

2017 Income Tax Return

Federal Return

Thank you for using FreeTaxUSA.com to prepare your 2017 income tax return.

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2018 tax preparation on FreeTaxUSA.com will be available starting in January of 2019.

We look forward to preparing your 2018 tax return.

Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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For the year Jan. 1-Dec	c. 31, 2017	7, or other tax year beginning			, 2017, end	ing		, 20	Se	e separate	instruction	ons.		
Your first name and	initial		Last name		Your social security number									
TUNG T			PHUNG	1	229 51 1028									
If a joint return, spou	ıse's first	name and initial	Last name						Spc	ouse's social	security n	umber		
Home address (num	ber and s	street). If you have a P.O. be	ox, see instru	uctions.				Apt. no.		Make sure t	the SSN(s)	above		
22955 ROC										and on line	e 6c are co	orrect.		
City, town or post offic	e, state, a	and ZIP code. If you have a for	eign address,	also complete space	es below (see	instructions	s).		Pı	residential El	ection Can	npaign		
STERLING,	VA	20166								k here if you, or y, want \$3 to go				
Foreign country nam	ne			Foreign province	e/state/cou	nty	Fo	reign postal code		k below will not				
									refun	d.	You 🗌	Spouse		
Filing Status	1	X Single				4 🗌 He	ead of hous	ehold (with qua	lifying p	oerson). (See	instruction	ns.)		
· ·	2	Married filing jointly	(even if onl	y one had incom	ne)			ng person is a cl	hild but	t not your dep	pendent, e	nter this		
Check only one	3	Married filing separa	•	spouse's SSN a			nild's name							
box.		and full name here. I						vidow(er) (see i	nstruc					
Exemptions	6a	X Yourself. If some	one can cla	im you as a dep	endent, d	not che	eck box 6a	1	. }	Boxes ch on 6a and		1		
	b	Spouse						f abild under one 1	<u>.</u> J	No. of chi				
	С	Dependents:	9	(2) Dependent's ocial security number		ependent's ship to you	qualifyin	f child under age 1 ng for child tax cre	credit • lived with you					
	(1) First	name Last name	3	i i	Totation	relationship to you		ee instructions)		 did not li vou due to 				
If more than four										or separat	tion			
dependents, see										Dependen				
instructions and										not entere		_		
check here ►	d	Total number of exem	ntiono oloir							Add num		1		
									7	lines abo	ve ► 44,0	200		
Income		Wages, salaries, tips,		` ,					, 8а		44,	000.		
	8a	Taxable interest. Atta	oa											
Attach Form(s)	b 9a	Tax-exempt interest. Ordinary dividends. At			_	8b			9a					
W-2 here. Also	b	Qualified dividends		эа			-							
attach Forms W-2G and	10	Taxable refunds, credi	10											
1099-R if tax	11	Alimony received .		11										
was withheld.	12	Business income or (lo	12											
	13	Capital gain or (loss).	,						13					
If you did not	14	Other gains or (losses)		•				<u>-</u>	14					
get a W-2,	15a	IRA distributions .	15a		1	Taxable	amount		15b					
see instructions.	16a	Pensions and annuities				Taxable			16b					
	17	Rental real estate, roy		nerships, S corpo	orations, tr	usts, etc.	. Attach S	chedule E	17		-2,0	596.		
	18	Farm income or (loss).	Attach Sc	hedule F					18					
	19	Unemployment compe	ensation .						19					
	20a	Social security benefits	20a		k	Taxable	amount		20b					
	21	Other income. List typ	e and amo	unt					21					
	22	Combine the amounts in	the far right	column for lines 7	through 2	1. This is y	our total ir	ncome 🕨	22		41,	<u>304.</u>		
Adjusted	23	Educator expenses				23								
Gross	24	Certain business expense			1									
Income		fee-basis government off			- F	24								
IIICOIII C	25	Health savings accour			Г	25								
	26	Moving expenses. Atta			- F	26								
	27	Deductible part of self-e			Г	27								
	28	Self-employed SEP, S			Г	28								
	29	Self-employed health			Г	29								
	30	Penalty on early withd		-		30								
	31a	Alimony paid b Recip				31a								
	32	IRA deduction				32		1 120						
	33	Student loan interest of			- F	33		1,138.						
	34	Tuition and fees. Attac				34								
	35 36	Domestic production ac				35			26		1 .	120		
	36 37	Add lines 23 through 3 Subtract line 36 from I							36 37		40,	<u>138.</u>		
	٥.		11116	, car aajaste	- 9,000 II	.551116			31		 ,.	<u> </u>		

	') TUI	NG T PHUNG 2	29-5	51-1028 Page 2
	38	Amount from line 37 (adjusted gross income)	38	40,166.
	39a	Check You were born before January 2, 1953, Blind. Total boxes		10,100.
Tax and	oou	if: Spouse was born before January 2, 1953, ☐ Blind. Checked ▶ 39a		
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b	-	
Chandand	——5 40		40	6,350.
Standard Deduction		, , , , , , , , , , , , , , , , , , , ,		33,816.
for—	41	Subtract line 40 from line 38	41	-
People who check any	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
box on line 39a or 39b or	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	29,766.
who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c —	44	4,000.
claimed as a dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
see	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
instructions. • All others:	47	Add lines 44, 45, and 46	47	4,000.
Single or	48	Foreign tax credit. Attach Form 1116 if required 48	_	
Married filing separately,	49	Credit for child and dependent care expenses. Attach Form 2441 49		
\$6,350	50	Education credits from Form 8863, line 19		
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51		
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52		
widow(er), \$12,700	53	Residential energy credits. Attach Form 5695 53		
Head of	54	Other credits from Form: a 3800 b 8801 c 54		
household, \$9,350	55	Add lines 48 through 54. These are your total credits	55	0.
\$9,330	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	4,000.
	57	Self-employment tax. Attach Schedule SE	57	
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
Taxes	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61		61	558.
		Health care: individual responsibility (see instructions) Full-year coverage	62	336.
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		4 550
	63	Add lines 56 through 62. This is your total tax	63	4,558.
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 6 , 051	-	
If you have a	65	2017 estimated tax payments and amount applied from 2016 return 65	_	
qualifying	66a	Earned income credit (EIC) NO 66a	-	
child, attach	b	Nontaxable combat pay election 66b		
Schedule EIC.	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		-	
		Net premium tax credit. Attach Form 8962		
	70	Net premium tax credit. Attach Form 8962		
	70 71	Net premium tax credit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld		
	70 71 72	Net premium tax credit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 Credit for federal tax on fuels. Attach Form 4136	74	6,051.
Refund	70 71 72 73	Net premium tax credit. Attach Form 8962	74 75	6,051. 1,493.
Refund	70 71 72 73 74	Net premium tax credit. Attach Form 8962	_	
	70 71 72 73 74	Net premium tax credit. Attach Form 8962	75	1,493.
Refund Direct deposit? See	70 71 72 73 74 75 76a	Net premium tax credit. Attach Form 8962	75	1,493.
Direct deposit?	70 71 72 73 74 75 76a ▶ b ▶ d	Net premium tax credit. Attach Form 8962	75	1,493.
Direct deposit? See	70 71 72 73 74 75 76a ▶ b	Net premium tax credit. Attach Form 8962	75 76a	1,493. 1,493.
Direct deposit? See instructions.	70 71 72 73 74 75 76a ▶ b ▶ d 77	Net premium tax credit. Attach Form 8962	75	1,493.
Direct deposit? See instructions. Amount You Owe	70 71 72 73 74 75 76a ▶ b ▶ d 77 78 79	Net premium tax credit. Attach Form 8962	75 76a 78	1,493. 1,493.
Direct deposit? See instructions.	70 71 72 73 74 75 76a ▶ b ▶ d 77 78 79 Dec	Net premium tax credit. Attach Form 8962	75 76a 78 s. Comntification	1,493. 1,493. 0.
Direct deposit? See instructions. Amount You Owe Third Party Designee	70 71 72 73 74 75 76a ▶ b ▶ d 77 78 79 Dec nar	Net premium tax credit. Attach Form 8962	75 76a 78 s. Comntification	1,493. 1,493. 0. pplete below. ▼ No
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign	70 71 72 73 74 75 76a ▶ b ▶ d 77 78 79 Do Deenar	Net premium tax credit. Attach Form 8962	75 76a 78 s. Comntification	1,493. 1,493. 0. pplete below. No belief, they are true, correct, and
Direct deposit? See instructions. Amount You Owe Third Party Designee	70 71 72 73 74 75 76a ▶ b ▶ d 77 78 79 Decenar	Net premium tax credit. Attach Form 8962	75 76a 78 s. Comntification) edge and rimation o	1,493. 1,493. 0. pplete below. No belief, they are true, correct, and
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See	70 71 72 73 74 75 76a ▶ b ▶ d 77 78 79 Decenar	Net premium tax credit. Attach Form 8962	75 76a 78 s. Comntification) edge and remation o	1,493. 1,493. 0. pplete below. No belief, they are true, correct, and of which preparer has any knowledge.
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions.	70 71 72 73 74 75 76a b d 77 78 79 Dec nar Under p accurate You	Amount paid with request for extension to file	75 76a 78 s. Comntification edge and rimation o Dayti	1,493. 1,493. 1,493. 0. pplete below. X No belief, they are true, correct, and f which preparer has any knowledge. me phone number
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See	70 71 72 73 74 75 76a b d 77 78 79 Dec nar Under p accurate You	Amount paid with request for extension to file	75 76a 78 s. Committification Dayti If the I PIN, ei	1,493. 1,493. 0. plete below. X No plete, they are true, correct, and of which preparer has any knowledge. me phone number 571-423-9086 RS sent you an Identity Protection nter it
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records.	70 71 72 73 74 75 76a ▶ b ▶ d 77 78 79 Dec. Dec. Tunder p accurate You	Net premium tax credit. Attach Form 8962	75 76a 78 s. Comntification pedge and romation o Dayti If the I PIN, ee here (s	1,493. 1,493. 1,493. 0. Inplete below. X No Delief, they are true, correct, and if which preparer has any knowledge. The phone number 571-423-9086 RS sent you an Identity Protection nater it see inst.) PTIN
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid	70 71 72 73 74 75 76a ▶ b ▶ d 77 78 79 Dec. Dec. Tunder p accurate You	Net premium tax credit. Attach Form 8962	75 76a 78 s. Comnitification edge and rimation of Dayti	1,493. 1,493. 1,493. 0. pplete below. ▼ No poin belief, they are true, correct, and if which preparer has any knowledge. me phone number 571-423-9086 RS sent you an Identity Protection nter it see inst.) k ☐ if PTIN
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records.	70 71 72 73 74 75 76a b d 77 78 79 Dec nair Under p accurate You	Net premium tax credit. Attach Form 8962	78 78 S. Commitification edge and drimation or Dayti If the I PIN, et here (s	1,493. 1,493. 1,493. 0. Inplete below. X No Delief, they are true, correct, and if which preparer has any knowledge. The phone number 571-423-9086 RS sent you an Identity Protection nater it see inst.) PTIN

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ► Attach to Form 1040, 1040NR, or Form 1041.

OMB No. 1545-0074

Department of the Treasury

Attachment

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13 Internal Revenue Service (99) Name(s) shown on return Your social security number TUNG T PHUNG 229-51-1028 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) **B** If "Yes," did you or will you file required Forms 1099? Physical address of each property (street, city, state, ZIP code) Α В C Fair Rental **Personal Use** 1b Type of Property For each rental real estate property listed QJV above, report the number of fair rental and **Days Days** (from list below) personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Α Α В В С C Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) . . . 6 Cleaning and maintenance . . . 7 7 8 Commissions. 8 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 14 Repairs. . . . 14 15 15 Supplies . Taxes 16 16 17 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b **c** Total of all amounts reported on line 12 for all properties 23c Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . 26

Name(ne(s) shown on return. Do not enter name and social security number if shown on other side.											Your social security number				
TUN												<u>-51</u>	-1028			
			mounts reporte													
Par	i II Ind	come or Loss	From Partne	rships and	d S Co	rporations	No	te: If	you re	port a loss fr	om an a	at-risk	activity for which	h		
	any	amount is not a	t risk, you must c	heck the box	in colur	nn (e) on line 2	28 and	d attac	h For i	m 6198. See	instruct	tions.				
27	Are vo	u reporting any	/ loss not allow	ed in a prio	r vear (due to the at	-risk	exce	ess fa	rm loss or	hasis	limita	tions a prior	veai		
			a passive activity													
			see instructions										Yes 🗓 N			
	(b)							c) Che		l	nployer		(e) Check if	_		
28		((a) Name			partnership; S for S corporation	rship; S foreign						any amount is not at risk			
A F	ידספדי	P	on partnership numl $45-1555$						TIOU AL TISK							
В	FIRST PAVILION PARTNERS LLC					F						L				
С							+									
D		Doggiya Inga						Non			and I					
			me and Loss		_			NOII		ve Income						
		ssive loss allowed orm 8582 if required		ssive income chedule K-1		(h) Nonpassive				ection 179 expe tion from Form			Nonpassive incom			
	(attach FC			criedule K-1		from Schedule K-1			ueuuc	tion from Form	1 4302	- "	from Schedule K-1			
Α		2,6	96.													
В																
С																
D																
29a	Totals															
b	Totals	2,6	96.													
30	Add colu	umns (g) and (j)	of line 29a								30					
31	Add colu	umns (f), (h), and	d (i) of line 29b								31	(2,69	96.		
32	Total pa	artnership and	S corporation	income o	r (loss)	. Combine I	ines	30 ar	nd 31	. Fnter the			•			
			in the total on li								32		-2,69	96.		
Part			From Estate													
												(h) Employer			
33	(a) Name								identification number							
Α																
В																
		Pass	ive Income and	Loss					No	npassive Ir	ncome	and	Loss			
	(a) Do	ssive deduction or l			Passive in	-						(f) Other income from				
		tach Form 8582 if r			Schedul					ule K-1		hedule K-1				
Α																
В																
	Tatala			-												
34a	Totals															
b	Totals	(1) 1 (0)	f.I. 0.4								- 05					
35		umns (d) and (f)									35					
36		umns (c) and (e)						٠			36	(
37			t income or (lo	ss). Combi	ne lines	35 and 36.	Ente	er the	resul	t here and						
D -		n the total on li				a a a a a					37		-1-1-			
Part	IV Inc	come or Loss	From Real E	state Mor				ndui	ts (K	EMICS)—I	Residi	ual H	older			
38	(a)	Name	(b) Employer ider number			ess inclusion from dules Q, line 2c		(d) Ta	xable ir	ncome (net loss ules Q, line 1b	s)	(e)	Income from Jules Q, line 3b			
			Humber		(se	e instructions)		110111	Scried	ules Q, illie 1b		Julie	uies Q, iiie 3b			
								L				<u> </u>				
39		· ,	nd (e) only. Ente	r the result	here ar	d include in	the to	otal o	n line	41 below	39					
Par		mmary														
40	Net farm	rental income	or (loss) from Fe	orm 4835. A	Also, co	mplete line 4	2 be	low .			40					
41	Total incon	ne or (loss). Combine	e lines 26, 32, 37, 39, a	and 40. Enter the	result here	e and on Form 104	10, line	17, or F	orm 104	10NR, line 18 ▶	41		-2,69	96.		
42	Reconci	liation of farm	ing and fishing	g income.	Enter \	our aross										
-			ne reported on F													
	_	•	de B; Schedule K		,											
			m 1041), box 14				42									
43		,	estate professio	•		· · · · · · · · · · · · · · · · · · ·										
73			ons), enter the ne	•												
			r Form 1040NR fr													
	•		rticipated under th				43									
		, pui		a	,											

Form **8965**

Health Coverage Exemptions

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

► Go to www.irs.gov/Form8965 for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment Sequence No. 75

Form **8965** (2017)

Cat. No. 37787G

Department of the Treasury
Internal Revenue Service

Name as shown on return

TUNG T PHUNG

Your social security number

229-51-1028

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

Part	Marketplace-Granted have an exemption granted							you a	ınd/c	r a m	emb	er of	your	tax h	nouse	ehold			
	(a) Name of Individual					(b) SSN						(c) Exemption Certificate Number							
1																			
2																			
3																			
4																			
5																			
6																			
Part																			
	If you are claiming a coverage check here															7			
Part I	Coverage Exemption	s Claimed on	Your Ret	urn f	or Inc	divid	uals.	If yo											
	household are claiming	g an exemptior	1		n, cor	nplet	te Pa	rt III.											
	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(I) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec			
8	TUNG T PHUNG	229-51-1028	В		X	Х													
9																			
10																			
11																			
12																			
10																			

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