

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20		See separate instructions.
Your first name and initial <b>Mary E</b>	Last name <b>McManamon</b>	<b>Your social security number</b> <b>383-68-6449</b>
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>5214F Diamond Heights</b>		Apt. no. <b>235</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>San Francisco CA 94114</b>		<b>Presidential Election Campaign</b> 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	

**Filing Status**

1 <input type="checkbox"/> Single	4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.)
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	If the qualifying person is a child but not your dependent, enter this child's name here. ▶
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5 <input type="checkbox"/> Qualifying widow(er) (see instructions)

Check only one box.

**Exemptions**

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .	Boxes checked on 6a and 6b <b>1</b>
b <input type="checkbox"/> Spouse . . . . .	
<b>c Dependents:</b>	
(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)	No. of children on 6c who: • lived with you <b>2</b> • did not live with you due to divorce or separation (see instructions)
Maeve E McManamon 613-35-4025 Daughter <input type="checkbox"/>	Dependents on 6c not entered above
Aisling F McManamon 658-84-6537 Daughter <input checked="" type="checkbox"/>	
d Total number of exemptions claimed . . . . .	Add numbers on lines above ▶ <b>3</b>

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

<b>Income</b>	7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	97,114.	
	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	1,210.	
	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		
	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 . . . . .	21			
22 Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶	22		98,324.	

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.

<b>Adjusted Gross Income</b>	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 <b>adjusted gross income</b> ▶	37	98,324.	

**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, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	98,324.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked ▶ 39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	17,227.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	81,097.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	12,150.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	68,947.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	11,484.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	11,484.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	90.
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	90.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	11,394.

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	0.
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	11,394.

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	19,556.
<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b> NO	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>	<b>66b</b>	
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	19,556.

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	8,162.												
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	8,162.												
<b>b</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> <b>c</b> 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							
<b>d</b>	Account number <table border="1"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>3</td><td>3</td><td>1</td><td>3</td><td>2</td><td>3</td><td>4</td><td>1</td></tr></table>	0	0	0	0	3	3	1	3	2	3	4	1		
0	0	0	0	3	3	1	3	2	3	4	1				

**Amount You Owe**

<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b>	<b>77</b>	
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**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 Senior Programmer/Analyst	Daytime phone number (415) 603-0723
Spouse's signature. If a joint return, <b>both</b> 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**► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

► Attach to Form 1040.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Mary E McManamon

Your social security number

383-68-6449

**Medical  
and  
Dental  
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) . . . . . **1** 0.
- 2 Enter amount from Form 1040, line 38 **2** 98,324.
- 3 Multiply line 2 by 7.5% (0.075). . . . . **3** 7,374.
- 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 ☒ Income taxes, or } . . . . . **5** 5,047.
- b ☐ General sales taxes }

- 6 Real estate taxes (see instructions) . . . . . **6** 5,954.
- 7 Personal property taxes . . . . . **7** 174.
- 8 Other taxes. List type and amount ► . . . . . **8**

9 Add lines 5 through 8 . . . . . **9** 11,175.**Interest  
You Paid****Note:**  
Your mortgage  
interest  
deduction may  
be limited (see  
instructions).

- 10 Home mortgage interest and points reported to you on Form 1098 **10** 6,052.
- 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** 6,052.

**Gifts to  
Charity**If you made a  
gift and got a  
benefit for it,  
see instructions.

- 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) other than net qualified disaster losses. Attach Form 4684 and  
enter the amount from line 18 of that form. 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 \$156,900?
- ☒ **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. } . . . **29** 17,227.
- ☐ **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 . . . . . ☐

**Child and Dependent Care Expenses**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.1040  
1040A  
1040NR

2441

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **21**

Name(s) shown on return

Mary E McManamon

Your social security number

383-68-6449

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
The YMCA of San Francisco Stonestown Branch	333 Eucalyptus Drive San Francisco CA 94132	TAXEXEMPT	449.

Did you receive dependent care benefits? ☐ **No** → Complete only Part II below.  
☐ **Yes** → Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
Aisling F	McManamon	658-84-6537	449.

**3** Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 . . . . . **3** 449.

**4** Enter your **earned income**. See instructions . . . . . **4** 97,114.

**5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4 . . . . . **5** 97,114.

**6** Enter the **smallest** of line 3, 4, or 5 . . . . . **6** 449.

**7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 . . . . . **7** 98,324.

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0—15,000		.35
15,000—17,000		.34
17,000—19,000		.33
19,000—21,000		.32
21,000—23,000		.31
23,000—25,000		.30
25,000—27,000		.29
27,000—29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000—31,000		.27
31,000—33,000		.26
33,000—35,000		.25
35,000—37,000		.24
37,000—39,000		.23
39,000—41,000		.22
41,000—43,000		.21
43,000—No limit		.20

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions . . . . . **9** 90.

**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. . . . . **10** 11,484.

**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47 . . . . . **11** 90.

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

REV 02/13/18 Intuit.cq.cfp.sp

Form **2441** (2017)

# Tax History Report

► Keep for your records

2017

Name(s) Shown on Return

Mary E McManamon

	Five Year Tax History:				
	2013	2014	2015	2016	2017
Filing status . . . . .				HH	HH
Total income . . . . .				93,553.	98,324.
Adjustments to income					
Adjusted gross income				93,553.	98,324.
Tax expense . . . . .				10,799.	11,175.
Interest expense . . .				6,153.	6,052.
Contributions . . . . .					
Miscellaneous deductions. . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .				16,952.	17,227.
Exemption amount . .				12,150.	12,150.
Taxable income . . . .				64,451.	68,947.
Tax. . . . .				10,416.	11,484.
Alternative min tax . .					
Total credits . . . . .				1,138.	90.
Other taxes . . . . .				0.	0.
Payments . . . . .				18,689.	19,556.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund. . . . .				9,411.	8,162.
Effective tax rate % . .				9.92	11.59
**Tax bracket % . . .				25.0	25.0

\*\*Tax bracket % is based on Taxable income.

## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://irs.gov)) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://www.mymoney.gov).

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

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WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN  No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$39.99

<sup>1</sup>You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

<sup>2</sup>You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

Questions? Call 1-877-908-7228

Name(s) Shown on Return Mary E McManamon	Your SSN 383-68-6449
---	-------------------------

**Line 4b - Adjustment for trade or business income or loss**

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax . . . . .	

**Line 5b - Adjustment for gain or loss on dispositions**

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2016 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax . . . . .	

**Capital gain/loss not included in net investment income**

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax . . . . .	

**Calculation of line 5b adjustment due to capital loss carryforward**

1	Net capital loss not included in net investment income . . . . .	1	0 .
2	Capital loss carryover to next year . . . . .	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0 .

**Line 7 - Other modifications to investment income**

1	Casualty and theft losses reported on Schedule A, line 20. . . . .	1	
2	Amounts reported on Form 8814, line 12 . . . . .	2	
3	Adjustment for distributions from estates and trusts . . . . .	3	
4	Schedules C and F income/loss included in net investment income. . . . .	4	
5	Substitute interest and dividend payments . . . . .	5	
6	Recovery of a prior year deduction . . . . .	6	0 .
7		7	
8	Total other modifications to investment income . . . . .	8	0 .



**Line 9b - State income tax allocable to net investment income**

1	State, local, and foreign income taxes . . . . .	1	5,047.
2	Investment income. . . . .	2	0.
3	Total adjusted gross income . . . . .	3	98,324.
4	Divide line 2 by line 3. Enter result as a decimal amount . . . . .	4	0.0000
5	State, local and foreign income taxes allocable to investment income . . . . .	5	0.

**Line 10 - Tax preparations fees allocable to net investment income**

1	Tax preparations fees . . . . .	1	
2	Investment income. . . . .	2	
3	Total adjusted gross income . . . . .	3	
4	Divide line 2 by line 3. Enter result as a decimal amount . . . . .	4	
5	Tax preparations fees allocable to investment income . . . . .	5	

**Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet****Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: _____ _____ _____		
2	Enter the total of all items listed on line 1 . . . . .	2	
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) . . . . .	3	
4	Enter the lesser of the total reported on line 2 or line 3 . . . . .	4	

**Part II - Application of Section 67 Limitation to Specific Deductions**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		

**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: _____ _____ _____	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income . . . . .	2	0.
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. . . . .	4	0.
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40 . . . . .	5	17,227.
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: . . . . .	6	0.
7	Subtract line 6 from line 5 . . . . .	7	17,227.
8	Enter the lesser of line 7 or line 4 . . . . .	8	0.

**Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10**

(A)		(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3		Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:			
<b>1</b>		x	=
		x	=
		x	=
		x	=
Total miscellaneous investment expenses to Form 8960, line 9c . . . . .			
<b>2</b>	State, local, and foreign income taxes . . . . .	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:			
<b>3</b>		x	=
		x	=
		x	=
		x	=
Penalty on early withdrawal of savings . . . . .			
Other modifications:			
Total additional modifications to Form 8960, line 10 . . . . .			

**Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII****1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive

**2) Former Passive Activity Suspended Losses - Schedule D**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive

**3) Former Passive Activity Suspended Losses - Form 4797**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive

Name(s) Shown on Return  
Mary E McManamonYour SSN  
383-68-6449Was the recovery taken into account in computing a section 1411 net operating loss? YES ☐ NO ☒

- 1 Enter total amount of recovery included in gross income . . . . . 1,210.
- \* Do not include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6)
- \* Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013
- \* Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you were not subject to the NIIT solely because your MAGI was below the applicable threshold.
- 2 Amount of the recovery that would have been included in gross income but for the application of the tax benefit rule under section 111 . . . . . 0.
- 3 Total amount of the recovery (add lines 1 and 2) . . . . . 1,210.
- 4 Enter as a decimal the percentage of the deduction allocated to net investment income in the prior year. (If the deduction was not allocated between investment income and non-investment income, enter 1.0000) . . . . . 0.0000
- 5 Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68) . . . . . 0.

**Calculation of recoveries when the deduction is not taken into account in computing your section 1411 NOL**

- 6 Multiply line 5 by .038 . . . . . 0.
- 7 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) . . . . .
- 8 Add the amount of line 5 to line 7. . . . . 0.
- 9 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (do not use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here . . . . . 0.
- 10 Enter the NIIT reported for the year of the deduction . . . . . 0.
- 11 Subtract line 10 from line 9 . . . . . 0.
- 12 Enter the smaller of line 6 or line 11 . . . . . 0.
- 13 Divide line 12 by 3.8%. Enter the result here and include on Form 8960, line 7 . . . . . 0.

**Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL**

- 14 Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) . . . . .
- 15 Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) . . . . .
- 16 Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 . . . . .

# Federal Information Worksheet

► Keep for your records

2017

## Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

### Taxpayer:

First name . . . . . Mary  
Middle initial . . . . . E Suffix . . . . .  
Last name . . . . . McManamon  
Social security no. . . . . 383-68-6449  
Occupation . . . . . Senior Programmer/Analyst  
Date of birth . . . . . 07/09/1955 (mm/dd/yyyy)  
Age as of 1-1-2018 . . . . . 62  
Daytime phone . . . . . (415) 603-0723 Ext  
Legally blind . . . . . ☐  
Date of death . . . . .

### Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No  
If yes, **was** taxpayer claimed as dependent on that person's return? . . . . . ☐ Yes ☒ No

### Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . . ☐ Yes ☐ No

### Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . . ☐ Yes ☒ No

### Spouse:

First name . . . . .  
Middle initial . . . . . Suffix . . . . .  
Last name . . . . .  
Social security no. . . . .  
Occupation . . . . .  
Date of birth . . . . . (mm/dd/yyyy)  
Age as of 1-1-2018 . . . . .  
Daytime phone . . . . . Ext  
Legally blind . . . . . ☐  
Date of death . . . . .

### Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☐ No  
If yes, **was** spouse claimed as dependent on that person's return? . . . . . ☐ Yes ☐ No

### Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . . ☐ Yes ☐ No

### Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . . ☐ Yes ☐ No

## Part II – Address and Federal Filing Status (enter information in this section)

### US Address:

Address . . . . . 5214F Diamond Heights Apt no. . . 235  
City . . . . . San Francisco State . . . CA ZIP code . . . 94114

### Foreign Address: Check this box to use foreign address . . . ☐

Address . . . . . Apt no. . .  
City . . . . .  
Foreign code . . . Foreign country . . .  
Foreign province/county . . . Foreign postal code . . .

APO/FPO/DPO address, check if appropriate . . . . . APO ☐ FPO ☐ DPO ☐

### Home phone . . .

Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

### Federal filing status:

- ☐ 1 Single  
☐ 2 Married filing jointly  
☐ 3 Married filing separately  
Check this box if you **did not** live with your spouse at any time during the year. . . . . ☐  
Check this box if you are eligible to claim your spouse's exemption (see Help) . . . . . ☐  
☒ 4 Head of household  
If the 'qualifying person' is your child but **not** your dependent:  
Child's First name . . . MI . . . Last Name . . . Suffix . . .  
Child's social security number . . .  
☐ 5 Qualifying widow(er)  
Check the appropriate box for the year your spouse died . . . . . 2015 ☐ 2016 ☐  
Are you a dependent with a qualifying child . . . . . Yes ☐ No ☐  
If the 'qualifying person' is your child but **not** your dependent:  
Child's First name . . . MI . . . Last Name . . . Suffix . . .  
Child's social security number . . .

## Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suffix	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	Qualified child/dep care exps incurred and paid 2017	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr						
Maeve McManamon	E	613-35-4025 Daughter	09/05/2000 17	L				E	12		Yes
Aisling McManamon	F	658-84-6537 Daughter	12/28/2004 13	L		449.		E	12		Yes

\* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

**Part IV – Earned Income Credit Information** (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? . . . . . ☐ Yes ☐ No  
Was the taxpayer's (and spouse's if married filing jointly) home in the United States  
for more than half of 2017? . . . . . ☐ Yes ☐ No  
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to  
get a federally funded benefit, such as Medicaid, and the Social Security card  
contains the legend **Not Valid for Employment**, check this box (see Help) . . . . . ☐  
Check if you are filing head of household **and** your spouse is a nonresident alien  
**and** you lived with your spouse during the last six months of 2017 . . . . . ☐  
Check if you were notified by the IRS that EIC cannot be claimed in 2017 or  
if you are ineligible to claim the EIC in 2017 for any other reason . . . . . ☐

**Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)**

Do you want to elect **direct deposit** of any federal tax refund? . . . . . ☒ Yes ☐ No  
Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) . . . . . ☐ BankOfAmerica  
Check the appropriate box . . . . . ☐ Checking ☒ Savings ☐  
Routing number . . . . . ☐ 121000358 Account number . . . . . ☐ 000033132341

**Enter the following information only if you are requesting direct debit of balance due:**

Enter the payment date to withdraw from the account above . . . . . ☐ \_\_\_\_\_  
Balance-due amount from this return . . . . . ☐ \_\_\_\_\_

**Part VI – Additional Information for Your Federal Return****Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized  
deductions are less than your standard deduction . . . . . ☐  
Check this box if you are married filing separately and your spouse itemized deductions . . . . . ☐  
Check this box to take the standard deduction even if less than itemized deductions . . . . . ☐

**Main Form Selection:**

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. . . . . ☐

**Real Estate Professionals:**

Do you or your spouse qualify for the special passive activity rules for  
taxpayers in real property business? (see Help) . . . . . ☐ Yes ☐ No

**Credit for Qualified Retirement Savings Contributions (Form 8880):**

Is the taxpayer a full-time student? . . . . . ☐ Yes ☐ No  
Is the spouse a full-time student? . . . . . ☐ Yes ☐ No

**American Opportunity and Lifetime Learning Credit, and Tuition and Fees Deduction (Form 8863 and 8917)**

For 2017, were you (or your spouse if married) a nonresident alien for any part  
of the year, and did not elect to be treated as a resident alien? . . . . . ☐ Yes ☐ No

**Foreign Tax Credit (Form 1116):**

Check this box to file Form 1116 even if you're not required to file Form 1116 . . . . . ☐  
Resident country . . . . . ☐ USA

**Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:**

Excludable income of bona fide residents of American Samoa, Guam, or the  
Commonwealth of the Northern Mariana Islands . . . . . \_\_\_\_\_  
Excludable income from Puerto Rico . . . . . \_\_\_\_\_

**Dual Status Alien Return:**

Check this box if you are a dual-status alien . . . . . ☐  
Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 . . . . . ☐

**Third Party Designee:**

**Caution:** Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? . . . . . ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name . . . . . ☐ \_\_\_\_\_  
Third party designee phone number . . . . . ☐ \_\_\_\_\_  
Personal Identification number (enter any 5 numbers) . . . . . ☐ \_\_\_\_\_

**IRS Disaster Tax Relief:**

Check if you were affected by a natural disaster in 2017 . . . . . ☐

**Part VI – Additional Information for Your Federal Return - Continued****Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed  
returns when Form 1310 is not filed or it is not the  
surviving spouse . . . . . ▶ \_\_\_\_\_

**Part VII – State Filing Information****Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

**Taxpayer:**

Enter the taxpayer's state of residence as of December 31, 2017 . . . . . ▶ CA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year . . . . . ▶ ☒

Taxpayer is a resident of the state above for only part of year . . . . . ▶ ☐

Date the taxpayer established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the taxpayer reside before this change? . . . . . ▶ \_\_\_\_\_

**Spouse:**

Enter the spouse's state of residence as of December 31, 2017 . . . . . ▶ \_\_\_\_\_

Check the appropriate box:

Spouse is a resident of the state above for the entire year . . . . . ▶ ☐

Spouse is a resident of the state above for only part of year . . . . . ▶ ☐

Date the spouse established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the spouse reside before this change? . . . . . ▶ \_\_\_\_\_

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union . . . . . ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS . . . . . ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) . . . . . ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN \_\_\_\_\_

Spouse's Prior year PIN \_\_\_\_\_

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 71955

Spouse's PIN used to sign the return \_\_\_\_\_

**Taxpayer:**

Drivers license or state ID number N7762682

Issued by what state

CA

License or ID

license . ▶

☒

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

**Spouse**

Drivers license or state ID number \_\_\_\_\_

Issued by what state

License or ID

license . ▶

☐

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

2017

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**QuickZoom** to another copy of Personal Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

## Part I – Taxpayer's Personal Information

First name . . . Mary Middle initial . E Last name . . McManamon  
Suffix . . . . .

Social security no. . . 383-68-6449      Member of U.S. Armed Forces in 2017? . . ☐ Yes    ☒ No

Date of birth . . . . . 07/09/1955      (mm/dd/yyyy)      age as of 1-1-2018 . . . . . 62

Occupation . . . .Senior Programmer/Analyst                  Daytime phone. . . . (415)603-0723    Ext

Marital status . . .Single

If widowed, check the appropriate box for the year your spouse died:

After 2017 ▶  2017 . ▶  2016 . ▶  2015 . ▶  Before 2015 . ▶

Are you retired on total and permanent disability? (for Schedule R, see Help). . . . . ☐ Yes ☐ No

Check if this person is legally blind . . . . . ☐ Yes ☒ No

If deceased, enter the date of death . . . . . ▶ (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2018 and this is the first year you are filing a tax return? . . . . . ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ☐ Yes ☒ No

## Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 **Can** someone (such as your parent) claim you as a dependent? . . . . . ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? ☐ Yes ☒ No

Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2017? . . . . . ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? . . . . . ▶ ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2017? . . . . . ☐ Yes ☐ No

**Part III – Taxpayer's State Residency Information**

Enter this person's state of residence as of December 31, 2017 . . . . . CA

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . . ☒

This person is a resident of the state above for only part of year . . . . .

Date this person established residence in state above . . . . . ▶

In which state (or foreign country) did this person reside before this change? . . . . . ▶

## Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2017 . . . . .

Unreimbursed medical expenses paid for qualifying person in 2017 . . . . .	_____
--	-------

Employment taxes paid for dependent care providers in 2017 . . . . .

Full-time student for 5 calendar months during 2017? . . . . . ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? . . . . . ▶ ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit . . . . . ☐ Yes ☒ No

## Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November . . . . . ☒ X

Check if covered or exempt (other than short gap) for prior year November . . . . .	X
Check if covered or exempt (other than short gap) for prior year December . . . . .	X

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months    Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sep    Oct    Nov    Dec



Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type							Check Full Year or Months Exempt for Each Type						
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
							Full Year . . . ▶						
							Full Year . . . ▶						
							Full Year . . . ▶						

Healthcare coverage information has been completed for this person.. . . . ☐

## 2017

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## Part I – Spouse's Personal Information

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2017? . . . . . ☐ Yes ☐ No

In which state (or foreign country) did this person reside before this change? . . . . . ▶

This person is a qualifying person for the child and dependent care credit . . . . . ☐ Yes ☒ No

12 months    Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sep    Oct    Nov    Dec

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type							Check Full Year or Months Exempt for Each Type						
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
							Full Year . . . ▶						
							Full Year . . . ▶						
							Full Year . . . ▶						

Healthcare coverage information has been completed for this person.. . . . ☐

# Dependent and Nondependent Information Worksheet

2017

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**QuickZoom** to another copy of Dependent and Nondependent Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

## Part I – Personal Information

First name . . . Maeve Middle initial . E Last name . . McManamon  
Suffix . . . . .

Social security no. . . 613-35-4025

Date of birth . . . . . 09/05/2000 (mm/dd/yyyy) age as of 12-31-2017 . . . . . 17  
Did this person pass away in 2017 (deceased)? . . ☐ Yes ☐ No Date of death . . . . .

Relationship to taxpayer or spouse . . . . . Daughter

**CAUTION:** If claiming a child other than your own, see **Relationship** in the Tax Help.

**NOTE:** The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . . ► ☐ Yes ☐ No

Dependency code \*. L — Your dependent child who lived with you

\*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . . ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,050 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

## Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . . ☒ Yes ☐ No  
Is this person a resident of Canada or Mexico? . . . . . ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national . . . . . ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2017? . . . . . ☐ Yes ☐ No

Was the person placed with you for adoption after 2017, or was the adoption final in 2017 or later? . . . . . ☐ Yes ☐ No

The adopted child lived with you all year . . . . . ☐ Yes ☐ No

\*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit . . . . . ☒ Yes ☐ No  
Child is a nondependent, but may qualify for earned income credit . . . . . ☐ Yes ☐ No  
You, and no one else, is claiming this nondependent for the earned income credit. . . . . ☐ Yes ☐ No

Months lived with taxpayer in the United States . . . . . 12

Qualifying for the earned income credit \* . E — Qualifying child

\*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit . . . . . ☐

Dependent has ITIN . . . ☐

☐ Yes ☐ No

### Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2017 . . . . .				
Unreimbursed medical expenses paid for qualifying person in 2017 . . . . .				
Employment taxes paid for dependent care providers in 2017 . . . . .				
Child or dependent is a qualifying person for the child and dependent care credit . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Child is a nondependent, but may qualify for the child and dependent care credit . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

## Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2017 . . . . . \_\_\_\_\_

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . . 


This person is a resident of the state above for only part of year . . . . . 


    Date this person established residence in state above . . . . . ► \_\_\_\_\_

    In which state (or foreign country) did this person reside before this change? . . . . . ► \_\_\_\_\_

## Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. . . . . ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November . . . . .	X
Check if covered or exempt (other than short gap) for prior year December . . . . .	X

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

[illegible]

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type							Check Full Year or Months Exempt for Each Type							
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
							Full Year . . . ▶							
							Full Year . . . ▶							
							Full Year . . . ▶							

Healthcare coverage information has been completed for this person.. . . . ☐

---

**Part VI – Identity Protection Pin**

---

If the IRS sent an Identity Protection PIN for this dependent, enter it here . . . . .           

---

# Dependent and Nondependent Information Worksheet

2017

► Keep for your records

**QuickZoom** to another copy of Dependent and Nondependent Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

## Part I – Personal Information

First name . . . Aisling Middle initial . F Last name . . McManamon  
Suffix . . . . .

Social security no. . . 658-84-6537

Date of birth . . . . . 12/28/2004 (mm/dd/yyyy) age as of 12-31-2017 . . . . . 13  
Did this person pass away in 2017 (deceased)? . . ☐ Yes ☐ No Date of death . . . . .

Relationship to taxpayer or spouse . . . . . Daughter

**CAUTION:** If claiming a child other than your own, see **Relationship** in the Tax Help.

**NOTE:** The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . . ► ☐ Yes ☐ No

Dependency code \*. L — Your dependent child who lived with you

\*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . . ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,050 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

## Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . . ☒ Yes ☐ No  
Is this person a resident of Canada or Mexico? . . . . . ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national . . . . . ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2017? . . . . . ☐ Yes ☐ No

Was the person placed with you for adoption after 2017, or was the adoption final in 2017 or later? . . . . . ☐ Yes ☐ No

The adopted child lived with you all year . . . . . ☐ Yes ☐ No

\*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit . . . . . ☒ Yes ☐ No  
Child is a nondependent, but may qualify for earned income credit . . . . . ☐ Yes ☐ No  
You, and no one else, is claiming this nondependent for the earned income credit. . . . . ☐ Yes ☐ No

Months lived with taxpayer in the United States . . . . . 12

Qualifying for the earned income credit \* . E — Qualifying child

\*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit . . . . . ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, did they meet the substantial presence test? (see Schedule 8812 Instructions)

Dependent has ITIN . . . ☐  
☐ Yes ☐ No

Dependent name . . . . Aisling F McManamon

Page **2**

### Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2017 . . . . . 449 .  
Unreimbursed medical expenses paid for qualifying person in 2017 . . . . .  
Employment taxes paid for dependent care providers in 2017 . . . . .  
Child or dependent is a qualifying person for the child and dependent care credit . . . . . ☒ Yes ☐ No  
Child is a nondependent, but may qualify for the child and dependent care credit . . . . . ☐ Yes ☐ No

### Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2017 . . . . .  
Check the appropriate box:  
This person is a resident of the state above for the entire year . . . . . ☐  
This person is a resident of the state above for only part of year . . . . . ☐  
Date this person established residence in state above . . . . . ▶  
In which state (or foreign country) did this person reside before this change? . . . . . ▶

### Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. . . . . ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November . . . . . ☒  
Check if covered or exempt (other than short gap) for prior year December . . . . . ☒

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months ☒ Jan ☒ Feb ☒ Mar ☒ Apr ☒ May ☒ Jun ☒ Jul ☒ Aug ☒ Sep ☒ Oct ☒ Nov ☒ Dec ☒

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type												Check Full Year or Months Exempt for Each Type			
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
												Full Year . . . ▶			
												Full Year . . . ▶			
												Full Year . . . ▶			
												Full Year . . . ▶			



Healthcare coverage information has been completed for this person.. . . . ☐

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**Part VI – Identity Protection Pin**

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If the IRS sent an Identity Protection PIN for this dependent, enter it here . . . . .           

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► Keep for your records

Name(s) Shown on Return  
Mary E McManamon

Social Security Number  
383-68-6449

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	97,114.		97,114.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	19,556.		19,556.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	100,156.		100,156.
<b>4</b>	Total social security tax withheld . . . . .	6,210.		6,210.
<b>5</b>	Total Medicare wages and tips . . . . .	100,156.		100,156.
<b>6</b>	Total Medicare tax withheld . . . . .	1,452.		1,452.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	17,654.		17,654.
<b>b</b>	Elective deferrals to qualified plans . . . . .	3,042.		3,042.
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .	14,612.		14,612.
<b>14 a</b>	Total deductible mandatory state tax . . . . .	894.		894.
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips. . . . .	97,114.		97,114.
<b>17</b>	Total state tax withheld . . . . .	4,153.		4,153.
<b>19</b>	Total local tax withheld. . . . .			

Name  
Mary E McManamon

Social Security Number  
383-68-6449

☐ **Spouse's W-2**  
☐ **Do not transfer this W-2 to next year**

**Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No . 383-68-6449  
**b** Employer's ID number . . . . 94-1105628  
**c** Employer's name, address, and ZIP code  
 KAISER FOUNDATION HOSPITALS  
 Street ONE KAISER PLAZA  
 City OAKLAND  
 State CA ZIP Code 94612  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**d** Control number \_\_\_\_\_

☐ **Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First MARY M.I. \_\_\_\_\_  
 Last MCMANAMON Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 5214F DIAMOND HTS BLVD  
 City SAN FRANCISCO  
 State CA ZIP Code 94131  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
 97,114.43  
**3** Social security wages  
 100,156.49  
**5** Medicare wages and tips  
 100,156.49  
**7** Social security tips

► Enter unreported tips in Part VII on Page 2 below.

Verification Code \_\_\_\_\_

**11** Nonqualified plans \_\_\_\_\_

**12** Enter box 12 below \_\_\_\_\_

**13** ☐ Statutory employee  
☒ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld  
 19,555.86  
**4** Social security tax withheld  
 6,209.70  
**6** Medicare tax withheld  
 1,452.27  
**8** Allocated tips \_\_\_\_\_

**10** Dependent care benefits  
 Distributions from sect. 457 and nonqualified plans  
 (Important, see Help) \_\_\_\_\_

Box 12 Code	Box 12 Amount
E	3,042.06
C	792.00
DD	13,820.16

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_  
 M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_  
 P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_  
 R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_  
     Spouse . . . . \_\_\_\_\_  
 W: Enter HSA contribution for Taxpayer . . . \_\_\_\_\_  
     Spouse . . . . \_\_\_\_\_  
 G: ☐ Employer is **not** a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	91000448	97,114.43	4,153.37

I confirm that the state withholding identification number(s) are accurate . . . . . ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
CASDI	894.28	California SDI tax

# Healthcare Entry Sheet

► Keep for your records

2017

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 Mary McManamon	383-68-6449	07/09/55	<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"/>	T
2 Maeve McManamon	613-35-4025	09/05/00	<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"/>	1
3 Aisling McManamon	658-84-6537	12/28/04	<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
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.

# Wages, Salaries, & Tips Worksheet

**2017**

► Keep for your records

Name(s) Shown on Return <u>Mary E McManamon</u>	Social Security Number <u>383-68-6449</u>
--	--

The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
<b>1</b> Wages, from Form W-2 . . . . .	97,114.		97,114.
<b>2</b> Miscellaneous income, from Form 8919 . . . . .			
<b>3</b> Items from Form 1099-R:			
<b>a</b> Disability before minimum retirement age . . . . .			
<b>b</b> Return of contributions . . . . .			
<b>4</b> Excess reimbursement, from Form 2106 . . . . .			
<b>5 a</b> Taxable tips, from Form 4137 . . . . .			
<b>b</b> Noncash tips . . . . .			
<b>6</b> Excess moving expense reimbursement, from Form 3903 . . . . .			
<b>7</b> Wages earned as a household employee (if less than \$2,000 and without a Form W-2) . . . . .			
<b>8</b> Items not on Form W-2 or Form 1099-R:			
<b>a</b> Sick pay or disability payments . . . . .			
<b>b</b> Total foreign source income . . . . .			
<b>c</b> Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ►	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d</b> Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
<b>9</b> Other earned income:			
<b>a</b> Non-gov unemployment received/repaid 2017			
<b>b</b> _____			
_____			
_____			
<b>10 Subtotal.</b> <b>Add lines 1 through 9 . . . . .</b>	97,114.		97,114.
<b>11</b> Taxable employer-provided dependent care benefits, from Form 2441 . . . . .			
<b>12</b> Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . . . . .			
<b>13</b> Scholarship/fellowship income not on Form W-2 . . . . .			
<b>14</b> Other non-earned income:			
_____			
_____			
_____			
<b>15 Total of lines 10 through 14 . . . . .</b>	97,114.		97,114.

Name as Shown on Return  
Mary E McManamonSocial Security No.  
383-68-6449

- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2017 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
  - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

**Part 1**

1	Number of qualifying children: 1 X \$1,000. Enter the result . . . . .	1	1,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22 . . . . .	2	98,324.
3	<b>1040 filers:</b> enter the total of any — • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. <span style="float:right">}</span>	3	0.
	<b>1040A filers:</b> Enter -0-.		
4	Add lines 2 and 3. Enter the total . . . . .	4	98,324.
5	Enter the amount shown below for your filing status. • Married filing jointly — \$110,000 • Single, head of household, or qualifying widow(er) — \$75,000 • Married filing separately — \$55,000 <span style="float:right">}</span>	5	75,000.
6	Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> <b>No.</b> Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 5 from line 4 . . . . . If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	6	24,000.
7	Multiply the amount on line 6 by 5% (.05). Enter the result . . . . .	7	1,200.
8	Is the amount on line 1 more than the amount on line 7? <input checked="" type="checkbox"/> <b>No. Stop.</b> You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A.  <input type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i> . . . . .	8	

**Part 2**

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30 . . . . .	9	
10	Add the amounts from — Form 1040, line 48. . . . . Form 1040, line 49, or Form 1040A, line 31 . . . . . + Form 1040, line 50, or Form 1040A, line 33 . . . . . + Form 1040, line 51, or Form 1040A, line 34 . . . . . + Form 5695, line 30. . . . . + Form 8910, line 15. . . . . + Form 8936, line 23. . . . . + Schedule R, line 22 . . . . . + Enter the total . . . . .	10	
11	Are you claiming any of the following credits? • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input type="checkbox"/> <b>No.</b> Enter the amount from line 10. . . . . <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here. <span style="float:right">}</span>	11	
12	Subtract line 11 from line 9. Enter the result. . . . .	12	
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input type="checkbox"/> <b>No.</b> Enter the amount from line 8 <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 12. <span style="float:right">}</span> <b>This is your child tax credit.</b> . . . . .	13	

Enter this amount on  
Form 1040, line 52, or  
Form 1040A, line 35.

- TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.
- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
  - Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

**Caution:** Use this worksheet only if you answered 'Yes' on line 11 of the *Child Tax Credit Worksheet* above.

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above. . . . .	1	
2	Enter earned income from the Earned Income Worksheet that applies to you . . . .	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 2. Enter the result . . . . .	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result . . . . .	4	
5	Is the amount on line 1 of the <i>Child Tax Credit Worksheet</i> \$3,000 or more? <input type="checkbox"/> <b>No.</b> If line 4 above is: <ul style="list-style-type: none"> <li>• Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the <i>Child Tax Credit Worksheet</i> and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13.</li> <li>• More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below.</li> </ul> <input type="checkbox"/> <b>Yes.</b> If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: <ul style="list-style-type: none"> <li>• Social security taxes from box 4, and</li> <li>• Medicare taxes from box 6. . . . .</li> </ul> Railroad employees, see Note below.	6	7,662.
7	<b>1040 filers:</b> Enter the total of any — <ul style="list-style-type: none"> <li>• Amounts from Form 1040, line 27 and 58, and</li> <li>• Any taxes that you identified using code "UT" and entered on line 62.</li> </ul> <b>1040A filers:</b> Enter -0-.	7	
8	Add lines 6 and 7. Enter the total . . . . .	8	
9	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.  <b>1040A filers:</b> Enter the total of any — <ul style="list-style-type: none"> <li>• Amount from Form 1040A, line 42a, and</li> <li>• Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46.</li> </ul>	9	
10	Subtract line 9 from line 8. If zero or less, enter -0- . . . . .	10	
11	Enter the larger of line 4 or line 10 . . . . .	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> <b>No.</b> Subtract line 11 from line 1. Enter the result . . . . . <input type="checkbox"/> <b>Yes.</b> Enter -0-.	12	
	<b>Next,</b> figure the amount of any of the following credits that you are claiming. <ul style="list-style-type: none"> <li>• Mortgage interest credit, Form 8396</li> <li>• Adoption Credit, Form 8839</li> <li>• Residential energy efficient property credit, Form 5695, Part I</li> <li>• District of Columbia first-time homebuyer credit, Form 8859</li> </ul> Then, go to line 13.		
13	Enter the total of the amounts from —  <ul style="list-style-type: none"> <li>• Form 8396, line 9, and</li> <li>• Form 8839, line 16 and</li> <li>• Form 5695, line 15, and</li> <li>• Form 8859, line 3.</li> </ul>	13	
14	Enter the amount from line 10 of the <i>Child Tax Credit Worksheet</i> . . . . .	14	
15	Add lines 13 and 14. Enter the total . . . . .	15	

Enter this amount on  
line 11 of the *Child  
Tax Credit Worksheet*.

**Note: Railroad Employees**

Include the following taxes in the total on line 6 of the *Line 11 Worksheet*:

- Tier 1 tax withheld from your pay. This tax should be shown in box 14 of your W-2 form(s) and identified as 'Tier 1 tax.'
- If you were an employee rep., 50% of the total Tier 1 tax and Tier 1 Medicare tax you paid for 2017.



**Schedule D**  
**Line 19**

**Unrecaptured Section 1250 Gain Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
Mary E McManamon

Social Security Number  
383-68-6449

		Regular Tax	Alternative Minimum Tax
<b>If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.</b>			
<b>1</b>	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the <b>smaller</b> of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. . . . .	<b>1</b>	
<b>2</b>	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	
<b>4</b>	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year . . . . .	<b>4</b>	
<b>5</b>	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain". . . . .	<b>5</b>	
<b>6</b>	Add lines 3 through 5 . . . . .	<b>6</b>	
<b>7</b>	Enter the <b>smaller</b> of line 6 or the gain from Form 4797, line 7 . . . . .	<b>7</b>	
<b>8</b>	Enter the amount, if any, from Form 4797, line 8 . . . . .	<b>8</b>	
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0- . . . . .	<b>9</b>	
<b>10</b>	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. . . . .	<b>10</b>	
<b>11</b>	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
	<b>Regular</b> <b>AMT</b>		
	<b>a</b> On Form 1099-DIV . . . . .		
	<b>b</b> On Form 2439 . . . . .		
	<b>c</b> On Schedule(s) K-1 . . . . .		
	<b>d</b> On Form 1099-R . . . . .		
	<b>e</b> From Form 8814 . . . . .		
	<b>f</b> Other. . . . .		
	Total . . . . .	<b>11</b>	
<b>12</b>	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale . . . . .	<b>12</b>	
<b>13</b>	Add lines 9 through 12. . . . .	<b>13</b>	
<b>14</b>	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the <b>28% Rate Gain Worksheet</b> . Otherwise, enter -0- . . . . .	<b>14</b>	0.
<b>15</b>	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- . . . . .	<b>15</b>	0.
<b>16</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>16</b>	
<b>a</b>	Enter your capital gain excess, if you are filing Form 2555 . . . . .	<b>a</b>	0.
<b>17</b>	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- . . . . .	<b>17</b>	0.
<b>18</b>	<b>Unrecaptured section 1250 gain.</b> Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19. . . . .	<b>18</b>	

**Schedule D**  
**Line 18**

**28% Rate Gain Worksheet**

► Keep for your records

**2017**

Name(s) Shown on Return  
Mary E McManamon

Social Security Number  
383-68-6449

				Regular Tax	Alternative Minimum Tax
<b>1</b>	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II . . . . .	<b>1</b>			
<b>2</b>	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
<b>a</b>	Schedule D . . .				
<b>b</b>	Form 8814 . . .				
<b>c</b>	Schedule B . . .				
<b>d</b>	Form 6252 . . .				
<b>e</b>	Form 2439 . . .				
<b>f</b>	Other . . . . .				
	Total . . . . .	<b>2</b>			
<b>3</b>	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
<b>a</b>	Form 4684, line 4 (but only if line 15 is more than zero) . . . . .				
<b>b</b>	Form 6252 . . . . .				
<b>c</b>	Form 6781, Part II . . . . .				
<b>d</b>	Form 8824 . . . . .				
	Total . . . . .	<b>3</b>			
<b>4</b>	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
<b>a</b>	Form 1099-DIV, box 2d . . .				
<b>b</b>	Form 2439, box 1d . . . . .				
<b>c</b>	Schedule K-1 from a partnership, S corporation, estate, or trust . . . . .				
<b>d</b>	Disposition of interest in partnership or S corporation . . . . .				
<b>e</b>	Other . . . . .				
	Total . . . . .	<b>4</b>			
<b>5</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>5</b>			
<b>6</b>	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-. . . . .	<b>6</b>			
<b>7</b>	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 . . . . .	<b>7</b>			
<b>8</b>	Enter the amount of any capital gain excess . . . . .	<b>8</b>			0.
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a . . . . .	<b>9</b>	0.		0.

Name(s) Shown on Return  
Mary E McManamonSocial Security Number  
383-68-6449

1 a	Enter your taxable income from Form 1040, line 43 . . . . .	1 a	68,947.
b	Enter the amount from your (and your spouse's) Form 2555, line 45 . . . . .	b	
c	Add lines 1a and 1b . . . . .	1 c	68,947.
2 a	Enter your qualified dividends from Form 1040, line 9b . . . . .	2 a	
b	Enter any capital gain excess attributable to qualified dividends . . . . .	b	
c	Subtract line 2b from line 2a . . . . .	2 c	
3	Amount from Form 4952, line 4g . . . . .	3	
4 a	Amount from Form 4952, line 4e . . . . .	4 a	
b	Amount from the dotted line next to Form 4952, line 4e . . . . .	b	
c	Line 4b, if applicable, 4a, if not . . . . .	c	
5	Subtract line 4c from line 3 . . . . .	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0- . . . . .	6	0.
7 a	Enter line 15 of Schedule D . . . . .	7 a	
b	Enter line 16 of Schedule D . . . . .	b	
c	Enter the <b>smaller</b> of line 7a or line 7b . . . . .	7 c	0.
8	Enter the <b>smaller</b> of line 3 or line 4c . . . . .	8	
9 a	Subtract line 8 from line 7 . . . . .	9 a	0.
b	Enter any capital gain excess attributable to capital gains . . . . .	b	
c	Subtract line 9b from line 9a . . . . .	9 c	0.
10	Add lines 6 and 9c . . . . .	10	0.
11 a	Enter the amount from Schedule D, line 18 . . . . .	11 a	0.
b	Enter the amount from Schedule D, line 19 . . . . .	b	
c	Add lines 11a and 11b . . . . .	11 c	0.
12	Enter the <b>smaller</b> of line 9c or line 11c . . . . .	12	0.
13	Subtract line 12 from line 10 . . . . .	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0- . . . . .	14	68,947.
15	Enter: • \$37,950 if single or married filing separately; • \$75,900 if married filing jointly or qualifying widow(er); or • \$50,800 if head of household.	15	50,800.
16	Enter the <b>smaller</b> of line 1c or line 15 . . . . .	16	50,800.
17	Enter the <b>smaller</b> of line 14 or line 16 . . . . .	17	50,800.
18	Subtr in 10 from in 1c. If zero or less, enter -0- . . . . .	18	68,947.
19	Enter the <b>larger</b> of line 17 or line 18 . . . . .	19	68,947.
20	Subtract line 17 from line 16. This amount is taxed at 0% <b>If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.</b>	20	0.
21	Enter the <b>smaller</b> of line 1c or line 13 . . . . .	21	0.
22	Enter the amount from line 20 (if line 20 is blank, enter -0-) . . . . .	22	0.
23	Subtract line 22 from line 21. If zero or less, enter -0- . . . . .	23	0.
24	Enter: • \$418,400 if single, • \$235,350 if married filing separately, • \$470,700 if married filing jointly or qualifying widow(er), • \$444,550 if head of household.	24	444,550.
25	Enter the smaller of line 1c or line 24 . . . . .	25	68,947.
26	Add lines 19 and 20 . . . . .	26	68,947.
27	Subtract line 26 from line 25. If zero or less, enter -0- . . . . .	27	0.
28	Enter the <b>smaller</b> of line 23 or line 27 . . . . .	28	0.
29	Multiply line 28 by 15% (.15) . . . . .	29	0.
30	Add lines 22 and 28 . . . . .	30	0.
31	Subtract line 30 from line 21 . . . . .	31	0.
32	Multiply line 31 by 20% (.20) . . . . .	32	0.
<b>If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.</b>			
33	Enter the <b>smaller</b> of line 9c above or Schedule D, line 19 . . . . .	33	
34	Add lines 10 and 19 . . . . .	34	
35	Enter the amount from line 1c above . . . . .	35	
36	Subtract line 35 from line 34. If zero or less, enter -0- . . . . .	36	
37	Subtract line 36 from line 33. If zero or less, enter -0- . . . . .	37	
38	Multiply line 37 by 25% (.25) . . . . .	38	

**If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.**

<b>39</b>	Add lines 19, 20, 28, 31, and 37 . . . . .	<b>39</b>	_____
<b>40</b>	Subtract line 39 from line 1c . . . . .	<b>40</b>	_____
<b>41</b>	Multiply line 40 by <b>28%</b> (.28) . . . . .	<b>41</b>	_____
<b>42</b>	Figure the tax on the amount on <b>line 19</b> . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet . . . . .	<b>42</b>	<u>11,484.</u>
<b>43</b>	Add lines 29, 32, 38, 41, and 42 . . . . .	<b>43</b>	<u>11,484.</u>
<b>44</b>	Figure the tax on the amount on <b>line 1c</b> . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet . . . . .	<b>44</b>	<u>11,484.</u>
<b>45</b>	<b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 43 or line 44. Also include this amount on Form 1040, line 44. . . . .	<b>45</b>	<u>11,484.</u>

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# Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2017

Line 44

► Keep for your records

Name(s) Shown on Return

Mary E McManamon

Social Security Number

383-68-6449

1	Enter the amount from Form 1040, line 43 . . . . .	1	_____
2	Enter the amount from Form 1040, line 9b . . . . .	2	_____
3	Are you filing Schedule D?		
	<input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	3	_____
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13.		
4	Add lines 2 and 3 . . . . .	4	_____
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- . . . . .	5	_____
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6	_____
7	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	7	_____
8	Enter: \$37,950 if single or married filing separately, \$75,900 if married filing jointly or qualifying widow(er), \$50,800 if head of household.	8	_____
9	Enter the smaller of line 1 or line 8 . . . . .	9	_____
10	Enter the smaller of line 7 or line 9 . . . . .	10	_____
11	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	11	_____
12	Enter the smaller of line 1 or line 6 . . . . .	12	_____
13	Enter the amount from line 11 . . . . .	13	_____
14	Subtract line 13 from line 12. . . . .	14	_____
15	Enter: \$418,400 if single, \$235,350 if married filing separately, \$470,700 if married filing jointly or qualifying widow(er), \$444,550 if head of household.	15	_____
16	Enter the smaller of line 1 or line 15 . . . . .	16	_____
17	Add lines 7 and 11 . . . . .	17	_____
18	Subtract line 17 from line 16. If zero or less, enter -0- . . . . .	18	_____
19	Enter the smaller of line 14 or line 18 . . . . .	19	_____
20	Multiply line 19 by 15% (.15) . . . . .	20	_____
21	Add lines 11 and 19 . . . . .	21	_____
22	Subtract line 21 from line 12 . . . . .	22	_____
23	Multiply line 22 by 20% (.20) . . . . .	23	_____
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	24	_____
25	Add lines 20, 23, and 24 . . . . .	25	_____
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	26	_____
27	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 44. . . . .	27	_____

**Schedule A**  
**Line 1**

**Medical Expenses Worksheet**

► Keep for your records

**2017**

Name(s) Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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<b>1</b>	Prescription medications . . . . .	<b>1</b>	
<b>2</b>	<b>Health insurance premiums:</b>		
<b>a</b>	Premiums other than self-employed health insurance <b>or</b> reported on a 1095-A . . .	<b>2 a</b>	
<b>b</b>	From Form(s) 1095-A - net of adjustments . . . . .	<b>b</b>	
	Taxpayer's portion of 1095-A premiums (total less spouse) . . .		
	Spouse's portion of 1095-A premiums, enter the amount		
	for the spouse, the remaining goes to the taxpayer . . . . .		
<b>c</b>	Medicare premiums . . . . .	<b>c</b>	
<b>d</b>	From Form(s) 1099-R . . . . .	<b>d</b>	
	<b>NOTE:</b> If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, <b>not</b> on lines 2e - 2j below.		
<b>e</b>	Taxpayer's gross long-term care premiums . . . . .	<b>2 e</b>	
<b>f</b>	Taxpayer's allowable long-term care premiums . . . . .	<b>f</b>	
<b>g</b>	Spouse's gross long-term care premiums . . . . .	<b>g</b>	
<b>h</b>	Spouse's allowable long-term care premiums . . . . .	<b>h</b>	
<b>i</b>	Dep or child under 27 gross long-term care premiums . .	<b>i</b>	
<b>j</b>	Dep or child under 27 allowable long-term care prem. . .	<b>j</b>	
<b>k</b>	Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j . . . . .	<b>k</b>	
<b>l</b>	Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	<b>l</b>	
<b>m</b>	Spouse's long-term care premiums not deducted as an adjustment to income. . .	<b>m</b>	
<b>n</b>	Dependent's long-term care premiums not deducted as an adj to income . . . . .	<b>n</b>	
<b>o</b>	Other self-employed health insurance not deducted as an adj to income . . . . .	<b>o</b>	
<b>3</b>	Fees for doctors, dentists, etc . . . . .	<b>3</b>	
<b>4</b>	Fees for hospitals, clinics, etc. . . . .	<b>4</b>	
<b>5</b>	Lab and x-ray fees . . . . .	<b>5</b>	
<b>6</b>	Expenses for qualified long-term care . . . . .	<b>6</b>	
<b>7</b>	Eyeglasses and contact lenses . . . . .	<b>7</b>	
<b>8</b>	Medical equipment and supplies . . . . .	<b>8</b>	
<b>9</b>	Medical transportation expenses:		
<b>a</b>	Medical miles driven . . . . .	<b>9 a</b>	
<b>b</b>	Multiply the number of miles on line 9a by 17 cents per mile . . . . .	<b>b</b>	
<b>c</b>	Other medical transportation costs not included above for example: ambulance fees . . . . .	<b>c</b>	
<b>d</b>	Total medical transportation expenses (add lines 9b and 9c) . . . . .	<b>9 d</b>	
<b>10</b>	Lodging for medical purposes (up to \$50 per night per person) . . . . .	<b>10</b>	
<b>11</b>	Other medical and dental expenses:		
<b>a</b>		<b>11 a</b>	
<b>b</b>		<b>b</b>	
<b>c</b>		<b>c</b>	
<b>d</b>		<b>d</b>	
<b>e</b>		<b>e</b>	
<b>f</b>		<b>f</b>	
<b>g</b>		<b>g</b>	
<b>h</b>		<b>h</b>	
<b>i</b>		<b>i</b>	
<b>j</b>		<b>j</b>	
<b>12</b>	Total of medical and dental expenses (add lines 1 through 11j) . . . . .	<b>12</b>	
<b>13 a</b>	Less: insurance reimbursement for any expenses listed . . . . .	<b>13 a</b>	
<b>b</b>	Less: medical savings account (MSA) or health savings account (HSA) distributions . . . . .	<b>b</b>	
<b>14</b>	<b>Total deductible medical and dental expenses.</b> Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1) . . . . .	<b>14</b>	0.

## 2017

Name(s) Shown on Return  
Mary E McManamon

Social Security Number  
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	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/17		04/18/17			04/18/17		
2	06/15/17		06/15/17			06/15/17		
3	09/15/17		09/15/17			09/15/17		
4	01/16/18		01/16/18			01/16/18		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2017 . . . .					
7	Credited by estates and trusts . . . .					
8	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2017 extensions . . . . .					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2 . . . . .				19,556.	4,153.	
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	<b>Total Withholding</b> Lines 10 through 18f . . . . .				19,556.	4,153.	
20	<b>Total Tax Payments for 2017</b> . . . . .				19,556.	4,153.	

Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
<b>21</b>	Tax paid with 2016 extensions . . . . .				
<b>22</b>	2016 estimated tax paid after 12/31/2016 . . . . .				
<b>23</b>	Balance due paid with 2016 return . . . . .				
<b>24</b>	Other (amended returns, installment payments, etc) . .				

**Schedule A**  
**Lines 5 - 12**

**Tax and Interest Deduction Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
Mary E McManamon

Social Security Number  
383-68-6449

**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 38 . . . . .	98,324.
(2) Nontaxable income entered elsewhere on return . . . . .	
(3) Available income: 2016 refundable credits in excess of tax . . . . .	0.
(4) Enter any additional nontaxable income . . . . .	
(5) Total available income . . . . .	98,324.

**b Sales Tax Per State of Residence:**

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

*Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:*

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

**c** Total general sales tax using tables . . . . .

**d Sales Tax Paid on Specific Items (see help):**

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

**e** Total sales tax deduction on specific items . . . . .

**f** Total general sales tax per tables plus sales tax on specific items . . . . .

**g Actual State and Local General Sales Tax:**

Actual sales taxes (enter the total sales taxes paid during the year on all items). . . . .

**h State and Local Income Taxes:**

State and Local Income taxes . . . . . 5,047.00

**i State and Local Tax Deduction to Schedule A, line 5:**

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) . . . . . 5,047.00

**j** Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

**2 Real estate taxes:**

**a** Real estate taxes paid on principal residence **not** entered on Form 1098 . . . . .



<b>b</b>	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	5,954.44
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	
<b>e</b>	Vacation home . . . . .	
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	
<b>g</b>	Add lines 2a through 2f (to Schedule A, line 6) . . . . .	5,954.44
<b>3</b>	<b>Personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2016 Amount                      Enter 2017 description:	
	174.00                      toyota scion xb	174.00
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	
<b>c</b>	Other personal property taxes . . . . .	
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 7) . . . . .	174.00
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	
<b>b</b>	Foreign taxes from interest and dividends . . . . .	
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit). . . . .	
<b>e</b>	Other taxes.	
	2016 Amount                      Enter 2017 description:	
<b>f</b>	Add lines 4a through 4e (to Schedule A, line 8) . . . . .	

**Interest Deductions**

<b>5</b>	<b>Home mortgage interest and points reported on Form 1098:</b>	
<b>a</b>	Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . .	6,052.25
<b>b</b>	Qualified mortgage interest from Schedule E Worksheet . . . . .	
<b>c</b>	Less home mortgage interest/points deducted on Form 8829 . . . . .	
<b>d</b>	Less home mortgage interest from Form 8396, line 3 . . . . .	
<b>e</b>	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above. . . . .	6,052.25
<b>6</b>	<b>Home mortgage interest not reported on Form 1098:</b>	
<b>a</b>	Mortgage interest from the Home Mortgage Interest Worksheet. . . . .	
<b>b</b>	Less home mortgage interest deducted on Form 8829 . . . . .	
<b>c</b>	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above . . . . .	
<b>7</b>	<b>Points not reported on Form 1098:</b>	
<b>a</b>	Amortizable points from the Home Mortgage Interest Worksheet . . . . .	
<b>b</b>	Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . .	
<b>c</b>	Less points deducted on Form 8829 . . . . .	
<b>d</b>	Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above . . . . .	

**Schedule A**  
**Line 5**

**State and Local Tax Deduction Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
Mary E McManamon

Social Security Number  
383-68-6449

**State and Local Income Taxes**

<b>State income taxes:</b>		
1 State income tax withheld . . . . .	1	4,153.
2 2017 state estimated taxes paid in 2017 . . . . .	2	
3 2016 state estimated taxes paid in 2017 . . . . .	3	
4 Amount paid with 2016 state application for extension . . . . .	4	
5 Amount paid with 2016 state income tax return . . . . .	5	
6 Overpayment on 2016 state income tax return applied to 2017 tax . . . . .	6	
7 Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . .	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	8	
<b>Local income taxes:</b>		
9 Local income tax withheld . . . . .	9	
10 2017 local estimated taxes paid in 2017 . . . . .	10	
11 2016 local estimated taxes paid in 2017 . . . . .	11	
12 Amount paid with 2016 local application for extension . . . . .	12	
13 Amount paid with 2016 local income tax return . . . . .	13	
14 Overpayment on 2016 local income tax return applied to 2017 tax . . . . .	14	
15 Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . .	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	16	
<b>Other:</b>		
17 <u>State mandatory taxes</u> . . . . .	17	894.
18 <b>Total</b> Add lines 1 through 17 . . . . .	18	5,047.
19 State and local refund allocated to 2017 . . . . .	19	
20 Nondeductible state income tax from line 28 . . . . .	20	
21 <b>Total reductions</b> Add lines 19 and 20. . . . .	21	
22 <b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	22	5,047.

**Nondeductible State Income Tax (Hawaii Only)**

23 Nontaxable federal employee cost of living allowance . . . . .	23	
24 Adjusted gross income . . . . .	24	
25 Add lines 23 and 24 . . . . .	25	
26 Nondeductible percent. Line 23 divided by line 25 . . . . .	26	%
27 Hawaii state income tax included in line 18 . . . . .	27	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27. . . . .	28	

**Schedule A**  
**Lines 6 and 10-13**

**Home Mortgage Interest Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
Mary E McManamon

Social Security Number  
383-68-6449

**Note:** Use this worksheet to report home mortgage interest you paid on your main home or second home.  
Enter mortgage interest you paid for business property other than a home office on the appropriate  
schedule or form for the business activity (Schedule C, Schedule E, etc.).

**Mortgage Lender Info:**

- 1 Recipient's/lender's name . . . . . Bank Of America
- 2 a Was the mortgage interest reported to you on Form 1098? . . . . . Yes ☒ No ☐
- b Mortgage interest paid on your main home or second home in 2017 . . . . . 6,052.25
- 3 Outstanding mortgage principal as of 1/1/2017 . . . . . \_\_\_\_\_
- 4 Mortgage origination date . . . . . \_\_\_\_\_
- 5 a Did your home loan close after December 31, 2006? . . . . . Yes ☐ No ☐
- b Mortgage insurance premiums . . . . . 0.00
- 6 a Points paid to buy or improve your **main** home in 2017 . . . . . \_\_\_\_\_
- b Check if points were reported to you on Form 1098 . . . . . ☐
- c Check if points were reported on the HUD-1 loan closing statement, or  
my name is not listed first on Form 1098 . . . . . ☐
- Computed points reported on Form 1098 . . . . . ☐
- Computed points not reported on Form 1098 . . . . . ☐
- 7 Property taxes . . . . . 5,954.44
- 8 Check this box if you refinanced your loan with a different lender, paid off this loan,  
or sold the property . . . . . ☐
- 9 Did you pay points to this lender which must be spread over the life of the loan, for example:  
points you paid on your second home, on a home equity loan, or when you refinanced,  
enter the following . . . . . Yes ☐ No ☒
- a Total points originally paid on a loan for which the points must be amortized . . . . . \_\_\_\_\_
- b Length of loan (years) . . . . . \_\_\_\_\_
- c Points deducted in prior years for this loan . . . . . \_\_\_\_\_
- d Amortized points allowable this year . . . . . \_\_\_\_\_
- e Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a) . . . . . \_\_\_\_\_

**Uncommon Situations:**

- 10 Were you and someone else liable for this mortgage and the **other person** received the  
Form 1098, enter the other person's name and address . . . . . Yes ☐ No ☐
- Name . . . . . \_\_\_\_\_
- Address . . . . . \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 11 Did you buy your home from the recipient and did **NOT** receive a Form 1098, enter the  
recipient's identifying number and address . . . . . Yes ☐ No ☒
- Recipient's SSN . . . . . \_\_\_\_\_ -OR- Recipient's EIN . . . . . \_\_\_\_\_
- Recipient's address . . . . . \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 12 Did you pay more mortgage interest than what is shown on Form 1098 . . . . . Yes ☐ No ☐
- QuickZoom** to attach a statement to your return explaining the difference. . . . . \_\_\_\_\_

# Charitable Deduction Limits Worksheet For Current Year Contributions

2017

► Keep for your records

Name(s) Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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**Step 1. List your qualified charitable contributions made during the year.**

- 1 Enter contributions for relief efforts in the Hurricanes Harvey, Irma & Maria disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

**Step 2. List your other charitable contributions made during the year.**

- 2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1 . . . . .
- 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .
- 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .
- 5 Enter your contributions "for the use" of any qualified organization . . . . .
- 6 Add lines 4 and 5 . . . . .
- 7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2). . . . .

**Step 3. Figure your deduction for the year and your carryover to the next year.**

- 8 Enter your adjusted gross income . . . . . 98,324.
- 9 Multiply line 8 by 0.5. This is your 50% limit. . . . . 49,162.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
<b>10</b> Enter the smaller of line 2 or line 9 . . . . .					0.	
<b>11</b> Subtract line 10 from line 2 . . . . .						0.
<b>12</b> Subtract line 10 from line 9 . . . . .			49,162.			
<b>Contributions not to 50% limit organizations</b>						
<b>13</b> Add lines 2 and 3 . . . . .						
<b>14</b> Multiply line 8 by 0.3. This is your 30% limit. . . . .		29,497.	29,497.			
<b>15</b> Subtract line 13 from line 9 . . . . .		49,162.				
<b>16</b> Enter the smallest of line 6, 14, or 15 . . . . .					0.	
<b>17</b> Subtract line 16 from line 6 . . . . .						0.
<b>18</b> Subtract line 16 from line 14 . . . . .				29,497.		
<b>Capital gain property to 50% limit organizations</b>						
<b>19</b> Enter the smallest of line 3, 12, or 14 . . . . .					0.	
<b>20</b> Subtract line 19 from line 3 . . . . .						0.
<b>21</b> Subtract line 16 from line 15 . . . . .				49,162.		
<b>22</b> Subtract line 19 from line 14 . . . . .				29,497.		
<b>Capital gain property not to 50% limit organizations</b>						
<b>23</b> Multiply line 8 by 0.2. This is your 20% limit. . . . .				19,665.		
<b>24</b> Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .					0.	
<b>25</b> Subtract line 24 from line 7 . . . . .						0.
<b>26</b> Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . . .					0.	
<b>27</b> Subtract line 26 from line 8 . . . . .	98,324.					
<b>28</b> Enter the smaller of line 1 or line 27 here on Schedule A, line 19. . . . .					0.	
<b>29</b> Subtract line 28 from line 1 . . . . .						0.
<b>30</b> Add lines 11, 17, 20, 25 and 29. Carry to next year. . . . .						0.

# Charitable Deduction Limits Worksheet For Carryover Contributions

2017

► Keep for your records

Name(s) Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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**Step 1. List your qualified charitable contributions made during the year.**

- 1 Enter contributions for relief efforts in the Hurricanes Harvey, Irma & Maria disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

**Step 2. List your other charitable contributions made during the year.**

- 2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1 . . . . .
- 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .
- 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .
- 5 Enter your contributions "for the use" of any qualified organization . . . . .
- 6 Add lines 4 and 5 . . . . .
- 7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2) . . . . .

**Step 3. Figure your deduction for the year and your carryover to the next year.**

- 8 Enter your adjusted gross income . . . . . 98,324.
- 9 Multiply line 8 by 0.5. This is your 50% limit. . . . . 49,162. less . . . . . 0.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
<b>10</b> Enter the smaller of line 2 or line 9 . . . .					0.	
<b>11</b> Subtract line 10 from line 2 . . . . .						0.
<b>12</b> Subtract line 10 from line 9 . . . . .			49,162.			
<b>Contributions not to 50% limit organizations</b>						
<b>13</b> Add lines 2 and 3 . . . . .		0.				
<b>14</b> Multiply line 8 by 0.3. This is your 30% limit. . . . .		29,497.	29,497.			
<b>15</b> Subtract line 13 from line 9 . . . . .		49,162.				
<b>16</b> Enter the smallest of line 6, 14, or 15 . .					0.	
<b>17</b> Subtract line 16 from line 6 . . . . .						0.
<b>18</b> Subtract line 16 from line 14 . . . . .				29,497.		
<b>Capital gain property to 50% limit organizations</b>						
<b>19</b> Enter the smallest of line 3, 12, or 14 . .					0.	
<b>20</b> Subtract line 19 from line 3 . . . . .						0.
<b>21</b> Subtract line 16 from line 15 . . . . .				49,162.		
<b>22</b> Subtract line 19 from line 14 . . . . .				29,497.		
<b>Capital gain property not to 50% limit organizations</b>						
<b>23</b> Multiply line 8 by 0.2. This is your 20% limit. . . . .				19,665.		
<b>24</b> Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .					0.	
<b>25</b> Subtract line 24 from line 7 . . . . .						0.
<b>26</b> Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . . .					0.	
<b>27</b> Subtract line 26 from line 8 . . . . .	98,324.					
<b>28</b> Enter the smaller of line 1 or line 27 here on Schedule A, line 19. . . . .					0.	
<b>29</b> Subtract line 28 from line 1 . . . . .						0.
<b>30</b> Add lines 11, 17, 20, 25 and 29. Carry to next year. . . . .						0.

- Keep for your records

Social Security Number  
383-68-6449

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 100% Limit
Totals:				

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals: _____					

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2017 contributions . . . . .						
2 2017 contributions allowed	0 .	0 .	0 .	0 .	0 .	0 .
3 <b>Carryovers from:</b>						
a 2016 tax year . . . . .						
b 2015 tax year . . . . .						
c 2014 tax year . . . . .						
d 2013 tax year . . . . .						
e 2012 tax year . . . . .						
4 Carryovers allowed in 2017	0 .		0 .	0 .	0 .	0 .
5 Carryovers disallowed in 2017	0 .		0 .	0 .	0 .	0 .
6 <b>Carryovers to 2018:</b>						
a From 2017 . . . . .	0 .		0 .	0 .	0 .	0 .
b From 2016 . . . . .						
c From 2015 . . . . .						
d From 2014 . . . . .						
e From 2013 . . . . .						
f From 2012 . . . . .						

1	Was the <b>entire interest</b> given for all property donated to all charities? . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were <b>restrictions</b> attached to any charities's right to use or dispose of any property donated to any charity? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

**Schedule A**  
**Lines 21, 23, 28**

**Miscellaneous Itemized Deductions Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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**Employee Business Expenses – Subject to 2% Limitation**

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere . . . . .	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet) . . . . .	2a	
b	Educator Expense Deduction (from 1040, line 23) . . . . .	2b	
c	Excess Educator Expenses (line 2a less line 2b). . . . .	2c	
3	Union and professional dues . . . . .	3	
4	Professional subscriptions . . . . .	4	
5	Uniforms and protective clothing . . . . .	5	
6	Job search costs . . . . .	6	
7	Other: _____ _____ _____	7	
8	Combine lines 1 through 7 (to Schedule A, line 21) . . . . .	8	

**Miscellaneous Expenses – Subject to 2% Limitation**

Check the box in investment column if an investment expense

Investment  
expense ↓

9	Depreciation and amortization deductions . . . . .	<input checked="" type="checkbox"/>	9	
10	Casualty/theft losses of property used in services as an employee . . . . .	<input type="checkbox"/>	10	
11	REMIC expenses, from Schedule E . . . . .	<input checked="" type="checkbox"/>	11	
12	Investment expenses related to interest and dividend income . . . . .	<input checked="" type="checkbox"/>	12	
13	Expenses related to portfolio income, from Schedule(s) K-1 . . . . .	<input checked="" type="checkbox"/>	13	
14	Miscellaneous deductions, from Schedule(s) K-1 . . . . .	<input type="checkbox"/>	14	
15	Excess deductions on termination, from Schedule(s) K-1 . . . . .	<input type="checkbox"/>	15	
16	Investment counsel and advisory fees . . . . .	<input checked="" type="checkbox"/>	16	
17	Certain attorney and accounting fees . . . . .	<input checked="" type="checkbox"/>	17	
18	Safe deposit box rental fees . . . . .	<input checked="" type="checkbox"/>	18	
19	IRA custodial fees . . . . .	<input checked="" type="checkbox"/>	19	
20	Loss incurred from total distribution of all traditional IRAs . . . . .	<input type="checkbox"/>	20	
21	Loss incurred from total distribution of all Roth IRAs . . . . .	<input type="checkbox"/>	21	
22	Loss incurred from final distribution of a QTP investment . . . . .	<input type="checkbox"/>	22	
23	Hobby expense (limited to hobby income) . . . . .	<input type="checkbox"/>	23	
24	Other: a Prior year government unemployment benefits repaid in 2017 . . . . . b _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24	
25	Combine lines 9 through 24 (to Schedule A, line 23) . . . . .		25	

**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

26	Expenses related to portfolio income, from Schedule(s) K-1 . . . . .	<input checked="" type="checkbox"/>	26	
27	Federal estate tax paid on decedent's income reported on this return . . . . .		27	
28	Impairment-related expenses of a handicapped employee, from Form 2106 . . . . .		28	
29	Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .		29	
30	Gambling losses . . . . .		30	
31	Deduction for repayment of amounts under claim of right if over \$3,000 . . . . .		31	
32	Casualty/theft losses of income-producing property . . . . .		32	
33	Unrecovered investment in annuity . . . . .		33	
34	Ordinary loss attributable to certain debt instruments . . . . .		34	
35	Net Qualified Disaster Loss . . . . .		35	
36	Combine lines 26 through 35 (to Schedule A, line 28) . . . . .		36	

**Schedule A**  
**Line 29**

**Itemized Deductions Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
Mary E McManamon

Social Security Number  
383-68-6449

<b>1</b>	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28 . . . . .	<b>1</b>	17,227.
<b>2</b>	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28. Also include in the total any amount included on Schedule A, line 16, that you elected to treat as qualified contributions for the relief efforts in a Hurricane disaster area. . . . . <b>CAUTION:</b> Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	<b>2</b>	0.
<b>3</b>	Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	17,227.
<b>4</b>	Multiply line 3 by 80% (.80) . . . . .	<b>4</b>	13,782.
<b>5</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>5</b>	98,324.
<b>6</b>	Enter \$261,500 if single; \$313,800 if married filing jointly or qualifying widow(er); \$287,650 if head of household, \$156,900 if married filing separately . . . . .	<b>6</b>	287,650.
<b>7</b>	Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5 . . . . .	<b>7</b>	
<b>8</b>	Multiply line 7 by 3% (.03) . . . . .	<b>8</b>	
<b>9</b>	Enter the <b>smaller</b> of line 4 or line 8 . . . . .	<b>9</b>	
<b>10</b>	<b>Total itemized deductions.</b> Subtract line 9 from line 1. (to Schedule A, line 29, or line 15 if filing form 1040NR) . . . . .	<b>10</b>	



**Form 1040**  
**Line 40**

**Standard Deduction Worksheet for Dependents**

**2017**

► Keep for your records

Name(s) Shown on Return  
Mary E McManamon

Social Security Number  
383-68-6449

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

<p><b>1</b> Is your <b>earned income*</b> more than \$700?</p> <p><input type="checkbox"/> <b>Yes.</b> Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> <b>No.</b> Enter \$1,050</p>	<p>_____ ► . . .</p> <p>_____ ► . . .</p>	<p><b>1</b></p> <p><b>2</b></p>	<p>_____</p> <p>9,350.</p>
<p><b>2</b> Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> <li>• Single or married filing separately — \$6,350</li> <li>• Married filing jointly or Qualifying widow(er) — \$12,700</li> <li>• Head of household — \$9,350</li> </ul>			
<p><b>3 Standard deduction.</b></p>			
<p><b>3 a</b> Enter the <b>smaller</b> of line 1 or line 2. If born after January 1, 1953, and not blind, <b>stop here</b> and enter this amount on Form 1040, line 40. Otherwise go to line 3b . . . . .</p>		<p><b>3 a</b></p>	<p>_____</p>
<p><b>3 b</b> If born before January 2, 1953, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household) . . . . .</p>		<p><b>3 b</b></p>	<p>_____</p>
<p><b>3 c</b> Add lines 3a and 3b. Enter the total here and on Form 1040, line 40 . . . . .</p>		<p><b>3 c</b></p>	<p>_____</p>

\***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

**Form 1040**  
**Line 42**

**Deduction for Exemptions Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
Mary E McManamon

Social Security Number  
383-68-6449

<b>1</b>	Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d . . . . .	<b>1</b>	12,150.
<b>2</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>2</b>	98,324.
<b>3</b>	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> <li>• Single, enter \$261,500</li> <li>• Married filing jointly or qualifying widow(er), enter \$313,800</li> <li>• Married filing separately, enter \$156,900</li> <li>• Head of household, enter \$287,650 . . . . .</li> </ul>	<b>3</b>	287,650.
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; enter the amount from line 1 above on Form 1040, line 42. . . . .	<b>4</b>	-189,326.
<b>5</b>	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> <b>Yes.</b> You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. <b>Do not</b> complete the rest of this worksheet. <input type="checkbox"/> <b>No.</b> Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	<b>5</b>	
<b>6</b>	Multiply line 5 by 2% (.02) and enter the result as a decimal. . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6 . . . . .	<b>7</b>	
<b>8</b>	<b>Deduction for exemptions.</b> Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42 . . . . .	<b>8</b>	

**Earned Income Worksheet****2017**

► Keep for your records

Name(s) Shown on Return

Mary E McManamon

Social Security Number

383-68-6449

**Part I – Earned Income Credit Wks Computation**

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .			
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .			
<b>d</b> One-half of self-employment tax . . . . .			
<b>e</b> Subtract line 1d from line 1c . . . . .			
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>			
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>			

**Part II – Form 2441 and Standard Deduction Worksheet Computations**

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	97,114.		97,114.
<b>7 a</b> Taxable employer-provided adoption benefits. . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	97,114.		97,114.
<b>9 a</b> Taxable dependent care benefits. . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	97,114.		97,114.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	97,114.		97,114.

**Part III – IRA Deduction Worksheet Computation**

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	97,114.		97,114.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received. . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	97,114.		97,114.

**Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations**

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	97,114.		97,114.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	97,114.		97,114.

► Keep for your records

Name(s) Shown on Return  
Mary E McManamonSocial Security Number  
383-68-6449**Investment Interest Expense** (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1 . . . . .	1	
2	Investment interest expense from royalties . . . . .	2	
3	Other investment interest expense:		
a	-----	3 a	
b	-----	b	
c	-----	c	
d	-----	d	
4	<b>Total investment interest expense.</b> Add lines 1 through 3. . . . .	4	

**Gross Income from Property Held for Investment** (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income . . . . .	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts . . . . .	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends . . . . .	c	
d	Total . . . . .	d	
6	Royalty income, from Schedule E . . . . .	6	
7	Net passive income from publicly traded partnerships . . . . .	7	
8	Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	8	
9	Other investment income:		
a	-----	9 a	
b	-----	b	
c	-----	c	
d	-----	d	
10	<b>Total investment income.</b> Add lines 5d through 9. . . . .	10	

**Net Capital Gain Income** (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16 . . . . .	11 a	
b	Less net gains from property not held for investment . . . . .	b	
c	<b>Net gains from property held for investment.</b> . . . . .	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16. . . . .	12 a	
b	Less net capital gains from property not held for investment. . . . .	b	
c	<b>Net capital gains from property held for investment.</b> . . . . .	c	

**Investment Expenses** (Form 4952, line 5)

13	Royalty expenses . . . . .	13	
14	Investment expenses included as itemized deductions (after the 2% limitation) . . . . .	14	
15	Investment expenses included as itemized deductions (no 2% limitation) . . . . .	15	
16	Expenses from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	16	
17	Other investment expenses:		
a	-----	17 a	
b	-----	b	
c	-----	c	
d	-----	d	
18	<b>Total investment expenses.</b> Add lines 13 through 17. . . . .	18	

**Allocation of Investment Interest Expense** (Schedule A, line 14)

		Regular Tax	Alt Min Tax
19	Allowed investment interest expense, Form 4952, line 8 . . . . .	19	
20	Less amount deducted on other forms and schedules:	20	
a	Deducted on Schedule E, page 2 for passthru entities . . . . .	a	
b	Deducted on Schedule E, page 1 for royalties . . . . .	b	
c	Other amounts deducted on other forms and schedules . . . . .	c	
d	Total amount deducted on other forms and schedules . . . . .	d	
21	<b>Investment interest expense.</b> . . . . .	21	

**Form 1040**  
**Line 66**

**Earned Income Credit Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
Mary E McManamon

Social Security Number  
383-68-6449

**QuickZoom** to Schedule EIC . . . . . ►

**QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . . ►

**QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . . . ►

**QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. . . . . ►

<p><b>1</b> Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered <b>not</b> earned for EIC purposes . . . . .</p> <p><b>2</b> Adjustments to line 1 amount:</p> <p style="padding-left: 20px;"><b>a</b> Income reported as wages <b>and</b> as self-employment income. . . . .</p> <p style="padding-left: 20px;"><b>b</b> Other income entered as wages that is not considered earned income . . . . .</p> <p style="padding-left: 20px;"><b>c</b> Distributions from section 457 and other nonqualified plans reported on W-2 . . . . .</p> <p><b>3</b> Subtract lines 2a, 2b and 2c from line 1 . . . . .</p> <p><b>4 a</b> Taxpayer's nontaxable combat pay election for EIC . . . . . <b>4 a</b></p> <p style="padding-left: 20px;"><b>b</b> Spouse's nontaxable combat pay election for EIC . . . . . <b>b</b></p> <p style="padding-left: 20px;"><b>c</b> Total nontaxable combat pay election . . . . . <b>4 c</b></p> <p><b>5</b> If you were self-employed <b>or</b> used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 . . . . .</p> <p><b>6</b> <b>Earned income.</b> Add lines 3, 4, and 5. . . . .</p> <p><b>7</b> Enter the credit, from the <b>EIC Table</b>, for the amount on line 6. Be sure to use the correct column for filing status and number of children. . . . .</p> <p style="padding-left: 40px;">If line 7 is zero, <b>stop</b>. You <b>cannot</b> take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.</p> <p><b>8</b> Enter your <b>AGI</b> from Form 1040, line 38 . . . . .</p> <p><b>9</b> If you have:</p> <ul style="list-style-type: none"> <li>• No qualifying children, is the amount on line 8 less than \$8,350 (\$13,950 if married filing jointly)?</li> <li>• 1 or more qualifying children, is the amount on line 8 less than \$18,350 (\$23,950 if married filing jointly)?</li> </ul> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 10 now.</p> <p><input type="checkbox"/> <b>No.</b> Enter the credit, from the <b>EIC Table</b>, for the amount on line 8. Be sure to use the correct column for filing status and number of children . . . . .</p> <p><b>10</b> <b>Earned income credit.</b></p> <ul style="list-style-type: none"> <li>• If 'Yes' on line 9, enter the amount from line 7</li> <li>• If 'No' on line 9, enter the <b>smaller</b> of line 7 or line 9</li> </ul>	<p><b>1</b></p> <p><b>2 a</b></p> <p><b>b</b></p> <p><b>c</b></p> <p><b>3</b></p> <p><b>4 a</b></p> <p><b>b</b></p> <p><b>4 c</b></p> <p><b>5</b></p> <p><b>6</b></p> <p><b>7</b></p> <p><b>8</b></p> <p><b>9</b></p> <p><b>10</b></p>	<p>97,114.</p> <p></p> <p></p> <p></p> <p>97,114.</p> <p></p> <p></p> <p></p> <p>97,114.</p> <p>0.</p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p>
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Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

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**If one or more of the boxes below are checked, the earned income credit is not allowed.**

---

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | \$15,010 (\$20,600 if married filing jointly) without a qualifying child.             |
| <input type="checkbox"/>            | \$39,617 (\$45,207 if married filing jointly) with one qualifying child.              |
| <input checked="" type="checkbox"/> | \$45,007 (\$50,597 if married filing jointly) with two qualifying children.           |
| <input type="checkbox"/>            | \$48,340 (\$53,930 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | \$15,010 (\$20,600 if married filing jointly) without a qualifying child.             |
| <input type="checkbox"/>            | \$39,617 (\$45,207 if married filing jointly) with one qualifying child.              |
| <input checked="" type="checkbox"/> | \$45,007 (\$50,597 if married filing jointly) with two qualifying children.           |
| <input type="checkbox"/>            | \$48,340 (\$53,930 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,450.  
(Investment Income Smart Worksheet, item H above)
- 4 ☐ The married filing separate return status is checked.  
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.  
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.  
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.  
(Information Worksheet, Part I)
- 8 ☐ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.  
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).  
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- a ☐ qualifying children of another person, or
- b ☐ invalid social security numbers for EIC purposes.  
(Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2017.  
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.  
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.  
(Information Worksheet, Part IV)
-

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2017?

- ☐ Yes, all of the above is correct.
- ☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2017?

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2017.

Compliance and Due Diligence Indicator

Disqualified from Earned Income Credit.

☒ Yes

☒ No

Potential qualifying child count

Non dependent potential qualifying child count

Qualifying child count (max 3)

2

0

2

# Schedule SE Adjustments Worksheet

2017

► Keep for your records

Name(s) Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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	(a) Taxpayer	(b) Spouse
<b>QuickZoom</b> to the <b>Short Schedule SE</b> (Schedule SE, page 1) . . . . ►	<input type="checkbox"/>	<input type="checkbox"/>
<b>QuickZoom</b> to the <b>Long Schedule SE</b> (Schedule SE, page 2) . . . . ►	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> Chapter 11 bankruptcy <b>net</b> profit or loss for Schedule SE, line 3 . . .		
<b>D QuickZoom</b> to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). . . . .		
<b>Part I Farm Profit or (Loss)</b> Schedule SE, line 1		
1 Total Schedules F . . . . .		
2 Farm partnerships, Schedules K-1 . . . . .		
3 Other SE farm profit or (loss) (See Help) . . . . .		
4 Less SE exempt farm profit or (loss) (See Help) . . . . .		
5 <b>Total for Schedule SE, line 1</b> . . . . .		
6 Conservation Reserve Program payments not subject to self- employment tax reported on:		
<b>a</b> Schedule F, line 4b . . . . .		
<b>b</b> Schedule K-1 (Form 1065), box 20, code Z . . . . .		
<b>c</b> Total CRP payments not subject to SE tax . . . . .		
<b>Part II Nonfarm Profit or (Loss)</b> Schedule SE, line 2		
1 <b>a</b> Total Schedules C . . . . .		
<b>b</b> Less SE exempt Schedules C (approved Form 4361) . . . . .		
2 Nonfarm partnerships, Schedules K-1 . . . . .		
3 Forms 6781 . . . . .		
4 Other SE income reported as income on Form 1040, line 7 . . . . .		
5 <b>a</b> Clergy Form W-2 wages . . . . .		
<b>b</b> Clergy housing allowance . . . . .		
<b>c</b> Less clergy business deductions . . . . .		
<b>d QuickZoom</b> to the Explanation statement for entry on line 5c. . . . .		
6 Other SE nonfarm profit or (loss) (See Help) . . . . .		
7 Less other SE exempt nonfarm profit or (loss) (See Help) . . . . .		
8 <b>Total for Schedule SE, line 2</b> . . . . .		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
<b>Part III Farm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F . . . . .		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income . . . . .		
5 <b>Total</b> gross income for Farm Optional Method . . . . .		
<b>Part IV Nonfarm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C . . . . .		
3 Gross nonfarm income from partnership Schedules K-1 . . . . .		
4 Other gross nonfarm self-employment income . . . . .		
5 <b>Total</b> gross income for Nonfarm Optional Method . . . . .		



**Schedule D Tax Worksheet**  
**as refigured for the**  
**Alternative Minimum Tax**

**2017**

► Keep for your records

Name(s) Shown on Return Mary E McManamon		Social Security Number 383-68-6449	
	<b>(a)</b> Before Allocation of Capital Gain Excess *	<b>(b)</b> Allocation of Capital Gain Excess *	<b>(c)</b> After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . .			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c . . . . .		0.	0.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	0.		0.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . .	0.		
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	0.		0.
<b>A</b> Enter the amount from Form 6251, line 30. . . . .	36,762.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37. . . . .			0.

\* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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**Taxable Income – Line 1**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.) . . . . .	1	81,097.
2	Additions to income . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	81,097.
4	Subtractions from income . . . . .	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	5	81,097.

**Taxes – Line 3**

1	Generation skipping transfer taxes included on Schedule A, line 8 . . . . .	1	
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**Home Mortgage Interest Adjustment – Line 4**

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1 <b>Attributable to mortgage used to purchase, build, or improve:</b>			
a Main home or second home that is house, apartment, condominium or non-transient mobile home . . . . .	6,052.		
b Second home that is transient mobile home or boat . . . . .			
c Total . . . . .			6,052.
2 <b>Attributable to mortgage used to refinance:</b>			
a To pay off mortgage . . . . .			
b For other purposes . . . . .			
c Total . . . . .			
3 <b>Attributable to other mortgage deductible for AMT:</b>			
a Pre-July 1, 1982 mortgage . . . . .			
4 Total column (a) . . . . .	6,052.		
5 Total column (b). Enter result on Form 6251, line 4. . . . .			
6 Total mortgage interest from Schedule A . . . . .			6,052.

**Refund of Taxes – Line 7**

1	Taxable refund of state and local income tax . . . . .	1	1,210.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 . . . . .	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7 . . . . .	3	1,210.

**Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11**

1	Alternative minimum taxable income (AMTI) without ATNOLD . . . . .	1	91,062.
2	Enter adjustments . . . . .	2	
3	Adjustment for domestic production activities deduction . . . . .	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	4	91,062.
5	ATNOLD limitation. Multiply line 4 by 90%. . . . .	5	81,956.
6	Enter ATNOL carried to 2016 from other year(s) . . . . .	6	
7	Enter ATNOL included above attributable to qualified disaster losses . . . . .	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 . . . . .	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 . . . . .	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) . . . . .	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg. . . . .	11	

**Incentive Stock Options – Line 14**

1	Incentive stock options adjustment from Schedule K-1 worksheets . . . . .	1	
2	Incentive stock options from Employer Stock Transaction Worksheets . . . . .	2	
3	Incentive stock options from Exercise of Stock Options Worksheets . . . . .	3	
4	Other incentive stock options . . . . .	4	
5	Total incentive stock options. Enter on Form 6251, line 14 . . . . .	5	

**Alternative Minimum Taxable Income – Line 28**

If married filing separately and Form 6251, line 28, is more than \$249,450:		
<b>1</b>	Alternative minimum taxable income, Form 6251 . . . . .	<b>1</b> _____
<b>2</b>	Threshold amount . . . . .	<b>2</b> _____
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b> _____
<b>4</b>	Multiply line 3 by 25% (.25) . . . . .	<b>4</b> _____
<b>5</b>	<b>Smaller</b> of line 4 or \$41,900 . . . . .	<b>5</b> _____
<b>6</b>	Add line 1 and line 5. Enter on Form 6251, line 28. . . . .	<b>6</b> _____

**Exemption – Line 29**

<b>1</b>	Enter \$54,300 if single or head of household, \$84,500 if married filing jointly or qualifying widow(er), \$42,250 if married filing separately . . . . .	<b>1</b>	54,300.
<b>2</b>	Enter your alternative minimum taxable income from Form 6251, line 28. . . . .	<b>2</b>	91,062.
<b>3</b>	Enter \$120,700 if single or head of household, \$160,900 if married filing jointly or qualifying widow(er), \$80,450 if married filing separately . . . . .	<b>3</b>	120,700.
<b>4</b>	Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	0.
<b>5</b>	Multiply line 4 by 25% (.25) . . . . .	<b>5</b>	0.
<b>6</b>	Subtract line 5 from line 1. If zero or less, enter -0- . . . . .	<b>6</b>	54,300.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
<b>7</b>	Minimum exemption amount for certain children under age 24 . . . . .	<b>7</b>	_____
<b>8 a</b>	Enter the <b>child's earned income</b> , if any . . . . .	<b>8 a</b>	_____
<b>b</b>	Enter any adjustments. . . . .	<b>b</b>	_____
<b>9</b>	Add lines 7, 8a and 8b. If zero or less, enter -0-. . . . .	<b>9</b>	_____
<b>10</b>	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29. . . . .	<b>10</b>	_____

**Form 6251**  
**Line 31**

**Foreign Earned Income**  
**Alternative Minimum Tax Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return Mary E McManamon		Social Security Number 383-68-6449	
<b>1</b>	Enter amount from Form 6251, line 30. . . . .	<b>1</b>	
<b>2 a</b>	Enter amount from Form(s) 2555, lines 45 and 50 . . . . .	<b>2a</b>	
<b>b</b>	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income . . . . .	<b>2b</b>	
<b>c</b>	Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b>	
<b>3</b>	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 . . . . .	<b>3</b>	
<b>4</b>	<b>Tax on amount on line 3.</b> . . . . . <ul style="list-style-type: none"> <li>• If you reported capital gain distributions directly on Form 1040, line 13; <b>or</b> you reported qualified dividends on Form 1040, line 9b; <b>or</b> you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here.</li> <li>• <b>All Others:</b> If line 3 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result. . . . .</li> </ul>	<b>4</b>	
<b>5</b>	<b>Tax on amount on line 2c.</b> If line 2c is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result . . . . .	<b>5</b>	
<b>6</b>	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0 . . . . .	<b>6</b>	

# Federal Carryover Worksheet

**2017**

► Keep for your records

Name(s) Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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## 2016 State and Local Income Tax Information

(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			3,907.		1,210.	
<b>Totals . .</b>			3,907.		1,210.	

## 2016 State Extension Information

(a) State	(b) Paid With Extension

## 2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

## 2016 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

## 2016 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

## 2016 State Taxes Due Information

(a) State	(e) Paid With Return

## 2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

## 2016 State Refund Applied Information

(a) State	(g) Applied Amount

## 2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

## 2016 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
CA	3,907.	1,210.

## 2016 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Mary E McManamon

383-68-6449

Other Tax and Income Information			2016	2017
1	Filing status . . . . .	1	4 HH	4 HH
2	Number of exemptions for blind or over 65 (0 - 4). . . . .	2		
3	Itemized deductions . . . . .	3	16,952.	17,227.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	93,553.	98,324.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	9,278.	11,394.
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			2016	2017
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

Loss and Expense Carryovers			2016	2017
12 a	Short-term capital loss. . . . .	12 a		
b	AMT Short-term capital loss . . . . .	b		
13 a	Long-term capital loss . . . . .	13 a		
b	AMT Long-term capital loss . . . . .	b		
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 2017. . .	a		
	b 2016. . .	b		
	c 2015. . .	c		
	d 2014. . .	d		
	e 2013. . .	e		
	f 2012. . .	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2017. . .	a		
	b 2016. . .	b		
	c 2015. . .	c		
	d 2014. . .	d		
	e 2013. . .	e		
	f 2012. . .	f		

Mary E McManamon

383-68-6449

Credit Carryovers				2016	2017
18	General business credit . . . . .			18	
19	Adoption credit from:			19 a	
	a	2017 . . . . .		b	
	b	2016 . . . . .		c	
	c	2015 . . . . .		d	
	d	2014 . . . . .		e	
	e	2013 . . . . .		f	
	f	2012 . . . . .			
20	Mortgage interest credit from:			20 a	
	a	2017 . . . . .		b	
	b	2016 . . . . .		c	
	c	2015 . . . . .		d	
	d	2014 . . . . .			
21	Credit for prior year minimum tax . . . . .			21	
22	District of Columbia first-time homebuyer credit . . . . .			22	
23	Residential energy efficient property credit . . . . .			23	
Other Carryovers				2016	2017
24	Section 179 expense deduction disallowed . . . . .			24	
25	Excess			25 a	
	a	Taxpayer (Form 2555, line 46) . . . . .		b	
	b	Taxpayer (Form 2555, line 48) . . . . .		c	
	c	Spouse (Form 2555, line 46) . . . . .		d	
	d	Spouse (Form 2555, line 48) . . . . .			

## Charitable Contribution Carryovers

26 2016 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2016 . . . . .				
b	2015 . . . . .				
c	2014 . . . . .				
d	2013 . . . . .				
e	2012 . . . . .				
27 2017 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2017 . . . . .				
b	2016 . . . . .				
c	2015 . . . . .				
d	2014 . . . . .				
e	2013 . . . . .				

28 Amount overpaid less earned income credit . . . . . 9,411.

## 2016 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

**Form 8582**  
**Line 7**

**Modified Adjusted Gross Income Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
Mary E McManamon

Social Security Number  
383-68-6449

Description	Amount
<b>Income</b>	
Wages . . . . .	97,114.
Interest income before Series EE bond exclusion . . . . .	
Dividend income . . . . .	
Tax refund . . . . .	1,210.
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	
Royalty and nonpassive rental activities income or loss . . . . .	
Nonpassive partnership income or loss . . . . .	
Nonpassive S corporation income or loss . . . . .	
Nonpassive farm rental income or loss . . . . .	
Nonpassive farm income or loss . . . . .	
Nonpassive estate and trust income or loss . . . . .	
Real estate mortgage investment conduits . . . . .	
Business gains and losses from nonpassive activities . . . . .	
Capital gains and losses . . . . .	
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
Total income . . . . .	98,324.
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	
Penalty on early withdrawals of savings . . . . .	
Alimony paid . . . . .	
Other adjustments . . . . .	
Total adjustments . . . . .	
<b>Modified adjusted gross income . . . . .</b>	<b>98,324.</b>



# Two-Year Comparison

2017

Name(s) Shown on Return Mary E McManamon			Social Security Number	
Income	2016	2017	Difference	%
Wages, salaries, tips, etc . . . . .	93,553.	97,114.	3,561.	3.81
Interest and dividend income . . . . .				
State tax refund . . . . .		1,210.	1,210.	
Business income (loss) . . . . .				
Capital and other gains (losses) . . . . .				
IRA distributions . . . . .				
Pensions and annuities . . . . .				
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .				
<b>Total Income</b> . . . . .	93,553.	98,324.	4,771.	5.10
<b>Adjustments to Income</b> . . . . .				
<b>Adjusted Gross Income</b> . . . . .	93,553.	98,324.	4,771.	5.10
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .	4,768.	5,047.	279.	5.85
Real estate taxes . . . . .	5,857.	5,954.	97.	1.66
Personal property and other taxes . . . . .	174.	174.	0.	0.00
Interest paid . . . . .	6,153.	6,052.	-101.	-1.64
Gifts to charity . . . . .				
Casualty and theft losses . . . . .				
Miscellaneous . . . . .				
Phaseout of itemized deductions . . . . .				
<b>Total Itemized Deductions</b> . . . . .	16,952.	17,227.	275.	1.62
<b>Standard or Itemized Deduction</b> . . . . .	16,952.	17,227.	275.	1.62
<b>Exemption Amount</b> . . . . .	12,150.	12,150.	0.	0.00
<b>Taxable Income</b> . . . . .	64,451.	68,947.	4,496.	6.98
Income tax . . . . .	10,416.	11,484.	1,068.	10.25
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	10,416.	11,484.	1,068.	10.25
Nonbusiness credits . . . . .	1,138.	90.	-1,048.	-92.09
Business credits . . . . .				
<b>Total Credits</b> . . . . .	1,138.	90.	-1,048.	-92.09
Self-employment tax . . . . .				
Other taxes . . . . .	0.	0.	0.	
<b>Total Tax After Credits</b> . . . . .	9,278.	11,394.	2,116.	22.81
Withholding . . . . .	18,689.	19,556.	867.	4.64
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .				
<b>Total Payments</b> . . . . .	18,689.	19,556.	867.	4.64
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	9,411.	8,162.	-1,249.	-13.27
<b>Balance Due</b> . . . . .				

Current year effective tax rate . . . . . 11.59 %

**Tax Summary**  
► Keep for your records

**2017**

Name (s)

Mary E McManamon

<b>Total income</b> .....	98,324.
<b>Adjustments to income</b> .....	
<b>Adjusted gross income</b> .....	98,324.
<b>Itemized/standard deduction</b> .....	17,227.
<b>Exemption amount</b> .....	12,150.
<b>Taxable income</b> .....	68,947.
<b>Tentative tax</b> .....	11,484.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	90.
<b>Other taxes</b> .....	0.
<b>Total tax</b> .....	11,394.
<b>Total payments</b> .....	19,556.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	8,162.
<b>Refund</b> .....	8,162.
<b>Amount Applied to Estimate</b> .....	
<b>Balance due</b> .....	0.

**Which Form 1040 to file?**

You must use Form 1040 because  
you had taxable state or local income tax refunds.

# Compare to U. S. Averages

► Keep for your records

2017

Name(s) Shown on Return Mary E McManamon	Social Security No 383-68-6449
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Your 2017 adjusted gross income (AGI) . . . . . 98,324.  
National adjusted gross income range used below . . . . . from 50,000. to 99,999.

**Note:** National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages . . . . .	97,114.	65,053.
Taxable interest . . . . .		915.
Tax-exempt interest . . . . .		5,159.
Dividends . . . . .		3,756.
Business net income . . . . .		17,320.
Business net loss . . . . .		6,956.
Net capital gain . . . . .		7,338.
Net capital loss . . . . .		2,270.
Taxable IRA . . . . .		16,137.
Taxable pensions and annuities . . . . .		27,448.
Rent and royalty net income . . . . .		8,683.
Rent and royalty net loss . . . . .		8,157.
Partnership and S corporation net income . . . . .		23,100.
Partnership and S corporation net loss . . . . .		10,451.
Taxable social security benefits . . . . .		17,375.
Medical and dental expenses deduction . . . . .		9,484.
Taxes paid deduction . . . . .	11,175.	6,486.
Interest paid deduction . . . . .	6,052.	7,572.
Charitable contributions deduction . . . . .		3,327.
Total itemized deductions . . . . .	17,227.	19,540.
Child care credit . . . . .	90.	584.
Education tax credits . . . . .		1,305.
Child tax credit . . . . .		1,634.
Retirement savings contributions credit . . . . .		173.
Earned income credit . . . . .		362.
Other Information	Actual Per Return	National Average
Adjusted gross income . . . . .	98,324.	73,163.
Taxable income . . . . .	68,947.	49,605.
Income tax . . . . .	11,484.	6,749.
Alternative minimum tax . . . . .		1,352.
Total tax liability . . . . .	11,394.	7,137.

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** Mary E McManamon

**Primary SSN:** 383-68-6449

**Federal Return Submitted:** April 17, 2018 10:08 PM PDT

**Federal Return Acceptance Date:** \_\_\_\_\_

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Your return was electronically transmitted on 04/18/2018

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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 17, 2018. 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 17, 2018, your Intuit electronic postmark will indicate April 17, 2018, 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 17, 2018, and a corrected return is submitted and accepted before April 22, 2018. If your return is submitted after April 22, 2018, 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 15, 2018. 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 15, 2018, and the corrected return is submitted and accepted by October 20, 2018.

### 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.

**We need your consent - Early Access**

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at *complaints@tigta.treas.gov*.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

## Read and accept this Disclosure Consent

This is an IRS requirement

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### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

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Sign this agreement by entering your name:

Please type the date below:

Date

## Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:  
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

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### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Mary

McManamon

Please type the date below:

04/17/2018

Date





## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://irs.gov)) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://www.mymoney.gov).

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN  No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>3</sup>	Free option with your purchase of TurboTax Premium Services or TurboTax MAX <sup>2</sup>

<sup>1</sup>You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

<sup>2</sup>The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

<sup>3</sup>You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

Questions? Call 1-877-908-7228

## We need your consent - IRA Eligibility

This is an IRS requirement

TurboTax will use information from your tax return (your age, income, filing status and whether you're already covered by a retirement plan) so you can find IRA contribution options that help you get a tax break.

If you would like Intuit TurboTax to use your tax return information to determine whether these services are relevant to you while we are preparing your tax return, provide the information requested above, and sign and date this consent to the use of your tax return information.

If you are requesting use of personal information from a joint return, we need consent from both you and your spouse on the return.

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IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below.

First Name

Last Name

Please type the date below:

Date

First Name - Spouse

Last Name - Spouse

Please type the date below:

Date

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Check this box if you are preparing this return as a PRO preparer . . . . . ☐

### Preparer / Electronic Return Originator (ERO) Information

Preparer Name \_\_\_\_\_ Print name in signature area? ☐  
 Preparer Tax ID # (PTIN) \_\_\_\_\_  
 NY Tax Preparer Registration # \_\_\_\_\_ or NY Exclusion Code \_\_\_\_\_  
 For NM, OR Preparers Only: State ID# \_\_\_\_\_  
 Preparer E-mail \_\_\_\_\_ Print date on return? ☐  
 Preparer Phone \_\_\_\_\_ CAF # \_\_\_\_\_  
**Electronic Filing Only:** ERO Practitioner PIN \_\_\_\_\_

### Electronic Filing and Printing of Tax Return Information

#### Electronic Filing:

- ☐ File **federal** return electronically  
☐ File **state** returns electronically

Select state returns to file electronically:

State(s)

#### New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

#### Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS  
☐ State return printed and mailed to state agency

Select state returns to file by mail:

State(s)

#### Practitioner PIN Program:

- ☐ Sign return electronically using Practitioner PIN  
**Choose one:**  
☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)  
☐ Taxpayer(s) entered own PIN(s)  
☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). . . . . \_\_\_\_\_

Spouse's PIN filing a joint return (enter any 5 numbers) . . . . . \_\_\_\_\_

Date PIN entered. . . . . \_\_\_\_\_

### Identity Verification Information

#### Driver's License and/or State Id:

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

**Documents Used to Verify Primary Taxpayer Identity:**

- ☐ Driver's license
  - ☐ State issued identification card
  - ☐ Passport
  - ☐ Account statement from financial institution
  - ☐ Utility billing statement
  - ☐ Credit card billing statement
- 

**Finish and File Info:**

- ☐ To indicate a client return download in FnF

## Smart Worksheets From 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <span style="float: right;">11,484.</span>
Check if from:	
1	Tax table . . . . . <div style="float: right; border: 1px solid black; padding: 2px; text-align: center;">X</div>
2	Tax Computation Worksheet (see instructions) . . . . . <div style="float: right; border: 1px solid black; padding: 2px; text-align: center;"> </div>
3	Schedule D Tax Worksheet . . . . . <div style="float: right; border: 1px solid black; padding: 2px; text-align: center;"> </div>
4	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <div style="float: right; border: 1px solid black; padding: 2px; text-align: center;"> </div>
5	Schedule J . . . . . <div style="float: right; border: 1px solid black; padding: 2px; text-align: center;"> </div>
6	Form 8615 . . . . . <div style="float: right; border: 1px solid black; padding: 2px; text-align: center;"> </div>
7	Foreign Earned Income Tax Worksheet . . . . . <div style="float: right; border: 1px solid black; padding: 2px; text-align: center;"> </div>
<b>B</b>	Additional tax from Form 8814 . . . . . <span style="float: right;">_____</span>
<b>C</b>	Additional tax from Form 4972 . . . . . <span style="float: right;">_____</span>
<b>D</b>	Tax from additional Form(s) 4972 . . . . . <span style="float: right;">_____</span>
<b>E</b>	Recapture tax from Form 8863 . . . . . <span style="float: right;">_____</span>
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . <span style="float: right;">_____</span>
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . <span style="float: right;">_____</span>
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <span style="float: right;">11,484.</span>

SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

<b>Credit Limitation Smart Worksheet</b>	
<p><b>Note:</b> Line 10 is presently calculated by subtracting line B from line A. If zero or less, <b>stop</b>; you cannot take the credit.</p>	
<b>A</b>	The amount from Form 1040, line 47; Form 1040A, line 28; or Form 1040NR, line 45. . . . . <span style="float: right;">11,484.</span>
<b>B</b>	Enter the amount from Form 1040, line 48; or Form 1040NR, line 46. Form 1040A filers, enter -0- . . . . . <span style="float: right;">_____</span>

SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

<b>Line 5 Smart Worksheet</b>	
<b>A</b>	Line 3 times line 4 . . . . . <span style="float: right;">0.</span>
<b>B</b>	Amount deducted in prior year attributable to item recovered . . . . . <span style="float: right;">_____</span>
<b>C</b>	Lesser of line A or line B. . . . . <span style="float: right;">0.</span>

## SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

**Line 9 - Recalculated Prior Year Net Investment Income Tax Smart Worksheet**

<b>A</b>	Prior year Form 8960, line 13, modified adjusted gross income . . . . .	<u>93,553.</u>
<b>B</b>	Prior year Form 8960, line 14, threshold based on filing status . . . . .	<u>200,000.</u>
<b>C</b>	Prior year Form 8960, line 15, Subtract line B from A, not less than zero . . . . .	<u>0.</u>
<b>D</b>	Smaller of line 8 or line C . . . . .	<u>0.</u>
<b>E</b>	Recomputed net investment income tax. Multiply line D by 3.8% (.038) . . . . .	<u>0.</u>

## SMART WORKSHEET FOR: Federal Information Worksheet

**TurboTax for the Web Filing Status Smart Worksheet**Check this box to override the filing status selected thru Interview . . ☐

Marital Status . . . . . \_\_\_\_\_

Filing Status Selected . . . . . \_\_\_\_\_

## SMART WORKSHEET FOR: Dependent Information Worksheet (Maeve)

**Dependency Exemption/EIC Smart Worksheet**

**NOTE:** It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

**A** How many months did this person live with you? The whole year

**Note:** If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

**B** Who are the parents of this person?  
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse . . . . . ☐

Taxpayer . . . . . ☒

Spouse . . . . . ☐

**C** Did this person provide more than 1/2 their own support? . . . . . ☐ Yes ☒ No

**D** Was this person married on December 31, 2017 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? . . . . . ☐ Yes ☒ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2017 . . . . . ☐ Yes ☐ No

- If married, filed a joint return for the year . . . . . ☐ Yes ☐ No

- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. . . . . ☐ Yes ☐ No

- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately . . . . . ☐ Yes ☐ No

**E** Is this person a Full time student? . . . . . ☐ Yes ☐ No

**F** Is this person's gross income less than \$4,050? . . . . . ☐ Yes ☐ No

**1** Did you provide over 1/2 the support for this person?  
or  
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? . . . . . ☐ Yes ☐ No

**G** Is there an agreement with this person's other parent about who can claim this person as a dependent? . . . . . ☐ Yes ☒ No

**Note:** The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

**1** TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? . . . . . ☐ Yes ☐ No

Has the other parent waived their legal right so you can claim this dependent on your tax return? . . . . . ☐ Yes ☐ No

**H** Who will be claiming this person as a dependent as a result of:

- an agreement between the parents

- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? . . . . . ☒

Other parent in different return? . . . . . ☐

Someone else in different return? . . . . . ☐



SMART WORKSHEET FOR: Dependent Information Worksheet (Maeve)

**Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet**

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

- \* They received gross income greater than \$4,050 or more or
- \* They filed a joint return

☐

SMART WORKSHEET FOR: Dependent Information Worksheet (Maeve)

**Child Tax Credit, Special Circumstances Worksheet**

If this dependent does not meet the substantial presence test, check if either of these special circumstances applies to them (see Schedule 8812 Instructions):

- \* A valid first-year election was made for this child . . . . . ☐ Yes ☐ No
- \* This is your legally adopted child and a member of your household . . . . . ☐ Yes ☐ No

## SMART WORKSHEET FOR: Dependent Information Worksheet (Aisling)

**Dependency Exemption/EIC Smart Worksheet**

**NOTE:** It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

**A** How many months did this person live with you? The whole year

**Note:** If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

**B** Who are the parents of this person?  
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse . . . . . ☐

Taxpayer . . . . . ☒

Spouse . . . . . ☐

**C** Did this person provide more than 1/2 their own support? . . . . . ☐ Yes ☒ No

**D** Was this person married on December 31, 2017 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? . . . . . ☐ Yes ☐ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2017 . . . . . ☐ Yes ☐ No

- If married, filed a joint return for the year . . . . . ☐ Yes ☐ No

- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. . . . . ☐ Yes ☐ No

- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately . . . . . ☐ Yes ☐ No

**E** Is this person a Full time student? . . . . . ☐ Yes ☐ No

**F** Is this person's gross income less than \$4,050? . . . . . ☐ Yes ☐ No

**1** Did you provide over 1/2 the support for this person?  
or  
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? . . . . . ☐ Yes ☐ No

**G** Is there an agreement with this person's other parent about who can claim this person as a dependent? . . . . . ☐ Yes ☒ No

**Note:** The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

**1** TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? . . . . . ☐ Yes ☐ No

Has the other parent waived their legal right so you can claim this dependent on your tax return? . . . . . ☐ Yes ☐ No

**H** Who will be claiming this person as a dependent as a result of:

- an agreement between the parents

- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? . . . . . ☒

Other parent in different return? . . . . . ☐

Someone else in different return? . . . . . ☐

- A** Treat as substitute W-2 and generate a form 4852 . . . . . ☐

**B** Linked substitute W-2 Form 4852 . . . . . ► \_\_\_\_\_

**C** Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D** Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E** **QuickZoom** to completed Form 4852 for reference . . . . . ►

## SMART WORKSHEET FOR: Child Tax Credit Worksheet

<b>Line 6 Smart Worksheet</b>	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b> Enter the social security tax withheld (Form(s) W-2, box 4) . . . . .	6,210.
<b>B</b> Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . .	1,452.
<b>C</b> Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) . . . . .	0.
<b>D</b> Add line A, B, and C . . . . .	7,662.
<b>E</b> Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . .	0.
<b>F</b> Subtract line E from line D. . . . .	7,662.
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b> Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) . . . . .	
<b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
<b>H</b> Enter the Tier 1 tax (Form(s) W-2, box 14). . . . .	0.
<b>I</b> Enter the Medicare Tax (Form(s) W-2, box 14) . . . . .	0.
<b>J</b> Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N. . . . .	
<b>K</b> Add lines H, I, and J . . . . .	0.
<b>L</b> Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) . . . . .	
<b>M</b> Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) . . . . .	
<b>N</b> Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J . . . . .	
<b>O</b> Add line L, M, and N . . . . .	
<b>Line 6 Amount</b>	
<b>P</b> Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 . . . . .	7,662.

## SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

**Mortgage Interest Limited Smart Worksheet**

When mortgage interest is limited because the principal amount of the mortgage is over one million dollars or the home equity debt amount is over one-hundred-thousand dollars, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below.

**QuickZoom** to Deductible Home Mortgage Interest Worksheet . . . . . ▶

**Does your mortgage interest need to be limited:** Yes . . . ☐ No . . . ☐

**A Home mortgage interest and points reported on Form 1098:**

- 1 Sum of lines 5a through 5d below 6,052.25  
 2 Limited amount to report on Sch A, line 10 \_\_\_\_\_

**B Home mortgage interest not reported on Form 1098:**

- 1 Sum of lines 6a and 6b below \_\_\_\_\_  
 2 Limited amount to report on Sch A, line 11 \_\_\_\_\_

**C Points not reported on Form 1098:**

- 1 Sum of lines 7a through 7c below \_\_\_\_\_  
 2 Limited amount to report on Sch A, line 12 \_\_\_\_\_

## SMART WORKSHEET FOR: Misc Itemized Deductions Wks

**Depreciation Smart Worksheet**

- A** Enter Section 179 carryover from prior year . . . . . \_\_\_\_\_  
**B** **QuickZoom** to the Asset Entry Worksheet . . . . . ▶  
**C** **QuickZoom** to the Depreciation/Amortization Reports . . . . . ▶  
**D** **QuickZoom** to Form 4562 for Schedule A. . . . . ▶  
**E** Treat all MACRS assets for activity as qualified Indian reservation property? . . . ☐ Yes ☒ No  
**F** Treat all assets acquired after Aug. 27, 2005 as  
 qualified GO Zone property? . . . . . ☐ Regular ☐ Extension ☒ No  
**G** Treat all assets acquired after May 4, 2007 as  
 qualified Kansas Disaster Zone property? . . . . . ☐ Yes ☒ No  
**H** Was this property located in a Qualified Disaster Area? . . . . . ☐ Yes ☒ No

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Nontaxable Combat Pay Election Smart Worksheet**

**QuickZoom** to enter nontaxable combat pay on Form W-2 . . . . . ►

**A Taxpayer:**

1 Taxpayer, nontaxable combat pay . . . . . \_\_\_\_\_

1a Taxpayer, prior year nontaxable combat pay from 2016 . . . . . \_\_\_\_\_

**2 Election for earned income credit (EIC):**

Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . . ► ☐ Yes ☐ No

**3 Election for dependent care benefits (DCB):**

Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . . ► ☐ Yes ☐ No

**4 Election for child and dependent care credit:**

Elect taxpayer's nontaxable combat pay as earned income  
for child and dependent care credit? . . . . . ► ☐ Yes ☐ No

**B Spouse:**

1 Spouse, nontaxable combat pay . . . . . \_\_\_\_\_

1a Spouse, prior year nontaxable combat pay from 2016 . . . . . \_\_\_\_\_

**2 Election for earned income credit (EIC):**

Elect spouse's nontaxable combat pay as earned income for EIC? . . . . ► ☐ Yes ☐ No

**3 Election for dependent care benefits (DCB):**

Elect spouse's nontaxable combat pay as earned income for DCB? . . . . ► ☐ Yes ☐ No

**4 Election for child and dependent care credit:**

Elect spouse's nontaxable combat pay as earned income  
for child and dependent care credit? . . . . . ► ☐ Yes ☐ No

**C** You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment 8,162.

Amount due \_\_\_\_\_

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Eligible Hurricane and Wildfire Victims Smart Worksheet**

Election to use 2016 earned income for EIC and Additional Child Tax Credit

The "Yes" box must be marked on Line A and Line B for 2016 earned income to be used for EIC and Additional Child Tax Credit calculations.

**A Elect to use 2016 earned income for EIC**

**and Additional Child Tax Credit.** . . . . . ► ☐ Yes ☒ No

**B Taxpayer is eligible to elect to use 2016 earned income**

(see Publication 4492 for details) . . . . . ► ☐ Yes ☐ No

**C** Earned income for EIC from your 2016 return . . . . . 93,553.

**D** Current year earned income for EIC . . . . . 97,114.

If Line D is equal to or greater than Line C the taxpayer is not eligible to use 2016 earned income for EIC and Additional Child Tax Credit calculations.

**E** You may compare the tax benefit of electing to use 2016 Earned Income by checking the boxes on line A and B

Overpayment 8,162.

Amount due \_\_\_\_\_

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
<b>A</b>	Taxable and tax exempt interest . . . . . _____
<b>B</b>	Dividend income . . . . . _____
<b>C</b>	Capital gain net <b>income</b> . . . . . _____
<b>D</b>	Royalty and rental of personal property net <b>income</b> . . . . . _____
<b>E</b>	Passive activity net <b>income</b> :
1	Rental real estate net income or loss . . . . . _____
2	Farm rental net income or loss . . . . . _____
3	Partnerships and S corporations net income or loss . . . . . _____
4	Estates and trusts net income or loss . . . . . _____
5	Total of lines 1 through 4 . . . . . _____
6	Total passive activity net <b>income</b> , line 5 if greater than zero . . . . . _____
<b>F</b>	Interest and dividends from Forms 8814 . . . . . _____
<b>G</b>	Adjustments . . . . . _____
<b>H</b>	<b>Total investment income</b> , add lines A through G . . . . . <u>0.</u>
Is line H, <b>total investment income</b> over \$3,450? <input checked="checked" type="checkbox"/> <b>No.</b> You may take the credit. <input type="checkbox"/> <b>Yes. Stop.</b> You <b>cannot</b> take the credit.	

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

Qualifying Children Smart Worksheet										
First name Last name	MI Suff	Social security number Relationship	Year of birth				Was the child permanently and totally disabled during any part of 2017?		Lived with taxpayer in the U.S.	
			Was the child under age 24 at the end of 2017, a student, and younger than you (or your spouse, if filing jointly)?							
Maeve _____ McManamon	E _____	613-35-4025 Daughter	2000							
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Aisling _____ McManamon	F _____	658-84-6537 Daughter	2004						12	
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
_____	_____	_____	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

TAXABLE YEAR

**2017****California Online e-file Return Authorization  
for Individuals**

FORM

**8453-OL**

Your first name and initial MARY E		Last name MCMANAMON		Suffix	Your SSN or ITIN 383-68-6449
If filing jointly, spouse's/RDP's first name		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 5214F DIAMOND HEIGHTS		Apt. no. SP 235	PMB/private mailbox		Daytime telephone number (415) 603-0723
City SAN FRANCISCO				State CA	ZIP code 94114
Foreign country name		Foreign province/state/county			Foreign postal code

**Part I Tax Return Information** (whole dollars only)

1 California adjusted gross income. See instructions ..... **1** 97,114.

2 Refund or no amount due. See instructions ..... **2** 1,257.

3 Amount you owe. See instructions ..... **3**

**Part II Settle Your Account Electronically for Taxable Year 2017** (Payment due 4/17/2018)

4 ☒ Direct deposit of refund

5 ☐ Electronic funds withdrawal    5a Amount \_\_\_\_\_    5b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

**Part III Make Estimated Tax Payments for Taxable Year 2018** These are not installment payments for the current amount you owe.

	First Payment Due 4/17/2018	Second Payment Due 6/15/2018	Third Payment Due 9/17/2018	Fourth Payment Due 1/15/2019
6 Amount				
7 Withdrawal date				

**Part IV Banking Information** (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 1,257.    12 The remaining amount of my refund for direct deposit \_\_\_\_\_

9 Routing number 121000358    13 Routing number \_\_\_\_\_

10 Account number 000033132341    14 Account number \_\_\_\_\_

11 Type of account: ☒ Checking    ☐ Savings    15 Type of account: ☐ Checking    ☐ Savings

**Part V Declaration of Taxpayer(s)**

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2017 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign  
Here**

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.  
*It is unlawful to forge a spouse's/RDP's signature.*

Date



**2017 California Resident Income Tax Return****540**

APE

ATTACH FEDERAL RETURN

383-68-6449 MCMA  
MARY E MCMANAMON

17

A  
R  
RP5214F DIAMOND HEIGHTS  
SAN FRANCISCO CA 94114

SP 235

07-09-1955

Filing Status	1	<input type="checkbox"/>	Single	4	<input checked="" 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. ☐► 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 \$114 = ☒ \$ 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☒ 8  X \$114 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☒ 9  X \$114 = ☒ \$ 10 **Dependents: Do not include yourself or your spouse/RDP.**

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> MAEVE E	<input checked="" type="radio"/> AISLING F	<input checked="" type="radio"/>
Last Name	<input checked="" type="radio"/> MCMANAMON	<input checked="" type="radio"/> MCMANAMON	<input checked="" type="radio"/>
SSN	<input checked="" type="radio"/> 6 1 3 3 5 4 0 2 5	<input checked="" type="radio"/> 6 5 8 8 4 6 5 3 7	<input checked="" type="radio"/>
Dependent's relationship to you	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/>

Total dependent exemptions ☒ 10  X \$353 = ☒ \$ 11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ☒ 11 \$

Your name: M C M A N A M O N

Your SSN or ITIN: 383-68-6449

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. • 12 97114.00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. • 13 98324.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B • 14 1210.00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions • 15 97114.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. • 16 .00
- 17 California adjusted gross income. Combine line 15 and line 16. • 17 97114.00
- 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. . . . . \$4,236  
• Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . . \$8,472  
If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . . • 18 12180.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- • 19 84934.00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule  
☐ FTB 3800 ☐ FTB 3803 • 31 3747.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203, see instructions • 32 820.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- • 33 2927.00
- 34 Tax. See instructions. Check the box if from: • ☐ Schedule G-1 • ☐ FTB 5870A • 34 .00
- 35 Add line 33 and line 34 • 35 2927.00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions • 40 31.00
- 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 31.00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- • 48 2896.00

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 2896.00

Your name: M C M A N A M O N

Your SSN or ITIN: 383-68-6449

Payments

71	California income tax withheld. See instructions . . . . .	● 71	4153	.00
72	2017 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	4153	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions . . . . . ● 91 0.00

If line 91 is zero, check if: ☒ No use tax is owed.

☐ You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 . . . . .	⊙ 92	4153	.00
93	<b>Use Tax balance.</b> 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	1257	.00
95	Amount of line 94 you want applied to your <b>2018</b> estimated tax . . . . .	● 95		.00
96	Overpaid tax available this year. Subtract line 95 from line 94 . . . . .	● 96	1257	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64 . . . . .	⊙ 97		.00

Your name:

M C M A N A M O N

Your SSN or ITIN:

383-68-6449

## Contributions

	<b>Code</b>	<b>Amount</b>
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 Voluntary Tax Contribution Program . . . . .	● 403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund . . . . .	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution 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 Voluntary Tax Contribution Fund . . . . .	● 413	<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 Voluntary Tax Contribution Fund . . . . .	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution 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
California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	● 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	● 440	<input type="text"/> .00
<b>110</b> Add code 400 through code 440. This is your total contribution . . . . .	● 110	<input type="text"/> .00

Your name: M C M A N A M O N

Your SSN or ITIN: 383-68-6449

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/pay](http://ftb.ca.gov/pay) 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 1 2 5 7 .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

1 2 1 0 0 0 3 5 8

☐ Savings

0 0 0 0 3 3 1 3 2 3 4 1

1 2 5 7 .00

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

.00

**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/forms](http://ftb.ca.gov/forms) and search for **1131**. 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

( 4 1 5 ) 6 0 3 - 0 7 2 3

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

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

SELF-PREPARED

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

PTIN

Joint tax return?  
(See instructions)

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

( )

**2017 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

M A R Y E M C M A N A M O N

3 8 3 6 8 6 4 4 9

**Part I Income Adjustment Schedule****Section A — Income**

	<b>A Federal Amounts</b> (taxable amounts from your federal tax return)	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>7</b> Wages, salaries, tips, etc. See instructions before making an entry in column B or C . . . . . <b>7</b>	<input type="radio"/> 97,114.	<input type="radio"/>	<input type="radio"/>
<b>8</b> Taxable interest <b>(b)</b> . . . . . <b>8(a)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9</b> Ordinary dividends. See instructions. <b>(b)</b> . . . . . <b>9(a)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>10</b> Taxable refunds, credits, offsets of state and local income taxes . . . . . <b>10</b>	<input type="radio"/> 1,210.	<input type="radio"/> 1,210.	<input type="radio"/>
<b>11</b> Alimony received . . . . . <b>11</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12</b> Business income or (loss) . . . . . <b>12</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>13</b> Capital gain or (loss). See instructions. . . . . <b>13</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>14</b> Other gains or (losses) . . . . . <b>14</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>15</b> IRA distributions. See instructions. <b>(a)</b> . . . . . <b>15(b)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>16</b> Pensions and annuities. See instructions. <b>(a)</b> . . . . . <b>16(b)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . <b>17</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>18</b> Farm income or (loss) . . . . . <b>18</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>19</b> Unemployment compensation . . . . . <b>19</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>20</b> Social security benefits <b>(a)</b> <input checked="" type="radio"/> . . . . . <b>20(b)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>21</b> Other income.			
<b>a</b> California lottery winnings		<b>a</b> <input type="radio"/>	<b>a</b> <input type="radio"/>
<b>b</b> Disaster loss deduction from FTB 3805V		<b>b</b> <input type="radio"/>	<b>b</b> <input type="radio"/>
<b>c</b> Federal NOL (Form 1040, line 21)		<b>c</b> <input type="radio"/>	<b>c</b> <input type="radio"/>
<b>d</b> NOL deduction from FTB 3805V		<b>d</b> <input type="radio"/>	<b>d</b> <input type="radio"/>
<b>e</b> NOL from FTB 3805Z, 3806, 3807, or 3809		<b>e</b> <input type="radio"/>	<b>e</b> <input type="radio"/>
<b>f</b> Other (describe): <input type="radio"/>		<b>f</b> <input type="radio"/>	<b>f</b> <input type="radio"/>
<b>22 Total.</b> 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. . . . . <b>22</b>	<input type="radio"/> 98,324.	<input type="radio"/> 1,210.	<input type="radio"/>

**Section B — Adjustments to Income**

<b>23</b> Educator expenses . . . . . <b>23</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>24</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>24</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>25</b> Health savings account deduction . . . . . <b>25</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>26</b> Moving expenses . . . . . <b>26</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>27</b> Deductible part of self-employment tax . . . . . <b>27</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>28</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>28</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>29</b> Self-employed health insurance deduction . . . . . <b>29</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>30</b> Penalty on early withdrawal of savings . . . . . <b>30</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>31a</b> Alimony paid. <b>(b)</b> Recipient's: SSN <input checked="" type="radio"/> - - - - -			
Last name <input checked="" type="radio"/> . . . . . <b>31a</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>32</b> IRA deduction . . . . . <b>32</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>33</b> Student loan interest deduction . . . . . <b>33</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>34</b> Tuition and fees . . . . . <b>34</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>35</b> Domestic production activities deduction . . . . . <b>35</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>36</b> Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions . . . . . <b>36</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>37 Total.</b> Subtract line 36 from line 22 in columns A, B, and C. See instructions . . . . . <b>37</b>	<input type="radio"/> 98,324.	<input type="radio"/> 1,210.	<input type="radio"/>

**Part II Adjustments to Federal Itemized Deductions**

<b>38</b>	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"/> <b>38</b>	<input type="text" value="17,227."/>
<b>39</b>	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 <b>only</b> ). See instructions . . . . .	<input checked="" type="radio"/> <b>39</b>	<input type="text" value="5,047."/>
<b>40</b>	Subtract line 39 from line 38 . . . . .	<input checked="" type="radio"/> <b>40</b>	<input type="text" value="12,180."/>
<b>41</b>	Other adjustments including California lottery losses. See instructions. Specify <input type="text"/>	<input checked="" type="radio"/> <b>41</b>	<input type="text"/>
<b>42</b>	Combine line 40 and line 41 . . . . .	<input checked="" type="radio"/> <b>42</b>	<input type="text" value="12,180."/>
<b>43</b>	<b>Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>		
	Single or married/RDP filing separately . . . . .		<b>\$187,203</b>
	Head of household . . . . .		<b>\$280,808</b>
	Married/RDP filing jointly or qualifying widow(er) . . . . .		<b>\$374,411</b>
	<b>No.</b> Transfer the amount on line 42 to line 43.		
	<b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 . . . . .	<input checked="" type="radio"/> <b>43</b>	<input type="text" value="12,180."/>
<b>44</b>	<b>Enter the larger of the amount on line 43 or your standard deduction listed below</b>		
	Single or married/RDP filing separately. See instructions. . . . .		<b>\$4,236</b>
	Married/RDP filing jointly, head of household, or qualifying widow(er) . . . . .		<b>\$8,472</b>
	<b>Transfer the amount on line 44 to Form 540, line 18 . . . . .</b>	<input checked="" type="radio"/> <b>44</b>	<input type="text" value="12,180."/>

**2017 Child and Dependent Care Expenses Credit****3506**

Attach to your California Form 540 or Long Form 540NR.

Name(s) as shown on tax return

SSN or ITIN

M A R Y E M C M A N A M O N

3 8 3 6 8 6 4 4 9

**Part I Unearned Income and Other Funds Received in 2017.** See instructions.

Source of Income/Funds	Amount	Source of Income/Funds	Amount

**Part II Persons or Organizations Who Provided the Care in California – You must complete this part.** See instructions.

**1** Enter the following information for each person or organization that provided care in California. **Only care provided in California qualifies for the credit.**  
If you need more space, attach a separate sheet.

	Provider	Provider
<b>a.</b> Care provider's name	THE YMCA OF SAN FRANCISCO STONESTOWN BRANCH	
<b>b.</b> Care provider's address (number, street, apt. no., city, state, and ZIP Code)	333 EUCALYPTUS DRIVE SAN FRANCISCO CA 94132	
<b>c.</b> Care provider's telephone number	415-242-7100	
<b>d.</b> Is provider a person or organization?	<input type="checkbox"/> Person <input checked="" type="checkbox"/> Organization	<input type="checkbox"/> Person <input type="checkbox"/> Organization
<b>e.</b> Identification number (SSN, ITIN, or FEIN)	TAXEXEMPT	
<b>f.</b> Address where care was provided (number, street, apt. no., city, state, and ZIP Code) PO Box not acceptable.	333 EUCALYPTUS DRIVE SAN FRANCISCO CA 94132	
<b>g.</b> Amount paid for care provided	449.	

**Did you receive dependent care benefits?** ▶▶▶▶▶ No. Complete Part III below.  
Yes. Complete Part IV on Side 2 before you complete Part III.

**Part III Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s).** See instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number (SSN) (See instructions)	(c) Qualifying person's date of birth (DOB – mm/dd/yyyy) or disability status	(d) Percentage of physical custody (See instructions)	(e) Qualified expenses you incurred and paid in 2017 for the qualifying person's care in California
First	Last				
AISLING	MCMANAMON	658-84-6537	DOB: 12/28/2004 Disabled <input checked="" type="checkbox"/> Yes	100	449.
			DOB: _____ Disabled <input type="checkbox"/> Yes		
			DOB: _____ Disabled <input type="checkbox"/> Yes		

<b>3</b> Add the amounts in column (e) of line 2. <b>Do not</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more qualifying persons. If you completed Side 2, Part IV, enter the amount from line 33 . . . . .	<b>3</b>	449.00
<b>4</b> Enter YOUR <b>earned income</b> . See instructions. . . . . <b>Nonresidents:</b> Enter only your earned income <b>from California sources</b> . If you do not have earned income from California sources, <b>stop</b> , you <b>do not</b> qualify for the credit. Military servicemembers, see instructions. <b>Part-year residents:</b> Enter the total of (1) your earned income <b>from California sources</b> received while you were a nonresident and (2) all earned income received while you were a resident. Military servicemembers, see instructions.	<b>4</b>	97,114.00
<b>5</b> If married or an RDP filing a joint return, enter YOUR SPOUSE'S/RDP's earned income. (If your spouse/RDP was a student or was disabled, see the instructions.) If you are not filing a joint tax return, enter the amount from line 4 . . . . . <b>Nonresidents:</b> Enter only your spouse's/RDP's earned income <b>from California sources</b> . If your spouse/RDP does not have earned income from California sources, <b>stop</b> , you <b>do not</b> qualify for the credit. Military servicemembers, see line 4 instructions. <b>Part-year residents:</b> Enter the total of (1) your spouse's/RDP's earned income <b>from California sources</b> received while he or she was a nonresident and (2) all earned income your spouse/RDP received while he or she was a resident. Military servicemembers, see line 4 instructions.	<b>5</b>	97,114.00
<b>6</b> Enter the <b>smallest</b> of line 3, line 4, or line 5 . . . . .	<b>6</b>	449.00
<b>7</b> Enter the decimal amount shown in the chart of the instructions for line 7 . . . . .	<b>7</b>	X. 0.20
<b>8</b> Multiply line 6 by the decimal amount on line 7. . . . .	<b>8</b>	90.00
<b>9</b> Enter the decimal amount listed in the chart of the instructions for line 9 . . . . .	<b>9</b>	X. 0.34
<b>10</b> Multiply the amount on line 8 by the decimal amount on line 9. . . . .	<b>10</b>	31.00
<b>11</b> Credit for prior year expenses paid in 2017. See instructions . . . . .	<b>11</b>	00
<b>12</b> Add line 10 and line 11. Enter the amount here and on Form 540, line 40; or Long Form 540NR, line 50. . . . .	<b>12</b>	31.00



**2017 Head of Household Filing Status Schedule****3532**

Attach to your California Form 540, Long or Short Form 540NR, or Form 540 2EZ.

Name(s) as shown on tax return

MARY E MCMANAMON

SSN or ITIN

3 8 3 6 8 6 4 4 9

**Part I – Marital Status****1** Check one box below to identify your marital status. See instructions.

- a** Not legally married/RDP during 2017 ..... ☒ **1a** ☒
- b** Widow/widower (my spouse/RDP died before 01/01/2017) ..... ☒ **1b** ☐
- c** Marriage/RDP was annulled. .... ☒ **1c** ☐
- d** Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2017. .... ☒ **1d** ☐
- e** Legally married/RDP and did not live with spouse/RDP during 2017. .... ☒ **1e** ☐
- f** Legally married/RDP and lived with spouse/RDP during 2017. List the beginning and ending dates for each period when you lived together. .... ☒ **1f** ☐

From:  To:  From:  To:

**Part II – Qualifying Person****2** Check one box below to identify the relationship of the person that qualifies you for the head of household filing status. See instructions.

- a** Son, daughter, stepson, or stepdaughter ..... ☒ **2a** ☒
- b** Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece ..... ☒ **2b** ☐
- c** Eligible foster child. .... ☒ **2c** ☐
- d** Father, mother, stepfather, or stepmother ..... ☒ **2d** ☐
- e** Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt ..... ☒ **2e** ☐

**Part III – Qualifying Person Information****3** Information about your qualifying person. See instructions.

First Name ..... ☒ MAEVE E

Last Name ..... ☒ MCMANAMON

SSN ..... ☒ 613-35-4025

DOB (MM/DD/YYYY) If your qualifying person is age 19 or older in 2017, go to line 3a. If not, go to line 4. .... ☒ 09/05/2000

- a** Was your qualifying person a full time student under age 24 in 2017? ..... ☒ **3a** ☐ Yes ☐ No
- b** Was your qualifying person permanently and totally disabled in 2017? ..... ☒ **3b** ☐ Yes ☐ No

**4** Enter qualifying person's gross income in 2017. See instructions. .... ☒ 0.**5** Number of days your qualifying person lived with you during 2017. See instructions. .... ☒ 365

When calculating the total number of days your qualifying person lived with you, you may include any days your qualifying person was temporarily absent from your home. For example, illness, education, business, vacation, military service, and incarceration. In the event of a birth or death of your qualifying person during the year, enter 365 days.

## Schedule P

## Credits That Reduce Tax Statement

2017

Name Mary E McManamon		Social Security Number 383-68-6449		
	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
I Schedule P/P(540NR), Part III, Section A, line 5, column (c) . . . . .			1,341.	
<b>II Credits that reduce excess tax and have carryover provisions.</b>				
<b>Code</b>	<b>Credit Name</b>			
223	Motion Picture and Television Production . . . . .			
			1,341.	
205	Disabled Access . . . . .			
			1,341.	
204	Donated Agricultural Products Transportation . . . . .			
			1,341.	
190	Employer Childcare Contribution . . . . .			
			1,341.	
189	Employer Child Care Program . . . . .			
			1,341.	
203	Enhanced Oil Recovery . . . . .			
			1,341.	
218	Environmental Tax . . . . .			
			1,341.	
207	Farmworker Housing . . . . .			
			1,341.	
198	Local Agency Military Base Recovery Area Hiring . . . . .			
			1,341.	
198	Local Agency Military Base Recovery Area Sales or Use Tax . . . . .			
			1,341.	
211	Manufacturing Enhancement Area Hiring . . . . .			
			1,341.	
220	New Jobs . . . . .			
			1,341.	
237	New Motion Picture & Television . . . . .			
			1,341.	
238	New Donated Fresh Fruits or Vegetables . . . . .			
			1,341.	
234	New Employment . . . . .			
			1,341.	
175	Agricultural Products . . . . .			
			1,341.	
209	Community Development Financial Institution Deposits Credit . . . . .			
			1,341.	
224	Donated Fresh Fruits or Vegetables Credit . . . . .			
			1,341.	
194	Employee Ridesharing . . . . .			
			1,341.	
191	Employer Ridesharing (Large) . . . . .			
			1,341.	
192	Employer Ridesharing (Small) . . . . .			
			1,341.	
193	Employer Ridesharing (Transit Passes) . . . . .			
			1,341.	
182	Energy Conservation . . . . .			
			1,341.	
160	Low Emission Vehicles . . . . .			
			1,341.	
184	Political Contributions . . . . .			
			1,341.	
174	Recycling Equipment . . . . .			
			1,341.	
186	Residential Rental and Farm Sales . . . . .			
			1,341.	
206	Rice Straw . . . . .			
			1,341.	
171	Ridesharing . . . . .			
			1,341.	
200	Salmon and Steelhead Trout Habitat Restoration . . . . .			
			1,341.	
179	Solar Pump . . . . .			
			1,341.	
178	Water Conservation . . . . .			
			1,341.	

161 Young Infant . . . . .			1,341.	
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Mary E McManamon

383-68-6449

Page 2

	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
III Schedule P/P(540NR), Part III, Section B, line 15, column (c) . . . . .			2,896.	
IV Credits that reduce net tax and have carryover provisions.				
Code                      Credit Name				
233 California Competes . . . . .			2,896.	
235 College Access . . . . .			2,896.	
197 Child Adoption . . . . .			2,896.	
176 Enterprise Zone Hiring			2,896.	
176 Enterprise Zone Sales or Use Tax . .			2,896.	
172 Low-Income Housing . . . . .			2,896.	
213 Natural Heritage Preservation . . . . .			2,896.	
183 Research . . . . .			2,896.	
210 Targeted Tax Area Hiring . . . . .			2,896.	
210 Targeted Tax Area Sales or Use Tax .			2,896.	
196 Commercial Solar Electric System . .			2,896.	
181 Commercial Solar Energy . . . . .			2,896.	
185 Orphan Drug . . . . .			2,896.	
180 Solar Energy . . . . .			2,896.	

# California Information Worksheet

► Keep for your records

2017

## Part I — Personal Information

### Taxpayer:

First Name . . . . . Mary  
 Middle Initial . . . . . E Suffix . . . . .  
 Last Name . . . . . McManamon  
 Social Security No. . . . . 383-68-6449  
 Date of Birth . . . . . 07/09/1955 (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . 62  
 Date of Death . . . . . (mm/dd/yyyy)  
 Legally blind . . . . . ☐  
 Daytime Phone . . . . . (415) 603-0723 Ext  
 Home phone . . . . .  
 Your email address to print on Form 540, 540NR or 540X (optional) . . . . .  
 Check to print phone number on Form 540. . ☒ Taxpayer daytime ☐ Spouse/RDP day ☐ Home

### Spouse/RDP:

First Name . . . . .  
 Middle Initial . . . . . Suffix . . . . .  
 Last Name . . . . .  
 Social Security No. . . . .  
 Date of Birth . . . . . (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . .  
 Date of Death . . . . . (mm/dd/yyyy)  
 Legally blind . . . . . ☐  
 Daytime Phone . . . . . Ext

c/o Address . . . . .  
 Street Address . . . 5214F Diamond Heights  
 Unit Description . . SP Unit Number 235 Private Mailbox (PMB) . . .  
 City . . . . . San Francisco State . . . . . CA ZIP Code . . . . . 94114  
 Foreign province/county Foreign postal code  
 Foreign country . . . . .

### Military Filers:

☐ APO ☐ FPO  
 For Military Extension:  
 Military indicator . . ► Taxpayer Spouse/RDP

## Part II — Main Form

☒ Form 540: Resident Income Tax Return. . . . . ►  
☐ Form 540NR: Nonresident or Part-Year Resident Income Tax Return . . . . . ►  
 Enter your state of residence as of December 31, 2017 . . . . . CA  
☒ Resident entire year  
☐ Resident part of year  
 Date you established residence in state above . . . . .  
 In which state (or foreign country) did you reside before this change? . . . . .  
**QuickZoom** to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ►

## Part III — Filing Status

☐ Single  
☐ Married/RDP filing joint return  
☐ Married/RDP filing separate return  
☐ You **did not** live with spouse at any time during the year  
**Yes No**  
☐ ☐ If filing electronically, is spouse a CA Nonresident?  
☐ ☐ If filing electronically, is spouse Active Duty Military?  
☒ Head of household (with qualifying person) **Stop.** See instructions.  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's name . . . . .  
 Child's social security number . . . . .  
☐ Qualifying widow(er)  
 Year spouse/RDP died . . . ☐ 2015 ☐ 2016  
☐ Check the box if your California filing status is different from your federal filing status.

## Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship
<u>Maeve</u>	<u>E</u>	<u>McManamon</u>	<u>613-35-4025</u>	<u>Daughter</u>
<u>Aisling</u>	<u>F</u>	<u>McManamon</u>	<u>658-84-6537</u>	<u>Daughter</u>

**Part V – Standard Deduction/Itemized Deductions**

- ☐ Calculate California itemized deductions even if itemized deductions are less than the standard deduction
- ☐ You are married filing separately and your spouse itemized deductions
- ☐ Take the standard deduction even if less than itemized deductions

**Part VI – Other Information****Prior Name:**

If you filed your 2016 return under a different last name, enter the last name **only** from the 2016 return . . . . ▶ Taxpayer . \_\_\_\_\_ Spouse/RDP \_\_\_\_\_

**Dependent of Someone Else:**

**Taxpayer** **Spouse**

- ☐ ☐ Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

**Interest and Penalties:**

Returns filed late: Enter interest, late return and late payment penalties . . . . . \_\_\_\_\_

**Farmers and Fishermen:**

- ☐ At least two-thirds of your 2016 or 2017 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2018

**Mandatory Electronic Payments**

- ☐ You are required to make California tax payments electronically
- ☐ A waiver is or will be in effect for the current year
- ☐ Force print all payment vouchers even if required to pay electronically

**Schedule W-2:**

- ☐ You do **not** want to complete Schedule W-2

**Executor/Guardian Information:**

Executor/Guardian . . . . . First Name MI Last Name Suf.  
 Executor type (if filing electronically) . \_\_\_\_\_

**Third Party Designee:**

**Yes** **No**

- ☐ ☐ Do you want to allow another person to discuss your return with the Franchise Tax Board?

If yes, enter the person's name . . . . Telephone . . . .  
 First . Middle init . Last Name Suffix \_\_\_\_\_

**Disasters:**

- ☐ Claiming a disaster loss (see FTB Publication 1034)

**QuickZoom** to enter disaster explanation . . . . . ▶ \_\_\_\_\_

**Outside of the USA:**

- ☐ You were living or traveling outside the United States on April 17, 2018

**Special Condition Text** (prints at the top of Form 540 or 540NR)**Part VII – Direct Deposit Information or Direct Debit Information**

**Yes** **No**

- ☒ ☐ Do you want to elect direct deposit of state tax refund?
- ☐ ☐ Do you want direct debit of state tax payment (Electronic Filing Only)?

**Bank Information:**

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:

Name of Financial Institution (optional) . . . . . BankOfAmerica  
 Account type . . . . . Checking ☒ Savings ☐  
 Routing number . . . . . 121000358  
 Account number . . . . . 000033132341

**Enter the following information only if you are requesting direct debit of balance due:**

Enter the payment date to debit the account above . . . . .  
 State balance-due amount from this return . . . . .

**International ACH Transactions**

Yes No

☐☒

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part VIII – California Contributions**

1	California Seniors Special Fund (Taxpayer) . . . . .	1	
2	California Seniors Special Fund (Spouse/RDP) . . . . .	2	
3	Alzheimer's Disease and Related Disorders Fund . . . . .	3	
4	Rare and Endangered Species Preservation Program . . . . .	4	
5	California Breast Cancer Research Fund . . . . .	5	
6	California Firefighters' Memorial Fund . . . . .	6	
7	Emergency Food For Families Fund . . . . .	7	
8	California Peace Officer Memorial Foundation Fund . . . . .	8	
9	California Sea Otter Fund . . . . .	9	
10	California Cancer Research Fund . . . . .	10	
11	School Supplies for Homeless Children Fund . . . . .	11	
12	State Parks Protection Fund/Parks Pass Purchase . . . . .	12	
13	Protect Our Coast and Oceans Fund . . . . .	13	
14	Keep Arts in Schools Fund . . . . .	14	
15	State Children's Trust Fund for the Prevention of Child Abuse . . . . .	15	
16	Prevention of Animal Homelessness & Cruelty Fund . . . . .	16	
17	Revive the Salton Sea Fund . . . . .	17	
18	California Domestic Violence Victims Fund . . . . .	18	
19	Special Olympics Fund . . . . .	19	
20	Type 1 Diabetes Research Fund . . . . .	20	
21	California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	21	
22	Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	22	
23	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	23	
24	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	24	
25	Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	25	

**Part IX – Extension Status**

Yes No

☐☒

Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return? . . . . .

If Yes, enter the extended due date . . . . .

**QuickZoom** to Form 3519: Payment voucher for automatic extension . . . . . ▶**Automatic extension information for military filers (Electronic Filing Only):**

	Taxpayer	Spouse
Beginning Military Date . . . . .		
Ending Military Date . . . . .		
Combat zone/QHDA Operation or Area Served . . . . .		

**Part X – Amended Return**☐ Are you filing a California amended return?

Enter the tax year you are amending . . . . .

Previous California payment made . . . . .

Previous California refund received . . . . .

**QuickZoom** here to Schedule X . . . . . ▶**QuickZoom** to Form 540 . . . . . ▶**QuickZoom** to Form 540NR. . . . . ▶

# Interest and Dividend Adjustments Worksheet

**2017**

Name as Shown on Return <u>Mary E McManamon</u>	Social Security Number <u>383-68-6449</u>
--	--

Interest Income Adjustments	(B) Subtractions	(C) Additions
<b>1</b> Bonds or obligations of the United States or any of its territories* . . . . .		
<b>2</b> Loans made in an enterprise zone . . . . .		
<b>3</b> Interest on obligations of District of Columbia issued after December 27, 1973 . . . . .		
<b>4</b> Additional interest on state, county, city, town or other local government bonds issued by or in a state other than California . . . .		
<b>5</b> California interest adjustments from K-1's . . . . .		
<b>6</b> Interest earned from Health Savings Account . . . . .		
<b>7</b> Interest from Ottoman Turkish Empire Settlement Payments . . . . .		
<b>8</b> Other interest income subtraction . . . . .		
<b>9</b> Tax exempt interest from other states or that do not meet 50% rule . . . . .		
<b>10 a</b> Canadian RRSP undistributed interest income from Form 8891 . . . .		
<b>b</b> RRSP total interest income for the year . . . . .		
<b>11</b> Interest from Build America Bond . . . . .		
<b>12</b> Other adjustments (itemize):		
<b>a</b> -----		
<b>b</b> -----		
<b>c</b> -----		
<b>d</b> -----		
Total adjustments from taxable interest income. Enter here and on Schedule CA (540/540NR), line 8. . . . .		

Dividend Income Adjustments	(B) Subtractions	(C) Additions
<b>13</b> Controlled foreign corporation dividends . . . . .		
<b>14</b> Regulated investment company (RIC) capital gains . . . . .		
<b>15</b> Distributions of pre-1987 earnings from S Corporations . . . . .		
<b>16</b> U.S. obligations dividends adjustment . . . . .		
<b>17</b> California dividend adjustments from K-1's . . . . .		
<b>18 a</b> Canadian RRSP undistributed dividend income from Form 8891 . . . .		
<b>b</b> RRSP total interest dividend for the year . . . . .		
<b>19</b> Other adjustments (itemize):		
<b>a</b> -----		
<b>b</b> -----		
<b>c</b> -----		
<b>d</b> -----		
<b>e</b> Dividend earned from Health Savings Account . . . . .		
Total adjustments from taxable dividend income. Enter here and on Schedule CA (540/540NR), line 9. . . . .		

\* Do not make adjustments in either column B or column C for the amount of interest you earned on Federal National Mortgage Association (Fannie Mae) Bonds, Government National Mortgage Association (Ginnie Mae) Bonds, and Federal Home Loan Mortgage Corporations (FHLMC) securities. California law is the same as federal law for these types of interest income.

**Schedule CA**  
**Line 21**

**California Other Income Statement**

► Attach to return (after all other FTB forms)

**2017**

Name as Shown on Return  
Mary E McManamon

Social Security Number  
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	(B) Subtractions	(C) Additions
1 Olympic medals and prize money . . . . .		
2 Native American income, Form 3504 . . . . .		
3 Reward from a crime hotline . . . . .		
4 Federal foreign earned income or housing exclusion, from Form 2555 . . . . .		
5 Beverage container recycling income . . . . .		
6 Rebates or vouchers from a local water agency, energy agency or energy supplier . . . . .		
7 Financial incentive for turf removal . . . . .		
8 Financial incentive for seismic improvement . . . . .		
9 Original issue discount (OID) for debt instruments issued in 1985 and 1986 . . . . .		
10 Foreign income of nonresident aliens . . . . .		
11 Cost-share payments received by forest landowners . . . . .		
12 Coverdell (ESA) distributions . . . . .		
13 HSA distributions for unqualified medical expense . . . . .		
14 Distributions rolled over from MSA to HSA account (Form 3805P) . .		
15 Grants paid to low-income individuals . . . . .		
16 California National Guard Surviving Spouse & Children Relief Act of 2004 . . . . .		
17 Ottoman Turkish Empire Settlement Payments . . . . .		
18 Federal form 8814/California form 3803 adjustment . . . . .		
19 Other income, from Schedule(s) K-1 . . . . .		
20 Canceled debt income. . . . .		
21 a Canadian RRSP undistributed other income from Form 8891 . . . . .		
b RRSP total other income for the year . . . . .		
Other taxable income:		
22 a		
b		
c		
d		
e		
f		
g		
23 <b>Total.</b> Add lines 1 through 23. Enter here and on Schedule CA or Schedule CA(NR), line 21f. . . . .		



# Tax Payments Worksheet

**2017**

► Keep for your records

Name <u>Mary E McManamon</u>	Social Security Number <u>383-68-6449</u>
---------------------------------	--

## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .	<b>6</b>	
7	Amount paid with current year extension . . . . .	<b>7</b>	
8	<b>Total tax payments . . . . .</b>	<b>8</b>	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	<b>9</b>	4,153.
10	State withholding on Forms W-2G . . . . .	<b>10</b>	
11	State withholding on Forms 1099-R . . . . .	<b>11</b>	
12 a	State withholding on Forms 1099-MISC . . . . .	<b>12 a</b>	
b	State withholding on Forms 1099-G . . . . .	<b>b</b>	
c	State withholding on Forms 1099-K . . . . .	<b>c</b>	
13	Other state tax withholding . . . . .	<b>13</b>	
14	<b>Total income tax withheld . . . . .</b>	<b>14</b>	4,153.
15	Date return will be filed and balance paid . . . . .	<b>15</b>	

# Use Tax Worksheet

2017

► Keep for your records

Name as Shown on Return  
Mary E McManamon

Social Security Number  
383-68-6449

Use the Use Tax Worksheet to calculate use tax liability if any of the following apply:

- You prefer to calculate the amount of use tax due based upon actual purchases subject to use tax.
- Owe use tax on non-business purchases of individual items of property with a sale price \$1,000 or more.
- Owe use tax on any item purchased for use in a trade or business not registered with the Board of Equalization.

If you have a combination of individual items purchased for \$1,000 or more and individual, non-business items purchased for less than \$1,000 you may either:

- Use the Use Tax Worksheet to compute use tax due on all purchases, or
- Use the Use Tax Worksheet to compute use tax due on all individual items purchases for \$1,000 or more and use the Estimated Use Tax Table to estimate the use tax due on individual, non-business items purchased for less than \$1,000.

Round all amounts to the nearest whole dollar.

## Use Tax Worksheet

(a) Purchases from out-of-state	(b) Sales and use tax rate	(c) Sales and use tax rate	(d) (a) x (c)	(e) Use tax paid to other state	(f) Use tax due
		%			
		%			
		%			
		%			

A. Use tax amount based on table above. . . . .

## Estimated Use Tax Table

Use the Estimated Use Tax Table below to estimate and report the use tax due on individual non-business items you purchased for less than \$1,000 each, instead of reporting your use tax liability determined using the Use Tax Worksheet above.

Adjusted Gross Income AGI Range	Use Tax
Less than \$10,000	\$2
\$10,000 - \$19,999	\$6
\$20,000 - \$29,999	\$10
\$30,000 - \$39,999	\$14
\$40,000 - \$49,999	\$18
\$50,000 - \$59,999	\$23
\$60,000 - \$69,999	\$27
\$70,000 - \$79,999	\$31
\$80,000 - \$89,999	\$35
\$90,000 - \$99,999	\$39
\$100,000 - \$124,999	\$46
\$125,000 - \$149,999	\$56
\$150,000 - \$174,999	\$67
\$175,000 - \$199,999	\$77
More than \$199,999	Multiply AGI by 0.041% (0.00041)

To use the Estimated Use Tax Table to calculate Use Tax, check here . . . . . ☐

B. Use tax based on California adjusted gross income . . . . .

1	Sum of Use Tax Worksheet, line A and Estimated Use Tax Table, line B This is the total use tax due. If the amount is less than zero, enter -0- . . . . .	1	
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# California Carryover Worksheet

2017

Use this worksheet to enter information from your 2016 tax return  
which will be used on your 2017 tax return

► Keep for your records

Name as Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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## 2016 Tax and Income Information

1	Filing status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate
		<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)	
2	Tax liability (Form 540, lines 48, 61, 62; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72; plus any IRC Section 453A interest from Form 540 line 63 or Form 540NR line 73) . . . . .	2	2,697.	
3	Tax on lump-sum distributions (Schedule G-1) . . . . .	3		
4	California income tax withheld (Form 540, lines 71 and 73; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83) . . . . .	4	3,907.	
5	Excess California SDI withheld (Form 540, line 74; or Form 540NR, line 84) . . . . .	5		
6	California adjusted gross income (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32) . . . . .	6	93,553.	
7	Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125) . . . . .	7	1,210.	
8	Balance Due (Form 540, line 114; Form 540 2EZ, line 27; or Form 540NR, line 124) . . . . .	8		

## Loss Carryovers (Non-passive)

		Regular Tax	AMT
9 a	Capital loss carryover . . . . .	9 a	
b	Capital loss carryover (nonresidents) . . . . .	b	
10	Schedule D-1 - Nonrecaptured net section 1231 losses from:		
a	2016 . . . . .	10 a	
b	2015 . . . . .	b	
c	2014 . . . . .	c	
d	2013 . . . . .	d	
e	2012 . . . . .	e	

## Other Carryovers

11	Disallowed investment interest expense carryforward (Form 3526, line 7) . . . . .	11	
12	Disallowed alternative minimum tax investment interest expense carryforward (Form 3526-AMT, line 7) . . . . .	12	
13	Net operating loss carryforward from Form 3805V . . . . .	13	
14	Disaster loss carryforward from Form 3805V . . . . .	14	

**Form 3510 (Credit for Prior Year Alternative Minimum Tax)**

<b>15</b>	<b>Form 3510 information - 2016 Resident filers</b>	
<b>a</b>	Schedule P, Part I, line 15 through line 18 . . . . .	<b>15 a</b> _____
<b>b</b>	Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions on a line other than those listed . . . . .	<b>b</b> _____
<b>c</b>	Schedule P, Part II, line 25 . . . . .	<b>c</b> _____
<b>d</b>	Schedule P, Part II, line 26 . . . . .	<b>d</b> _____
<b>e</b>	Schedule P, Part III, Section C, lines 22 and 23, column b. . . . .	<b>e</b> _____
<b>16</b>	<b>Form 3510 information - 2016 Nonresident or Part-year residents</b>	
<b>a</b>	Schedule P(NR), Part I, line 15 through line 18 . . . . .	<b>16 a</b> _____
<b>b</b>	Schedule P(NR), Part I, line 1 through line 7, 13b, 13i and any other exclusions on a line other than those listed . . . . .	<b>b</b> _____
<b>c</b>	Schedule P(NR), Part II, line 35 . . . . .	<b>c</b> _____
<b>d</b>	Schedule P(NR), Part II, line 28 . . . . .	<b>d</b> _____
<b>e</b>	Schedule P(NR), Part II, line 29a and 29h . . . . .	<b>e</b> _____
<b>f</b>	Schedule P(NR), Part II, line 44 . . . . .	<b>f</b> _____
<b>g</b>	Schedule P(NR), Part II, line 45 . . . . .	<b>g</b> _____
<b>h</b>	Schedule P(NR), Part III, Section C, lines 22 and 23, column b . . . . .	<b>h</b> _____

**Schedule P/P(NR)**  
**Line 17**

**AMT Exclusion Worksheet**

► Keep for your records

**2017**

Name as Shown on Return  
Mary E McManamon

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	(A) Gross Receipts Less Returns and Allowances	(B) AMT Exclusion
1 Schedule C . . . . .		
2 Schedule D . . . . .		
3 Schedule D-1 . . . . .		
4 Schedule E . . . . .		
5 Schedule F . . . . .		
6 Schedule K-1 (Partnerships) . . . . .		
7 Schedule K-1 (S Corporations) . . . . .		
8 Form 3805E . . . . .		
9 Form 4684 . . . . .		
10 Form 4835 . . . . .		
11 Form 8824 . . . . .		
12 One-half self-employment tax and Keogh/SEP deduction . . . . .		
13 Other . . . . .		
14 Total . . . . .		

# Credits Worksheet

► Keep for your records

2017

Name Mary E McManamon	Social Security Number 383-68-6449
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Code	Current Credits	Carryover Amount	Available Credit
233	California Competes, FTB 3531 . . . . .		
223	Motion Picture and Television Production, FTB 3541 . . . . .		
197	Child Adoption . . . . .		
232	Child and Dependent Care Expenses Credit, FTB 3506 . . . . .		31.
235	College Access, FTB 3592. . . . .		
173	Dependent Parent . . . . .		
205	Disabled Access Credit current year amount from Form 3548 line 6 . . . . .		
205	Disabled Access for Eligible Small Businesses, FTB 3548 . . . . .		
204	Donated Agricultural Products Transportation, FTB 3547 . . . . .		
203	Enhanced Oil Recovery, FTB 3546 . . . . .		
176	Enterprise Zone Hiring, FTB 3805Z . . . . .		
218	Environmental Tax, FTB 3511 . . . . .		
170	Joint Custody Head of Household . . . . .		
198	Local Agency Military Base Recovery Area Hiring, FTB 3807 . . . . .		
172	Low-Income Housing, FTB 3521 . . . . .		
211	Manufacturing Enhancement Area Hiring, FTB 3808 . . . . .		
213	Natural Heritage Preservation, FTB 3503 . . . . .		
237	New California Motion Picture and Television Production, FTB 3541 . . . . .		
238	New Donated Fresh Fruits or Vegetables, FTB 3814 . . . . .		
234	New Employment, FTB 3554 . . . . .		
None	Nonrefundable Renter's Credit . . . . .		
187	Other State Tax, Schedule S . . . . .		
188	Prior Year Alternative Minimum Tax, FTB 3510 . . . . .		
162	Prison Inmate Labor, FTB 3507 . . . . .		
183	Research, FTB 3523 . . . . .		
163	Senior Head of Household . . . . .		
210	Targeted Tax Area Hiring, FTB 3809 . . . . .		
<b>Repealed Credits with Carryover Provision – FTB 3540</b>			
175	Agricultural Products . . . . .		
196	Commercial Solar Electric System . . . . .		
181	Commercial Solar Energy . . . . .		
209	Community Development Financial Institutions Investment . . . . .		
224	Donated Fresh Fruits or Vegetables Credit, FTB 3811 . . . . .		
194	Employee Ridesharing . . . . .		
190	Employer Childcare Contribution . . . . .		
189	Employer Childcare Program . . . . .		
191	Employer Ridesharing (Large Employer) . . . . .		
192	Employer Ridesharing (Small Employer) . . . . .		
193	Employer Ridesharing (Public Transit Passes) . . . . .		
182	Energy Conservation . . . . .		
176	Enterprise Zone Sales or Use Tax, FTB 3805Z . . . . .		
207	Farmworker Housing . . . . .		
198	Local Agency Military Base Recovery Area Sales or Use Tax, 3807 . . . . .		
160	Low-Emission Vehicles. . . . .		
220	New Jobs . . . . .		
185	Orphan Drug . . . . .		
184	Political Contributions . . . . .		
174	Recycling Equipment. . . . .		
186	Residential Rental and Farm Sales . . . . .		
206	Rice Straw. . . . .		
171	Ridesharing . . . . .		
200	Salmon and Steelhead Trout Habitat Restoration . . . . .		
180	Solar Energy . . . . .		
179	Solar Pump . . . . .		
210	Targeted Tax Area Sales or Use Tax . . . . .		
178	Water Conservation . . . . .		
161	Young Infant . . . . .		

► Keep for your records

Name as Shown on Return  
Mary E McManamon

Social Security Number  
383-68-6449

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any

**Investment Interest Expense** (Form 3526, line 1)

1	Investment interest expense from Schedule K-1 . . . . .		
2	Investment interest expense from royalties . . . . .		
3	Other investment interest expense:		
a			
b			
c			
d			
4	<b>Total investment interest expense.</b> Add lines 1 through 3 . . . . .		

**Gross Income from Property Held for Investment** (Form 3526, line 4a)

5	Taxable investment income from Schedule B, K-1s and Form 3803. . . . .		
6	Royalty income from Schedule E . . . . .		
7	Net passive income from publicly traded partnerships . . . . .		
8	Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .		
9	Other investment income:		
a			
b			
c			
d			
10	<b>Total investment income.</b> Add lines 5 through 9 . . . . .		

**Net Gain from the Disposition of Property Held for Investment** (Form 3526, line 4b)

11 a	Net gains from Schedule D, line 8 . . . . .		
b	Less net gains from property not held for investment . . . . .		
c	<b>Net gains from property held for investment.</b> Line 11a less line 11b . . . . .		

**Net Capital Gain from the Disposition of Property Held for Investment** (Form 3526, line 4c)

12	Net capital gain from the disposition of property held for investment . . . . .		
----	--	--	--

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any
--	--	--

**Investment Expenses** (Form 3526, line 5)

<b>13</b>	Royalty expenses . . . . .		
<b>14 a</b>	Investment expenses included as itemized deductions (after the 2% limitation) . . . . .		
<b>b</b>	Investment expenses included as itemized deductions (not 2% limitation) . . . . .		
<b>15</b>	Expenses from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .		
<b>16</b>	Other investment expenses:		
<b>a</b>	_____		
<b>b</b>	_____		
<b>c</b>	_____		
<b>d</b>	_____		
<b>17</b>	<b>Total investment expenses.</b> Add lines 13 through 16. . . . .		
		(a) Regular Tax	(b) Alternative Minimum Tax

**Allocation of Investment Interest Expense**

<b>18</b>	Allowed investment interest expense, from Form 3526, line 8 . . . . .		
<b>19</b>	Less interest expense deducted on other forms and schedules:		
<b>a</b>	Deducted on Schedule E, page 2 for passthru entities . . . . .		
<b>b</b>	Deducted on Schedule E, page 1 for royalties . . . . .		
<b>c</b>	Other amounts deducted on other forms and schedules . . . . .		
<b>d</b>	Total amount deducted on other forms and schedules . . . . .		
<b>20</b>	California investment interest expense. . . . .		
<b>21</b>	Allowed federal investment interest expense deducted elsewhere . .		
<b>22</b>	Allowed federal Schedule A investment interest expense . . . . .		
<b>23</b>	Adjustment for interest expense deducted on other forms and schedules. Subtract line 21 from line 19 . . . . .		
<b>24</b>	Adjustment for itemized deductions. Subtract line 22 from line 20. Enter here and on Schedule CA, line 41 . . . . .		



# California Depreciation Options

2017

Name as Shown on Return  
Mary E McManamon

Social Security Number  
383-68-6449

## MACRS Convention

The program uses the half-year convention for all MACRS personal property assets placed in service in 2017 unless you check 'Mid-quarter convention' below.

- 1 ☒ Half-year convention  
2 ☐ Mid-quarter convention

## MACRS Computation

Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

## Section 179 Limitation

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of the Section 179 Worksheet. This is the copy that appears on the menu as Form 3885A:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Section 179 Worksheet for that activity.

## Section 179 Information

1 a	Calculated "Total cost of Section 179 property placed in service" . . . . .	1 a	_____
b	Additions or subtractions to calculated value . . . . .	b	_____
2	If Married Filing Separately, enter:		
a	Total cost of eligible property placed in service this year by spouse. . . . .	2 a	_____
b	Allocation percentage elected for your return, if other than 50%. . . . .	b	_____ %
3	Taxable Income for the Section 179 Limitation		
a	Federal taxable income for the Section 179 limitation . . . . .	3 a	_____
b	California Adjustments (calculated) . . . . .	b	_____
c	Other additions or subtractions to taxable income . . . . .	c	_____
d	California Taxable Income for the Section 179 Limitation . . . . .	d	_____

# Two-Year Comparison

2017

Mary E McManamon

Income	2016	2017	Difference	%
<b>Federal AGI and California Adjustments:</b>				
Federal adjusted gross income . . . . .	93,553.	98,324.	4,771.	5.10
California adjustments . . . . .		-1,210.	-1,210.	
<b>Adjusted Gross Income . . . . .</b>	<b>93,553.</b>	<b>97,114.</b>	<b>3,561.</b>	<b>3.81</b>
<b>Standard or Itemized Deduction . . .</b>	<b>12,184.</b>	<b>12,180.</b>	<b>-4.</b>	<b>-0.03</b>
<b>Taxable Income . . . . .</b>	<b>81,369.</b>	<b>84,934.</b>	<b>3,565.</b>	<b>4.38</b>
Tax . . . . .	3,526.	3,747.	221.	6.27
Exemption credits . . . . .	799.	820.	21.	2.63
Tax less exemption credits . . . . .	2,727.	2,927.	200.	7.33
Schedule G-1 and Form 5870A tax . . .				
Tax before credits . . . . .	2,727.	2,927.	200.	7.33
Credits . . . . .	30.	31.	1.	3.33
Tax after credits . . . . .	2,697.	2,896.	199.	7.38
Alternative minimum tax . . . . .				
Other taxes and IRC interest . . . . .				
<b>Total Tax After Credits . . . . .</b>	<b>2,697.</b>	<b>2,896.</b>	<b>199.</b>	<b>7.38</b>
Withholding . . . . .	3,907.	4,153.	246.	6.30
Estimated payments . . . . .				
Other payments . . . . .				
<b>Total Payments . . . . .</b>	<b>3,907.</b>	<b>4,153.</b>	<b>246.</b>	<b>6.30</b>
Use tax . . . . .		0.	0.	
Contributions . . . . .				
Form 5805/5805F penalty . . . . .				
Other penalties and interest . . . . .				
Applied to next year's estimated tax . . .	0.		0.	
<b>Amount Refund . . . . .</b>	<b>1,210.</b>	<b>1,257.</b>	<b>47.</b>	<b>3.88</b>
<b>Amount Due . . . . .</b>				

Current year effective tax rate . . . . . 2.98 %

**Tax Summary**  
 ► Keep for your records

**2017**

Name(s)	
Mary E McManamon	
<b>Federal adjusted gross income</b> . . . . .	98,324.
<b>Net California adjustments</b> . . . . .	-1,210.
<b>California adjusted gross income</b> . . . . .	97,114.
<b>Itemized/standard deduction</b> . . . . .	12,180.
<b>California taxable income</b> . . . . .	84,934.
<b>Tax</b> . . . . .	3,747.
<b>Exemption credits</b> . . . . .	820.
<b>Tax less exemptions</b> . . . . .	2,927.
<b>Tax from Schedule G-1/FTB 5870A</b> . . . . .	
<b>Credits</b> . . . . .	31.
<b>Other taxes</b> . . . . .	
<b>Total tax</b> . . . . .	2,896.
<b>Total payments</b> . . . . .	4,153.
<b>Use tax</b> . . . . .	0.
<b>Contributions</b> . . . . .	
<b>Underpayment penalty</b> . . . . .	
<b>Interest, late filing and late payment penalties</b> . . . . .	
<b>Refund</b> . . . . .	1,257.
<b>Balance due</b> . . . . .	
<b>Tax bracket</b> . . . . .	9.3%

# California Electronic Filing Information Worksheet

2017

► Keep for your records

Name as Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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## Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name			Social Security Number/Preparer Tax ID Number	
Name			Phone Number	Fax Number
Address			Employer Identification Number	
City	State	Zip Code	EFIN	
Country	E-mail Address			

## Paid Preparer Information

Firm Name			Social Security Number/Preparer Tax ID Number	
Name			Employer Identification Number	
Address			Phone Number	Fax Number
City	State	Zip Code		
Country	E-mail Address			

## Electronic Filing Review Check

If any of the questions below are checked yes, the return may not be filed electronically		Yes	No
1	Are there more than fifty W-2s, or twenty 1099-Rs? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Are there more than ten copies of Form 3803 or ten copies of Form 3805E? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Are there more than twenty five copies of Schedule S? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Is this an amended return, or is there an amended Form 3805P attached? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Are any invalid entries made on Form 3805V page 3, part III? (See help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
8	Are there more than 97 detail lines on forms to be filed? (See help) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Is this a fiscal year filer? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Is the Federal filing status married filing joint and the California filing status married filing separate? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Is Federal Form 4852 (substitute W2) being used? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
13	Check that you have the correct selections for the RDP return? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	On the 3506, are there any foreign care providers? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Is Direct Debit selected and no balance due on the return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

## Smart Worksheets From 2017 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

Form 540 California Income Tax Withheld Smart Worksheet	
<b>A</b>	California income tax withheld from the Tax Payments Worksheet . . . . . <u>4,153.</u>
<b>B</b>	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A . . . . . _____ <b>Note:</b> Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.
<b>C</b>	California income tax withheld for line 71. Subtract line B from line A . . . . . <u>4,153.</u>

SMART WORKSHEET FOR: Form 3506: Child and Dependent Care Expenses Credit

Child and Dependent Care Expenses Smart Worksheet	
<b>A</b>	Enter medical expenses for qualifying persons unable to care for themselves . . . _____
<b>B</b>	Enter employment taxes paid on wages for qualifying services . . . . . _____
<b>C</b>	Enter qualified expenses paid but <b>not</b> incurred in 2017. . . . . _____
<b>D</b>	Total qualified expenses incurred and paid in 2017 Add line 1g, line A, line B and subtract line C . . . . . _____
<b>E</b>	Did you report prior year expenses on line 9 of your 2017 Federal Form 2441 or Schedule 2, Form 1040A? . . . . . Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>F</b>	If you checked 'Yes':
<b>1</b>	For 2016 was your primary home (where you and your qualifying person(s) lived) in California? (If 'No' is checked, you do not qualify for a prior year child and dependent care credit). . . . . Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2</b>	Enter 2016 California AGI . . . . . _____
<b>3</b>	Enter the number of qualifying persons cared for in 2016. . . . . _____
<b>G</b>	If married/RDP filing separately and taxpayer is <b>not</b> considered unmarried under the Special Rule for Married Filing Separate Returns, check this box . . . . . <input type="checkbox"/>

## SMART WORKSHEET FOR: Form 3506: Child and Dependent Care Expenses Credit

<b>Care Provider Data Entry Smart Worksheet</b> The program will carry the care provider's information from Federal Form 2441 to this Smart Worksheet.				
1	(a) Provider First Name (if person) Provider Last Name (if person) <b>OR</b> Care Provider Business Name Additional Business Name <b>AND</b> Care provider's phone number Box: phone unavailable	(b) Address (number, street, apt no., city, state, and ZIP Code)  Addr <b>where care was provided</b> (number, street, apt no., city, state, and ZIP Code)	(c) Identifying number (SSN or EIN, if EIN then must enter hyphen) Check box if provider is a business	(d) Amount paid
	THE YMCA OF SAN FRANCISCO STONESTOWN BRANCH (415) 242-7100 <input type="checkbox"/> Address where care provided . . . <input type="checkbox"/>	333 EUCALYPTUS DRIVE SAN FRANCISCO CA 94132 Care at above address? . . . <input checked="" type="checkbox"/> 333 EUCALYPTUS DRIVE SAN FRANCISCO CA 94132  Care at above address? . . . <input type="checkbox"/>	  Business? <input checked="" type="checkbox"/>  Business? <input type="checkbox"/>	449.00

## SMART WORKSHEET FOR: California Credits Worksheet

<b>Credit Information Smart Worksheet</b> Review FTB instructions and check the corresponding box if you qualify for any of the following credits:			
<b>A</b>	Credit for Joint Custody Head of Household ( <b>Code: 170</b> ) . . . . .	<input type="checkbox"/>	
<b>B</b>	Credit for Dependent Parent ( <b>Code: 173</b> ) . . . . .	<input type="checkbox"/>	
<b>C</b>	Credit for Senior Head of Household ( <b>Code: 163</b> ) . . . . .	<input type="checkbox"/>	
<b>D</b>	Credit for Adoption Costs ( <b>Code: 197</b> ):		
	Child's Name	Qualifying Costs for Each Child	Credit
			Allowable Credit
	Total . . . . .		

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20		See separate instructions.
Your first name and initial <b>Mary E</b>	Last name <b>McManamon</b>	<b>Your social security number</b> <b>383-68-6449</b>
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>5214F Diamond Heights</b>		Apt. no. <b>235</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>San Francisco CA 94114</b>		<b>Presidential Election Campaign</b> 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	

**Filing Status**

1 <input type="checkbox"/> Single	4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.)
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	If the qualifying person is a child but not your dependent, enter this child's name here. ▶
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5 <input type="checkbox"/> Qualifying widow(er) (see instructions)

Check only one box.

**Exemptions**

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .	Boxes checked on 6a and 6b <b>1</b>
b <input type="checkbox"/> Spouse . . . . .	
<b>c Dependents:</b>	
(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)	No. of children on 6c who: • lived with you <b>2</b> • did not live with you due to divorce or separation (see instructions)
Maeve E McManamon 613-35-4025 Daughter <input type="checkbox"/>	Dependents on 6c not entered above
Aisling F McManamon 658-84-6537 Daughter <input checked="" type="checkbox"/>	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	Add numbers on lines above ▶ <b>3</b>
d Total number of exemptions claimed . . . . .	

<b>Income</b>	7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	97,114.	
	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	1,210.	
	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		
	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 . . . . .	21			
22 Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶	22	98,324.		

<b>Adjusted Gross Income</b>	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 <b>adjusted gross income</b> ▶	37	98,324.		

**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, \$6,350  
Married filing jointly or Qualifying widow(er), \$12,700  
Head of household, \$9,350

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	98,324.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked</b> <input type="checkbox"/> <b>39a</b>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> <b>39b</b>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	17,227.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	81,097.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	12,150.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	68,947.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	11,484.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	11,484.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	90.
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	90.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	11,394.

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	0.
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	11,394.

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	19,556.
<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b> NO	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	19,556.

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	8,162.
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	8,162.
<b>b</b>	Routing number 1 2 1 0 0 0 3 5 8 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 0 0 0 0 3 3 1 3 2 3 4 1		
<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b>	<b>77</b>	

**Amount You Owe**

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

**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 Senior Programmer/Analyst	Daytime phone number (415) 603-0723
Spouse's signature. If a joint return, <b>both</b> 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**► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

► Attach to Form 1040.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Mary E McManamon

Your social security number

383-68-6449

**Medical  
and  
Dental  
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) . . . . . **1** 0.
- 2 Enter amount from Form 1040, line 38 **2** 98,324.
- 3 Multiply line 2 by 7.5% (0.075). . . . . **3** 7,374.
- 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 ☒ Income taxes, or } . . . . . **5** 5,047.
- b ☐ General sales taxes }

- 6 Real estate taxes (see instructions) . . . . . **6** 5,954.
- 7 Personal property taxes . . . . . **7** 174.
- 8 Other taxes. List type and amount ► . . . . . **8**

9 Add lines 5 through 8 . . . . . **9** 11,175.**Interest  
You Paid**

- 10 Home mortgage interest and points reported to you on Form 1098 **10** 6,052.
- 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**

**Note:**  
Your mortgage  
interest  
deduction may  
be limited (see  
instructions).

- 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** 6,052.

**Gifts to  
Charity**If you made a  
gift and got a  
benefit for it,  
see instructions.

- 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) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. 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 \$156,900?
- ☒ **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. } . . . . . **29** 17,227.
- ☐ **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 . . . . . ☐

**Child and Dependent Care Expenses**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.1040  
1040A  
1040NR

2441

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **21**

Name(s) shown on return

Mary E McManamon

Your social security number

383-68-6449

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
The YMCA of San Francisco Stonestown Branch	333 Eucalyptus Drive San Francisco CA 94132	TAXEXEMPT	449.

Did you receive  
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
Aisling F	McManamon	658-84-6537	449.

**3** Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31**3**

449.

**4** Enter your **earned income**. See instructions**4**

97,114.

**5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4**5**

97,114.

**6** Enter the **smallest** of line 3, 4, or 5**6**

449.

**7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37**7**

98,324.

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0—15,000		.35
15,000—17,000		.34
17,000—19,000		.33
19,000—21,000		.32
21,000—23,000		.31
23,000—25,000		.30
25,000—27,000		.29
27,000—29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000—31,000		.27
31,000—33,000		.26
33,000—35,000		.25
35,000—37,000		.24
37,000—39,000		.23
39,000—41,000		.22
41,000—43,000		.21
43,000—No limit		.20

**8**

.20

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions**9**

90.

**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions**10**

11,484.

**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47**11**

90.

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

REV 02/13/18 Intuit.cpf.sp

Form **2441** (2017)

# Tax History Report

► Keep for your records

2017

Name(s) Shown on Return

Mary E McManamon

	Five Year Tax History:				
	2013	2014	2015	2016	2017
Filing status . . . . .				HH	HH
Total income . . . . .				93,553.	98,324.
Adjustments to income					
Adjusted gross income				93,553.	98,324.
Tax expense . . . . .				10,799.	11,175.
Interest expense . . .				6,153.	6,052.
Contributions . . . . .					
Miscellaneous deductions. . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .				16,952.	17,227.
Exemption amount . .				12,150.	12,150.
Taxable income . . . .				64,451.	68,947.
Tax. . . . .				10,416.	11,484.
Alternative min tax . .					
Total credits . . . . .				1,138.	90.
Other taxes . . . . .				0.	0.
Payments . . . . .				18,689.	19,556.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund. . . . .				9,411.	8,162.
Effective tax rate % . .				9.92	11.59
**Tax bracket % . . .				25.0	25.0

\*\*Tax bracket % is based on Taxable income.

## Smart Worksheets From 2017 California Tax Return Attachment

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
<b>A</b>	Tax . . . . . <u>11,484.</u>
Check if from:	
<b>1</b>	Tax table . . . . . <input checked="checked" type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>11,484.</u>

SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

Credit Limitation Smart Worksheet	
<b>Note:</b> Line 10 is presently calculated by subtracting line B from line A. If zero or less, <b>stop</b> ; you cannot take the credit.	
<b>A</b>	The amount from Form 1040, line 47; Form 1040A, line 28; or Form 1040NR, line 45. . . . . <u>11,484.</u>
<b>B</b>	Enter the amount from Form 1040, line 48; or Form 1040NR, line 46. Form 1040A filers, enter -0- . . . . . _____