1040A		S. Individual Ind		x Return ((99)	20	16	IR	S Use On	ıly—Do r	ot w	rite or staple in this	s space.
Your first name and ini	tial		Last name								(OMB No. 1545-007	4
										Yo	ur s	ocial security nun	nber
If a joint return, spouse	e's first r	name and initial	Last name							Sp	ouse	e's social security nu	umber
Home address (number	er and st	reet). If you have a P.O. bo	x, see instructi	ions.					Apt. no	D		ake sure the SSN(s)	
00		1710										nd on line 6c are co	
City, town or post office,	state, an	d ZIP code. If you have a fore	ign address, als	o complete spaces	below (see	instructio	ons).					dential Election Can ere if you, or your spouse	
Foreign country name				Foreign province	o/stato/oou	ıntv		Eoroio	n postal c	join	tly, wa	ant \$3 to go to this fund.	Checking
1 Grought Country harne			1 0 10 1g 11 p 10 1 11 10 g 11 11 10 11			unity		i oreig	ii postai c	refu		ow will not change your	tax or Spouse
Eiling	1 [Single				4 🗆	Hood of h	001100	hold (wit	th qualif	vino	person). (See instr	
Filing	2 Married filing jointly (even if only one had income) If the qualifying person is a												
status Check only	atus												,
one box.		full name here.	,			5 🗌	Qualifying	wido	w(er) wit	th deper	nder	nt child (see instru	ctions)
Exemptions	6a	Yourself. If s	omeone c	an claim you	ı as a d	lepend			. ,)	Boxes	,
		box 6a.								}	checked on 6a and 6b		
	b	□ Spouse									<u>) </u>	No. of children on 6c who:	
	С	Dependents:		(2) Dependent	's social	(3) [Dependent	's		f child und		lived with	
If more than six		(A) E: .		security nur			onship to		child tax	credit (se		you	
dependents, see		(1) First name L	ast name						instr	uctions)	_	 did not live with you due to 	
instructions.												divorce or	
											_	separation (see instructions)	
											—	Dependents	
											—	on 6c not entered above	
											_		
				ı							_	Add numbers on lines	
	d	Total number of e	xemptions	s claimed.								above ▶	
Income	_			,						_			
Attacle		Wages, salaries, t	ips, etc. A	ttach Form(s	s) W-2.					7	,		
Attach Form(s) W-2	8a	Taxable interest	Attach So	bodulo B if r	oguirod	1				o	_		
here. Also	b												
attach	9a Ordinary dividends. Attach Schedule B if required.							9	а				
Form(s) 1099-R if tax	b					9b				-			
was	10	Capital gain distri	butions (s	ee instructio	ns).					1	0		1
withheld.	11a	IRA				11b	Taxable	e am	ount				
If you did not		distributions.	11a				(see ins			11	b		
get a W-2, see instructions.	12a		10-			12b	Taxable			4.0	\ I_		
		annuities.	12a				(see ins	struc	ilons).	12	20		
	13	Unemployment co	ompensati	ion and Alas	ka Pern	nanen	t Fund d	hivid	ends	1	3		
	14a	Social security				14b	Taxable			•			
		benefits.	14a				(see ins	struc	tions).	14	lb		
				<u>'</u>			•		·				
	15	Add lines 7 through	gh 14b (fai	r right colum	n). This	is yo	ur total	inco	me.	<u> </u>	5		
Adjusted	40			1		,4	0						
gross	16 17	Educator expense					6						
income	18	IRA deduction (see instructions). 17 Student loan interest deduction (see instructions). 18						_					
	-13	Stadont loan inten	oot doddol	(555 1151	aonona	,,. 1							
	19	Tuition and fees.	Attach For	m 8917.		1	9						
	20								2	0			
	21	Subtract line 20 fi								▶ 2			
For Disclosure, F	rivac	y Act, and Paperwo	rk Reduction	on Act Notice	e, see se	eparat	e instruc	ction	S. Cat.	No. 113	27A	Form 1040A	(2016)

Form

Department of the Treasury-Internal Revenue Service

Form 1040A (2016)								Page 2
Tax, credits,	22	Enter the amount from line 21 (adjusted	d gross inco	me).			22	
and	23a	Check [You were born before	January 2	2, 1952, E	lind ן Total b	oxes			•
payments		if: { Spouse was born before							
payments	b	If you are married filing separat						=	
Standard		deductions, check here	,	,		▶ 23b	П		
Deduction for—	24	Enter your standard deduction	1 .					24	
• People who	25	Subtract line 24 from line 22. If		is more than	line 22, ent	er -0		25	
check any box on line	26	Exemptions. Multiply \$4,050 b						26	
23a or 23b or	27	Subtract line 26 from line 25. If	•			er -0-		20	
who can be claimed as a		This is your taxable income.		io moro mar	1 1110 20, 0110	0. 0.	•	27	
dependent,	28	Tax, including any alternative mini	mum tay	(see instructi	ions). 28				
see instructions.	29	Excess advance premium tax of		•					
All others:	23	Form 8962.	realt rep	payment. At	29				
Single or Married filing	30	Add lines 28 and 29.						30	
separately,	31		00r0 0V	nanaaa Att	ach			30	
\$6,300 Married filing	31	Credit for child and dependent Form 2441.	Care ex	penses. And					
jointly or	20		ablad A	+taab	31				
Qualifying widow(er),	32	Credit for the elderly or the disa	abled. A	macn	00				
\$12,600		Schedule R.	200 1	40	32			_	
Head of household,	33	Education credits from Form 88			33				
\$9,300	34	Retirement savings contributions						_	
	35	Child tax credit. Attach Schedu						-00	1
	36	Add lines 31 through 35. These						36	
	37	Subtract line 36 from line 30. If						37	
	38	Health care: individual responsib			s). Full-year	coverage	Ш	38	
	39	Add line 37 and line 38. This is	•					39	
	40	Federal income tax withheld fro			099. 40				
If you have	41	2016 estimated tax payments a	and amo	ount applied					
a qualifying		from 2015 return.			41				
child, attach Schedule	42a	Earned income credit (EIC).			42a				
EIC.	b	Nontaxable combat pay election							
	43	Additional child tax credit. Atta	ch Sche	dule 8812.	43				
	44	American opportunity credit fro	m Form	ı 8863, line 8					
	45	Net premium tax credit. Attach	Form 8	962.	45				
	46	Add lines 40, 41, 42a, 43, 44, a	nd 45. T	These are yo	our total pay	ments.	•	46	
Refund	47	If line 46 is more than line 39, s	ubtract	line 39 from	line 46.				
neiulia		This is the amount you overpai	id.					47	
Direct	48a	Amount of line 47 you want refund	ed to yo	u. If Form 88	88 is attached	, check here		48a	
deposit?	⊾ b	Routing		• Type:	Chaokina	Covingo			
See instructions	D	number		c Type:	Checking	Savings			
and fill in	⊾ d	Account							
48b, 48c, and 48d or	■ u	number							
Form 8888.	49	Amount of line 47 you want app	olied to	your					
		2017 estimated tax.			49				
Amount	50	Amount you owe. Subtract line	e 46 froi	m line 39. Fo	or details on	how to pay	,		
		see instructions.					\blacktriangleright	50	
you owe	51	Estimated tax penalty (see instr	ructions).	51				
Third party	Do	you want to allow another person to dis	cuss this	return with the	IRS (see instru	ctions)? Yes	s. Co	mplete the following	. No
				Phone	•				
designee	Designee's Phone Personal identification number (PIN) ►								
<u> </u>		der penalties of perjury, I declare that I have e							
Sign		d belief, they are true, correct, and accurately in the taxpayer) is based on all information of v				eived during the	tax ye	ar. Declaration of prep	arer (other
here	Your signature Date Your occupation Daytime phone numb								
Joint return?									
See instructions. Keep a copy		ouse's signature. If a joint return, both must si	signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity P						Protection
for your records.		, , , , , , , , , , , , , , , , , , , ,	-		·		PI	N, enter it re (see inst.)	
Doid	Pr	nt/type preparer's name	Preparer's	signature		Date		PTIN	
Paid		21 F. M. C. C. C. 2	.,	J			Chec self-e	ck ▶ □ if · · · · · · · · · · · · · · · · · ·	
preparer Firm's name ▶								's EIN ▶	
use only	_	m's address ▶		Phone no.					
-		5 4441000 F							