

File by Mail Instructions for your Federal Amended Tax Return

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



Wei Tan
310 Crescent Village Cir, Apt. 1450
San Jose, CA 95134

Balance Due/Refund	Your federal amended tax return shows you are due a refund of \$612.00. The IRS estimates it will take up to 16 weeks to process your amended tax return. Your refund will be mailed to you
What You Need to Mail	Your amended tax return - Form 1040X. Remember to sign and date the return. Be sure to attach all forms or schedules that changed to your amended return. Mail your return and attachments to: Department of the Treasury Internal Revenue Service Fresno, CA 93888-0422 Note: Your state return may be due on a different date. Please review your state filing instructions. Don't forget correct postage on the envelope.
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.
Federal Tax Return Summary	Adjusted Gross Income Correct Amount \$ 98,908.00 Taxable Income Correct Amount \$ 87,842.00 Total Tax Correct Amount \$ 17,728.00 Total Payments/Credits Correct Amount \$ 19,310.00 Amount to be Refunded \$ 612.00

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

► **Information about Form 1040X and its separate instructions is at www.irs.gov/form1040x.****This return is for calendar year** ☒ 2016 ☐ 2015 ☐ 2014 ☐ 2013**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial

Wei

Last name

Tan

Your social security number

715-55-0945

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

Last name

Spouse's social security number

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

310 Crescent Village Cir

Apt. no.

1450

Your phone number

(213) 509-1694

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

San Jose CA 95134

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from joint to separate returns after the due date.☒ Single☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)☐ Married filing jointly☐ Married filing separately ☐ Qualifying widow(er)**Full-year coverage.**

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." (See instructions.)

☒ Yes☐ No

Use Part III on the back to explain any changes

Income and Deductions

1	Adjusted gross income. If net operating loss (NOL) carryback is included, check here	1	101,363.	-2,455.	98,908.
2	Itemized deductions or standard deduction	2	7,016.	0.	7,016.
3	Subtract line 2 from line 1	3	94,347.	-2,455.	91,892.
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	4	4,050.	0.	4,050.
5	Taxable income. Subtract line 4 from line 3	5	90,297.	-2,455.	87,842.

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions): Table	6	18,340.	-612.	17,728.
7	Credits. If general business credit carryback is included, check here ► <input type="checkbox"/>	7	0.	0.	0.
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	18,340.	-612.	17,728.
9	Health care: individual responsibility (see instructions)	9	0.	0.	0.
10	Other taxes	10	0.	0.	0.
11	Total tax. Add lines 8, 9, and 10	11	18,340.	-612.	17,728.

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (If changing , see instructions.)	12	19,310.	0.	19,310.
13	Estimated tax payments, including amount applied from prior year's return	13	0.	0.	0.
14	Earned income credit (EIC)	14	0.	0.	0.
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15	0.	0.	0.
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			0.
17	Total payments. Add lines 12 through 15, column C, and line 16	17			19,310.

Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		970.
19	Subtract line 18 from line 17 (If less than zero, see instructions.)	19		18,340.
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		612.
22	Amount of line 21 you want refunded to you	22		612.
23	Amount of line 21 you want applied to your (enter year): estimated tax	23		

Complete and sign this form on Page 2.

Part I Exemptions

Complete this part **only** if you are increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself	24 1	0	1
25	Your dependent children who lived with you	25 0	0	0
26	Your dependent children who didn't live with you due to divorce or separation	26 0	0	0
27	Other dependents	27 0	0	0
28	Total number of exemptions. Add lines 24 through 27	28 1	0	1
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form.	29 4,050.	0.	4,050.
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

► Attach any supporting documents and new or changed forms and schedules.

my ESPP income was included in my w-2
Add form 3922
Correct 1099B info

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

► Your signature _____ Date _____ ► Spouse's signature. If a joint return, **both** must sign. _____ Date _____

Paid Preparer Use Only

► Preparer's signature _____ Date _____ **Self-prepared** Firm's name (or yours if self-employed) _____

Print/type preparer's name _____ Firm's address and ZIP code _____

PTIN _____ ☐ Check if self-employed _____ Phone number _____ EIN _____

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20		See separate instructions.
Your first name and initial Wei	Last name Tan	Your social security number 715-55-0945
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. 310 Crescent Village Cir		Apt. no. 1450
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). San Jose CA 95134		▲ Make sure the SSN(s) above and on line 6c are correct. 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 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ 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. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

Boxes checked on 6a and 6b **1**

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **1**

c Dependents:

(1) First name	Last name	(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)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	98,923.		
	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	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	-60.		
	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. List type and amount Form 8889 Health Savings Accounts	21	45.			
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	98,908.			

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	
	34	Tuition and fees. Attach Form 8917	34	
	35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36		
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	98,908.	

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	98,908.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked 39a <input type="checkbox"/>		
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	7,016.
41	Subtract line 40 from line 38	41	91,892.
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	87,842.
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	17,728.
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	17,728.
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	17,728.

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	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 checked="" 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	17,728.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	19,310.
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 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	19,310.

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	1,582.												
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	1,582.												
b	Routing number <table border="1"><tr><td>1</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>3</td><td>5</td><td>8</td></tr></table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	1	0	0	0	3	5	8					
1	2	1	0	0	0	3	5	8							
d	Account number <table border="1"><tr><td>0</td><td>0</td><td>0</td><td>3</td><td>3</td><td>5</td><td>1</td><td>5</td><td>1</td><td>4</td><td>1</td><td>5</td></tr></table>	0	0	0	3	3	5	1	5	1	4	1	5		
0	0	0	3	3	5	1	5	1	4	1	5				
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 Software Engineer	Daytime phone number (213) 509-1694
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 A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Wei Tan

Your social security number

715-55-0945

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38 2				
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	6,716.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7	300.		
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8			9	7,016.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	
Note: Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11	
				12	
12 Points not reported to you on Form 1098. See instructions for special rules				13	
13 Mortgage insurance premiums (see instructions)				14	
14 Investment interest. Attach Form 4952 if required. (See instructions.)				15	
15 Add lines 10 through 14					
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
19 Add lines 16 through 18				19	
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►		21	
		22 Tax preparation fees		22	
		23 Other expenses—investment, safe deposit box, etc. List type and amount ►		23	
				24	
24 Add lines 21 through 23				25	
25 Enter amount from Form 1040, line 38 25				26	
26 Multiply line 25 by 2% (0.02)				27	
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-					
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ►		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$155,650?		29	7,016.
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					

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

Wei Tan

Your social security number

715-55-0945

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	7,114.	4,719.	-2,455.	-60.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
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 -60.

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	-60.
	<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 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: <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: -10px; top: -5px;">.</div> </div> </div>	21	(60.)
	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

Wei Tan

Social security number or taxpayer identification number

715-55-0945

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	
	121 sh. SYNOPSIS INC	08/31/16	09/01/16	7,114.05	4,718.76	BO	-2,455.33	-60.04
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) ►				7,114.05	4,718.76		-2,455.33	-60.04

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.

Death of HSA account beneficiary
Health Savings Accounts (HSAs)► Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016
Attachment
Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR

Wei Tan

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ►

715-55-0945

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2016 (see instructions).	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2016 (or those made on your behalf), including those made from January 1, 2017, through April 18, 2017, that were for 2016. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	0.
3	If you were under age 55 at the end of 2016, and on the first day of every month during 2016, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,750 for family coverage). All others , see the instructions for the amount to enter.	3,350.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2016 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, also include any amount contributed to your spouse's Archer MSAs.	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	3,350.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2016, see the instructions for the amount to enter.	3,350.
7	If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions).	0.
8	Add lines 6 and 7.	3,350.
9	Employer contributions made to your HSAs for 2016	462.
10	Qualified HSA funding distributions	
11	Add lines 9 and 10.	462.
12	Subtract line 11 from line 8. If zero or less, enter -0-	2,888.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2016 from all HSAs (see instructions).	442.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).	
c	Subtract line 14b from line 14a.	442.
15	Qualified medical expenses paid using HSA distributions (see instructions).	397.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	45.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input checked="" type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box.	0.

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

BAA

REV 01/25/17 TTMac Form **8889** (2016)

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Tax History Report

► Keep for your records

2016

Name(s) Shown on Return

Wei Tan

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status					Single
Total income					98,908.
Adjustments to income					
Adjusted gross income					98,908.
Tax expense					7,016.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/standard deduction . .					7,016.
Exemption amount . .					4,050.
Taxable income					87,842.
Tax.					17,728.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					19,310.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund.					1,582.
Effective tax rate % . .					17.92
**Tax bracket %					25.0

**Tax bracket % is based on Taxable income.

Healthcare Entry Sheet

► Keep for your records

2016

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 Wei Tan	715-55-0945	11/25/88	<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"/>	<input checked="" type="checkbox"/>	
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.

2016

Social Security No.
715-55-0945

Part II Employee and Stock Plan Information

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

10 Type of stock plan. Check one:

a ☒ Employee Stock Purchase Plan (ESPP) Complete Part III ☐

b ☐ Stock Options (NQSO or ISO) Complete Part IV ☐

c ☐ Restricted Stock Complete Part V ☐

d ☐ 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) ► 15.00 %

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 III Employee Stock Purchase Plan (continued)**15** Computation of compensation income per lot

(a) Lot #	(b) Number of Shares	(c) Type of Disposition (qualifying or disqualifying)	(d) FMV on Date of Purchase less Exercise Price Paid	(e) Discount as if Exercise on Grant Date	(f) Net Sales Proceeds less Exercise Price Paid	(g) Lesser of column (e) or column (f)	(h) Compensation Income (column (d) if disqualifying; column (g) if qualifying)
1	121.0000	Disqual.	2,455.09	832.72	2,395.05	832.72	2,455.09
Total							2,455.09

Computation of capital gain or loss per lot

		Capital Gain (Loss)			
(i) Lot Number	(j) Number of Shares	(k) Allocated Sales Price	(l) Cost Basis	(m) Short-term Capital Gain (Loss)	(n) Long-term Capital Gain (Loss)
1	121.0000	7,114.05	7,174.09	-60.04	
Total . . .	121.0000	7,114.05	7,174.09	-60.04	

Part VII Summary

28 Amount reported as compensation income for 2016 2,455.09

29 Capital Gain or (Loss)

	Short-Term	Long-Term	Total
a Number of shares	121.0000		121.0000
b Date acquired	08/31/2016		08/31/2016
c Date sold	09/01/2016		09/01/2016
d Sales price	7,114.05		7,114.05
e Cost or other basis	7,174.09		7,174.09
f Gain or (loss)	-60.04		-60.04

Summary of Compensation Income From Employer Stock Transactions

► Keep for your records

2016

Name(s) Shown on Return

Wei Tan

Social Security Number

715-55-0945

Part I

Compensation Income from Employer Stock Transactions

(a) #	(b) Name of Company	(c) Type Of Plan	(d) T S	(e) Amount
1	SYNOPSIS INC	ESPP	T	2,455.09

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	SYNOPSIS INC	ESPP	2,455.09	X		2,455.09	0.00
Total			2,455.09			2,455.09	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							

- Keep for your records

2016

Name(s) Shown on Return <u>Wei Tan</u>	Social Security Number <u>715-55-0945</u>
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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				19,310.	6,716.	
11	Forms W-2G						
12	Forms 1099-R						
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				19,310.	6,716.	
20	Total Tax Payments for 2016				19,310.	6,716.	

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) . .				

Federal Carryover Worksheet

2016

► Keep for your records

Name(s) Shown on Return <u>Wei Tan</u>	Social Security Number <u>715-55-0945</u>
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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
CA					1,000.	
Totals . .					1,000.	

Other Tax and Income Information

			2015	2016
1	Filing status	1		<u>1 Single</u>
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		<u>7,016.</u>
4	Check box if required to itemize deductions	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		<u>98,908.</u>
6	Tax liability for Form 2210 or Form 2210-F	6		<u>17,728.</u>
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	<u>0.</u>	
b	AMT Short-term capital loss	b	<u>0.</u>	
13 a	Long-term capital loss	13 a	<u>0.</u>	
b	AMT Long-term capital loss	b	<u>0.</u>	
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			

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Wei Tan
Primary SSN: 715-55-0945

Federal Return Submitted: February 14, 2017 08:21 PM PST
Federal Return Acceptance Date: _____

Your return was electronically transmitted on 02/14/2017

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.

File by Mail Instructions for your 2016 California Amended Tax Return

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



Wei Tan
310 Crescent Village Cir APT 1450
San Jose, CA 95134

Balance Due/Refund	Your California state amended tax return shows you are due a refund of \$223.00.
What You Need to Mail	Your amended tax return - 540X. Remember to sign and date the return. Attach the following to your California tax return: - a copy of your federal return - any Form(s) W-2G, 592-B, 593, and 1099s that have California withholding you may have received to the front of your return. Do not attach any Form(s) W-2. Mail your return and attachments to: Franchise Tax Board PO Box 942840 Sacramento, CA 94240-0001 Don't forget correct postage on the envelope.
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.
2016 California Tax Return Summary	Adjusted Gross Income As Originally Filed \$ 101,363.00 Adjusted Gross Income Correct Amount \$ 98,908.00 Taxable Income As Originally Filed \$ 97,606.00 Taxable Income Correct Amount \$ 95,151.00 Total Tax As Originally Filed \$ 6,389.00 Total Tax Correct Amount \$ 6,166.00 Total Payments/Credits Correct Amount \$ 6,716.00 Amount to be Refunded \$ 223.00
Special Formatting	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.

2016 Amended Individual Income Tax Return**540X**

APE

DO NOT ATTACH FEDERAL RETURN

715-55-0945 TAN
WEI TAN

16

A
R
RP310 CRESCENT VILLAGE CIR APT 1450
SAN JOSE CA 95134

11-25-1988

a Have you been advised that your original federal tax return has been, is being, or will be audited? ☒ Yes ☐ No**b Filing status claimed on:**Original tax return ▶ ☒ Single ☐ Married/RDP filing jointly ☐ Married/RDP filing separately ☐ Head of household ☐ Qualifying widow(er)Amended tax return ▶ ☒ Single ☐ Married/RDP filing jointly ☐ Married/RDP filing separately ☐ Head of household ☐ Qualifying widow(er)**c** If for the year you are amending, you (or your spouse/RDP) can be claimed as a dependent on someone else's tax return, check this box. ☐**d** If claiming head of household, enter name and relationship of qualifying person on: Original tax return _____

Amended tax return _____

If amending **Form 540NR**, see General Information D.If amending **Forms 540 2EZ, 540, or 540A**, see the instructions for lines 1 through 6.**All filers:** Explain changes on Side 3 and attach your supporting documents.

		A. As originally reported/ adjusted by the FTB See instructions	B. Net change. Explain on Side 3, Part II, line 5	C. Correct amount
1 a State wages. See instructions	1a	99385	0	99385
b Federal adjusted gross income. See instructions.	1b	101363	-2455	98908
2 CA adjustments. Get specific instructions on Form 540A or Sch. CA (540).				
a California nontaxable interest income	2a	0	0	0
b State income tax refund.	2b	0	0	0
c Unemployment compensation	2c	0	0	0
d Social Security benefits	2d	0	0	0
e Other (list) <u>SEE SCHEDULE CA</u>	2e	372	0	372
3 Total California adjustments. Combine line 2a through line 2e. See instructions	3	372	0	372
4 California adjusted gross income. Combine line 1b and line 3. See instructions	4	101735	-2455	99280
5 California itemized deductions or California standard deduction. See instructions.	5	4129	0	4129
6 Taxable income. Subtract line 5 from line 4. If less than zero, enter -0-	6	97606	-2455	95151
7 a Tax method used for line 7b, column C. See instructions	7a	<input checked="" type="checkbox"/> TT <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803		
b Tax. See instructions	7b	6500	-223	6277
8 Exemption credits. See instructions.	8	111	0	111
9 Subtract line 8 from line 7b. If less than zero, enter -0-	9	6389	-223	6166
10 Tax from Schedule G-1 and form FTB 5870A. See instructions	10	0	0	0
11 Add line 9 and line 10	11	6389	-223	6166
12 Special Credits and Nonrefundable Credits. See instructions.	12	0	0	0
13 Subtract line 12 from line 11. If less than zero, enter -0-	13	6389	-223	6166
14 Other taxes (alternative minimum tax, credit recapture, etc.). See instructions.	14	0	0	0
15 Mental Health Services Tax. See instructions.	15	0	0	0
16 Total tax. Add line 13, line 14, and line 15.	16	6389	-223	6166
If amending Form 540NR. See instructions.				

Your name: WEI TAN

Your SSN or ITIN: 715-55-0945

If amending Form 540NR, see General Information D.

If amending Forms 540 2EZ, 540, or 540A, see the instructions for lines 1 through 6.

All filers: Explain changes on Side 3 and attach your supporting documents.

	A. As originally reported/ adjusted by the FTB See instructions	B. Net change. Explain on Side 3, Part II, line 5	C. Correct amount
17 California income tax withheld. See instructions	17 6716	0	6716
18 Withholding (Form 592-B and/or 593). See instructions	18 0	0	0
19 Excess California SDI (or VPD) withheld. See instructions	19 0	0	0
20 Estimated tax payments and other payments. See instructions	20 0	0	0
21 Refundable Credits. See instructions	21		

Child and Dependent Care Expenses Credit (CDCE)● 22 ● 23 ● 24 \$

25 California Earned Income Tax Credit (EITC). See instructions	25 0	0	0
26 Tax paid with original tax return plus additional tax paid after it was filed. Do not include penalties and interest	26		
27 Total payments. Add lines 17, 18, 19, 20, 21, 25, and 26 of column C	27		6716
28 Overpaid tax, if any, as shown on original tax return or as previously adjusted by the FTB. See instructions	28		327
29 Subtract line 28 from line 27. If line 28 is more than line 27. See instructions	29		6389
30 Use tax payments as shown on original tax return. See instructions	30		0
31 Voluntary contributions as shown on original tax return. See instructions	31		0
32 Subtract line 30 and line 31 from line 29	32		6389
33 AMOUNT YOU OWE. If line 16, column C is more than line 32, enter the difference and see instructions	33		00
34 Penalties/Interest. See instructions: Penalties 34a <input type="text"/> Interest 34b <input type="text"/>	34c		
35 REFUND. If line 16, column C is less than line 32, enter the difference. See instructions	35		2 2 3 00

Part I Nonresidents or Part-Year Residents Only

Attach and enter the amounts from your revised Short or Long Form 540NR and Schedule CA (540NR). Your amended tax return cannot be processed without this information.

1 Exemption amount	1
2 Federal adjusted gross income	2
3 Adjusted gross income from all sources	3
4 Itemized deductions or standard deduction	4
5 California adjusted gross income	5
6 Tax from Schedule G-1 and form FTB 5870A	6
7 Special credits and nonrefundable renter's credit	7
8 Alternative minimum tax	8
9 Mental Health Services Tax	9
10 Other taxes and credit recapture	10

Your name: WEI TAN

Your SSN or ITIN: 715-55-0945

Part II Explanation of Changes

- 1** Enter name(s) and address as shown on original return below (if same as shown on this tax return, write "Same"). If changing from separate tax returns to a joint tax return, enter names and addresses from original tax returns. _____
- 2** Are you filing this Form 540X to report a final federal determination? ☐ Yes ☐ No
If "Yes," attach a copy of the final federal determination and all supporting schedules and data.
- 3** Have you been advised that your original California tax return has been, is being, or will be audited? ☐ Yes ☐ No
- 4** Did you file an amended tax return with the Internal Revenue Service on a similar basis? See General Information E ☒ Yes ☐ No
- 5 Explanation and Attachments.** Explain your changes below. If needed, attach a separate sheet that includes your name and SSN or ITIN.
Explain in detail each change made. Include:
- Item being changed.
 - Amount previously reported and corrected amount.
 - Reason the change was needed.
- Attach:
- Revised California tax return including all forms and schedules.
 - Federal tax return and schedules if you made changes.
 - Supporting documents, such as corrected W-2s, 1099s, K-1s, etc.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have filed an original tax return and I have examined this amended tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended tax return is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

X

X

☒ Your email address. Enter only one email address.

☒ Preferred phone number

(2 , 1 , 3) 5 , 0 , 9 - 1 , 6 , 9 , 4

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)

☐ PTIN

Firm's address

☐ FEIN

**Sign
Here**

It is unlawful
to forge a
spouse's/RDP's
signature.

**Where to File
Form 540X**

Do not file a duplicate amended tax return unless one is requested. This may cause a delay in processing your amended tax return and any claim for refund.

If you are due a refund, have no amount due, or paid electronically,
mail your tax return to:

FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001

If you owe, mail your return and check or money order to:

2016 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

715-55-0945 TAN
WEI TAN

16

A
R
RP310 CRESCENT VILLAGE CIR
SAN JOSE CA 95134

APT 1450

11-25-1988

Filing Status	1	<input checked="" type="checkbox"/> Single	4	<input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2	<input type="checkbox"/> Married/RDP filing jointly. See inst.	5	<input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died <input type="text"/>
	3	<input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="text"/>		

If your California filing status is different from your federal filing status, check the box here ☐

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐ 6► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. ☐ 7 X \$111 = ☐ \$ 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☐ 8 X \$111 = ☐ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☐ 9 X \$111 = ☐ \$ 10 **Dependents: Do not include yourself or your spouse/RDP.**

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ☐ 10 X \$344 = ☐ \$ 11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ☐ 11 \$

Your name:

T A N

Your SSN or ITIN:

715-55-0945

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. ● 12 99385.00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 98908.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B ● 14 45.00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 98863.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. ● 16 417.00
- 17 California adjusted gross income. Combine line 15 and line 16. ● 17 99280.00
- 18 Enter the **larger of** {
 Your California **itemized deductions** from Schedule CA (540), line 44; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,129
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,258
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .
 ● 18 4129.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 95151.00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ● 31 6277.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions ● 32 111.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 6166.00
- 34 Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A. ● 34 .00
- 35 Add line 33 and line 34 ● 35 6166.00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 .00
- 43 Enter credit name code ● and amount ● 43 .00
- 44 Enter credit name code ● and amount ● 44 .00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable renter's credit. See instructions ● 46 .00
- 47 Add line 40 through line 46. These are your total credits. ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 6166.00

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions. ● 62 .00
- 63 Other taxes and credit recapture. See instructions. ● 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 6166.00

Your name:

T A N

Your SSN or ITIN:

715-55-0945

Payments

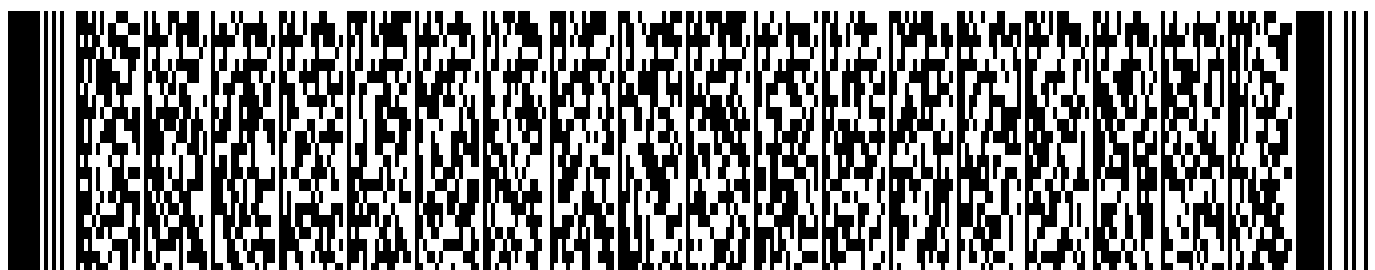
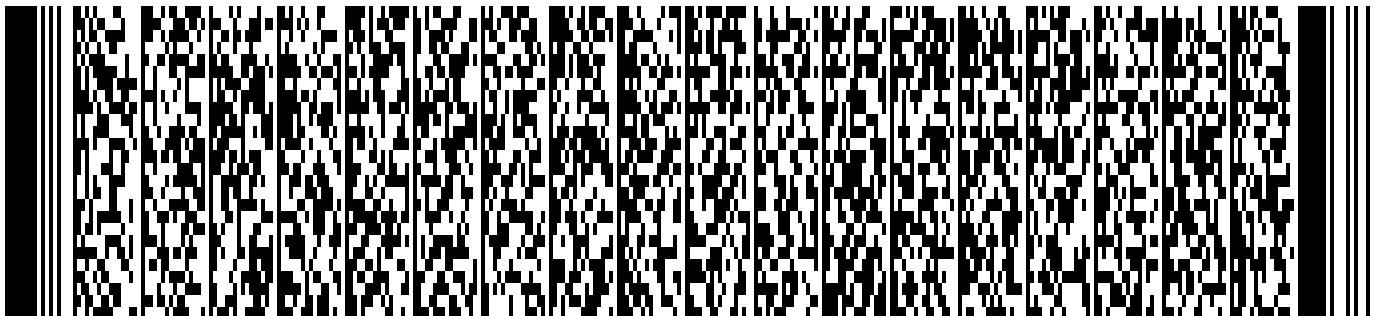
71	California income tax withheld. See instructions	● 71	6716	.00
72	2016 CA estimated tax and other payments. See instructions	● 72		.00
73	Withholding (Form 592-B and/or 593). See instructions	● 73		.00
74	Excess SDI (or VPD) withheld. See instructions	● 74		.00
75	Earned Income Tax Credit (EITC)	● 75		.00
76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	6716	.00

Use
Tax

91	Use Tax. See instructions	● 91		.00
----	-------------------------------------	------	--	-----

Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	6716	.00
93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93		.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	550	.00
95	Amount of line 94 you want applied to your 2017 estimated tax	● 95		.00
96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	550	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97		.00



Your name:

T A N

Your SSN or ITIN:

715-55-0945

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Program	● 403	<input type="text"/> .00
California Breast Cancer Research Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund.	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Fund	● 413	<input type="text"/> .00
Child Victims of Human Trafficking Fund	● 419	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase.	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Fund	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund.	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
110 Add code 400 through code 435. This is your total contribution	● 110	<input type="text"/> .00

Your name: T A N

Your SSN or ITIN: 715-55-0945

Amount
You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942867

SACRAMENTO CA 94267-0001

111 .00

Pay online – Go to ftb.ca.gov for more information.

Interest and
Penalties

112 Interest, late return penalties, and late payment penalties 112 .00

113 Underpayment of estimated tax. Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** 113 .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. 114 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942840

SACRAMENTO CA 94240-0001

115 550.00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

☐

Checking

Account number

116 Direct deposit amount

☐

Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

☐

Checking

Account number

117 Direct deposit amount

☐

Savings

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for **privacy notice**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

**Sign
Here**

☒ Your email address. Enter only one email address.

☒ Preferred phone number

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)

SELF PREPARED

PTIN

Firm's address

FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

2016**Wage and Tax Statement****W-2****Important: Attach this form to the back of your Form 540, 540 2EZ, or Form 540NR (Long or Short).**

Name(s) as shown on tax return

SSN or ITIN

WEI TAN

7 1 5 5 5 0 9 4 5

Caution: If this form is filled out, **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return. **All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

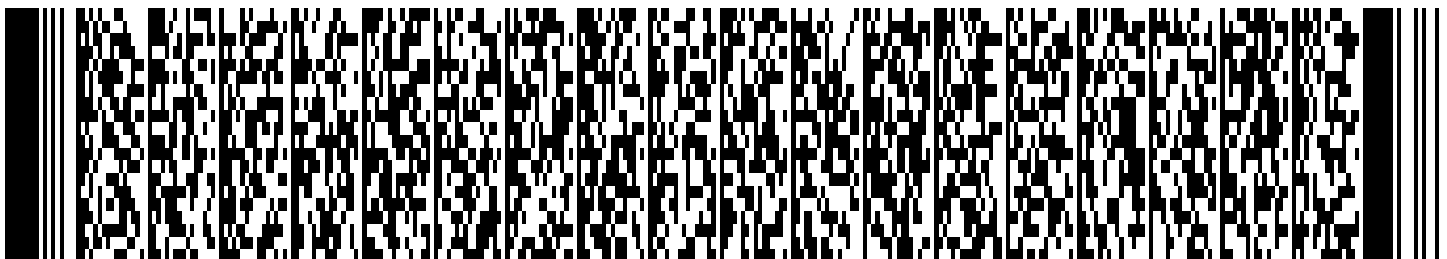
*Employee's social security number, name, and address must be the same as the information on the Form(s) W-2.

W-2 Information	1 st W-2	2 nd W-2
a. Employee's social security number*	<input type="radio"/> 715-55-0945	<input type="radio"/>
b. Employer identification number (EIN)	<input type="radio"/> 56-1546236	<input type="radio"/>
c. Employer's name	<input type="radio"/> SYNOPSIS INC	<input type="radio"/>
Address	<input type="radio"/> 690 E MIDDLEFIELD RD	<input type="radio"/>
City	<input type="radio"/> MOUNTAIN VIEW	<input type="radio"/>
State	<input type="radio"/> CA	<input type="radio"/>
Zip code	<input type="radio"/> 94043-4033	<input type="radio"/>
e. Employee's first name*	<input type="radio"/> WEI	<input type="radio"/>
Middle initial*	<input type="radio"/>	<input type="radio"/>
Last name*	<input type="radio"/> TAN	<input type="radio"/>
Suffix*	<input type="radio"/>	<input type="radio"/>
f. Employee address*	<input type="radio"/> 310 CRESCENT VILLAGE CIR, UNIT 1450	<input type="radio"/>
City*	<input type="radio"/> SAN JOSE	<input type="radio"/>
State*	<input type="radio"/> CA	<input type="radio"/>
Zip code*	<input type="radio"/> 95134	<input type="radio"/>
1. Wages, tips, other compensation	<input type="radio"/> 98,923.	<input type="radio"/>
2. Federal income tax withheld	<input type="radio"/> 19,310.	<input type="radio"/>
3. Social security wages	<input type="radio"/> 101,437.	<input type="radio"/>
4. Social security tax withheld	<input type="radio"/> 6,289.	<input type="radio"/>
6. Medicare tax withheld	<input type="radio"/> 1,471.	<input type="radio"/>



W-2 Information		1 st W-2		2 nd W-2	
7. Social security tips	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	
8. Allocated tips (not included in box 1)	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	
10. Dependent care benefits	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	
11. Nonqualified plans	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	
12. Codes and amounts		Codes	Amounts	Codes	Amounts
12a.	<input checked="" type="radio"/>	C	101.	<input checked="" type="radio"/>	
12b.	<input checked="" type="radio"/>	D	4,969.	<input checked="" type="radio"/>	
12c.	<input checked="" type="radio"/>	DD	5,012.	<input checked="" type="radio"/>	
12d.	<input checked="" type="radio"/>	W	462.	<input checked="" type="radio"/>	
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/> Statutory employee	<input checked="" type="radio"/>	<input type="checkbox"/> Statutory employee	
	<input checked="" type="radio"/>	<input checked="" type="checkbox"/> Retirement plan	<input checked="" type="radio"/>	<input type="checkbox"/> Retirement plan	
	<input checked="" type="radio"/>	<input type="checkbox"/> Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/> Third-party sick pay	
14. SDI, VPDI, or CA SDI (from box 14 or 19)		Type	Amount	Type	Amount
	<input checked="" type="radio"/>	DISQE	3,066.	<input checked="" type="radio"/>	
15. State and employer's state ID number		State	Employer's state ID number	State	Employer's state ID number
	<input checked="" type="radio"/>	CA	347-0419 7	<input checked="" type="radio"/>	
16. State wages, tips, etc.	<input checked="" type="radio"/>		99,385.	<input checked="" type="radio"/>	
17. State income tax	<input checked="" type="radio"/>		6,716.	<input checked="" type="radio"/>	

REV 01/25/17 TTMAC



2016 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Names(s) as shown on tax return

SSN or ITIN

W E I T A N

7 1 5 5 0 9 4 5

Part I Income Adjustment Schedule

Section A — Income

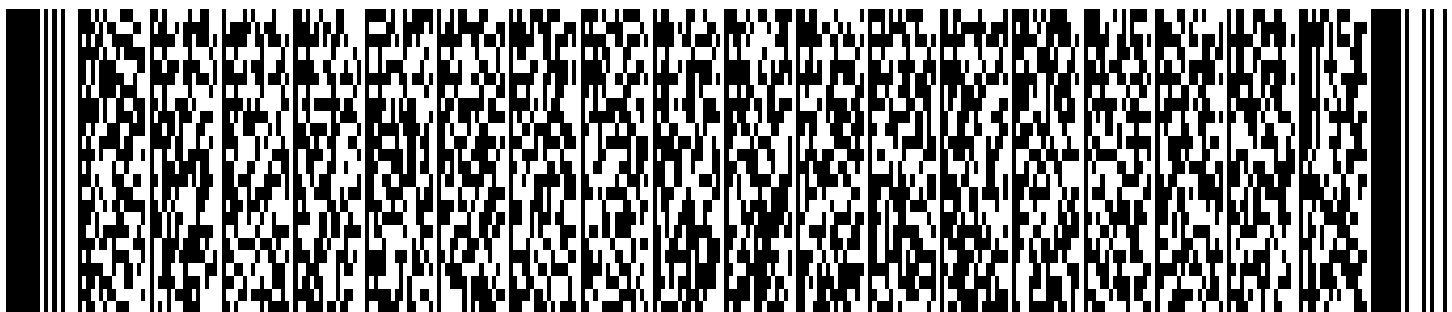
	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 7	98,923.		417.
8 Taxable interest (b) 8(a)			
9 Ordinary dividends. See instructions. (b) 9(a)			
10 Taxable refunds, credits, offsets of state and local income taxes 10	0.	0.	
11 Alimony received 11			
12 Business income or (loss) 12			
13 Capital gain or (loss). See instructions. 13	-60.		
14 Other gains or (losses) 14			
15 IRA distributions. See instructions. (a) 15(b)			
16 Pensions and annuities. See instructions. (a) 16(b)			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17			
18 Farm income or (loss) 18			
19 Unemployment compensation 19			
20 Social security benefits (a) 20(b)			
21 Other income.			
a California lottery winnings		a	
b Disaster loss deduction from FTB 3805V		b	
c Federal NOL (Form 1040, line 21)		c	
d NOL deduction from FTB 3805V		d	
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809	45.	e	
f Other (describe): HSA DISTRIBUTIONS		f	
22 Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B. 22	98,908.	45.	417.

Section B — Adjustments to Income

23 Educator expenses 23			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24			
25 Health savings account deduction 25			
26 Moving expenses 26			
27 Deductible part of self-employment tax 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			
Last name 31a			
32 IRA deduction 32			
33 Student loan interest deduction 33			
34 Tuition and fees 34			
35 Domestic production activities deduction 35			
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36			
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions 37	98,908.	45.	417.

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28	<input checked="" type="radio"/> 38	<input type="text" value="7,016."/>
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes only). See instructions	<input checked="" type="radio"/> 39	<input type="text" value="6,716."/>
40	Subtract line 39 from line 38	<input checked="" type="radio"/> 40	<input type="text" value="300."/>
41	Other adjustments including California lottery losses. See instructions. Specify <input type="text"/>	<input checked="" type="radio"/> 41	<input type="text"/>
42	Combine line 40 and line 41	<input checked="" type="radio"/> 42	<input type="text" value="300."/>
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?		
	Single or married/RDP filing separately		\$182,459
	Head of household		\$273,692
	Married/RDP filing jointly or qualifying widow(er)		\$364,923
	No. Transfer the amount on line 42 to line 43.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	<input checked="" type="radio"/> 43	<input type="text" value="300."/>
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married/RDP filing separately. See instructions.		\$4,129
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$8,258
	Transfer the amount on line 44 to Form 540, line 18	<input checked="" type="radio"/> 44	<input type="text" value="4,129."/>



2016**California Capital Gain or Loss Adjustment**

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

D (540)

Name(s) as shown on return

SSN or ITIN

W E I T A N

7 1 5 5 0 9 4 5

	(a) Description of property Example: 100 shares of "Z" (S stock)	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
1					
a	121 SH. SYNOPSIS INC	7,114.05	7,174.09	60.04	
b					
c					
d					
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					

- 2** Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568). **2** ☐ **3**
- 3** Capital gain distributions (federal Form 1099-DIV, box 2a) ☒ **3**
- 4** Total 2016 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3 ☒ **4**
- 5** 2016 loss. Add column (d) amounts of line 1 and line 2. ☒ **5** (60.)
- 6** California capital loss carryover from 2015, if any. See instructions. ☒ **6** ()
- 7** Total 2016 loss. Add line 5 and line 6 ☒ **7** (60.)

Name as Shown on Return

Wei Tan

Social Security No.

715-55-0945

Line 7 – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income		
2 Active duty military pay		
3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO).		
6 Ridesharing fringe benefit differences		
7 HSA employer contributions		417.
8 Paid Family Leave Insurance (PFL) benefits		
9 Employer-provided adoption benefits income exclusions.		
10 In-Home Supportive Services (IHSS) supplementary payment		
11 Employer reimbursement for additional federal income taxes on employer-provided health care benefits		
12 Native American income (Form 3504)		
13 Clergy housing exclusion. This is the amount entered on W-2s a as smallest of amount spent or fair rental value b Enter the amount spent on qual. housing expenses		
14 Other (itemize): a _____ b _____ c _____ d _____		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 7.		417.

Line 15 – IRA Distributions

	(B) Subtractions	(C) Additions
1 Other (itemize): a _____ b _____ c _____ d _____		
Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 15.		

Line 16 – Pensions and Annuities

	(B) Subtractions	(C) Additions
1 Form 1099-R, Railroad Retirement Benefits.		
2 Other (itemize): a _____ b _____ c _____ d _____		
Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 16		

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

► **Information about Form 1040X and its separate instructions is at www.irs.gov/form1040x.****This return is for calendar year** ☒ 2016 ☐ 2015 ☐ 2014 ☐ 2013**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial

Wei

Last name

Tan

Your social security number

715-55-0945

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

Last name

Spouse's social security number

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

310 Crescent Village Cir

Apt. no.

1450

Your phone number

(213) 509-1694

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

San Jose CA 95134

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from joint to separate returns after the due date.☒ Single☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)☐ Married filing jointly☐ Married filing separately☐ Qualifying widow(er)**Full-year coverage.**

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." (See instructions.)

☒ Yes☐ No

Use Part III on the back to explain any changes

Income and Deductions

1	Adjusted gross income. If net operating loss (NOL) carryback is included, check here	1	101,363.	-2,455.	98,908.
2	Itemized deductions or standard deduction	2	7,016.	0.	7,016.
3	Subtract line 2 from line 1	3	94,347.	-2,455.	91,892.
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	4	4,050.	0.	4,050.
5	Taxable income. Subtract line 4 from line 3	5	90,297.	-2,455.	87,842.

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions): Table	6	18,340.	-612.	17,728.
7	Credits. If general business credit carryback is included, check here ► <input type="checkbox"/>	7	0.	0.	0.
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	18,340.	-612.	17,728.
9	Health care: individual responsibility (see instructions)	9	0.	0.	0.
10	Other taxes	10	0.	0.	0.
11	Total tax. Add lines 8, 9, and 10	11	18,340.	-612.	17,728.

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (If changing , see instructions.)	12	19,310.	0.	19,310.
13	Estimated tax payments, including amount applied from prior year's return	13	0.	0.	0.
14	Earned income credit (EIC)	14	0.	0.	0.
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15	0.	0.	0.
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			0.
17	Total payments. Add lines 12 through 15, column C, and line 16	17			19,310.

Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		970.
19	Subtract line 18 from line 17 (If less than zero, see instructions.)	19		18,340.
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		612.
22	Amount of line 21 you want refunded to you	22		612.
23	Amount of line 21 you want applied to your (enter year): estimated tax	23		

Complete and sign this form on Page 2.

Part I Exemptions

Complete this part **only** if you are increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself	24 1	0	1
25	Your dependent children who lived with you	25 0	0	0
26	Your dependent children who didn't live with you due to divorce or separation	26 0	0	0
27	Other dependents	27 0	0	0
28	Total number of exemptions. Add lines 24 through 27	28 1	0	1
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form.	29 4,050.	0.	4,050.
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

► Attach any supporting documents and new or changed forms and schedules.

my ESPP income was included in my w-2
Add form 3922
Correct 1099B info

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

► Your signature _____ Date _____ ► Spouse's signature. If a joint return, **both** must sign. _____ Date _____

Paid Preparer Use Only

► Preparer's signature _____ Date _____ **Self-prepared** Firm's name (or yours if self-employed) _____

Print/type preparer's name _____ Firm's address and ZIP code _____

PTIN _____ ☐ Check if self-employed _____ Phone number _____ EIN _____

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning

, 2016, ending

, 20

See separate instructions.

Your first name and initial

Last name

Wei

Tan

Your social security number

715-55-0945

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.

310 Crescent Village Cir

1450

▲ 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).

San Jose CA 95134

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

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

1 ☒ Single
 2 ☐ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 ☐ 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. ▶
 5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, **do not** check box 6a
 b ☐ Spouse

c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b 1
 No. of children on 6c who:
 • lived with you _____
 • did not live with you due to divorce or separation (see instructions) _____
 Dependents on 6c not entered above _____
 Add numbers on lines above ▶ 1

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 98,923.
 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 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 ▶ ☐ 13 -60.
 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. List type and amount Form 8889 Health Savings Accounts 21 45.
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ 22 98,908.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

 If you did not get a W-2, see instructions.

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
 34 Tuition and fees. Attach Form 8917 34
 35 Domestic production activities deduction. Attach Form 8903 35
 36 Add lines 23 through 35 36
 37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ 37 98,908.

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	98,908.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	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 <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	7,016.
41	Subtract line 40 from line 38	41	91,892.
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	87,842.
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	17,728.
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	17,728.
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	17,728.

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	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 checked="" 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	17,728.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	19,310.
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 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	19,310.

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	1,582.												
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	1,582.												
b	Routing number <table border="1"><tr><td>1</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>3</td><td>5</td><td>8</td></tr></table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	1	0	0	0	3	5	8					
1	2	1	0	0	0	3	5	8							
d	Account number <table border="1"><tr><td>0</td><td>0</td><td>0</td><td>3</td><td>3</td><td>5</td><td>1</td><td>5</td><td>1</td><td>4</td><td>1</td><td>5</td></tr></table>	0	0	0	3	3	5	1	5	1	4	1	5		
0	0	0	3	3	5	1	5	1	4	1	5				
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)
-----------------	-----------	--------------------------------------

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 Software Engineer	Daytime phone number (213) 509-1694
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 A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions****► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.**
► Attach to Form 1040.

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Wei Tan

Your social security number

715-55-0945

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1 Medical and dental expenses (see instructions)	1		
	2 Enter amount from Form 1040, line 38 2			
	3 Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid	5 State and local (check only one box):			
	a <input checked="" type="checkbox"/> Income taxes, or	5	6,716.	
	b <input type="checkbox"/> General sales taxes			
	6 Real estate taxes (see instructions)	6		
	7 Personal property taxes	7	300.	
	8 Other taxes. List type and amount ►	8		
	9 Add lines 5 through 8		9	7,016.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10		
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11		
	12 Points not reported to you on Form 1098. See instructions for special rules	12		
	13 Mortgage insurance premiums (see instructions)	13		
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14		
	15 Add lines 10 through 14			15
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16		
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		
	18 Carryover from prior year	18		
	19 Add lines 16 through 18			19
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21		
	22 Tax preparation fees	22		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23		
	24 Add lines 21 through 23	24		
	25 Enter amount from Form 1040, line 38 25			
	26 Multiply line 25 by 2% (0.02)	26		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►		28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$155,650?		29	7,016.
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here			

**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

Wei Tan

Your social security number

715-55-0945

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	7,114.	4,719.	-2,455.	-60.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
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 -60.

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	-60.
<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 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) } Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	(60.)
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

Wei Tan

Social security number or taxpayer identification number

715-55-0945

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	
	121 sh. SYNOPSIS INC	08/31/16	09/01/16	7,114.05	4,718.76	BO	-2,455.33	-60.04
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) ►				7,114.05	4,718.76		-2,455.33	-60.04

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.

Death of HSA account beneficiary
Health Savings Accounts (HSAs)► Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016
Attachment
Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR

Wei Tan

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ►

715-55-0945

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2016 (see instructions).	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2016 (or those made on your behalf), including those made from January 1, 2017, through April 18, 2017, that were for 2016. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	0.
3	If you were under age 55 at the end of 2016, and on the first day of every month during 2016, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,750 for family coverage). All others , see the instructions for the amount to enter.	3,350.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2016 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, also include any amount contributed to your spouse's Archer MSAs.	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	3,350.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2016, see the instructions for the amount to enter.	3,350.
7	If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions).	0.
8	Add lines 6 and 7.	3,350.
9	Employer contributions made to your HSAs for 2016	462.
10	Qualified HSA funding distributions	
11	Add lines 9 and 10.	462.
12	Subtract line 11 from line 8. If zero or less, enter -0-	2,888.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2016 from all HSAs (see instructions).	442.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).	
c	Subtract line 14b from line 14a.	442.
15	Qualified medical expenses paid using HSA distributions (see instructions).	397.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	45.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input checked="" type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box.	0.

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

BAA

REV 01/25/17 TTMac Form **8889** (2016)

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Tax History Report

► Keep for your records

2016

Name(s) Shown on Return

Wei Tan

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status					Single
Total income					98,908.
Adjustments to income					
Adjusted gross income					98,908.
Tax expense					7,016.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/standard deduction . .					7,016.
Exemption amount . .					4,050.
Taxable income					87,842.
Tax.					17,728.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					19,310.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund.					1,582.
Effective tax rate % . .					17.92
**Tax bracket %					25.0

**Tax bracket % is based on Taxable income.