

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning , ending See separate instructions.

Your first name and initial **Tung T** Last name **Phung** Your social security number **229-51-1028**

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. **22955 Rock Hill Rd.** Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Sterling, VA 20166** Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code 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

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

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a } Boxes checked on 6a and 6b **1** b ☐ Spouse } No. of children on 6c who: ☒ lived with you **0** ☒ did not live with you due to divorce or separation (see instructions) **0** c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) X if child under age 17 qualifying for child tax credit (see instr.) Dependents on 6c not entered above **0** Add numbers on lines above **1** d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **52,000.** 8a Taxable interest. Attach Schedule B if required **8a** b Tax-exempt interest. Do not include on line 8a **8b** 9a Ordinary dividends. Attach Schedule B if required **9a** b Qualified dividends **9b** 10 Taxable refunds, credits, or offsets of state and local income taxes **10** 11 Alimony received **11** 12 Business income or (loss). Attach Schedule C or C-EZ **12** 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ☐ **13** 14 Other gains or (losses). Attach Form 4797 **14** 15a IRA distributions **15a** b Taxable amount **15b** 16a Pensions and annuities **16a** b Taxable amount **16b** 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** **-3,069.** 18 Farm income or (loss). Attach Schedule F **18** 19 Unemployment compensation **19** 20a Social security benefits **20a** b Taxable amount **20b** 21 Other income. List type and amount **21** 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22** **48,931.**

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** **643.** 34 Tuition and fees. Attach Form 8917 **34** 35 Domestic production activities deduction. Attach Form 8903 **35** 36 Add lines 23 through 35. **36** **643.** 37 Subtract line 36 from line 22. This is your adjusted gross income **37** **48,288.**

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	48,288.
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 0		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,300.
41	Subtract line 40 from line 38	41	41,988.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions.	42	4,050.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	37,938.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	5,253.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	5,253.
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	0.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	5,253.

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

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	5,253.

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	7,196.
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		
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"/> 2439b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	7,196.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,943.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	1,943.
b	Routing number 051404260		
d	Account number 0000251321132		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
77	Amount of line 75 you want applied to your 2017 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0.
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No	
Designee's name	Phone no.
Personal identification number (PIN)	

Sign Here

Joint return? See instr. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		Office Administrator	(571)423-9086
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	Firm's EIN		Phone no.	
Firm's address				

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

Tung T Phung**229-51-1028****Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** **Note:** If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach **Form 6198**. See instructions.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	First Pavilion Partners, LLC	P	<input type="checkbox"/>	45-1555141	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A 3,069.				
B				
C				
D				
29a Totals	0.			0.
b Totals	3,069.	0.	0.	0.
30 Add columns (g) and (j) of line 29a			30	0.
31 Add columns (f), (h), and (i) of line 29b			31	(3,069.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	-3,069.

Part III Income or Loss From Estates and Trusts

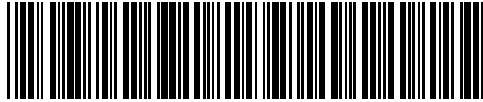
33	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34a Totals	0.	0.
b Totals	0.	0.
35 Add columns (d) and (f) of line 34a		35
36 Add columns (c) and (e) of line 34b		36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39	0.

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	0.
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	-3,069.
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	0.
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	0.



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22955 ROCK HILL RD.

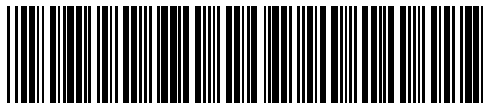
STERLING VA 20166

SSN - You PHUN 229511028

Vendor ID 1064

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	48288.	Withholding (VA) - You	20A.	2560.
Additions	2.		Withholding (VA) - Spouse	20B.	
Subtotal	3.	48288.	Estimated Payments	21.	
Age Deduction - You	4A.		2015 Overpayment	22.	
Age Deduction - Spouse	4B.		Extension Payments	23.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low Income or EIC	24.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	25.	
Subtractions	7.		Credit - Political Contributions	26.	
Subtotal Subtractions	8.		Credits - Schedule CR	27.	
Total VA Adj Gross Income (VAGI)	9.	48288.	Total Payments / Credits	28.	2560.
Fed Itemized Deductions	10.		Tax You Owe	29.	
State / Local Income Tax	11.		Tax Overpayment	30.	267.
Standard / Itemized Deductions	12.	3000.	Overpayment Credited to Next Year	31.	
Exemptions	13.	930.	VAC - College Savings Plan	32.	
Deductions	14.		VAC - Other Contributions	33.	
Subtotal (Deductions & Exemptions)	15.	3930.	Addition to Tax, Penalty & Interest	34.	
VA Taxable Income	16.	44358.	Sales and Use Tax	35.	00
Amount of Tax	17.	2293.	Amount You Owe		
Spouse Tax Adjustment (STA)	18.		Will Pay by Credit/Debit Card N		
VAGI - Spouse	18A.		Your Refund		267.
Net Amount of Tax	19.	2293.	Bank Routing #	C	051404260
			Bank Account #		0000251321132

**Filing Status, Age & License Information****Additional Filing Information**Filing Status **1**Locality **107**

Federal Head of Household

Name or Filing Change

DOB - You **12151986**

Address Change

VA Driver's License ID - You **T28437457**

VA Return Not Filed Last Year

VA Driver's License - Iss. Date - You **11302011**

Dependent on Another's Return

Spouse Name (Filing Status 3 Only)

Farmer / Fisherman / Merchant Seaman

DOB - Spouse

Amended

VA Driver's License ID - Spouse

NOL

VA Driver's License - Iss. Date - Spouse

Overseas on Due Date

Federal EIC Amount

Exemptions (A)**Exemptions (B)**You **1**

65 & Over - You

Deceased Indicator

Spouse

65 & Over - Spouse

Refund Direct Bank Deposit **X**

Dependents

Blind - You

Refund Check

Total (A) **1**

Blind - Spouse

Obtain Electronic 1099G

Total (B)

Official Use Only **13337****Contact Information**

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You Date **041717** Phone - You **5714239086**

Signature - Spouse Date Phone - Spouse

Signature - Preparer Date Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information **0**

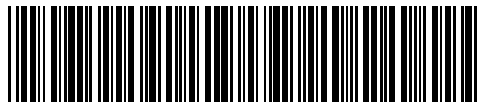
File by May 1, 2017
Include Page 1, Page 2 and all
supporting 760CG documents.



2016 Schedule INC/CG

229511028

Report all W-2s, 1099s & VK-1s with VA Withholding



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Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
229511028	W	2560.	464593414	30464593414F001	52000.

Total VA Withholding	SSN	VA Withholding
You	229511028	2560.
Spouse		
Total # of W-2s, 1099s & VK-1s	1	

To avoid delays - be sure to enter all information, including the Employer's FEIN.