

Form
1040EZ**Income Tax Return for Single and
Joint Filers With No Dependents** (99)**2016**

OMB No. 1545-0074

Your first name and initial Shicheng		Last name Guo		Your social security number 727 25 5836	
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. 3373 Lebon Drive				Apt. no. 203	▲ Make sure the SSN(s) above are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). San Diego CA 92122					
Foreign country name		Foreign province/state/county		Foreign postal code	

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.
☐ You ☐ Spouse

Income

Attach Form(s) W-2 here.

Enclose, but do not attach, any payment.

1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	41,143.
2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	211.
3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	
4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	41,354.
5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,350 if single ; \$20,700 if married filing jointly . See back for explanation.	5	10,350.
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	31,004.
7	Federal income tax withheld from Form(s) W-2 and 1099.	7	4,762.
8a	Earned income credit (EIC) (see instructions) No	8a	
b	Nontaxable combat pay election. 8b		
9	Add lines 7 and 8a. These are your total payments and credits .	9	4,762.
10	Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	4,190.
11	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	11	0.
12	Add lines 10 and 11. This is your total tax .	12	4,190.
13a	If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a	572.

Payments, Credits, and Tax**Refund**

Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.

► **b** Routing number ► **c** Type: ☐ Checking ☒ Savings

► **d** Account number

Amount You Owe

14 If line 12 is larger than line 9, subtract line 9 from line 12. This is the **amount you owe**. For details on how to pay, see instructions. ► **14**

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) ►

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, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation Postdoc	Daytime phone number (281) 685-5882
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.) <input type="text"/>

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.			