

2016 Federal Forms to Print and Mail

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



Jameelah E Michl
153-75 Rockaway blvd
Jamaica, NY 11434

What You Need to Mail	Form 8453 What is this form? This form is used to send any required forms or supporting documentation to the IRS. When do I mail it? Do not mail Form 8453 until after your return is accepted by the IRS. Attach the following items to Form 8453: Form 8885, Health Coverage Tax Credit. Mail Form 8453 to: Internal Revenue Service Attn: Shipping and Receiving, 0254 Receipt and Control Branch Austin, TX 73344-0254 Don't forget to use the correct postage on the envelope.		
Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$512.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 36011527986 Routing Transit Number: 031176110.		
2016 Federal Tax Return Summary	Adjusted Gross Income	\$	11,771.00
	Taxable Income	\$	1,421.00
	Total Tax	\$	141.00
	Total Payments/Credits	\$	653.00
	Amount to be Refunded	\$	512.00
	Effective Tax Rate		-0.82%
Forms Included	U.S. Individual Income Tax Return		

U.S. Individual Income Tax Transmittal for an IRS e-file Return

For the year January 1–December 31, 2016

► See instructions on back.

► Information about Form 8453 and its instructions is available at www.irs.gov/form8453.

OMB No. 1545-0074

2016

Please
print or
type.

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Your first name and initial

Jameelah E

Last name

Michl

Your social security number

600-64-8326

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.

153-75 Rockaway blvd

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

Jamaica NY 11434

Foreign country name

Foreign province/state/county

Foreign postal code



Important!
You **must** enter
your SSN(s) above.



**FILE THIS FORM ONLY IF YOU ARE ATTACHING ONE OR MORE
OF THE FOLLOWING FORMS OR SUPPORTING DOCUMENTS.**

Check the applicable box(es) to identify the attachments.

- ☐ Form 1098-C, Contributions of Motor Vehicles, Boats, and Airplanes (or equivalent contemporaneous written acknowledgement)
- ☐ Form 2848, Power of Attorney and Declaration of Representative (or POA that states the agent is granted authority to sign the return)
- ☐ Form 3115, Application for Change in Accounting Method
- ☐ Form 3468 - attach a copy of the first page of NPS Form 10-168, Historic Preservation Certification Application (Part 2—Description of Rehabilitation), with an indication that it was received by the Department of the Interior or the State Historic Preservation Officer, together with proof that the building is a certified historic structure (or that such status has been requested)
- ☐ Form 4136 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- ☐ Form 5713, International Boycott Report
- ☐ Form 8283, Noncash Charitable Contributions, Section A (if any statement or qualified appraisal is required), or Section B, Donated Property, and any related attachments (including any qualified appraisal or partnership Form 8283)
- ☐ Form 8332, Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent (or certain pages from a divorce decree or separation agreement, that went into effect after 1984 and before 2009) (see instructions)
- ☐ Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities
- ☐ Form 8864 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- ☒ Form 8885, Health Coverage Tax Credit, and all required attachments
- ☐ Form 8949, Sales and Other Dispositions of Capital Assets (or a statement with the same information), if you elect not to report your transactions electronically on Form 8949

DO NOT SIGN THIS FORM.

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

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Form **8453** (2016)
Mail Form 8453 and any required attachments to:
Internal Revenue Service
Attn: Shipping and Receiving, 0254
Receipt and Control Branch
Austin, TX 73344-0254

Health Coverage Tax Credit

OMB No. 1545-0074

▶ **Attach to Form 1040, Form 1040NR, Form 1040-SS, or Form 1040-PR.**▶ **Information about Form 8885 and its instructions is at www.irs.gov/form8885.****2016**
Attachment
Sequence No. **134**

Name of recipient (if both spouses are recipients, complete a separate form for each spouse)

Jameelah E Michl

Recipient's social security number

600-64-8326

Before you begin: See **Definitions and Special Rules** in the instructions.**Do not** complete this form if you can be claimed as a dependent on someone else's 2016 tax return.**Part I Election To Take the Health Coverage Tax Credit**

- 1** Check the box below for the first month in your tax year that you elect to take the Health Coverage Tax Credit (HCTC). **All** of the following statements must be **true** as of the **first day** of that month. You must also check the box for each month after your election month that **all** of the following statements were **true** as of the **first day** of that month.

- You were an eligible trade adjustment assistance (TAA) recipient, alternative TAA (ATAA) recipient, reemployment TAA (RTAA) recipient, or Pension Benefit Guaranty Corporation (PBGC) payee; or you were a qualifying family member of an individual who fell under one of the categories listed above when he or she passed away or with whom you finalized a divorce.
- You and/or your family member(s) were covered by HCTC-qualified health insurance coverage for which you paid the entire premiums, or your portion of the premiums, directly to your health plan.
- You were **not** enrolled in Medicare Part A, B, or C, or you were enrolled in Medicare but your family member(s) qualified for the HCTC.
- You were **not** enrolled in Medicaid or the Children's Health Insurance Program (CHIP).
- You were **not** enrolled in the Federal Employees Health Benefits Program (FEHBP) or eligible to receive benefits under the U.S. military health system (TRICARE).
- You were **not** imprisoned under federal, state, or local authority.
- Your or your spouse's employer (or former employer) **did not** pay 50% or more of the cost of coverage.

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March	<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June
<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> August	<input checked="" type="checkbox"/> September	<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

Part II Health Coverage Tax Credit

- 2** Enter the total amount paid directly to your health plan for HCTC-qualified health insurance coverage for the months checked on line 1 (see instructions). **Do not** include on line 2 any insurance premiums on coverage for which you received the benefit of the advance monthly payment program



You must attach the required documents listed in the instructions for any amounts included on line 2. If you do not attach the required documents, your credit will be disallowed.

- 3** Enter the total amount of any Archer MSA or health savings accounts distributions used to pay for HCTC-qualified health insurance coverage for the months checked on line 1
- 4** Subtract line 3 from line 2. Enter the result, but not less than zero
- 5 Health Coverage Tax Credit.** Multiply the amount on line 4 by 72.5% (0.725). Enter the result here and on Form 1040, line 73 (check box c); Form 1040NR, line 69 (check box c); Form 1040-SS, line 10; or Form 1040-PR, line 10

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

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Form **8885** (2016)