

Form	1040	Department of the Treasury - Internal Revenue Service	(99)	2017	OMB No. 1545-0074	IRS Use Only-Do not write or staple in this space.	
For the year Jan. 1-Dec. 31, 2017, or other tax year beginning					2017, ending	20	
Your first name and initial			Last name		Your social security number		
ROSVEDE			SIMILIEN		768-14-2748		
If a joint return, spouse's first name and initial			Last name		Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions.					Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.	
305 W MARY ST					DD1		
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).					Presidential Election Campaign		
Garden City KS 67846					Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.		
Foreign country name					Foreign province/state/county	Foreign postal code	
						<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Filing Status	1	<input type="checkbox"/> Single		4	<input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.)		
	2	<input type="checkbox"/> Married filing jointly (even if only one had income)		If the qualifying person is a child but not your dependent, enter this child's name here.			
	3	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶		5	<input type="checkbox"/> Qualifying widow(er) (see instructions)		
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 No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)	
	b	<input type="checkbox"/> Spouse					
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)	Dependents on 6c not entered above	
	(1) First name	Last name					Add numbers on lines above ▶ 4
	LEVELT	SIMILIEN	768-46-6271	Son	<input type="checkbox"/>		
	MITCH ROSEVERLIE	SIMILIEN	703-19-7005	Daughter	<input checked="" type="checkbox"/>		
	ILESSON	SIMILIEN	768-46-6272	Brother	<input checked="" type="checkbox"/>		
d Total number of exemptions claimed						1	
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2				7	11,059
	8a	Taxable interest. Attach Schedule B if required				8a	
	b	Tax-exempt interest. Do not include on line 8a				8b	
	9a	Ordinary dividends. Attach Schedule B if required				9a	
	b	Qualified dividends				9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes				10	
	11	Alimony received				11	
	12	Business income or (loss). Attach Schedule C or C-EZ				12	6,000
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>				13	
	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	
	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				21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income				22	17,059	
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	424
	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	
	34	Reserved for future use				34	
	35	Domestic production activities deduction. Attach Form 8903				35	
	36	Add lines 23 through 35				36	424
	37	Subtract line 36 from line 22. This is your adjusted gross income				37	16,635
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.						Form 1040 (2017)	

**Tax and Credits**

38	Amount from line 37 (adjusted gross income)	38	16,635
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	9,350
41	Subtract line 40 from line 38	41	7,285
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
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	0
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	0
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 credit. 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	0
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0

**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, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

**Other Taxes**

57	Self-employment tax. Attach Schedule SE	57	848
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	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	
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	848

**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	1,474
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	6,318
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Additional child tax credit. Attach Schedule 8812	67	2,000
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 checked="" 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	9,792

**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	8,944
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	8,944
b	Routing number <u>2 9 1 4 7 1 0 2 4</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>2 1 8 7 1 0 0 7 6 8 1 4 2 7 4 8 7</u>		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	

**Amount You Owe**

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)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No	
Designee's name	Phone no.
Personal Identification number (PIN)	

**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 amount 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	Daytime phone number
31662	01-29-2018	TAXI DRIVER	561-541-2287
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	Identity Protection PIN (see inst.)

**Paid Preparer Use Only**

Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	01-30-2018		P01527187
Print/Type preparer's name	HERALTES DESINORD		
Firm's name	HD TAX & PROFESSIONAL SERVICES INC		
Firm's address	4560 CRESTHAVEN BLVD West Palm Beach, FL 33415		
Phone no.			

**SCHEDULE C-EZ**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name of proprietor

ROSVEDE SIMILIEN

**Net Profit From Business**

(Sole Proprietorship)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

► Attach to Form 1040, 1040NR, or 1041. ► See instructions.

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **09A**

Social security number (SSN)

768-14-2748

**Part I**

**General Information**

You May Use  
Schedule C-EZ  
Instead of  
Schedule C  
Only If You:

- Had business expenses of \$5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

And You:

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

**A** Principal business or profession, including product or service

TAXI DRIVER

**B** Enter business code (see page 2)

► 541100

**C** Business name. If no separate business name, leave blank.

**D** Enter your EIN (see page 2)

**E** Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

5105 PALM HILL DR UNIT 367

City, town or post office, state, and ZIP code

West Palm Beach, FL 33415

**F** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) . . . . . ☐ Yes ☐ No

**G** If "Yes," did you or will you file required Forms 1099? . . . . . ☐ Yes ☐ No

**Part II**

**Figure Your Net Profit**

<b>1</b>	<b>Gross receipts.</b> Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here . . . . . <input type="checkbox"/>	<b>1</b>	6,000
<b>2</b>	<b>Total expenses</b> (see instructions). If more than \$5,000, you must use Schedule C . . . . .	<b>2</b>	
<b>3</b>	<b>Net profit.</b> Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2 (see instructions). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3 . . . . .	<b>3</b>	6,000

**Part III**

**Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ► \_\_\_\_\_
- 5** Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a** Business \_\_\_\_\_ **b** Commuting (see instructions) \_\_\_\_\_ **c** Other \_\_\_\_\_
- 6** Was your vehicle available for personal use during off-duty hours? . . . . . ☐ Yes ☐ No
- 7** Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ Yes ☐ No
- 8a** Do you have evidence to support your deduction? . . . . . ☐ Yes ☐ No
- b** If "Yes," is the evidence written? . . . . . ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions for Schedule C (Form 1040).

Schedule C-EZ (Form 1040) 2017

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **17**

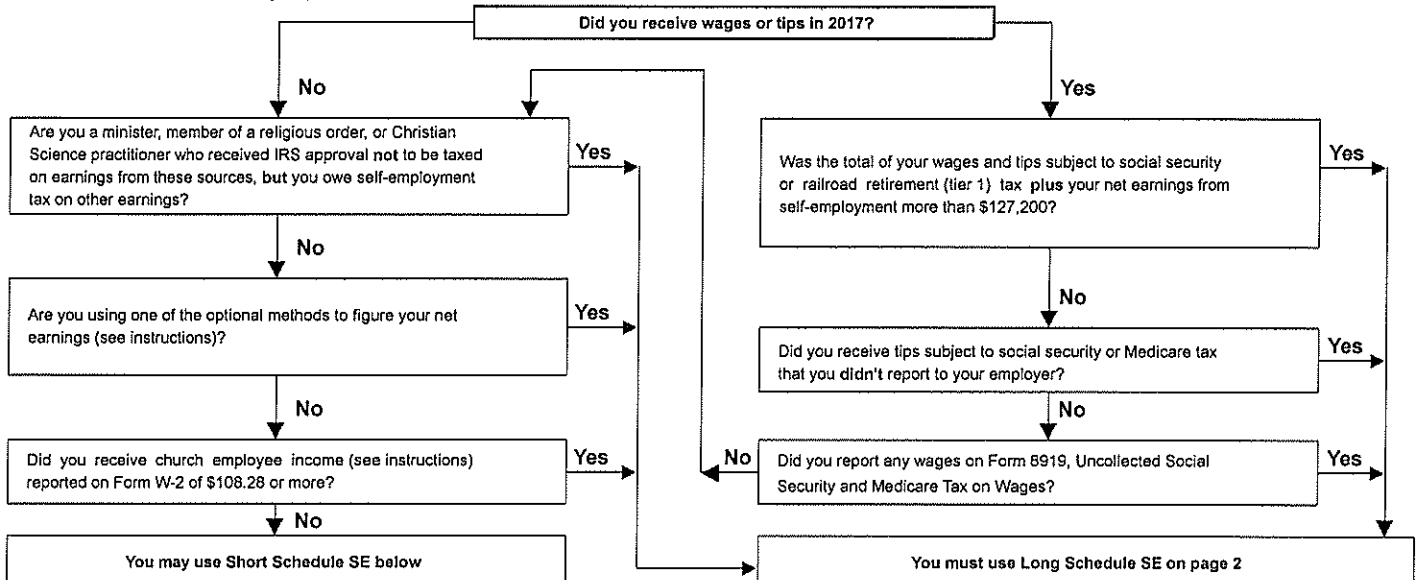
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)  
**ROSVEDE SIMILIEN**

Social security number of person  
with self-employment income ► **768-14-2748**

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A - Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b>	( )
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	6,000
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	6,000
<b>4</b> Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b . . . . . <b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4</b>	5,541
<b>5 Self-employment tax.</b> If the amount on line 4 is: • \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55 . . . . .	<b>5</b>	848
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 . . . . .	<b>6</b>	424

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

Schedule SE (Form 1040) 2017

# Primary Residence Calculations

(Keep for your records)

2017

Name(s) as shown on return

ROSVEDE SIMILIEN

Tax ID Number

768-14-2748

## Worksheet 1. Adjusted Basis of Home Sold

**Caution:** See the Worksheet 1 Instructions before you use this worksheet.

1. Enter the purchase price of the home sold. (If you filed Form 2119 when you originally acquired that home to postpone gain on the sale of a previous home before May 7, 1997, enter the adjusted basis of the new home from that Form 2119.) 1. \_\_\_\_\_
2. Seller-paid points for home bought after 1990 Seller-paid points. Do not include any seller-paid points you already subtracted to arrive at the amount entered on line 1 2. \_\_\_\_\_
3. Subtract line 2 from line 1 3. \_\_\_\_\_
4. Settlement fees for closing costs (see Settlement fees or closing costs.) If line 1 includes the adjusted basis of the new home from Form 2119, skip lines 4a - 4g and 5; go to line 6.
  - a. Abstract and recording fees 4a. \_\_\_\_\_
  - b. Legal fees (including fees for title search and preparing documents) 4b. \_\_\_\_\_
  - c. Survey fees 4c. \_\_\_\_\_
  - d. Title insurance 4d. \_\_\_\_\_
  - e. Transfer or stamp taxes 4e. \_\_\_\_\_
  - f. Amounts that the seller owed that you agreed to pay (back taxes or interest, recording or mortgage fees, and sales commissions) 4f. \_\_\_\_\_
  - g. Other 4g. 77,000
5. Add lines 4a through 4g 5. 77,000
6. Cost of additions and improvements. Do not include any additions and improvements included on line 1 6. \_\_\_\_\_
7. Special tax assessments paid for local improvements, such as streets and sidewalks 7. \_\_\_\_\_
8. Other increases to basis 8. \_\_\_\_\_
9. Add lines 3, 5, 6, 7, and 8 9. 77,000
10. Depreciation allowed or allowable, related to the business use or rental of the home 10. \_\_\_\_\_
11. Other decreases to basis (see Decreases to Basis) 11. \_\_\_\_\_
12. Add lines 10 and 11 12. \_\_\_\_\_
13. **Adjusted basis of home sold.** Subtract line 12 from line 9. Enter here and on Worksheet 2, line 4 13. 77,000

## Worksheet 2. Taxable Gain on Sale of Home

### Part 1: Gain or (Loss) on Sale

1. Selling price of home 1. 77,000
2. Selling expenses (including commissions, advertising and legal fees, and seller-paid loan charges) 2. \_\_\_\_\_
3. Subtract line 2 from line 1. This is the amount realized 3. 77,000
4. Adjusted basis of home sold (from Worksheet 1, line 13) 4. 77,000
5. **Gain or (loss) on the sale.** Subtract line 4 from line 3. If this is a loss, stop here 5. \_\_\_\_\_

### Part 2: Exclusion and Taxable Gain

6. If you qualify to exclude gain on the sale, enter your maximum exclusion (see Maximum Exclusion). If you qualify for a reduced maximum exclusion, enter the amount from Worksheet 3, line 7. If you do not qualify to exclude gain, enter -0- and skip lines 7 through 13 6. \_\_\_\_\_
7. Enter any depreciation allowed or allowable on the property for periods after May 6, 1997. If none, enter -0- 7. \_\_\_\_\_
8. Subtract line 7 from line 5. If the result is less than zero, enter -0- 8. \_\_\_\_\_
9. Aggregate number of days of nonqualified use after 12/31/2008. If zero, skip lines 10 through 12 9. \_\_\_\_\_
10. Number of days taxpayer owned the property 10. \_\_\_\_\_
11. Divide the amount on line 9 by the amount on line 10. Enter the result as a decimal (rounded to at least 3 places). But do not enter an amount greater than 1.00 11. \_\_\_\_\_
12. Gain allocated to nonqualified use. (Line 8 multiplied by line 11) 12. \_\_\_\_\_
13. Gain eligible for exclusion. Subtract line 12 from line 8 13. \_\_\_\_\_
14. **Exclusion.** Enter the smaller of line 6 or line 13 14. \_\_\_\_\_
15. **Taxable gain.** Subtract line 14 from line 5. Report your taxable gain as described under Reporting the Sale. If the amount on line 6 is more than zero, complete line 16 15. \_\_\_\_\_
16. Enter the **smaller** of line 7 or line 15. Enter this amount on line 12 of the Unrecaptured Section 1250 Gain Worksheet in the instructions for Schedule D (Form 1040) 16. \_\_\_\_\_

# Primary Residence Calculations

(Keep for your records)

2017

Name(s) as shown on return

Tax ID Number

ROSVEDE SIMILIEN

768-14-2748

## Worksheet 3. Reduced Maximum Exclusion

**Caution:** Complete this worksheet only if you qualify for a reduced maximum exclusion (see Reduced Maximum Exclusion.) Complete column (a).

	(a) You	(b) Your Spouse
1. Maximum amount . . . . .	1. \$250,000	\$250,000
2a. Enter the number of days (or months) that you used the property as a main home during the 5-year period* ending on the date of sale . . . . .	2a. _____	_____
b. Enter the number of days (or months) that you owned the property during the 5-year period* ending on the date of sale. If you used days on line 2a, you also must use days on this line and on lines 3 and 5. If you used months on line 2a, you also must use months on this line and on lines 3 and 5. (If married filing jointly and one spouse owned the property longer than the other spouse, both spouses are treated as owning the property for the longer period.) . . . . .	b. _____	_____
c. Enter the smaller of line 2a or 2b . . . . .	c. _____	_____
3. Have you (or your spouse, if filing jointly) excluded gain from the sale of another home during the 2-year period ending on the date of this sale? <input type="checkbox"/> No. Skip line 3 and enter the number of days (or months) from line 2c on line 4. <input type="checkbox"/> Yes. Enter the number of days (or months) between the date of the most recent sale of another home on which you excluded gain and the date of sale of this home . . . . .	3. _____	_____
4. Enter the smaller of line 2c or 3 . . . . .	4. _____	_____
5. Divide the amount on line 4 by 730 days (or 24 months). Enter the result as a decimal (rounded to at least 3 places). But do not enter an amount greater than 1.000 . . . . .	5. _____	_____
6. Multiply the amount on line 1 by the decimal amount on line 5 . . . . .	6. _____	_____
7. <b>Reduced maximum exclusion.</b> Add the amounts in columns (a) and (b) of line 6. Enter it here and on Worksheet 2, line 6 . . . . .	7. _____	_____

\* If you were a member of the uniformed services or Foreign Service, an employee of the intelligence community, or an employee or volunteer of the Peace Corps during the time you owned the home, see Members of the uniformed services or Foreign Service, employees of the intelligence community, or employees or volunteers of the Peace Corps to determine your 5-year period.

**Worksheet B  
Form 1040**

**Earned Income Credit (EIC)-Lines 66a and 66b**

(Keep for your records)

**2017**

Name(s) as shown on return

Tax ID Number

ROSVEDE SIMILIEN

768-14-2748

Use this worksheet if you answered "Yes" to Step 5, question 2.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

**Part 1**

**Self-Employed,  
Members of the  
Clergy, and  
People With  
Church  
Employee  
Income Filing  
Schedule SE**

1a. Enter the amount from Schedule SE, Section A, line 3, or  
Section B, line 3, whichever applies.

1a 6,000

b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.

+ 1b

c. Combine lines 1a and 1b.

= 1c 6,000

d. Enter the amount from Schedule SE, Section A, line 6, or  
Section B, line 13, whichever applies.

- 1d 424

e. Subtract line 1d from 1c.

= 1e 5,576

**Part 2**

**Self-Employed  
NOT Required  
To File  
Schedule SE**

For example, your  
net earnings from  
self-employment  
were less than \$400.

2. Do not include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a. Enter any net farm profit or (loss) from Schedule F, line 34, and from  
farm partnerships, Schedule K-1 (Form 1065), box 14, code A\*.

2a

b. Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ,  
line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming);  
and Schedule K-1 (Form 1065-B), box 9, code J1\*.

+ 2b

c. Combine lines 2a and 2b.

= 2c

*\*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A.  
Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter  
your name and social security number on Schedule SE and attach it to your return.*

**Part 3**

**Statutory  
Employees  
Filing Schedule  
C or C-EZ**

3. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that  
you are filing as a statutory employee.

3

**Part 4**

**All Filers Using  
Worksheet B**

4. Combine lines 1e, 2c, and 3. This is your total self-employed income.

4 5,576

**Earned Income Credit Worksheet - Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a**

(Keep for your records)

**2017**

Name(s) as shown on return

ROSVEDE SIMILIEN

Tax ID Number

768-14-2748

1. Enter the amount from Form 1040 or Form 1040A, line 7, or Form 1040EZ, line 1 plus any nontaxable combat pay elected to be included in earned income . . . . . 1. 11,059
2. If you received a taxable scholarship or fellowship grant that was not reported on a W-2 form, enter that amount here; plus any amounts received for work performed while an inmate in a penal institution; plus any amounts received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . . 2. \_\_\_\_\_
3. Subtract line 2 from line 1 . . . . . 3. 11,059
4. If you were self-employed or used Schedule C or C-EZ as a statutory employee, enter the amount from the worksheet for self employed taxpayers . . . . . 4. 5,576
5. Add lines 3 and 4 . . . . . 5. 16,635
6. Look up the amount on line 5 above in the EIC Table on pages 62-70 to find your credit. Enter the credit here. If line 6 is zero, stop. You cannot take the credit. Enter "No" directly to the right of Form 1040, line 66a, Form 1040A, line 38a, or Form 1040EZ, Line 8a. . . . . 6. 6,318
7. Enter your AGI or Form 1040EZ, line 4 . . . . . 7. 16,635
8. Is line 7 less than -
  - \$8,350 if you do not have a qualifying child? (\$13,950 if married filing joint)
  - \$18,350 if you have at least one qualifying child? (\$23,950 if married filing joint)☒ Yes. Go to line 9 now.  
☐ No. Look up the amount on line 7 above in the EIC Table to find your credit.  
Enter the credit here . . . . . 8. \_\_\_\_\_
9. Earned income credit.
  - If you checked "Yes" on line 8, enter the amount from line 6.
  - If you checked "No" on line 8, enter the smaller of line 6 or line 8 . . . . . 9. 6,318

For additional information on the EIC calculation see the form instructions or IRS Publication 596.



**SCHEDULE 8812**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

ROSVEDE SIMILIEN

# Child Tax Credit

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.  
▶ Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **47**

Your social security number

768-14-2748

**Part I Filers Who Have Certain Child Dependent(s) with an Individual Taxpayer Identification Number (ITIN)**



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.

If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

**CAUTION**

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an Individual Taxpayer Identification Number (ITIN) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

**A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

**B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

**C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

**D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here ☐

**Part II Additional Child Tax Credit Filers**

**1** If you file Form 2555 or 2555-EZ **stop** here; you cannot claim the additional child tax credit.

If you are required to use the worksheet in Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:

**1040 filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040, line 52).

**1040A filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 35).

**1040NR filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 49).

**2** Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49

**3** Subtract line 2 from line 1. If zero, **stop** here; you cannot claim this credit

**4a** Earned income (see separate instructions) **4a** 16,635

**b** Nontaxable combat pay (see separate instructions) **4b**

**5** Is the amount on line 4a more than \$3,000?

☐ **No.** Leave line 5 blank and enter -0- on line 6.

☒ **Yes.** Subtract \$3,000 from the amount on line 4a. Enter the result

**5** 13,635

**6** Multiply the amount on line 5 by 15% (0.15) and enter the result

**6** 2,045

**Next.** Do you have three or more qualifying children?

☒ **No.** If line 6 is zero, **stop** here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13.

☐ **Yes.** If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.

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

Schedule 8812 (Form 1040A or 1040) 2017

**Part III Certain Filers Who Have Three or More Qualifying Children**

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions . . . . .	7		
8	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.	8		
	<b>1040A filers:</b> Enter -0-.			
	<b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.			
9	Add lines 7 and 8 . . . . .	9		
10	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.			
	<b>1040A filers:</b> Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).	10		
	<b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.			
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .			11
12	Enter the <b>larger</b> of line 6 or line 11 . . . . .			12
	Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.			

**Part IV Additional Child Tax Credit**

13	This is your additional child tax credit . . . . .	13	2,000
----	--	----	-------

Enter this amount on  
Form 1040, line 67,  
Form 1040A, line 43, or  
Form 1040NR, line 64.

**SCHEDULE EIC**  
(Form 1040A or 1040)

**Earned Income Credit**  
Qualifying Child Information

OMB No. 1545-0074

**2017**

Department of the Treasury  
Internal Revenue Service (99)

- Complete and attach to Form 1040A or 1040 only if you have a qualifying child.  
► Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.

Attachment  
Sequence No. **43**

Name(s) shown on return

ROSEVEDE SIMILIEN

Your social security number

768-14-2748

**Before you begin:**

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

- You can't claim the EIC for a child who didn't live with you for more than half of the year.

**CAUTION!**

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

**1 Child's name**

If you have more than three qualifying children, you have to list only three to get the maximum credit.

First name Last name  
LEVELT  
SIMILIEN

First name Last name  
ILESSON  
SIMILIEN

First name Last name  
MITCH ROSEVERLIE  
SIMILIEN

**2 Child's SSN**

The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2017. If your child was born and died in 2017 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.

768-46-6271

768-46-6272

703-19-7005

**3 Child's year of birth**

Year 1998  
*If born after 1998 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*

Year 2001  
*If born after 1998 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*

Year 2013  
*If born after 1998 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*

**4a** Was the child under age 24 at the end of 2017, a student, and younger than you (or your spouse, if filing jointly)?

☒ Yes. ☐ No.  
  
Go to line 5. Go to line 4b.

☐ Yes. ☐ No.  
  
Go to line 5. Go to line 4b.

☐ Yes. ☐ No.  
  
Go to line 5. Go to line 4b.

**b** Was the child permanently and totally disabled during any part of 2017?

☐ Yes. ☐ No.  
Go to line 5. The child is not a qualifying child.

☐ Yes. ☐ No.  
Go to line 5. The child is not a qualifying child.

☐ Yes. ☐ No.  
Go to line 5. The child is not a qualifying child.

**5 Child's relationship to you**

(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)

SON

BROTHER

DAUGHTER

**6 Number of months child lived with you in the United States during 2017**

• If the child lived with you for more than half of 2017 but less than 7 months, enter "7."

• If the child was born or died in 2017 and your home was the child's home for more than half the time he or she was alive during 2017, enter "12."

12 months  
Do not enter more than 12 months.

12 months  
Do not enter more than 12 months.

12 months  
Do not enter more than 12 months.

**Health Coverage Exemptions**

OMB No. 1545-0074

**2017**Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Go to [www.irs.gov/Form8965](http://www.irs.gov/Form8965) for instructions and the latest information.Attachment  
Sequence No. **75**

Name as shown on return

ROSVEDE SIMILIEN

Your social security number

768-14-2748

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

**Part I** Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

**Part II** Coverage Exemptions Claimed on Your Return for Your Household

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here ☐

**Part III** Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	ROSVEDE SIMILIEN	768-14-2748	G	X												
9	LEVELT SIMILIEN	768-46-6271	C	X												
10	MITCH ROSEVERLIE SIMIL	703-19-7005	C	X												
11	HESSON SIMILIEN	768-46-6272	C	X												
12																
13																

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

Form 8965 (2017)

**K-40**

(Rev. 7-17)

Page 1 of 2

**2017****KANSAS INDIVIDUAL INCOME TAX**

051

122817

ROSVEDE                      SIMILIEN                      5615412287                      SIMI                      768142748  
305 W MARY ST APT DD1                      FI                      457  
GARDEN CITY                      KS 67846

Name or address has changed?

Taxpayer or (spouse if filing joint) died during this tax year

Taxpayer was engaged in commercial farming/fishing in 2017

Amended Return:

Amended affects Kansas only

Amended Federal tax return

Adjustment by the IRS

Filing Status:

Single

Married Filing Joint (Even if only one had income)

Married Filing Separate

☒

Head of Household (Do not check if filing joint return)

Residency Status:

☒

Resident

NonResident (Complete Sch S, Part B)

State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From

To

Exemptions:

4

Enter number of exemptions you claimed on your 2017 federal return. If no federal return is required, enter total exemptions for you, your spouse (if applicable), and each person you claim as a dependent.

1

If filing status above is Head of Household, add one exemption.

5

Total Kansas exemptions

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT** include you or your spouse. If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last

Date of Birth - MMDDYYYY

Relationship

SSN

LEVELT    SIMILIEN

12151998

SON

768466271

MITCH ROSEVERLIE    SIMILIEN

09232013

DAUGHTER

703197005

ILESSON    SIMILIEN

03262001

BROTHER

768466272

**Food Sales Tax Credit:** You must have been a Kansas resident for ALL of 2017. Complete this section to determine your qualifications and credit.  
If you did not mark A, B, and C, STOP HERE; you do not qualify for this credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2017?

☒

E. Number of exemptions claimed on your federal income tax return.

4

B. Were you (or spouse) 55 years of age or older all of 2017 (born prior to January 1, 1962)?

F. Number of dependents that are 18 years of age or older (born on or before January 1, 2000)

1

C. Were you (or spouse) totally and permanently disabled or blind all of 2017, regardless of age?

G. Total qualifying exemptions (subtract line F from line E)

3

D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than \$30,615 STOP HERE, you do not qualify for this credit.

16635

H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 17 of this form.

375

**IMPORTANT:** 1) Form K-40 is a 2 PAGE FORM. BOTH PAGES REQUIRED WHEN FILING; 2) Make sure your NAME, 1st 4-letters of last name, and SSN print to the top of page 2 of 2; 3)DO NOT USE RED or SHADES OF RED INK on tax returns filed with Kansas

**K-40**

(Rev. 7-17)

Page 2 of 2

**2017****KANSAS INDIVIDUAL INCOME TAX**

051

122917

ROSVEDI

SIMILIEN

SIMI

768142748

1. Federal adjusted gross income	16635	23. Amount paid with Kansas extension	
2. Modifications		24. Refundable portion of earned income tax credit	1074
3. Kansas adjusted gross income	16635	25. Refundable portion of tax credits	
4. Standard or itemized deductions	5500	26. Payments remitted with original return	
5. Exemption allowance	11250	27. Overpayment from original return	
6. Total deductions	16750	28. Total refundable credits	1505
7. Taxable income		29. Underpayment	
8. Tax		30. Interest	
9. Nonresident percentage		31. Penalty	
10. Nonresident tax		32. Estimated tax penalty	
11. KS tax on lump sum distributions		33. AMOUNT YOU OWE	
12. TOTAL INCOME TAX		34. Overpayment	1505
13. Credit for taxes paid to other states		35. CREDIT FORWARD	
14. Other credits		36. Chickadee Checkoff	
15. Subtotal		37. Senior Citizens Meals On Wheels Contribution Program	
16. Earned Income Credit		38. Breast Cancer Research Fund	
17. Food Sales Tax Credit	375	39. Military Emergency Relief Fund	
18. Tax balance after credits		40. Kansas Hometown Heroes Fund	
19. Use Tax Due (Out-of-State and Internet Purchases)		41. Kansas Creative Arts Industry Fund	
20. Total Tax Balance	0	42. Local School District Contribution Fund	
21. KS income tax withheld from W-2, 1099 or K-19	431	School District Number	
22. Estimated tax paid		43. REFUND	1505

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.

☒ I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer

Signature

(Required)

Date 01302018

Preparer

Signature

Preparer PTIN,  
EIN or SSN

Taxpayer

Signature

(Required)

Date

Preparer

Phone Number

P01527187

**IMPORTANT:** 1) Form K-40 is a 2 PAGE FORM. BOTH PAGES REQUIRED WHEN FILING; 2) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; 3) Refunds are not issued for any unsigned returns. Signature(s) are required; 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

KSEITCWK

## Earned Income Tax Credit (EITC) Worksheet

2017

Name(s) as shown on return

ROSVEDE SIMILIEN

Your social security number

768142748

1. Federal EITC (from your federal tax return) . . . . . \$ 6,318
2. Kansas EITC (multiply line 1 by 17%) . . . . . \$ 1,074
3. Enter amount from line 15 of Form K-40 . . . . . \$ \_\_\_\_\_
4. Total (subtract line 3 from line 2) . . . . . \$ 1,074

If line 4 is a **positive** figure, enter the amount from line 3 above on line 16 of Form K-40. Then enter amount from line 4 on line 24 of Form K-40.

If line 4 is a **negative** figure, enter the amount from line 2 above on line 16 of Form K-40. Then enter zero (0) on line 24 of Form K-40.

<b>KSFAGIWK</b>	<b>QUALIFYING INCOME WORKSHEET for the KANSAS FOOD SALES TAX REFUND</b> KEEP THIS WORKSHEET FOR YOUR RECORDS - DO NOT MAIL.	<b>2017</b>
Name(s) as shown on return <b>ROSVEDE SIMILIEN</b>		Your social security number <b>768-14-2748</b>

The income limit for the food sales tax refund is \$30,615. If you are a resident of Kansas and met the taxpayer status qualification (lines A, B and C of form K-40), then complete lines 1 through 14 of this worksheet to determine if you meet the qualifying income limitation. (If you are not required to file a federal return, complete COLUMN A. If you filed a federal Form 1040, 1040A or 1040EZ, complete COLUMN B.)

**Income. Enter the amounts received from the following sources:**

1. Wages, salaries, tips, etc. . . . .	1	COLUMN A	11,059	COLUMN B
2. Taxable interest and dividends . . . . .	2			
3. Taxable refunds . . . . .	3			
4. Alimony received . . . . .	4			
5. Unemployment compensation . . . . .	5			
6. Other income (Jury duty, gambling winnings, etc.) . . . . .	6		6,000	
7. Total income. Add lines 1 through 6 . . . . .	7		17,059	
8. <b>Federal Adjusted Gross Income (FAGI).</b> Column A filers: Enter the amount from line 7. Column B filers: Enter the FAGI from Form 1040, 1040A, or 1040EZ . . . . .	8		17,059	8      16,635

If line 14 is **MORE** than \$30,615, you **do not qualify** for the food sales tax refund. If line 14 is **LESS** than \$30,615, you meet the qualifying income limitation. If you qualify for the residency and taxpayer status (see page 8), then report the amount from line 14 of this worksheet on line D, front of Form K-40.



KSWK\_AGI

For your records only.  
Adjusted Gross Income Split Worksheet

2017 AGI  
FD/ST Summary

Name(s) as shown on state return  
ROSVEDE SIMILIEN

Social Security Number  
768-14-2748

## Income &amp; Adjustments

		Federal		State	
		Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
7	Wages, salaries, tips, etc. . . . .	7	11,059	11,059	
8a	Taxable interest. . . . .	8a			
9a	Ordinary dividends. . . . .	9a			
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10			
11	Alimony received . . . . .	11			
12	Business income or (loss) . . . . .	12	6,000	6,000	
13	Capital gain or (loss) . . . . .	13			
14	Other gains or (losses) . . . . .	14			
15b	Taxable amount of IRA distributions . . . . .	15b			
16b	Taxable amount of Pensions and annuities . . . . .	16b			
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . .	17			
18	Farm income or (loss) . . . . .	18			
19	Unemployment compensation . . . . .	19			
20b	Taxable amount of Social security benefits . . . . .	20b			
21	Other income. . . . .	21			
22	Add the amounts in each column for Ins 7 thru 21. This is your <b>total income</b> . . . . .	22	17,059	17,059	
23	Educator Expenses . . . . .	23			
24	Certain business expenses of reservists, performing artists, & fee-basis gov. officials . . . . .	24			
25	Health savings account deduction . . . . .	25			
26	Moving expenses . . . . .	26			
27	One-half of self-employment tax . . . . .	27	424	424	
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 . . . . .	31a			
32	IRA deduction . . . . .	32			
33	Student loan interest deduction . . . . .	33			
34	Tuition and fees deduction . . . . .	34			
35	Domestic production activities deduction . . . . .	35			
	Line 36 other adjustments . . . . .				
36	Add lines 23 thru 35 . . . . .	36	424	424	
37	Subtract Ln 36 from Ln 22. This is your <b>AGI</b> . . . . .	37	16,635	16,635	

<b>KSWK_SE</b>	<b>For your records only.</b> <b>Self-Employment Tax Worksheet</b>	<b>2017</b> SE Tax STATE Summary
Name(s) as shown on state return ROSVEDE SIMILIEN		Social Security Number 768-14-2748

**Part I Self-Employment Tax**

**Note.** If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

<b>1 a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note:</b> Skip lines 1a and 1b if you use the farm optional method (see instructions) . . .	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	<b>1b</b>	( )
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. <b>Note:</b> Skip this line if you use the nonfarm optional method (see instructions) . . .	<b>2</b>	6,000
<b>3</b> Combine lines 1a, 1b, and 2 . . .	<b>3</b>	6,000
<b>4 a</b> If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . <b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4a</b>	5,541
<b>b</b> If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . .	<b>4b</b>	
<b>c</b> Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had church employee income, enter -0- and continue . . .	<b>4c</b>	5,541
<b>5 a</b> Enter your church employee income from Form W-2. See instructions for definition of church employee income . . .	<b>5a</b>	
<b>b</b> Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- . . .	<b>5b</b>	
<b>6</b> Add lines 4c and 5b . . .	<b>6</b>	5,541
<b>7</b> Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2017 . . .	<b>7</b>	127,200.00
<b>8 a</b> Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$127,200 or more, skip lines 8b through 10, and go to line 11 . . .	<b>8a</b>	11,059
<b>b</b> Unreported tips subject to social security tax (from Form 4137, line 10) . . .	<b>8b</b>	
<b>c</b> Wages subject to social security tax (from Form 8919, line 10) . . .	<b>8c</b>	
<b>d</b> Add lines 8a, 8b, and 8c . . .	<b>8d</b>	11,059
<b>9</b> Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . .	<b>9</b>	116,141
<b>10</b> Multiply the smaller of line 6 or line 9 by 12.4% (0.124) . . .	<b>10</b>	687
<b>11</b> Multiply line 6 by 2.9% (0.029) . . .	<b>11</b>	161
<b>12</b> Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	<b>12</b>	848
<b>13</b> Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 . . .	<b>13</b>	424

**Part II Optional Methods To Figure Net Earnings** (see instructions)
 

<b>Farm Optional Method.</b> You may use this method only if (a) your gross farm income <sup>1</sup> wasn't more than \$7,800, or (b) your net farm profits <sup>2</sup> were less than \$5,631.	<b>14</b>	5,200.00
<b>14</b> Maximum income for optional methods . . .	<b>14</b>	
<b>15</b> Enter the smaller of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) or \$5,200. Also include this amount on line 4b above . . .	<b>15</b>	
<b>Nonfarm Optional Method.</b> You may use this method only if (a) your net nonfarm profits <sup>3</sup> were less than \$5,631 and also less than 72.189% of your gross nonfarm income <sup>4</sup> , and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no more than five times.	<b>16</b>	
<b>16</b> Subtract line 15 from line 14 . . .	<b>16</b>	
<b>17</b> Enter the smaller of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above . . .	<b>17</b>	

<sup>1</sup>From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup>From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

<sup>4</sup> From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

**OMB No. 1545-0047**

1. Employer identification number (EIN) <b>000000919949</b>	2. Wages, tips, other compensation <b>11058.51</b>	3. Federal income tax withheld <b>1473.76</b>
4. Employee's social security number <b>71-0857514</b>	5. Social security tax withheld <b>11058.51</b>	6. Social security tax withheld <b>685.63</b>
7. Employer's state income tax withheld <b>768-14-2746</b>	8. Medicare wages and tips <b>11058.51</b>	9. Medicare tax withheld <b>160.35</b>

Employer's name, address and ZIP code  
**TYSON FRESH MEATS, INC.**  
**P O BOX 2020**  
**SPRINGDALE AR 72765**

10. Social security tax	11. Alternative tax	12. Variation code
13. Dependent care benefits	14. Health/savings plan	15. DD
16. Disability benefits	17. Retirement plan	18. Other

Employee's name, address and ZIP code  
**ROSVEDE SIMILLEN**  
**305 W MARY ST APT DD1**  
**GARDEN CITY KS 67846**

1. Employer identification number (EIN) <b>000000919949</b>	2. Wages, tips, other compensation <b>11058.51</b>	3. Federal income tax withheld <b>1473.76</b>
4. Employee's social security number <b>71-0857514</b>	5. Social security tax withheld <b>11058.51</b>	6. Social security tax withheld <b>685.63</b>
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**ROSVEDE SIMILLEN**  
**305 W MARY ST APT DD1**  
**GARDEN CITY KS 67846**

19. State income tax <b>430.87</b>	20. Local income tax
21. State income tax	22. Local income tax

Wage and Tax Statement  
Copy 2 To Be Filed With  
Employee's State, City, or  
Local Income Tax Return

Department of the Treasury  
Internal Revenue Service

19. State income tax <b>430.87</b>	20. Local income tax
21. State income tax	22. Local income tax

Wage and Tax Statement  
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Employee's State, City, or  
Local Income Tax Return

Department of the Treasury  
Internal Revenue Service



<input type="checkbox"/> CORRECTED (If checked)		1 Date of closing 08/11/2017		OMB No. 1545-0097  <b>2017</b> Form 1099-S	Proceeds From Real Estate Transactions
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Law Office of Cary P. Sabol, PA 707 N. Flagler Dr. West Palm Beach, FL 33401 (561) 413-4449		2 Gross proceeds \$ 77,000.00			
FILER'S federal identification number 46-3317044	TRANSFEROR'S identification number 768-14-2748	3 Address or legal description 5105 Palm Hill Dr. Unit 367 West Palm Beach, FL 33415		<b>Copy B For Transferor</b>  This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this form is required to be reported and the IRS determines that it has not been reported.	
TRANSFEROR'S name Rosvado Similian		4 Transferor received or will receive property or services as part of the consideration (if checked) <input type="checkbox"/>			
Street address (including apt. no.) 5105 Palm Hill Dr. Unit 367		5 If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust) <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code West Palm Beach, FL 33415		6 Buyer's part of real estate tax \$			
Account or escrow number (see instructions) RE-2017-220					

Form 1099-S (keep for your records)

www.irs.gov/form1099 Department of the Treasury - Internal Revenue Service

## Instructions for Transferor

For sales or exchanges of certain real estate, the person responsible for closing a real estate transaction must report the real estate proceeds to the IRS and must furnish this statement to you. To determine if you have to report the sale or exchange of your main home on your tax return, see the instructions for Schedule D (Form 1040). If the real estate was not your main home, report the transaction on Form 4797, Form 5252, and/or the Schedule D for the appropriate income tax form. If box 4 is checked and you received or will receive like-kind property, you must file Form 8824.

Federal mortgage subsidy. You may have to recapture (pay back) all or part of a federal mortgage subsidy if all the following apply:

- You received a loan provided from the proceeds of a qualified mortgage bond or you received a mortgage credit certificate.
- Your original mortgage loan was provided after 1990.
- You sold or disposed of your home at a gain during the first 5 years after you received the federal mortgage subsidy.
- Your income for the year you sold or disposed of your home was over a specified amount.

(This will increase your tax. See Form 8828 and Pub. 523.)

Transferor's taxpayer identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the filer assigned to distinguish your account.

Box 1. Shows the date of closing.

Box 2. Shows the gross proceeds from a real estate transaction, generally the sales price. Gross proceeds include cash and notes payable to you, notes assumed by the transferee (buyer), and any notes paid off at settlement. Box 2 does not include the value of other property or services you received or will receive. See Box 4.

Box 3. Shows the address or legal description of the property transferred.

Box 4. If marked, shows that you received or will receive services or property (other than cash or notes) as part of the consideration for the property transferred. The value of any services or property (other than cash or notes) is not included in box 2.

Box 5. If checked, shows that you are a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust).

Box 6. Shows certain real estate tax on a residence charged to the buyer at settlement. If you have already paid the real estate tax for the period that includes the sale date, subtract the amount in box 6 from the amount already paid to determine your deductible real estate tax. But if you have already deducted the real estate tax in a prior year, generally report this amount as income on the "Other income" line of the appropriate income tax form. For more information, see Pub. 523, Pub. 526, and Pub. 530.

**YOU ARE REQUIRED BY LAW** to provide your correct taxpayer name and identification number for the transaction described above. Law Office of Cary P. Sabol, PA.

If you do not provide your name and taxpayer identification number, you may be subject to civil or criminal penalties imposed by law.

**UNDER PENALTY OF PERJURY**, I certify that the number shown on this statement is my correct taxpayer identification number, and I agree to provide a copy of this statement.

Rosvado Similian