	d 2013	e		
	e 2012	f		
	f 2011			

Joseph D Kodos

371-13-1928

Loss and Expense Carryovers (cont'd)					2015	2016
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2016 . . .	17 a		
		b	2015 . . .	b		
		c	2014 . . .	c		
		d	2013 . . .	d		
		e	2012 . . .	e		
		f	2011 . . .	f		
Credit Carryovers					2015	2016
18	General business credit			18		
19	Adoption credit from:	a	2016	19 a		
		b	2015	b		
		c	2014	c		
		d	2013	d		
		e	2012	e		
20	Mortgage interest credit from:	a	2016	20 a		
		b	2015	b		
		c	2014	c		
		d	2013	d		
21	Credit for prior year minimum tax			21		
22	District of Columbia first-time homebuyer credit			22		
23	Residential energy efficient property credit			23		
Other Carryovers					2015	2016
24	Section 179 expense deduction disallowed			24		
25	Excess	a	Taxpayer (Form 2555, line 46)	25 a		
	foreign	b	Taxpayer (Form 2555, line 48)	b		
	housing	c	Spouse (Form 2555, line 46)	c		
	deduction:	d	Spouse (Form 2555, line 48)	d		

Charitable Contribution Carryovers

26 2015 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2015				
b	2014				
c	2013				
d	2012				
e	2011				
27 2016 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2016				
b	2015				
c	2014				
d	2013				
e	2012				

28 Amount overpaid less earned income credit 628.

2015 State Capital Loss Carryovers (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2016

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Name(s) Shown on Return
Joseph D Kodos

Social Security Number
371-13-1928

Description	Amount
Income	
Wages	48,812.
Interest income before Series EE bond exclusion	15.
Dividend income	
Tax refund	0.
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	1,047.
Taxable IRA distributions	
Taxable pension distributions	808.
Unemployment compensation	
Other income	
Total income	50,682.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	50,682.

Two-Year Comparison

2016

Name(s) Shown on Return Joseph D Kodos			Social Security Number	
Income	2015	2016	Difference	%
Wages, salaries, tips, etc	62,139.	48,812.	-13,327.	-21.45
Interest and dividend income		15.	15.	
State tax refund		0.	0.	
Business income (loss)				
Capital and other gains (losses)		1,047.	1,047.	
IRA distributions				
Pensions and annuities		808.	808.	
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	62,139.	50,682.	-11,457.	-18.44
Adjustments to Income	2,500.	2,500.	0.	0.00
Adjusted Gross Income	59,639.	48,182.	-11,457.	-19.21
Itemized Deductions				
Medical and dental		0.	0.	
Income or sales tax	2,924.	2,437.	-487.	-16.66
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity	50.	50.	0.	0.00
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions				
Total Itemized Deductions	2,974.	2,487.	-487.	-16.38
Standard or Itemized Deduction	6,300.	6,300.	0.	0.00
Exemption Amount	4,000.	4,050.	50.	1.25
Taxable Income	49,339.	37,832.	-11,507.	-23.32
Income tax	8,125.	5,228.	-2,897.	-35.66
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	8,125.	5,228.	-2,897.	-35.66
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes		318.	318.	
Total Tax After Credits	8,125.	5,546.	-2,579.	-31.74
Withholding	8,753.	7,316.	-1,437.	-16.42
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	8,753.	7,316.	-1,437.	-16.42
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	628.	1,770.	1,142.	181.85
Balance Due				

Current year effective tax rate 10.85 %

Tax Summary
► Keep for your records

2016

Name (s)
Joseph D Kodos

Total income	50,682.
Adjustments to income	2,500.
Adjusted gross income	48,182.
Itemized/standard deduction	6,300.
Exemption amount	4,050.
Taxable income	37,832.
Tentative tax	5,228.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	318.
Total tax	5,546.
Total payments	7,316.
Estimated tax penalty	
Amount Overpaid	1,770.
Refund	1,770.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040 because
you have Capital Gains or Losses (Schedule D).

Compare to U. S. Averages

► Keep for your records

2016

Name(s) Shown on Return Joseph D Kodos	Social Security No 371-13-1928
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Your 2016 adjusted gross income (AGI) 48,182.
National adjusted gross income range used below from 30,000. to 49,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	48,812.	37,099.
Taxable interest	15.	681.
Tax-exempt interest		4,846.
Dividends		2,747.
Business net income		14,895.
Business net loss		7,512.
Net capital gain	1,047.	5,117.
Net capital loss		2,277.
Taxable IRA		10,420.
Taxable pensions and annuities	808.	17,645.
Rent and royalty net income		7,413.
Rent and royalty net loss		7,422.
Partnership and S corporation net income		16,501.
Partnership and S corporation net loss		12,603.
Taxable social security benefits		7,669.
Medical and dental expenses deduction	0.	8,291.
Taxes paid deduction	2,437.	4,139.
Interest paid deduction		6,576.
Charitable contributions deduction	50.	2,620.
Total itemized deductions	2,487.	15,873.
Child care credit		599.
Education tax credits		1,038.
Child tax credit		1,008.
Retirement savings contributions credit		197.
Earned income credit		1,601.
Other Information	Actual Per Return	National Average
Adjusted gross income	48,182.	39,578.
Taxable income	37,832.	21,935.
Income tax	5,228.	2,866.
Alternative minimum tax		6,775.
Total tax liability	5,546.	3,072.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Joseph D Kodos

Primary SSN: 371-13-1928

Federal Return Submitted: February 15, 2017 05:05 AM PST

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 02/15/2017

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2017. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 18, 2017, your Intuit electronic postmark will indicate April 18, 2017, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2017, and a corrected return is submitted and accepted before April 23, 2017. If your return is submitted after April 23, 2017, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 16, 2017. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 17, 2017, and the corrected return is submitted and accepted by October 20, 2017.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

--

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ³	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ³	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ³	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ³	Free option with your purchase of TurboTax Premium Services or TurboTax MAX ²

¹ You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

² The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

³ However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

Questions? Call 1-877-908-7228

Smart Worksheets from your 2016 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax 5,228.
Check if from:	
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814
C	Additional tax from Form 4972
D	Tax from additional Form(s) 4972
E	Recapture tax from Form 8863
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative
H	Tax. Add lines A through G. Enter the result here and on line 44 5,228.

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet	
A	Enter Section 179 carryover from prior year
B	QuickZoom to the Asset Entry Worksheet ►
C	QuickZoom to the Depreciation/Amortization Reports ►
D	QuickZoom to Form 4562 for Schedule A ►
E	Treat all MACRS assets for activity as qualified Indian reservation property? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F	Treat all assets acquired after Aug. 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No
G	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H	Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet**QuickZoom** to enter nontaxable combat pay on Form W-2 ▶**A Taxpayer:**

1 Taxpayer, nontaxable combat pay _____

2 Election for earned income credit (EIC):Elect taxpayer's nontaxable combat pay as earned income for EIC? ▶ ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶ ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ▶ ☐ Yes ☐ No**B Spouse:**

1 Spouse, nontaxable combat pay _____

2 Election for earned income credit (EIC):Elect spouse's nontaxable combat pay as earned income for EIC? ▶ ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect spouse's nontaxable combat pay as earned income for DCB? ▶ ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ▶ ☐ Yes ☐ No**C** You may compare the tax benefit of electing or not electing by checking a box on line A or
line B and reviewing the overpayment or amount due below:Overpayment 1,770.

Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet**A** Taxable and tax exempt interest 15.**B** Dividend income _____**C** Capital gain net **income** 1,047.**D** Royalty and rental of personal property net **income** _____**E** Passive activity net **income**:

1 Rental real estate net income or loss _____

2 Farm rental net income or loss _____

3 Partnerships and S corporations net income or loss _____

4 Estates and trusts net income or loss _____

5 Total of lines 1 through 4 _____

6 Total passive activity net **income**, line 5 if greater than zero _____**F** Interest and dividends from Forms 8814 _____**G** Adjustments _____**H** **Total investment income**, add lines A through G 1,062.Is line H, **total investment income** over \$3,400?☒ **No.** You may take the credit.☐ **Yes. Stop.** You **cannot** take the credit.

Additional information from your 2016 Federal Tax Return

Form 1099-B Worksheet (E*TRADE CLEARING LLC) Additional Investment Sales

Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>2</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>0.63 INTERACTIVE INTELLIGENCE GROUP INC</u>	
5 a Date acquired (1b) <u>01/01/16</u>	b Date of sale/exchange (1c) <u>05/12/16</u>
6 a Sales price (1d) <u>23.01</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>18.80</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>INTERACTIVE INTELLIGENCE GROUP INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>0.6300</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Result: 19 a Adjusted Gain (Loss) . <u>4.21</u> b Holding Period. <u>S</u>	
This sale is missing info?	

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>3</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>0.66 INTERACTIVE INTELLIGENCE GROUP INC</u>	
5 a Date acquired (1b) <u>04/01/16</u>	b Date of sale/exchange (1c) <u>05/12/16</u>
6 a Sales price (1d) <u>24.10</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>22.84</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>INTERACTIVE INTELLIGENCE GROUP INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>0.6600</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Result: 19 a Adjusted Gain (Loss) . <u>1.26</u> b Holding Period. <u>S</u>	
This sale is missing info?	

Form 1099-B Worksheet (E*TRADE CLEARING LLC)

Additional Investment Sales

Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>4</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>0.76 INTERACTIVE INTELLIGENCE GROUP INC</u>	
5 a Date acquired (1b) <u>07/01/15</u>	b Date of sale/exchange (1c) <u>05/12/16</u>
6 a Sales price (1d) <u>27.75</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>32.11</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>INTERACTIVE INTELLIGENCE GROUP INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>0.7600</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Result: 19 a Adjusted Gain (Loss) . <u>-4.36</u> b Holding Period. <u>S</u>	
This sale is missing info?	

1 a Form 8949 Check Box. <u>B</u>	b Transaction number <u>5</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4 Description (1a) <u>11 shares INTERACTIVE INTELLIGENCE GROUP INC</u>	
5 a Date acquired (1b) <u>04/15/16</u>	b Date of sale/exchange (1c) <u>05/12/16</u>
6 a Sales price (1d) <u>381.76</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>0.00</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>INTERACTIVE INTELLIGENCE GROUP INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>11.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input checked="" type="checkbox"/>	
17 Use transaction worksheet? . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy <u>11 shares INTERACTIVE INTELLIGENCE GROUP INC</u>	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Result: 19 a Adjusted Gain (Loss) . <u>381.76</u> b Holding Period. <u>S</u>	
This sale is missing info?	

Form 1099-B Worksheet (E*TRADE CLEARING LLC)

Additional Investment Sales

Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>6</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>3 INTERACTIVE INTELLIGENCE GROUP INC</u>	
5 a Date acquired (1b) <u>07/01/15</u>	b Date of sale/exchange (1c) <u>05/12/16</u>
6 a Sales price (1d) <u>108.69</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>126.74</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>INTERACTIVE INTELLIGENCE GROUP INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>3.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Result: 19 a Adjusted Gain (Loss) . <u>-18.05</u> b Holding Period. <u>S</u>	
This sale is missing info?	

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>7</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>12 INTERACTIVE INTELLIGENCE GROUP INC</u>	
5 a Date acquired (1b) <u>04/01/16</u>	b Date of sale/exchange (1c) <u>05/12/16</u>
6 a Sales price (1d) <u>434.76</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>415.19</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>INTERACTIVE INTELLIGENCE GROUP INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>12.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Result: 19 a Adjusted Gain (Loss) . <u>19.57</u> b Holding Period. <u>S</u>	
This sale is missing info?	

Form 1099-B Worksheet (E*TRADE CLEARING LLC)

Additional Investment Sales

Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>8</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>26 INTERACTIVE INTELLIGENCE GROUP INC</u>	
5 a Date acquired (1b) <u>01/01/16</u>	b Date of sale/exchange (1c) <u>05/12/16</u>
6 a Sales price (1d) <u>941.98</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>776.07</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>INTERACTIVE INTELLIGENCE GROUP INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>26.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Result: 19 a Adjusted Gain (Loss) . <u>165.91</u> b Holding Period. <u>S</u>	
This sale is missing info?	

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>9</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>28 INTERACTIVE INTELLIGENCE GROUP INC</u>	
5 a Date acquired (1b) <u>10/01/15</u>	b Date of sale/exchange (1c) <u>05/12/16</u>
6 a Sales price (1d) <u>1,014.44</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>790.29</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>INTERACTIVE INTELLIGENCE GROUP INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>28.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Result: 19 a Adjusted Gain (Loss) . <u>224.15</u> b Holding Period. <u>S</u>	
This sale is missing info?	

Form 1099-B Worksheet (E*TRADE CLEARING LLC)

Additional Investment Sales

Continuation Statement

1 a	Form 8949 Check Box. <u>A</u>	b	Transaction number <u>10</u>
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4	Description (1a) <u>0.87 INTERACTIVE INTELLIGENCE GROUP INC</u>		
5 a	Date acquired (1b) <u>07/01/16</u>	b	Date of sale/exchange (1c) <u>07/29/16</u>
6 a	Sales price (1d) <u>46.50</u>	b	Sales expenses not reported
7 a	Cost or other basis (1e) <u>33.88</u>	b	Corrected basis, if applies
8 a	Accrued market discount (1f)	b	Wash sale loss disallowed (1g)
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies
10 a	Federal tax withheld (4)	b	State tax withheld (16)
11 a	State name (14)	b	State identification no. (15)
12 a	Type of transaction	b	Import code <u>0</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>
		c	FATCA req'd <input type="checkbox"/>
<i>Optional</i>			
14 a	Name of security <u>INTERACTIVE INTELLIGENCE GROUP INC</u>	b	Owner of security
15 a	Stock or other symbol	b	Quantity sold <u>0.8700</u>
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, select copy
18 a	Adj code(s) (for summary only)	b	Adj amount (for summary only)
Result:	19 a Adjusted Gain (Loss) <u>12.62</u>	b	Holding Period. <u>S</u>
This sale is missing info?			
1 a	Form 8949 Check Box. <u>B</u>	b	Transaction number <u>11</u>
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	Description (1a) <u>10 shares INTERACTIVE INTELLIGENCE GROUP INC</u>		
5 a	Date acquired (1b) <u>07/15/16</u>	b	Date of sale/exchange (1c) <u>07/29/16</u>
6 a	Sales price (1d) <u>514.06</u>	b	Sales expenses not reported
7 a	Cost or other basis (1e) <u>0.00</u>	b	Corrected basis, if applies
8 a	Accrued market discount (1f)	b	Wash sale loss disallowed (1g)
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies
10 a	Federal tax withheld (4)	b	State tax withheld (16)
11 a	State name (14)	b	State identification no. (15)
12 a	Type of transaction	b	Import code <u>0</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>
		c	FATCA req'd <input type="checkbox"/>
<i>Optional</i>			
14 a	Name of security <u>INTERACTIVE INTELLIGENCE GROUP INC</u>	b	Owner of security
15 a	Stock or other symbol	b	Quantity sold <u>10.0000</u>
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input checked="" type="checkbox"/>		
17	Use transaction worksheet? . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, select copy <u>10 shares INTERACTIVE INTELLIGENCE GROUP INC</u>
18 a	Adj code(s) (for summary only)	b	Adj amount (for summary only)
Result:	19 a Adjusted Gain (Loss) <u>514.06</u>	b	Holding Period. <u>S</u>
This sale is missing info?			

Form 1099-B Worksheet (E*TRADE CLEARING LLC)

Additional Investment Sales

Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>12</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a) <u>42 INTERACTIVE INTELLIGENCE GROUP INC</u>	
5 a Date acquired (1b) <u>07/01/16</u>	b Date of sale/exchange (1c) <u>07/29/16</u>
6 a Sales price (1d) <u>2,224.94</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>1,635.50</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>INTERACTIVE INTELLIGENCE GROUP INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>42.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Result: 19 a Adjusted Gain (Loss) <u>589.44</u>	b Holding Period. <u>S</u>
This sale is missing info?	



Form
IT-40PNR
State Form 472
(R15 / 9-16)

Indiana Part-Year or Full-Year Nonresident Individual Income Tax Return

2016

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

Due April 18, 2017

from to:

Your Social Security Number 371 13 1928 Spouse's Social Security Number

Your first name Place "X" in box if applying for ITIN Initial Last name Place "X" in box if applying for ITIN Suffix

JOSEPH D KODOS If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route)

24011 HARRISON ST City State Zip/Postal code Place "X" in box if you are married filing separately.

CLINTON TOWNSHIP MI 48035

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2016.

County where you lived 49 County where you worked 49 County where spouse lived County where spouse worked

Round all entries

1. Complete Schedule A first. Enter here the amount from Section 3, line 37B, and enclose Schedule A _____ **Indiana Income** 1 46550.00
2. Enter amount from Schedule B, line 6, and enclose Schedule B _____ **Indiana Add-Backs** 2 .00
3. Add line 1 and line 2 _____ **3** 46550.00
4. Enter amount from Schedule C, line 12, and enclose Schedule C _____ **Indiana Deductions** 4 3000.00
5. Subtract line 4 from line 3 _____ **Indiana Adjusted Income** 5 43550.00
6. You must complete Schedule D. Enter amount from Schedule D, line 7, and enclose Schedule D _____ **Indiana Exemptions** 6 963.00
7. Subtract line 6 from line 5 _____ **State Taxable Income** 7 42587.00
8. State adjusted gross income tax: multiply line 7 by 3.3% (.033)
(if answer is less than zero, leave blank) _____ **8** 1405.00
9. County tax. Enter county tax due from Schedule CT-40PNR
(if answer is less than zero, leave blank) _____ **9** 754.00
10. Other taxes. Enter amount from Schedule E, line 4 (enclose sch.) 10 .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ **Indiana Taxes** 11 2159.00



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12.	Enter credits from Schedule F, line 9 (enclose schedule) _____	12	2403.00	
13.	Enter offset credits from Schedule G, line 8 (enclose schedule) _____	13	.00	
14.	Add lines 12 and 13 _____ Indiana Credits	14		2403.00
15.	Enter amount from line 11 _____ Indiana Taxes	15		2159.00
16.	If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16		244.00
17.	Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		.00
18.	Subtract line 17 from line 16 _____ Overpayment	18		244.00
19.	Amount from line 18 to be applied to your 2017 estimated tax account (see instructions).			
	Enter your county code _____ county tax to be applied __ \$	a		.00
	Spouse's county code _____ county tax to be applied __ \$	b		.00
	Indiana adjusted gross income tax to be applied _____ \$	c		.00
	Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		.00
20.	Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) _____	20		.00
21. Refund:	Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions Your Refund	21		244.00
22. Direct Deposit	(see instructions)			
	a. Routing Number 072403473			
	b. Account Number 02388746097			
	c. Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC			
	d. Place an "X" in the box if refund will go to an account outside the United States			
23.	If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23		.00
24.	Penalty if filed after due date (see instructions) _____	24		.00
25.	Interest if filed after due date (see instructions) _____	25		.00
26. Amount Due:	Add lines 23, 24 and 25 _____ Amount You Owe	26		.00
	Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue. Credit card payers must see instructions.			

Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).

Your Signature	Date	Spouse's Signature	Date
----------------	------	--------------------	------

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Name(s) shown on Form IT-40PNR

Your Social Security Number

JOSEPH D KODOS

371 13 1928

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2016 federal income tax return, Form 1040, 1040A or 1040EZ (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

		Column A Income from Federal Return		Column B Income Taxed by Indiana
1. Your wages, salaries, tips, commissions, etc _____	1A	48812.00	1B	48812.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	.00	2B	.00
3. Taxable interest income _____	3A	15.00	3B	0.00
4. Dividend income _____	4A	.00	4B	.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	0.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C or C-EZ _	7A	.00	7B	.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	1047.00	8B	0.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Total IRA distribution _____	10A	.00	10B	.00
11. Total pensions and annuities _____	11A	808.00	11B	0.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	.00	12B	.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefits _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20. _____	21A	50682.00	21B	48812.00



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Proration Section See instructions.21C. **Note:** Nonresident military personnel see special instructions on page 15.

and complete worksheet. _____ 21C .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: $\$3,100 \div \$8,000 = .3875$, which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 6 _____

21D 0.963

Section 2: Adjustments to Income Note: Enter in Column A only those deductions claimed on your 2016 federal income tax return, Form 1040, 1040A or 1040EZ. Round all entries.

		Column A Federal Adjustments		Column B Indiana Adjustments
22. Educator expenses (see instructions) _____	22A	.00	22B	.00
23. Certain business expenses of reservists, performing artists, etc _____	23A	.00	23B	.00
24. Health savings account deduction _____	24A	.00	24B	.00
25. Moving expenses (see instructions) _____	25A	.00	25B	.00
26. Deductible part of self-employment tax _____	26A	.00	26B	.00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	.00	27B	.00
28. Self-employed health insurance deduction _____	28A	.00	28B	.00
29. Penalty on early withdrawal of savings _____	29A	.00	29B	.00
30. Alimony paid _____	30A	.00	30B	.00
31. IRA deduction _____	31A	.00	31B	.00
32. Student loan interest deduction (see instructions) _____	32A	2500.00	32B	2262.00
33. Tuition and fees deduction (see instructions) _____	33A	.00	33B	.00
34. Domestic production activities deduction _____	34A	.00		
35. Other (see instructions) _____	35A	.00	35B	.00
36. Add lines 22 through 35 _____	36A	2500.00	36B	2262.00

Section 3: Totals37. Subtract line 36 from line 21 of Section 1. Carry
amount from line 37B to Form IT-40PNR, line 1 _____ 37A 48182.00 37B 46550.00

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Name(s) shown on Form IT-40PNR

Your Social Security Number

JOSEPH D KODOS

371 13 1928

1. Renter's deduction

Indiana address where rented if different from the one on the front page (enter below)

7618 WOODMORE TRCE APT 703, INDIANAPOL Amount of rent paid
Landlord's name and address (enter below)

\$ 6600.00

BARRETT & STOKELY, 7653 WOODMORE TRCE,

Round all entries

Number of months rented 10 Enter the lesser of \$3,000 or amount of rent paid 1 3000.00

2. Homeowner's residential property tax deduction

Address where property tax was paid if different from front page (enter below)

Number of months lived there Amount of property tax paid \$.00

Enter the lesser of \$2,500 or the amount of Indiana property tax paid 2 .00

3. State tax refund reported on federal return 3 .00

4. Interest on U.S. government obligations 4 0.00

5. Taxable Social Security benefits 5 .00

6. Taxable railroad retirement benefits 6 .00

7. Military service deduction: \$5,000 maximum for qualifying person 7 .00

8. Private school/homeschool deduction: \$1,000 per qualifying child (see instructions) 8 .00

9. Indiana net operating loss deduction 9 .00

10. Nontaxable portion of unemployment compensation (from Unemployment Comp. Worksheet) 10 .00

11. Other Deductions: See instructions (attach additional sheets if necessary)

a. Enter deduction name code no. 11a .00

b. Enter deduction name code no. 11b .00

c. Enter deduction name code no. 11c .00

12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40PNR. **Total Deductions** 12 3000.00



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Name(s) shown on Form IT-40PNR

Your Social Security Number

JOSEPH D KODOS

371 13 1928

Round all entries

1. Number of exemptions claimed on your federal return 1 x \$1000 _____ 1 1000.00
• If you did not claim an exemption on your federal return, enter "1" in the box above.
• See instructions if you did not file a federal return.
2. Claim an additional exemption for certain dependent children (see instructions).
Enter number you are eligible to claim x \$1500: you **MUST** enclose Schedule IN-DEP__ 2 .00
3. Place "X" in box(es) below if, by December 31, 2016
You were age 65 or older and/or blind
Spouse was 65 or older and/or blind
Total number of boxes with Xs x \$1000 _____ 3 .00
4. If age 65 or older, enter amount from Schedule A, line 37A \$
If this amount is less than \$40,000, place "X" in box(es) below if:
You were age 65 or older
Spouse was 65 or older
Total number of boxes with Xs x \$500 _____ 4 .00
5. Add lines 1, 2, 3 and 4 _____ 5 1000.00
6. Enter the number from Schedule A, Proration Section, line 21D _____ 6 0.963
7. Multiply line 5 by line 6. Enter here and on Form IT-40PNR, line 6 _____ **Total Exemptions** 7 963.00

Schedule E: Other Taxes

1. Use tax on out-of-state purchases from line 4 of Sales/Use Tax Worksheet _____ 1 .00
2. Household employment taxes. Enclose Schedule IN-H _____ 2 .00
3. Recapture of Indiana's CollegeChoice 529 credit. Enclose Schedule IN-529R _____ 3 .00
4. Add lines 1 through 3. Enter here and on Form IT-40PNR, line 10 _____ **Total Other Taxes** 4 .00



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Name(s) shown on Form IT-40PNR

Your Social Security Number

JOSEPH D KODOS

371 13 1928

Round all entries

- | | | |
|--|---|---------|
| 1. Indiana state tax withheld: enclose W-2s and/or 1099s showing state tax withholding amounts ____ | 1 | 1580.00 |
| 2. Indiana county tax withheld: enclose W-2s and/or 1099s showing county tax withholding amts. ____ | 2 | 823.00 |
| 3. Estimated tax paid for 2016: include any extension payment made with Form IT-9 _____ | 3 | .00 |
| 4. Unified tax credit for the elderly _____ | 4 | .00 |
| 5. Earned income credit: see instructions | | |
| Enter earned income credit from | | |
| Schedule IN-EIC, line A-3 _____ Box A | | .00 |
| Enter number from Schedule A, Proration Section, line 21D _____ Box B | | |
| Multiply Box A by Box B, enter total here _____ | 5 | .00 |
| 6. Lake County residential income tax credit _____ | 6 | .00 |
| 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____ | 7 | .00 |
| 8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____ | 8 | .00 |
| 9. Add lines 1 through 8. Enter total here and on Form IT-40PNR, line 12 _____ Total Credits | 9 | 2403.00 |

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

- | | | | | |
|---|----------|----|-----|-----|
| a. Enter fund name | code no. | 1a | .00 | |
| b. Enter fund name | code no. | 1b | .00 | |
| c. Enter fund name | code no. | 1c | .00 | |
| d. Enter fund name | code no. | 1d | .00 | |
| 2. Add lines 1a through 1d. Enter total here and on Form IT-40/IT-40PNR, line 17 Total Donations | | | 2 | .00 |



23816111555

Name(s) shown on Form IT-40PNR

Your Social Security Number

JOSEPH D KODOS

371 13 1928

**Section 1: Residency
Information**

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2016. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2016	06 01 2016	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2016	12 31 2016	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Your information

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	IN	01 01 2016	11 14 2016	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1B	MI	11 15 2016	12 31 2016	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1C		2016	2016	Yes <input type="checkbox"/> No <input type="checkbox"/>
1D		2016	2016	Yes <input type="checkbox"/> No <input type="checkbox"/>

Spouse's information if married filing jointly

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A		2016	2016	Yes <input type="checkbox"/> No <input type="checkbox"/>
2B		2016	2016	Yes <input type="checkbox"/> No <input type="checkbox"/>
2C		2016	2016	Yes <input type="checkbox"/> No <input type="checkbox"/>
2D		2016	2016	Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2



Section 2: Additional Information**1. Federal filing information**Are you filing a federal income tax return for 2016? Place "X" in appropriate box. Yes ☒ No**2. Extension of time to file**

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or online via ePay.

3. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Date of deathIf any individual listed at the top of the IT-40PNR died *during* 2016, enter date of death (MM/DD).

Taxpayer's date of death

2016

Spouse's date of death

2016

Authorization Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

5. Your daytime

telephone number 5866122518

Your email

address

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)Telephone
number

Address

City

State

Zip Code

Paid Preparer: Firm's Name (or yours if self-employed)

SELF-PREPARED

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State

Zip Code

Preparer's
signature _____

**County Tax Schedule for Part-Year
and Full-Year Indiana Nonresidents 2016**

Name(s) shown on Form IT-40PNR

Your Social Security Number

JOSEPH D KODOS

371 13 1928

SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2016.

		Column A - Yourself		Column B - Spouse's
1. Enter the amount from IT-40PNR, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40PNR, line 7 on line 1A only (see instructions) _____	1A	42587.00	1B	.00
2. Enter the resident rate from the county tax chart on the back of this schedule for the county where you lived on Jan. 1, 2016 ____	2A	.0177000	2B	.
3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____	3A	754.00	3B	.00
4. Add lines 3A and 3B. Enter the total here. Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6. Otherwise, enter the total here and on line 7 below. _____			4	754.00
5. Enter the amount of income that was taxed by any of the Kentucky counties listed on line 4 above _____			5	.00
6. Multiply line 5 by .0106 and enter total here _____			6	.00
7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR _____			7	754.00

SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2016, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2016.

		Column A - Yourself		Column B - Spouse's
1. Enter your principal employment income (see instructions) _____	1A	.00	1B	.00
2. Enter deductions. See the complete list of allowable deductions in the instructions _____	2A	.00	2B	.00
3. Subtract line 2 from line 1 _____	3A	.00	3B	.00
4. Enter some or all of the exemptions from line 7 of Schedule D (see instructions) _____	4A	.00	4B	.00
5. Subtract line 4 from line 3 (if less than zero, leave blank) _____	5A	.00	5B	.00
6. Enter the nonresident rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2016 ____	6A	.	6B	.
7. Multiply the income on line 5 by the rate on line 6 _____	7A	.00	7B	.00
8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) ____			8	.00



Submission ID

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First Name(s) and Middle Initial(s)	Last Name	Your Social Security Number		Spouse's Social Security Number
JOSEPH D	KODOS	371 13 1928		
Spouse's First Name(s) and Middle Initial(s)	Spouse's Last Name	Street Address		
		24011 HARRISON ST		
City		State	Zip Code	Daytime Telephone Number
CLINTON TOWNSHIP		MI	48035	5866122518

Part I Tax Return Information (See Instructions on Next Page)

1. Federal Adjusted Gross Income	1.	48182.
2. Indiana Taxable Income	2.	42587.
3. Total Indiana Tax	3.	2159.
4. Total State Tax Withheld	4.	1580.
5. Total County Tax Withheld	5.	823.
6. Total Indiana Tax Credits	6.	2403.
7. Refund	7.	244.
8. Amount You Owe	8.	

Part II Direct Deposit

9. Routing number	0	7	2	4	0	3	4	7	3	<i>Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.</i>								
10. Account number	0	2	3	8	8	7	4	6	0	9	7							Do Not Mail This Form To DOR
11. Type of account:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC																	
12. Place an "X" in the box if refund will go to an account outside the United States.	<input type="checkbox"/>																	

**Do Not Mail
This Form
To DOR**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to ensure my refund is properly deposited.

Part III Declaration of Taxpayer

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2016 income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent to allow my transmitter to send my return, this declaration, and accompanying schedules and statements to the DOR. I also consent to the DOR sending an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Please sign here ► _____

_____ Taxpayer's Signature	_____ Date	_____ Spouse's Signature	_____ Date
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INDIANA

Federal/State Adjustment Summary

2016

Name as Shown on Return
Joseph D Kodos

Social Security Number
371-13-1928

Schedule C	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F)

Schedule E	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F)

Schedule F	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F)

Form 4835	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F)

Federal/State Adjustment Summary

2016

Name as Shown on Return

Joseph D Kodos

Social Security Number

371-13-1928

Schedule K-1 Partnership	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F)

Schedule K-1 S Corporation	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F)

Schedule K-1 Estates & Trusts	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F)

Form 2106	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E)

Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income.

Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation.

Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation

Federal/State Adjustment Summary

2016

Name as Shown on Return

Joseph D Kodos

Social Security Number

371-13-1928

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
Schedule A				

Total Schedule A Depreciation Adjustment (Sum of Column E)

Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income

Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation

Depreciation Adjustment Included in Schedule A Subject to 2% Limitation

Asset Dispositions

(A) Description of Asset Sold		(B) If reported on, Ck Box:	(C) Federal Gain/Loss	(D) Accumulated Depreciation	(E) Gain Adjustment	(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
		Form 6252		(1) State	(F) Other Adjustments	
Date Acq	Date Sold	Form 8824		(2) Federal		
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				

Passive/At-Risk/Other Adjustments

Total Sale of Asset Adjustment

Section 179 Worksheet

2016

Name as Shown on Return
Joseph D Kodos

Social Security Number
371-13-1928

Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation	1	
State adjustments:		
2 Depreciation adjustment (without Section 179)	2	
3 Section 1231 gain adjustment	3	
4 Other additions or subtractions to taxable income	4	
5 State taxable income for the Section 179 limitation (line 1 plus lines 2 - 4)	5	
6 Total Section 179 before limitation	6	
7 Section 179 allowable, if different	7	
8 Federal Section 179 allowed	8	
9 State Section 179 adjustment	9	
10 Carryover to next year	10	

QuickZoom to Activity Worksheet ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover

Total Form 2106 Section 179 Adjustment (Column B minus Column G)

Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(C) State Carryover From Prior Year	(D) State Total Section 179 Before Limitation	(E) State Section 179 Allowed	(F) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E)

Indiana Information Worksheet

2016

► Keep for your records — Do not file

Part I – Personal Information

Taxpayer:

Last name KODOS
 Middle initial D Suffix
 First name JOSEPH
 Social security no. 371-13-1928
 Date of birth 07/18/1991
 Age as of 12-31-2016 or as of date of death 25
 Date of death
 Daytime phone (586) 612-2518 * ☒
 Home phone * ☐

Spouse:

Last name
 Middle initial Suffix
 First name
 Social security no.
 Date of birth
 Age as of 12-31-2016 or as of date of death
 Date of death
 Daytime phone * ☐
 * Check a box to print phone number on the return

Address 24011 HARRISON ST Apartment number
 City CLINTON TOWNSHIP
 State MI ZIP/Postal code 48035
 Foreign code Foreign country
 E-mail address where Indiana Dept. of Revenue can reach you (optional)

County Information

Taxpayer

Spouse

County of **residence** on January 1, 2016 ► MARION
 County of **employment** on January 1, 2016 ► MARION
 » Put in county of residence if you were retired, unemployed or a homemaker on January 1, 2016

Part II – Main Form

- ☐ Form IT-40 - Full-Year Resident ►
☒ Form IT-40PNR - Part-Year Resident ►
☐ Form IT-40PNR - Nonresident ►

IT-40PNR filers

- Enter IN residency dates . . . ►
- Other state residency dates . . . ►
- Other state of residence . . . ►

Nonresidents only

- Enter state of residence . . . ►

Taxpayer		Spouse	
From	To	From	To
01/01/2016	11/14/2016		
11/15/2016	12/31/2016		
MI			

- ☐ Form IT-40RNR - Reciprocal Nonresident (KY, MI, OH, PA, WI only) ►
 State of residence ► KY ☐ MI ☐ OH ☐ PA ☐ WI ☐

File IT-40RNR if your state of residence is KY, MI, OH, PA or WI **and** the only Indiana income is from wages, salaries, or tips **and** your Indiana credits are from state or county taxes withheld.

Important Do not use IT-40RNR if you had Indiana riverboat winnings. You must file Form IT-40PNR.

Part III – Filing Status

- ☒ Single or widowed
☐ Married filing joint return
☐ Married filing separate returns
☐ Taxpayer did not live with spouse **at any time** during the year.

Part IV – Farmer/Fisherman Information

- ☐ 2/3 of 2015 or 2016 gross income is from farming and fishing
☐ You checked the box above and will file the return and pay all tax due by March 1, 2017

Part V – Miscellaneous Information**Sch IN K-1 Recipient (Partner or Shareholder)**☐ Check this box if you received Schedule IN K-1**QuickZoom** to Sch IN K-1 Information Worksheet ►**Unified Tax Credit for the Elderly**

- ☐ File Form SC-40 to claim the elderly credit. *Box is automatically checked if the taxpayer qualifies*
- ☐ File Form IT-40 or IT-40PNR instead of Form SC-40 to claim the elderly credit.

Yes**No**☒☐

I am filing a federal income tax return for 2016

I authorize the Indiana Dept of Revenue to discuss the return with my personal representative

If yes, complete information below.**Personal Representative**

	First name	M.I.	Last name	Suffix
Name	_____	_____	_____	_____
Address	_____			
City, state and zip code	_____			
Phone number	_____			

Part VI – Electronic Filing Information**Yes****No**☐☒

Do you want to use Federal PIN(s) to sign your Indiana electronic return?

Date Post Filing Coupon was given to client _____

Part VII – Direct Deposit Information**Yes****No**☒☐Use **direct deposit** for **state tax refund**Financial Institution name (optional) . HuntingtonAccount type Checking ☒ Savings ☐Routing number 072403473Account number 02388746097☐ Deposit Indiana tax refund to Hoosier Works MasterCard account. Account number . . . _____**International ACH Transactions****Yes****No**☐☒

Will the funds for this refund go to an account outside the U.S.?

Part VIII – Payment by Credit Card or Electronic Check (eCheck)

- ☐ Balance due will be paid by credit card
- Date of credit card payment _____
- ☐ Balance due will be paid by eCheck
- Date of eCheck payment _____

Part IX – Extension Status**Yes No**

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

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

Has the tax return due date been extended by filing Indiana Form IT-9?

Has the tax return due date been extended by filing federal Form 4868?

Extended due date _____

QuickZoom to Form IT-9, Application for Automatic Extension of Time to File ► _____**Part X – Amended Return**☐You are filing an **Indiana amended return** (Form IT-40X)

Tax year you are amending _____

Previous Indiana payment made _____

Previous Indiana refund received _____

QuickZoom to Form IT-40X, Amended Individual Income Tax Return ► _____

Indiana Earned Income Credit Worksheet

2016

► Keep for your records

Name(s) Shown on Return

Joseph D Kodos

Social Security Number

371-13-1928

Part I – Dependent Information

First name	Social security number	Age	Months lived with taxpayer in the U.S.	Dependent is a qualifying child of another person in different return	Taxpayer's modified AGI is higher than the other person's modified AGI	Indiana EIC code
Last name	Relationship			Yes No	Yes No	
-----	-----	-----	-----	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	-----
-----	-----	-----	-----	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	-----
-----	-----	-----	-----	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	-----
-----	-----	-----	-----	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	-----

Part II – Indiana Earned Income Credit Calculation

<p>1 Did you claim an EIC on your 2016 federal tax return?</p> <p><input type="checkbox"/> Yes. Continue to line 2.</p> <p><input checked="" type="checkbox"/> No. Stop. You cannot take the credit.</p> <p>2 Total modified adjusted gross income</p> <p>3 Total number of qualifying children from Part I . . . ►</p> <p>4 Is line 2 less than –</p> <ul style="list-style-type: none"> • \$14,800 if you do not have a qualifying child? • \$39,250 if you have one qualifying child? • \$44,600 if you have more than one qualifying child? <p><input type="checkbox"/> Yes. Go to line 5.</p> <p><input type="checkbox"/> No. Stop. You cannot take the credit.</p> <p>5 Is the total investment income over \$3,400?</p> <p><input type="checkbox"/> No. Continue to line 6.</p> <p><input type="checkbox"/> Yes. Stop. You cannot take the credit.</p> <p>6 Earned income from federal EIC Worksheet, line 6</p> <p>7 Is line 6 less than –</p> <ul style="list-style-type: none"> • \$14,800 if you do not have a qualifying child? • \$39,250 if you have one qualifying child? • \$44,600 if you have more than one qualifying child? <p><input type="checkbox"/> No. Stop. You cannot take the credit.</p> <p><input type="checkbox"/> Yes. Enter the credit from the EIC Table, for the amount on line 6</p> <p>8 Modified adjusted gross income from line 2 above</p> <p>9 Is line 8 less than –</p> <ul style="list-style-type: none"> • \$8,400 if you do not have a qualifying child? • \$18,200 if you have at least one qualifying child? <p><input type="checkbox"/> Yes. Go to line 10.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 8.</p> <p>10 Credit from line 7 or line 9:</p> <ul style="list-style-type: none"> • If 'Yes' on line 9, enter the amount from line 7. • If 'No' on line 9, enter the smaller of line 7 or line 9 <p>11 Alternative Minimum Tax from federal Form 1040, line 45, or included in the total on federal Form 1040A, line 28, multiplied by 9% (.09)</p> <p>12 Subtract line 11 from line 10</p> <p>13 Federal earned income credit multiplied by 9% (.09)</p> <p>14 Indiana earned income credit. Enter the smaller of line 12 or line 13.</p> <p>Enter line 14 amount on Schedule IN-EIC, line 3.</p>	<p>2</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	
--	--	--

Tax Payments Worksheet

2016

► Keep for your records

Name as Shown on Return Joseph D Kodos	Social Security Number 371-13-1928
---	---------------------------------------

Tax Payments for the Current Year	Date	Payment
1 First payment		
2 Second payment		
3 Third payment		
4 Fourth payment		
Additional Payments		
5 a Payment		
b Payment		
c Payment		
d Payment		
e Payment		
6 Overpayment from previous year applied to current year	6	
7 Amount paid with current year extension	7	
8 Total tax payments	8	

Income Taxes Withheld for the Current Year	State	County
9 Withholding on Forms W-2	1,580.	823.
10 Withholding on Forms W-2G		
11 Withholding on Forms 1099-R		
12 a Withholding on Forms 1099-MISC		
b Withholding on Forms 1099-G		
c Withholding on Forms 1099-K		
13 Other tax withholding		
14 Total income tax withheld	1,580.	823.

15 Date return will be filed and balance paid	15	
---	----	--

Name(s) Shown on Return
Joseph D KodosYour Social Security Number
371-13-1928**Part I 2017 Estimated Tax Amount Options****1 Select One of Six Ways to Calculate the Required Annual Payment for 2017 Estimates:**

- a 100% (110%) of **2016** taxes (default, see Tax Help) ☒ 2,159.
- b 100% of tax on **2017** estimated taxable income ☐ 2,130.
- c 90% of tax on **2017** estimated taxable income ☐ 1,917.
- d 66-2/3% of tax on **2017** estimated taxable income (farmers and fishermen) ☐ 1,420.
- e Equal to 100% of overpayment (no vouchers) ☐ 244.
- f Enter total amount you want to use for estimates and check box ☐

2 Selected estimated tax amount:

- a 2017 Required Annual Payment based on your choice above 2,159.
- b Estimated 2017 credits PLUS state and county income tax withholding 2,403.
- c **Total of estimated tax payments required for 2017** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$1,000 or more (default) ☒
- b Calculate estimates if (specify amount) or more ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

Part II Overpayment Application Options

- 1 Amount of overpayment available 244.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment) ☒
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐
- d Apply to extent of first quarter amount and refund excess ☐
- e Enter amount you want to apply ☐
- f Amount applied to 2017 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 244.

Part III Rounding and Printing Options**1 Select rounding option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select voucher printing option:

- a ☒ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☐ ◀ Do **not** print vouchers

3 Select first quarter payment option:

- ☒ ◀ Form IT-40ES voucher (default) ☐ ◀ Form IT-40 or IT-40PNR (if Part II, Box 2d is checked)

Part IV Estimated Tax Payment Summary

	1 Apr 18, 2017	2 Jun 15, 2017	3 Sep 15, 2017	4 Jan 16, 2018	Total
1 If you have already made payments, enter amounts. . .					
2 Payment due next (e.g., if it's now May 1, 2017, check col. 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required payment.					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					
QuickZoom to voucher. . . ►					

Part V Changes to Income, Deductions and Withholding for 2017

- 2016 income and deductions are shown in the '2016 Actual' column below.
- For each line in '2017 Estimated' column, enter estimated 2017 amount **if different** from 2016. Otherwise, the '2016 Actual' amount will be used for that line.

	2016 Actual	2017 Estimated
1 Federal adjusted gross income	46,550.	
2 Additions to federal adjusted gross income		
3 Deductions from federal adjusted gross income	3,000.	
4 Indiana adjusted gross income	43,550.	
5 a State tax withheld	1,580.	
b County tax withheld	823.	
c Total state and county tax withholding (line 5a plus line 5b)	2,403.	
6 Indiana credits		

Part VI Filing Status, Residency and Personal Exemptions for 2017

- 1 2017 filing status:
- ☒ Single ☐ Married filing jointly ☐ Qualifying widow(er)
- ☐ Married filing separately ☐ Head of Household
- 2 2017 residency status:
- Taxpayer ☒ Resident ☐ Nonresident
- Spouse ☐ Resident ☐ Nonresident
- 3 Enter county of residence as of Jan 1, 2017 (if the resident box is marked on line 2) or enter county of employment as of Jan 1, 2017 (if the nonresident box is marked on line 2):
- Taxpayer 49-MARION
- Spouse _____
- 4 Total number of exemptions claimed on federal return 1
- 5 Total number of additional exemptions for certain dependent children _____
- 6 Check box(es) below if, by December 31, 2017
- Taxpayer is ☐ 65 or older and/or ☐ Blind
- Spouse is ☐ 65 or older and/or ☐ Blind
- Number of exemptions for 65 or older, or blind _____
- 7 Check box(es) below if
- Taxpayer is ☐ 65 or older and 2017 federal adjusted gross income less than \$40,000
- Spouse is ☐ 65 or older and 2017 federal adjusted gross income less than \$40,000
- Number of exemptions for 65 or older with federal adjusted gross income less than \$40,000 _____

Part VII Estimated Taxable Income and Tax for 2017

	Column A Spouse	Column B Taxpayer or Joint
<input type="checkbox"/> Check if filing a joint return in 2017 and on January 1, 2017 taxpayer and spouse anticipate living in different counties (or working in different counties if both are nonresidents). Be sure to complete Column A if this box is checked.		
1 Estimated Indiana adjusted gross income		43,550.
2 Total exemption amount.		963.
3 Amount subject to Indiana income tax (line 1 minus line 2)		42,587.
4 a County tax rate.		0.0177000
b County income tax due (line 3 times county tax rate above)		754.
5 State income tax due (line 3 times .0323)		1,376.
6 Total state and county tax due for 2017 (line 4b plus line 5)		2,130.
7 Total anticipated credits (including 2017 state and county income tax withheld)		2,403.
8 Total estimated tax due (line 6 minus line 7)		0.

Tax Summary
► Keep for your records

2016

Name(s) Joseph D Kodos	
Indiana total income	46,550.
Indiana deductions	3,000.
Indiana adjusted gross income	43,550.
Exemptions	963.
Indiana taxable income	42,587.
State tax	1,405.
County tax	754.
Other taxes	
Total tax	2,159.
State tax withheld	1,580.
County tax withheld	823.
Estimated tax paid for 2016	
Total Indiana payments and credits	2,403.
Overpayment	244.
Contributions	
Amount applied to 2017 estimated tax	
Penalties and interest	
Refund	244.
Amount due	

2016 MICHIGAN Individual Income Tax Return MI-1040**Return is due April 18, 2017.**

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name JOSEPH		M.I. D	Last Name KODOS		2. Filer's Full Social Security No. (Example: 123-45-6789) 371 — 13 — 1928	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) — —	
Home Address (Number, Street, or P.O. Box) 24011 HARRISON ST					4. School District Code (5 digits – see page 60) 50140	
City or Town CLINTON TOWNSHIP		State MI	ZIP Code 48035			
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. <div style="float:right;"> a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse </div>					6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.	
7. 2016 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="margin-left: 200px;"> * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 150px;"></div> </div>					8. 2016 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input checked="" type="checkbox"/> Part-Year Resident * <div style="margin-left: 200px;"> * If you check box "b" or "c," you must complete and attach Schedule NR. </div>	

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

a. Number of exemptions claimed on 2016 federal return..... 9a. <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">1</div> x \$4,000 b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled 9b. <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> x \$2,600 c. Number of qualified disabled veterans 9c. <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> x \$400 d. Claimed as dependent, see line 9 NOTE above 9d. <input type="checkbox"/> e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15 9e. <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">4000</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">4000</div> 00 <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> 00 <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> 00 <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> 00 <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">4000</div> 00 <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">48182</div> 00 <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> 00 <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">48182</div> 00 <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">47374</div> 00 <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">808</div> 00 <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">67</div> 00 <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">741</div> 00 <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">31</div> 00
--	---

NON-REFUNDABLE CREDITS

	AMOUNT		CREDIT	
18. Income Tax Imposed by government units outside Michigan. Attach a copy of the return (see instructions)..... 18a.	00		00	18b.
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions)..... 19a.	00		00	19b.
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"			31	20.

Filer's Full Social Security Number

371 — 13 — 1928

21. Enter amount of Income Tax from line 20.....	21.	31	00
22. Voluntary Contributions from Form 4642, line 11. Attach Form 4642.	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	31	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Attach MI-1040CR or MI-1040CR-2.....	25.		00
26. Farmland Preservation Tax Credit. Attach MI-1040CR-5	26.		00
27. a. Federal Earned Income Tax Credit.....	27a.		00
b. Michigan Earned Income Tax Credit. Multiply line 27a by 6% (0.06)	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). Attach Form 3581.	28.		00
29. Michigan tax withheld from Schedule W, line 7. Attach Schedule W (do not submit W-2s)	29.	34	00
30. Estimated tax, extension payments and 2015 credit forward	30.		00
31. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29 and 30	31.	34	00

REFUND OR TAX DUE

32. If line 31 is less than line 24, subtract line 31 from line 24. Include interest <input type="text"/> and penalty <input type="text"/> if applicable (see instr.) YOU OWE	32.		00
33. Overpayment. If line 31 is greater than line 24, subtract line 24 from line 31	33.	3	00
34. Credit Forward. Amount of line 33 to be credited to your 2017 estimated tax for your 2017 tax return ...	34.		00
35. Subtract line 34 from line 33..... REFUND	35.	3	00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account
072403473	02388746097	1. <input checked="" type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2015, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2016 (MM-DD-YYYY)

Filer	— —	Spouse	— —
-------	-----	--------	-----

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

☐ By checking this box, I authorize Treasury to discuss my return with my preparer.

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN

Preparer's Name (print or type)

Preparer's Business Name, Address and Telephone Number
SELF-PREPARED

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**

Pay amount on line 32. Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Make your check payable to "State of Michigan." Print the last four digits of your **Social Security number** and "2016 Income Tax" on the front of your check. If paying on behalf of another taxpayer, **write the filer's name and the last four digits of the filer's Social Security number** on the check. Do not staple your check to the return. You can pay electronically using Michigan's e-Payments service. Keep a copy of your return and supporting schedules for six years. For more information and to check your refund status, have a copy of your MI-1040 available when you visit **www.michigan.gov/iit**.

+ 1555 2016 05 02 27 9

2016 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7

Attachment 01

Attach to Form MI-1040.

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
JOSEPH	D	KODOS	371 — 13 — 1928

Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions).....	2.		00
3. Gains from Michigan column of MI-1040D and MI-4797	3.		00
4. Losses attributable to other states (see instructions)	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797	5.		00
6. Oil, gas, and nonferrous metallic mineral expenses deducted to arrive at Adjusted Gross Income (AGI)	6.		00
7. Federal Net Operating Loss deduction.....	7.		00
8. Other (see instructions). Describe:	8.		00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11.....	9.	0 .	00

2016 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
JOSEPH	D	KODOS	371 — 13 — 1928

Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Attach U.S. <i>Schedule B</i> if over \$5,000	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u>	13.	47374	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions).	15.		00
16. Michigan state and local income tax refunds received in 2016 and included on MI-1040, line 10.....	16.		00
17. Michigan Education Savings Program and MI 529 Advisor Plan	17.		00
18. Michigan Education Trust	18.		00
19. Oil, gas, and nonferrous metallic minerals income included in AGI.....	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21. Michigan Net Operating Loss Deduction	21.		00
22. Miscellaneous subtractions (see instructions). Describe:	22.		00

Deduction Based on Year of Birth

Complete this section if you are eligible to claim the Michigan Standard Deduction, the deduction for retirement benefits or the deduction for senior investment income on lines 24, 25 or 26. If you complete line 24, 25 or 26, lines 23A through 23F must be completed for you and your spouse, if married.

NOTE: See instructions before continuing with this section.

23.	FILER			SPOUSE		
	A. Year of Birth (19xx)	B. Age (as of 12-31-2016)	C. Check if SSA Exempt	D. Year of Birth (19xx)	E. Age (as of 12-31-2016)	F. Check if SSA Exempt
	1991	25	<input type="checkbox"/>			<input type="checkbox"/>

24. Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through January 1, 1950, and reached age 67 on or before December 31, 2016. Do not complete lines 25 and 26	24.		00
25. Retirement benefits. Enter amount from line 15, 26, 27 or 28 of Form 4884, <i>Michigan Pension Schedule</i> . Attach Form 4884	25.		00
26. Dividend/interest/capital gains deduction for taxpayers 71 years and older . Deduction is limited to \$11,115 for single or married filing separately filers and \$22,229 for joint filers, less any deduction for retirement benefits (see instructions).....	26.		00

☐ Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

27. Total subtractions. Add lines 10 through 26. Enter here and on MI-1040, line 13	27.	47374.	00
--	-----	--------	----

2016 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7

Attach to Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. Filer's First Name JOSEPH	M.I. D	Last Name KODOS	2. Filer's Full Social Security No. (Example: 123-45-6789) 371 — 13 — 1928
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

4. 2016 RESIDENCY STATUS:

Check all that apply.

a. ☐ Nonresidentb. ☒ Part-Year Resident of Michigan.

Enter dates of Michigan residency in 2016*

*Dates of Michigan residency in 2016 (Enter dates as MM-DD-YYYY, Example: 04-15-2016)

	FILER	SPOUSE
FROM:	11 — 15 — 2016	— — 2016
TO:	12 — 31 — 2016	— — 2016

Income Allocation

	A. Total Income	B. Michigan Income	C. Other State(s) Income
5. Wages, salaries, other payments (tips, etc.)	48812 00	0 00	48812 00
6. Interest and dividends	15 00	0 00	15 00
7. Business and farm income (attach U.S. Schedules C and F).....	00	00	00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797	1047 00	0 00	1047 00
9. Income reported on U.S. Schedule E (attach U.S. Schedule E and supporting statements)....	00	00	00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884)	808 00	808 00	0 00
11. Other (see instructions)	0 00	00	0 00
12. Total income. Add lines 5 through 11.....	50682 00	808 00	49874 00
13. Enter the total adjustments from U.S. Form 1040 or 1040A. Describe: <u>STUDENT LOAN INTE</u>	2500 00	0 00	2500 00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	48182 00	808 00	47374 00

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9e	15.	4000 00
16. Enter Michigan source income from line 14, column B	16.	808 00
17. Enter total income from line 14, column A.....	17.	48182 00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.	1.68 %
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 5 and enter here and on MI-1040, line 15.....	19.	67 00

2016 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2016, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Attach your completed Schedule W to Form MI-1040 or MI-1040X-12 where applicable. See complete instructions on page 2 of this form. If you need additional space, attach another Schedule W.

1. Filer's First Name JOSEPH	M.I. D	Last Name KODOS	2. Filer's Full Social Security No. (Example: 123-45-6789) 371 — 13 — 1928
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A Enter "X" for: Filer or Spouse		B Employer's identification number (Example: 38-1234567)	C Box c — Employer's name	D Box 1 — Wages, tips, other compensation		E Box 17 — Michigan income tax withheld	
					00		00
					00		00
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.							00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS

A Enter "X" for: Filer or Spouse		B Payer's federal identification number (Example: 38-1234567)	C Payer's name	D Taxable pension distribution, misc. income, etc. (see inst.)		E Michigan income tax withheld	
X		94-1687665	BANK OF AMERICA,	808	00	34	00
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.							34 00

REV 01/25/17 INTUIT.CG.CFP.SP

Michigan Information Worksheet

2016

► Keep for your records

Part I – Personal Information

Taxpayer:

Last Name Kodos
 First Name Joseph
 Middle Initial D Suffix _____
 Social Security No. 371-13-1928
 Date of Birth 07/18/1991 (mm/dd/yyyy)
 Age as of 12/31/2016 25
 Date of death _____
 Occupation Unemployed
 Work Phone (586) 612-2518
 Home Phone _____

Spouse:

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Social Security No. _____
 Date of Birth _____ (mm/dd/yyyy)
 Age as of 12/31/2016 _____
 Date of death _____
 Occupation _____
 Work Phone _____

Print phone number on city returns ☐ Home ☒ TP work ☐ Spouse work

c/o Name _____
 Address 24011 Harrison St Apt No. _____
 City Clinton Township State . . MI ZIP Code 48035
 Foreign province/county _____ Foreign postal code _____
 Foreign country _____
 School District Code ► 50140

Part II – Main Form

Taxpayer Spouse (if different)

☐ ☐ Form MI-1040: Full-Year Resident ► _____
☐ ☐ Form MI-1040: Nonresident ► _____
☒ ☐ Form MI-1040: Part-Year Resident ► _____
 Enter Nonresident and Part-Year Resident allocations on Schedule NR. ► _____
 Taxpayer residency dates From 11/15/2016 To 12/31/2016
 Spouse residency dates From _____ To _____

City Resident Status (complete if filing a city income tax return):

Detroit	Full-year resident	Nonresident	Part-year resident
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's residency if different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other cities:

Caution: TurboTax does not support filing of city returns for Hudson or Port Huron (see tax help)

Important: Complete the table below to indicate the residency status and activate the income tax return(s) for any of the following cities: (The program will prepare **Form(s) CF-1040** for you)

• Albion	• Battle Creek	• Big Rapids	• Flint	• Grand Rapids	• Grayling
• Hamtramck	• Highland Park	• Ionia	• Jackson	• Lansing	• Lapeer
• Muskegon	• Muskegon Heights	• Pontiac	• Portland	• Saginaw	• Springfield
• Walker					

City name	Residency Status				Part-year residents only:		
	Full year	Non res	Part-year	Do Not File	Taxpayer's Former address	Dates of residency	
					Spouse's Former address	From	To
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Part III – Filing Status

- ☒ Single
☐ Married, filing jointly
☐ Married, filing separately

Part IV – Dependent Information

Full Name	Relationship	Age	Disabled Veteran	Special exemption code	Filing a 2016 Michigan tax return
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Part V – Homeowner/Renter Information**Taxpayer's status:**

- ☐ Homeowner who paid property tax
☐ Renter (including alternate housing facilities)
☐ Mobile home park resident

QuickZoom to Property Tax Information Worksheet ► _____

Part VI – Electronic Filing Information**Fed/State (F/S) Return:**

- Yes No**
☒ ☐ Use Federal Signature (PIN) in place of MI-8453 (See Help)

State-Only (SO) Return:

- Yes No**
☐ ☐ Use Electronic Signature Alternative, (ESA) (Shared Secrets) in place of MI-8453 (See Help)

Michigan EF Signature:

TP's Prior Year Adjusted Gross Income or Household Income (See Help) _____
 TP's Prior Year Refund or Tax Due Amount (See Help) _____
 Spouse's Prior Year Adjusted Gross Income or Household Income (See Help) _____
 Spouse's Prior Year Refund or Tax Due Amount (See Help) _____

Detroit EF Signature:

TP's Prior Year Adjusted Gross Income (See Help) _____
 TP's Prior Year Refund or Tax Due Amount (See Help) _____
 Spouse's Prior Year Adjusted Gross Income (See Help) _____
 Spouse's Prior Year Refund or Tax Due Amount (See Help) _____

Part VII – Direct Deposit Information or Direct Debit Information**State Information:**

- Yes No**
☒ ☐ Use **direct deposit** for any **state tax refund**
☐ ☐ Use **direct debit** for **state tax payment** (Electronic Filing Only)?

State balance-due amount from this return _____
 Enter the payment date to withdraw from the account below _____

City Information:

- ☒ ☐ Use **direct deposit** for any **city tax refund** (see help)
☐ ☒ Use **direct debit** for any **city tax due** (see help)

Enter the payment date to withdraw from the account below _____

Bank Information (State and City):

For any of the above options, fill out information below:

For direct deposit or electronic funds withdrawal, fill out information below:

Name of financial institution . . Huntington
 Account type Checking ☒ Savings ☐
 Routing number 072403473
 Account number 02388746097

International ACH Transactions

- Yes No**
☐ ☒ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VIII – Additional Return Information**Exemptions:****Taxpayer**
☐
☐
☐
☐
☐
☐
Spouse
☐
☐
☐
☐
☐
☐

Blind

Deaf

Paraplegic/Hemiplegic/Quadriplegic

Totally and Permanently Disabled

Disabled Veteran

Can be claimed as a dependent on someone else's return

Person Filing on Behalf of Deceased:
☐
☐
☐

Use federal Form 1310 in place of Form MI-1310

Personal Representative

Claimant

First Name . . . _____ Middle Initial . . . _____ Last Name . . . _____

Address _____

City _____ State _____ ZIP Code _____

Address Change for CF-1040 city returns only (excludes Detroit):☐

Address is same as last year

State Campaign Fund:**Yes No**
☐
☐

Does TP want \$3 to go to State Campaign Fund?

Does spouse want \$3 to go to State Campaign Fund?

Third Party Designee (See Help):**Yes No**
☐
☐
Detroit returns only)?TP authorizes another person (designee) to discuss return with **city** Income Tax Department (**CF-1040 only**)?

Designee's name (other than preparer) _____

Designee's phone number (other than preparer) _____

Personal identification number _____

Part IX – Extension Status**State Extension:****Yes No**☐☒

Tax return due date extended?

Extended due date _____

QuickZoom to Form 4: Application for extension to file tax returns ► _____**City Extensions (excludes Detroit):****Yes No**☐☒

Tax return due date extended?

Extended due date _____

QuickZoom to Form CF-4868: Application for extension to file **Michigan city** tax returns ► _____**QuickZoom** to Form CF-4868-EFT: Application for extension to file **Michigan city** tax returns. ► _____**Detroit City Extensions:****Yes No**☐☐

Tax return due date extended?

Extended due date _____

QuickZoom to Form 5209: Application for extension to file **Detroit city** tax return ► _____Spouse, if
different
residency**Yes No**☐☐

Tax return due date extended?

Extended due date _____

QuickZoom to Form 5209: Application for extension to file spouse's **Detroit city** tax return ► _____

Part X – Amended Return

☐ Filing a Michigan amended return

Enter the tax year you are amending . . _____

Payment with original return _____ NOTE: Do not include penalties or interest

Overpayment from original return _____

QuickZoom to Form MI-1040X-12: Amended Income Tax Return ► _____

QuickZoom to Form MI-1040: Individual Income Tax Return ► _____

Total Household Resources Worksheet

2016

► Keep for your records

Name as Shown on Return
Joseph D Kodos

Social Security Number
371-13-1928

Household Income Computation (for full year and part-year residents)

	Column A Total Amount	Column B Received during Michigan residency
Full year residents: Complete column A only.		
Part-year residents: Complete columns A and B.		
QuickZoom to Schedule NR before completing column B . . . ► _____		
1 Wages, salaries, tips, sick, strike and SUB pay ► 1	48,812.	0.
Interest and dividends:		
2 a Taxable interest and dividend income	15.	0.
less: interest and dividend income from Schedules K-1		
b Nontaxable interest		
Interest and dividends (including nontaxable interest) ► 2	15.	0.
Net business and farm income:		
3 a U.S. Schedule C income or loss		
b Net farm income or loss		
c Other gains or losses		
d Income from Schedules K-1		
Net business and farm income ► 3		0.
Net royalty and rent income:		
4 U.S. Schedule E income (if negative, enter 0) ► 4		
Retirement pension and annuity benefits:		
5 a Pension and IRA distributions	808.	808.
b Lump-sum distribution		
Name of payer: <u>Bank of America, N.A. Interactive Intelligence Group</u>		
Retirement pension and annuity benefits ► 5	808.	808.
Capital gains or (losses):		
6 a Capital gains less capital losses	1,047.	0.
b Excluded gain on sale of residence		
Combine lines 6a and 6b ► 6	1,047.	0.
Alimony and other taxable income:		
7 a Gambling/lottery winnings		
b Prizes and awards from Form 1099-MISC		
c Combine lines 7a and 7b		
d Line 7c minus \$300		
e Other income from Form 1099-MISC		
f Alimony received		
g Other taxable income		
h Combine lines 7d through 7g		
less: prior year Michigan Property Tax Credit (see tax help)		
Total. Describe: _____ ► 7		
Social security, SSI and railroad retirement benefits:		
8 a Social security or railroad retirement benefits		
b Less deductions for medicare premiums		
c Supplemental security income		
d Death benefits and amounts received for minor children or other dependent adults who live with you		
Combine lines 8a through 8d ► 8		
9 Child support and foster parent payments ► 9		
10 Unemployment compensation ► 10		
11 Cash or merchandise received or expenses paid on your behalf (rents, taxes, utilities, food, medical care, etc.) by parents, relatives or friends in excess of \$300 ► 11		

Other nontaxable income:			
12 a	Compensation for damages to character or for personal injury or sickness		
b	An inheritance or life insurance proceeds (from other than spouse)		
c	Death benefits paid by or on behalf of an employer.		
d	Minister's housing allowance		
e	Forgiveness of debt to the extent not included in income less: exception for 'workout' loan modification		
f	Adoption subsidies.		
g	Combat pay from W-2, box 12 code Q.		
h	Nongovernmental scholarship, stipend, grant, or GI bill benefits and payments made directly to an educational institution.		
i	Reimbursement from dependent care and/or medical care spending accounts.		
j	If you are married, filing separately include your spouse's income unless you maintained separate homesteads. Complete and attach Form 5049		
k	Other (see <i>Tax Help</i>). Enter description:		
	Total. Describe: ► 12		
13	Workers' compensation, veterans' disability compensation ► 13		
14	FIP and other MDHHS benefits. ► 14		
15	Subtotal. Add lines 1 through 14. ► 15	50,682.	808.
Adjustments:			
16 a	IRA deduction		
b	Moving expenses		
c	One half of self-employment tax		
d	Self-employment health insurance deduction		
e	SEP, SIMPLE or qualified plans		
f	Penalty for early withdrawal.		
g	Alimony paid		
h	Student loan interest deduction.	2,500.	0.
i	Health savings account deduction		
j	Net operating loss deduction: (1) Federal net operating loss deduction. (2) Federal modified taxable income (see <i>Help</i>). (3) Enter the smaller of (1) or (2). If less than zero, enter -0-.		
k	Educator expenses		
l	Tuition and fees deduction		
m	Certain business expenses of reservists, performing artists, and fee-basis government officials		
n	Domestic production activities deduction		
o	Archer MSA deduction		
p	Jury duty pay given to employer		
q	Other adjustments		
16	Total adjustments. Describe: <u>Student loan interest</u> ► 16	2,500.	0.
17 a	Medical insurance or HMO premiums you paid for you and your family (after tax premiums only).		
b	Automobile insurance premiums (medical care portion only)		
17	Total medical insurance (line 17a plus line 17b) ► 17		
18	Add lines 16 and 17 ► 18	2,500.	0.
19	Total Household Resources. Subtract line 18 from line 15. ► 19	48,182.	808.
QuickZoom to Form MI-1040CR (Homestead Property Tax Credit) ►			
QuickZoom to Form MI-1040CR2 (Property Tax Credit for Veterans and Blind People) ►			
QuickZoom to Form MI-1040CR7 (Home Heating Credit) ►			

► Keep for your records

Name(s) Shown on Return
Joseph D KodosYour Social Security Number
371-13-1928**Part I 2017 Estimated Tax Amount Options****1 Select One of Six Ways to Calculate the Required Annual Payment for 2017 Estimates:**

- a 100% (110%) of 2016 taxes (default, see Tax Help) ☒ 31.
- b 100% of tax on **2017** estimated taxable income ☐ 31.
- c 90% of tax on **2017** estimated taxable income ☐ 28.
- d 66-2/3% of tax on 2017 estimated taxable income (farmers and fishermen) ☐ 21.
- e Equal to 100% of overpayment (no vouchers) ☐ 3.
- f Enter total amount you want to use for estimates and check box ☐ ►

2 Selected estimated tax amount:

- a 2017 Required Annual Payment based on your choice above 31.
- b Estimated amount of 2017 income tax withholding 34.
- c **Total of estimated tax payments required for 2017** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$ 501 or more (default) ☒
- b Calculate estimates if _____ (specify amount) or more. ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

Part II Overpayment Application Options

- 1 Amount of overpayment available (Form MI-1040, line 33) 3.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment) ☒
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐
- d Apply to extent of first quarter amount and refund excess ☐
- e Enter amount you want to apply ☐ ►
- f Amount applied to 2017 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 3.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ☒ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☐ ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 18, 2017	2 Jun 15, 2017	3 Sep 15, 2017	4 Jan 16, 2018	Total
1 If you have already made payments, enter amounts. . .					
2 Indicate which payment is due next. (e.g. if it is now May 26, 2017, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required payment.					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					
QuickZoom to voucher. . . ►					

Part V Changes to Income, Credits and Withholding for 2017

2016 income and deductions are shown in the '2016 Actual' column below.

***Caution:** For each line in the '2017 Estimated' column, enter the estimated 2017 amount **if different** from 2016. Otherwise, the '2016 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2016 Actual	*2017 Estimated
1 Federal adjusted gross income	48,182.	
2 Additions		
3 Subtractions	47,374.	47,374.
4 Exemption allowance amount	67.	
5 Credits:		
a Credit for income tax paid to another jurisdiction		
b Other nonrefundable credits		
c Property tax credit		
d Farmland preservation tax credit		
e Michigan earned income tax credit		
f Michigan Historic Preservation Tax Credit		
6 Income tax withheld	34.	

Part VI 2017 Estimated Taxable Income and Tax

1 Estimated 2017 income subject to tax	1	808.
2 Exemption allowance amount	2	67.
3 Balance. Subtract line 2 from line 1	3	741.
4	4	31.
5 All estimated credits	5	
6 Subtract line 5 from line 4. This is your 2017 tax based on your estimate of 2017 income	6	31.

Pension Deduction Worksheet

2016

► Keep for your records

Name as Shown on Return Joseph D Kodos	Social Security Number 371-13-1928
---	---------------------------------------

* T y p e	** 4 5 7 P l a n	*** D e c e a s e d	If Roth conversion		**** T S	1 0 9 9 R C o d e	Payer/Description	Federal Amount	Michigan amount (Part-year residents only)
			Date of conversion from Regular to Roth IRA (mm/dd/yy)	Age 59-1/2 or older as of conversion date Yes No			Payer/EIN		
N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	T	1	Bank of America, N.A. Interactive Intelligence Group 94-1687665	808.	808.
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					

a Deceased Spouse Name

b Deceased Spouse Social
Security Number

c Deceased Spouse Year of
Birth (ex. 19XX)

<p>* Enter pension type:</p> <p>M – Military</p> <p>R – Railroad</p> <p>G – Government or Public</p> <p>P – Private (including IRAs)</p> <p>C – 2016 Roth IRA conversion</p> <p>N – Other distributions (subject to Michigan income tax)</p>	<p>** Check if Distribution is from a 457 plan (subject to Michigan income tax) (Automatically changes pension type to "N")</p>	<p>*** Check if Distribution was received from a deceased spouse who died prior to 2016</p>	<p>**** Enter pension ownership:</p> <p>T – Taxpayer</p> <p>S – Spouse</p>
--	---	---	--

QuickZoom to Form 4884. ➡ _____

QuickZoom to Form 4973. ➡ _____

Property Tax Information Worksheet

► Keep for your records

2016

Name as Shown on Return Joseph D Kodos	Social Security Number 371-13-1928
---	---------------------------------------

☐ The homestead referenced on this worksheet was **NOT** located in Michigan
*** Caution:** marking this box disables the Homestead Property Tax Credit and the Home Heating Credit

MI-1040CR-2 eligibility:

- 1 ☐ Blind and own your homestead.
☐ Veteran with service-connected disability. Enter percent of disability. %
☐ Surviving spouse of veteran deceased in service
☐ Veteran of wars before World War I, pensioned veteran, his/her surviving spouse, or an active military
☐ Surviving spouse of a veteran of the Korean War, World War II or World War I

Homeowners:

	A	B	C
	Lived in same residence all year ▼	If you bought or sold your home in 2016 Bought ▼ Sold ▼	
* Caution: the amount calculated on line 2b, column A is the amount paid. If the amount billed is different, enter the amount billed or mark the box below to prevent calculation of property taxes levied. Do not calculate line 2b, column A <input type="checkbox"/>			
2a	Number of days occupied	366	
b	Property taxes levied in 2016		

Home Office Worksheet

lines c, d and e only apply if part of the home was used for business - all others continue with line f

c	Percent of home used for business *	%	%	%
d	Business portion of taxes (Line 2b X line 2c) * . .			
e	Personal portion of taxes (Line 2b - line 2d) . . .			

f Taxable value of homestead

- 3 Address on December 31, 2016, if different from your current address:
 Address State ZIP Code
 City
 4 Address of homestead sold during 2016:
 Address State ZIP Code
 City

Renters or Mobile Home Park Residents

(Do not include Alternate Housing Facility information, see line 6 below):

5 a Enter information below:

Address of mobile home park or homestead rented		Landowner's name and address	Veterans only - Millage rate
Number of months /days rented	Number of months paid \$3 mobile home tax	Monthly rent	Do not transfer to 2017
Address _____ City State Zip code Months _____ Months _____ Days _____		Name Address _____ City State Zip code Monthly Rent	<input type="checkbox"/>
Address _____ City State Zip code Months _____ Months _____ Days _____		Name Address _____ City State Zip code Monthly Rent	<input type="checkbox"/>

b Renters age 65 and older: If you moved from one rental homestead to another during the last two years, enter the final month's rent on your **previous** rented homestead

Alternate Housing Facilities

6 Name of housing project or landowner _____
Address _____
City _____ State ZIP Code _____

a *Subsidized housing or Service-fee housing residents:*

If you lived in one of these types of facilities for all or part of 2016, check the appropriate box below

☐ Subsidized Housing
☐ Service Fee Housing

Number of months rented _____

Number of days rented _____

Total rent paid in 2016. _____

Percentage attributed to property (Service Fee Housing only) (defaults to 10%). _____ %

b *Special housing:*

If you lived in one of these types of facilities for all or part of 2016, check the appropriate box below

☐ Cooperative Housing
☐ Home for the Aged
☐ Nursing Home
☐ Adult Foster Care Home
☐ Paid Room and Board

Your prorated share of taxes paid by the landowner _____

Tax Payments Worksheet

2016

► Keep for your records

Name
Joseph D Kodos

Social Security Number
371-13-1928

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	34.
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	34.
15	Date return will be filed and balance paid	15	

► Keep for your records

Name as Shown on Return Joseph D Kodos	Social Security Number 371-13-1928
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Use the table below to list your purchases or

☒ check here if no purchases were made requiring Use Tax

Description of Item Purchased	Date of Purchase	Purchase Price

1	<input type="checkbox"/> Itemized purchases of \$0 to \$1,000 x 6 percent (.06) OR <input type="checkbox"/> Use Tax Table amount	1	
2	Single purchases \$1,000 or more x 6 percent (.06)	2	
3	Sales Tax Paid to Another State on These Purchases	3	
4	Total Use Tax Due (Line 1 plus Line 2 minus Line 3)	4	

Enter amount from line 4 above on your 2016 MI-1040, line 23. If the amount on line 4 is 0, enter 0 on your 2016 MI-1040, line 23.

Tax Summary
 ► Keep for your records

2016

Name(s) Joseph D Kodos	
Federal Adjusted Gross Income	48,182.
Michigan Additions	
Michigan Subtractions	47,374.
Exemptions	67.
Michigan Taxable Income	741.
Tax	31.
Non-refundable Credits	
Use Tax	0.
Total Tax	31.
Refundable Credits	
Michigan Tax Withheld	34.
Total Payments and Credits	34.
Interest and/or Penalty	
Amount Due	
Overpayment	3.
Amount applied to 2017 estimated tax	
Refund	3.

Smart Worksheets from your 2016 Michigan Tax Return

SMART WORKSHEET FOR: Form 1040 Schedule 1: Additions and Subtractions

Other States Income Smart Worksheet	
Full year residents:	
A	Apportioned income from MI-1040H, line 11
B	Business income (including rents and royalties) derived solely in another state
Part-year or nonresidents:	
C	Enter the amount of income from Schedule NR, line 14, column C 47,374.

SMART WORKSHEET FOR: Form 1040 Schedule NR: Nonresident and Part-Year Resident Schedule

Income Allocation Smart Worksheet

		Column A Total Income	Column B Michigan Income
1	Wages, salaries, tips, sick, strike and SUB pay	48,812.	0.
2	Interest and dividends from U.S. Schedule B	15.	0.
3	Business income or loss from U.S. Schedule C		
4	Farm income or loss from U.S. Schedule F		
5	Capital gains/losses from U.S. Schedule D	1,047.	0.
6	Income reported on U.S. Schedule E		
7	Pension and IRA distributions	808.	808.
8	Taxable Social Security benefits		
9	State and local tax refunds	0.	
10	Alimony received		
11	Unemployment compensation		
12	Other gains or losses from U.S. Form 4797		
13	Other income		
14	Total income. Add lines 1 through 13	50,682.	808.
15	Educator expenses		
16	Certain business expenses of reservists, performing artists, and fee-basis government officials		
17	IRA deduction		
18	Student loan interest deduction	2,500.	0.
19	Tuition and fees deduction		
20	Health savings account deduction		
21	Moving expenses		
22	One-half of self-employment tax		
23	Self-employment health insurance deduction		
24	Self-Employed SEP, SIMPLE or qualified plans		
25	Penalty for early withdrawal of savings		
26	Alimony paid		
27	Domestic production activities deduction		
28	Archer MSA deduction		
29	Jury duty pay given to employer		
30	Other adjustments to income		
31	Total adjustments. Add lines 15 through 30	2,500.	0.
32	Adjusted gross income. Subtract line 31 from line 14	48,182.	808.

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2016
Attachment
Sequence No. **12**

Name(s) shown on return

Joseph D Kodos

Your social security number

371-13-1928

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	4,852.	3,856.		996.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	896.	0.	-845.	51.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 1,047.

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	1,047.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions . . . ▶	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Joseph D Kodos

Social security number or taxpayer identification number

371-13-1928

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.17 INTERACTIVE INTELLIGENCE GROUP INC	10/01/15	05/12/16	6.21	4.80			1.41
	0.63 INTERACTIVE INTELLIGENCE GROUP INC	01/01/16	05/12/16	23.01	18.80			4.21
	0.66 INTERACTIVE INTELLIGENCE GROUP INC	04/01/16	05/12/16	24.10	22.84			1.26
	0.76 INTERACTIVE INTELLIGENCE GROUP INC	07/01/15	05/12/16	27.75	32.11			-4.36
	3 INTERACTIVE INTELLIGENCE GROUP INC	07/01/15	05/12/16	108.69	126.74			-18.05
	12 INTERACTIVE INTELLIGENCE GROUP INC	04/01/16	05/12/16	434.76	415.19			19.57
	26 INTERACTIVE INTELLIGENCE GROUP INC	01/01/16	05/12/16	941.98	776.07			165.91
	28 INTERACTIVE INTELLIGENCE GROUP INC	10/01/15	05/12/16	1,014.44	790.29			224.15
	0.87 INTERACTIVE INTELLIGENCE GROUP INC	07/01/16	07/29/16	46.50	33.88			12.62
	42 INTERACTIVE INTELLIGENCE GROUP INC	07/01/16	07/29/16	2,224.94	1,635.50			589.44
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				4,852.38	3,856.22			996.16

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Joseph D Kodos

Social security number or taxpayer identification number

371-13-1928

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☒ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	11 shares INTERACTIVE INTELLIGENCE GROUP INC	04/15/16	05/12/16	381.76	0.	O	-419.76	-38.
	10 shares INTERACTIVE INTELLIGENCE GROUP INC	07/15/16	07/29/16	514.06	0.	O	-425.50	88.56
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				895.82	0.		-845.26	50.56

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.