

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20		See separate instructions.
Your first name and initial Mary E	Last name McManamon	Your social security number 383-68-6449
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 5214F Diamond Heights		Apt. no. 235
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). San Francisco CA 94114		▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign 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

☐ Single

2

☐ Married filing jointly (even if only one had income)

3

☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4

☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5

☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a

☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b

☐ Spouse

c Dependents:

(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)
Maeve E	McManamon	613-35-4025	Daughter	<input checked="" type="checkbox"/>
Aisling F	McManamon	658-84-6537	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d

Total number of exemptions claimed

Boxes checked on 6a and 6b

1

No. of children on 6c who:

• lived with you

2

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

3

Income 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.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	93,553.		
	8a	Taxable interest. Attach Schedule B if required	8a			
	b	Tax-exempt interest. Do not include on line 8a	8b			
	9a	Ordinary dividends. Attach Schedule B if required	9a			
	b	Qualified dividends	9b			
	10	Taxable refunds, credits, or offsets of state and local income taxes	10			
	11	Alimony received	11			
	12	Business income or (loss). Attach Schedule C or C-EZ	12			
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <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 total income ▶	22	93,553.			

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	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 adjusted gross income ▶	37	93,553.	

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, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,300

38	Amount from line 37 (adjusted gross income)	38	93,553.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	16,952.
41	Subtract line 40 from line 38	41	76,601.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	64,451.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	10,416.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	10,416.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	88.
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	1,050.
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	1,138.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	9,278.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	0.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	9,278.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	18,689.
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC) No	66a	
b	Nontaxable combat pay election 66b	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	18,689.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	9,411.												
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	9,411.												
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> ▶ c 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							
d	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				
77	Amount of line 75 you want applied to your 2017 estimated tax ▶	77													
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78													
79	Estimated tax penalty (see instructions)	79													

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **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, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Self-Prepared		Firm's EIN ▶	
Firm's address ▶			Phone no.	

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2016
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 93,553.				
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	9,355.		
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	<input checked="" type="checkbox"/> Income taxes, or	5	4,768.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	5,857.		
7	Personal property taxes	7	174.		
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8	9			10,799.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	6,153.
Note: Your mortgage interest deduction may be limited (see instructions).		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	6,153.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.		16	
If you made a gift and got a benefit for it, see instructions.		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). Attach Form 4684. (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.) ► Employee business expenses		21	600.
		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	600.
		25 Enter amount from Form 1040, line 38 25 93,553.		25	
		26 Multiply line 25 by 2% (0.02)		26	1,871.
		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 \$155,650?		29	16,952.
		<input checked="" type="checkbox"/> 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.			
		<input type="checkbox"/> 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 ExpensesDepartment of the Treasury
Internal Revenue Service (99)

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

▶ Information about Form 2441 and its separate instructions is at
www.irs.gov/form2441.1040
1040A
1040NR

2441

OMB No. 1545-0074

2016Attachment
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	440.

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 cannot 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 2016 for the person listed in column (a)
First	Last		
Aisling F	McManamon	658-84-6537	440.

3 Add the amounts in column (c) of line 2. **Do not** 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**

440.

4 Enter your **earned income**. See instructions**4**

93,553.

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**

93,553.

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

440.

7 Enter the amount from Form 1040, line 38; Form

1040A, line 22; or Form 1040NR, line 37

7

93,553.

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

X .20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions**9**

88.

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

10,416.

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**

88.

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

REV 05/22/18 Intuit.cpf.sp

Form **2441** (2016)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

OMB No. 1545-0074

2016

► Information about Form 4868 and its instructions is available at www.irs.gov/form4868.

There are three ways to request an automatic extension of time to file a U.S. individual income tax return.

1. You can pay all or part of your estimated income tax due and indicate that the payment is for an extension using Direct Pay, the Electronic Federal Tax Payment System, or using a credit or debit card. See *How To Make a Payment*, on page 3.
2. You can file Form 4868 electronically by accessing IRS *e-file* using your home computer or by using a tax professional who uses *e-file*.
3. You can file a paper Form 4868 and enclose payment of your estimate of tax due.



**It's Convenient,
Safe, and Secure**

IRS *e-file* is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You'll receive an electronic acknowledgment once you complete the transaction. Keep it with your records. Don't mail in Form 4868 if you file electronically, unless you're making a payment with a check or money order (see page 3).

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you'll need to estimate your total tax liability and subtract how much you've already paid (lines 4, 5, and 6 below).

Several companies offer free e-filing of Form 4868 through the Free File program. For more details, go to IRS.gov and click on *freefile*.



Pay Electronically

You **don't** need to file Form 4868 if you make a payment using our electronic payment options. Your extension will be automatically processed when you pay part or all of your estimated income tax electronically. You can pay online or by phone (see page 3).



E-file Using Your Personal Computer or Through a Tax Professional

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2015 tax return—you'll be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal or send your check or money order to the address shown in the middle column under *Where To File a Paper Form 4868* (see page 4).



File a Paper Form 4868

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown on page 4.

For information on using a private delivery service, see page 4.

Note: If you're a fiscal year taxpayer, you must file a paper Form 4868.

General Instructions

Purpose of Form

Use Form 4868 to apply for 6 more months (4 if "out of the country" (defined on page 2) and a U.S. citizen or resident) to file Form 1040, 1040A, 1040EZ, 1040NR, 1040NR-EZ, 1040-PR, or 1040-SS.

Gift and generation-skipping transfer (GST) tax return (Form 709). An extension of time to file your 2016 calendar year income tax return also extends the time to file Form 709 for 2016. However, it doesn't extend the time to pay any gift and GST tax you may owe for 2016. To make a payment of gift and GST tax, see Form 8892. If you don't pay the amount due by the regular due date for Form 709, you'll owe interest and may also be charged penalties. If the donor died during 2016, see the instructions for Forms 709 and 8892.

Qualifying for the Extension

To get the extra time you must:

1. Properly estimate your 2016 tax liability using the information available to you,
2. Enter your total tax liability on line 4 of Form 4868, and
3. File Form 4868 by the regular due date of your return.



Although you aren't required to make a payment of the tax you estimate as due, Form 4868 doesn't extend the time to pay taxes. If you don't pay the amount due by the regular due date, you'll owe interest. You may also be charged penalties. For more details, see Interest and Late Payment Penalty on page 2. Any remittance you make with your application for extension will be treated as a payment of tax.

You don't have to explain why you're asking for the extension. We'll contact you only if your request is denied.

Don't file Form 4868 if you want the IRS to figure your tax or you're under a court order to file your return by the regular due date.

▼ DETACH HERE ▼

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

REV 05/22/18 INTUIT.CG.CFP.SP 1555

2016

For calendar year 2016, or other tax year beginning

, 2016, ending

Part I Identification		Part II Individual Income Tax	
1	MARY E MCMANAMON	4	Estimate of total tax liability for 2016 .. \$ 0.
	5214F DIAMOND HEIGHTS APT 235	5	Total 2016 payments 18,688.
	SAN FRANCISCO CA 94114	6	Balance due. Subtract line 5 from line 4 (see instructions) 0.
2	383-68-6449	7	Amount you are paying (see instructions) 0.
3		8	Check here if you are 'out of the country' and a U.S. citizen or resident (see instructions) <input type="checkbox"/>
		9	Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding <input type="checkbox"/>

383686449 WZ MCMA 30 0 201612 670

Tax History Report

► Keep for your records

2016

Name(s) Shown on Return

Mary E McManamon

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status					HH
Total income					93,553.
Adjustments to income					
Adjusted gross income					93,553.
Tax expense					10,799.
Interest expense . . .					6,153.
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/standard deduction . .					16,952.
Exemption amount . .					12,150.
Taxable income					64,451.
Tax.					10,416.
Alternative min tax . .					
Total credits					1,138.
Other taxes					0.
Payments					18,689.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund.					9,411.
Effective tax rate % . .					9.92
**Tax bracket % . . .					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, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPSfee"), 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 Credit Tax Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

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) 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.

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 ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ²	\$ 34 . 99

¹ 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.

² 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, 2017.

Questions? Call 1-877-908-7228

Consent to Use of Tax Return Information

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 are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

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.

The following statements apply:

Sign this agreement by entering your name and the date below.

First Name

Last Name

Date

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 2015 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	
7		7	
8	Total other modifications to investment income	8	

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

1	State, local, and foreign income taxes	1	4,768.
2	Investment income.	2	
3	Total adjusted gross income	3	93,553.
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	16,952.
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5	7	16,952.
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:			
1		x	=
		x	=
		x	=
		x	=
Total miscellaneous investment expenses to Form 8960, line 9c			
2	State, local, and foreign income taxes	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:			
3		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 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

Federal Information Worksheet

► Keep for your records

2016

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 1-1-2017 61
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 1-1-2017
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)

Address 5214F Diamond Heights Apt no. . . 235
City San Francisco State . . . CA ZIP code . . . 94114
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 2014 ☐
2015 ☐

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 2016	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 16	L				E	12		Yes
Aisling McManamon	F	658-84-6537 Daughter	12/28/2004 12	L		440		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 2016? ☐ 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 2016 ☐
Was EIC disallowed or reduced in a previous year and are you required to file
Form 8862 this year? ☐ Yes ☐ No
Check if you were notified by the IRS that EIC cannot be claimed in 2016 or
if you are ineligible to claim the EIC in 2015 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

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 ☐

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) . . ☐

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS,
enter the appropriate information (see Help) ☐

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, 2016 ▶ 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, 2016 ▶ _____

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

Expiration Date 07/09/2018

Issued Date 07/09/2013

License or ID license . ☒ ID . ☐ neither . ☐

Spouse

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID license . ☐ ID . ☐ neither . ☐

2016

- Keep for your records

Part I – Taxpayer'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, 2016? ☐ 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.. . . . ☐

**Personal Information Worksheet
For the Spouse**

2016

► Keep for your records

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

Part I – Spouse's Personal Information

First name . . . _____ Middle initial . ____ Last name . . . _____
Suffix

Social security no. Member of U.S. Armed Forces in 2016? . . ☐ Yes ☐ No

Date of birth (mm/dd/yyyy) age as of 1-1-2017

Occupation Daytime phone Ext _____

Marital status

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

After 2016 ► ☐ 2016 . ► ☐ 2015 . ► ☐ 2014 . ► ☐ Before 2014 . ► ☐

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 1-1-2017 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 2016? ► ☐ 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, 2016? ► ☐ Yes ☐ No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2016 _____

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 2016 _____

Unreimbursed medical expenses paid for qualifying person in 2016 _____

Employment taxes paid for dependent care providers in 2016 _____

Full-time student for 5 calendar months during 2016? ► ☐ 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 ☐

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 . . . ▶														

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

Dependent and Nondependent Information Worksheet

2016

► 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 . . . 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 12-31-2016 16

Did this person pass away in 2016 (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 *. 1 — 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 ☐

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
The adopted child lived with you all year ☐

*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, Dependent has ITIN . . . ► ☐

did they meet the substantial presence test? (see Schedule 8812 Instructions) ☐ Yes ☐ No

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2016 _____
 Unreimbursed medical expenses paid for qualifying person in 2016 _____
 Employment taxes paid for dependent care providers in 2016 _____
 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, 2016 _____
 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 . . . ►															

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

2016

► 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 12-31-2016 12

Did this person pass away in 2016 (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 ☐

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
The adopted child lived with you all year ☐

*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, Dependent has ITIN . . . ► ☐

did they meet the substantial presence test? (see Schedule 8812 Instructions) ☐ Yes ☐ No

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2016 440 .

Unreimbursed medical expenses paid for qualifying person in 2016

Employment taxes paid for dependent care providers in 2016

Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ NoChild 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, 2016

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 CoverageDoes 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
<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"/>

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

► 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
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	93,553.		93,553.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	18,689.		18,689.
3 & 7	Total social security wages/tips	96,477.		96,477.
4	Total social security tax withheld	5,982.		5,982.
5	Total Medicare wages and tips	96,477.		96,477.
6	Total Medicare tax withheld	1,399.		1,399.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	16,785.		16,785.
b	Elective deferrals to qualified plans	2,924.		2,924.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12	13,861.		13,861.
14 a	Total deductible mandatory state tax	861.		861.
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	93,553.		93,553.
17	Total state tax withheld	3,907.		3,907.
19	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 Country _____

d Control number . _____

☐
Transfer employee information from the Federal Information Worksheet

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

1 Wages, tips, other compensation
93,553.06

3 Social security wages
96,477.42

5 Medicare wages and tips
96,477.42

7 Social security tips

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
18,688.81

4 Social security tax withheld
5,981.60

6 Medicare tax withheld
1,398.92

8 Allocated tips

10 Dependent care benefits

 Distributions from sect. 457 and nonqualified plans
(Important, see Help)

Box 12

Code

ECDD**Box 12**

Amount

2,924.36792.0013,069.32

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

CA

Employer's state I.D. no.

91000448**Box 16**

State wages, tips, etc.

93,553.06**Box 17**

State income tax

3,906.74**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-2CASDI

Amount

861.17TurboTax Identification of Description or Code
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).California SDI tax

Healthcare Entry Sheet

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2016

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			Short gap:		Yes	X	No								
383-68-6449	07/09/55		X	X	X	X	X	X	X	X	X	X	X	X	X	T
2 Maeve	McManamon			Short gap:		Yes	X	No								
613-35-4025	09/05/00		X	X	X	X	X	X	X	X	X	X	X	X	X	1
3 Aisling	McManamon			Short gap:		Yes	X	No								
658-84-6537	12/28/04		X	X	X	X	X	X	X	X	X	X	X	X	X	2
4				Short gap:		Yes		No								
5				Short gap:		Yes		No								
6				Short gap:		Yes		No								

* 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

2016

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

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
1 Wages, from Form W-2	93,553.		93,553.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,000 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income			
10 Subtotal. Add lines 1 through 9	93,553.		93,553.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income			
15 Total of lines 10 through 14	93,553.		93,553.

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 2016 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: 2 X \$1,000. Enter the result	1	2,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22	2	93,553.
3	1040 filers: enter the total of any — <ul style="list-style-type: none">• 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.	3	0.
	1040A filers: Enter -0-.		
4	Add lines 2 and 3. Enter the total	4	93,553.
5	Enter the amount shown below for your filing status. <ul style="list-style-type: none">• Married filing jointly — \$110,000• Single, head of household, or qualifying widow(er) — \$75,000• Married filing separately — \$55,000	5	75,000.
6	Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> Yes. Subtract line 5 from line 4	6	19,000.
	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.		
7	Multiply the amount on line 6 by 5% (.05). Enter the result	7	950.
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> No. Stop. 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 checked="" type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i>	8	1,050.

Part 2

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30	9	10,416.
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	88.
11	Are you claiming any of the following credits? <ul style="list-style-type: none">• 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 checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. 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.	11	88.
12	Subtract line 11 from line 9. Enter the result	12	10,328.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> No. Enter the amount from line 8 <input type="checkbox"/> Yes. Enter the amount from line 12. See the TIP below.	13	1,050.

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.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2016

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

		Regular Tax	Alternative Minimum Tax																								
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.																											
1	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 smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1																									
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2																									
3	Subtract line 2 from line 1	3																									
4	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	4																									
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5																									
6	Add lines 3 through 5	6																									
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7																									
8	Enter the amount, if any, from Form 4797, line 8	8																									
9	Subtract line 8 from line 7. If zero or less, enter -0-	9																									
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10																									
11	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																										
	<table border="0"> <tr> <td></td> <td>Regular</td> <td>AMT</td> </tr> <tr> <td>a</td> <td>On Form 1099-DIV</td> <td></td> </tr> <tr> <td>b</td> <td>On Form 2439</td> <td></td> </tr> <tr> <td>c</td> <td>On Schedule(s) K-1</td> <td></td> </tr> <tr> <td>d</td> <td>On Form 1099-R</td> <td></td> </tr> <tr> <td>e</td> <td>From Form 8814</td> <td></td> </tr> <tr> <td>f</td> <td>Other.</td> <td></td> </tr> <tr> <td></td> <td>Total</td> <td></td> </tr> </table>		Regular	AMT	a	On Form 1099-DIV		b	On Form 2439		c	On Schedule(s) K-1		d	On Form 1099-R		e	From Form 8814		f	Other.			Total		11	
	Regular	AMT																									
a	On Form 1099-DIV																										
b	On Form 2439																										
c	On Schedule(s) K-1																										
d	On Form 1099-R																										
e	From Form 8814																										
f	Other.																										
	Total																										
12	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	12																									
13	Add lines 9 through 12.	13																									
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.																								
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.																								
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16																									
a	Enter your capital gain excess, if you are filing Form 2555	a	0.																								
17	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-	17	0.																								
18	Unrecaptured section 1250 gain. 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.	18																									

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2016

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1			
2	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>				
a	Schedule D . . .				
b	Form 8814 . . .				
c	Schedule B . . .				
d	Form 6252 . . .				
e	Form 2439 . . .				
f	Other				
	Total	2			
3	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>				
a	Form 4684, line 4 (but only if line 15 is more than zero)				
b	Form 6252				
c	Form 6781, Part II				
d	Form 8824				
	Total	3			
4	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>				
a	Form 1099-DIV, box 2d . . .				
b	Form 2439, box 1d				
c	Schedule K-1 from a partnership, S corporation, estate, or trust				
d	Disposition of interest in partnership or S corporation				
e	Other				
	Total	4			
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	5			
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.	6			
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7			
8	Enter the amount of any capital gain excess	8			0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	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	64,451.
b	Enter the amount from your (and your spouse's) Form 2555, line 45	b	
c	Add lines 1a and 1b	1 c	64,451.
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 smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller 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 smaller 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	64,451.
15	Enter: • \$37,650 if single or married filing separately; • \$75,300 if married filing jointly or qualifying widow(er); or • \$50,400 if head of household.	15	50,400.
16	Enter the smaller of line 1c or line 15	16	50,400.
17	Enter the smaller of line 14 or line 16	17	50,400.
18	Subtr in 10 from in 1c. If zero or less, enter -0-	18	64,451.
19	Enter the larger of line 17 or line 18	19	64,451.
20	Subtract line 17 from line 16. This amount is taxed at 0% If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.	20	0.
21	Enter the smaller 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: • \$415,050 if single, • \$233,475 if married filing separately, • \$466,950 if married filing jointly or qualifying widow(er), • \$441,000 if head of household.	24	441,000.
25	Enter the smaller of line 1c or line 24	25	64,451.
26	Add lines 19 and 20	26	64,451.
27	Subtract line 26 from line 25. If zero or less, enter -0-	27	0.
28	Enter the smaller 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.
If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.			
33	Enter the smaller 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.

39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (.28)	41	_____
42	Figure the tax on the amount on line 19 . 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	42	<u>10,416.</u>
43	Add lines 29, 32, 38, 41, and 42	43	<u>10,416.</u>
44	Figure the tax on the amount on line 1c . 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	44	<u>10,416.</u>
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 44.	45	<u>10,416.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2016

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"/> Yes. 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"/> No. 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: \$37,650 if single or married filing separately, \$75,300 if married filing jointly or qualifying widow(er), \$50,400 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: \$415,050 if single, \$233,475 if married filing separately, \$466,950 if married filing jointly or qualifying widow(er), \$441,000 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	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 44.	27	_____

IRA Contributions Worksheet

2016

► Keep for your records

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

Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2016, including any made between 1/1/2017 and 4/18/2017, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2017 to 4/18/2017 (<i>See Help</i>).		
12	Age 70-1/2 or older in tax year		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible traditional IRA contributions from worksheet.		
14	Nondeductible traditional IRA contributions from worksheet. . . .		
	QuickZoom to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet ► <input type="checkbox"/> Worksheet for social security recipients ►		
15	Amount on line 13 you elect to make nondeductible		
16	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
17	Deductible traditional IRA contributions, to Form 1040, line 32 . .		
18	Qualified reservist repayments		
19	Nondeductible traditional IRA contributions, to Form 8606, ln 1. .		

IRA Contributions Worksheet

2016

► Keep for your records

Mary E McManamon

383-68-6449

Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular Roth IRA contributions made for 2016, including any made between 1/1/2017 and 4/18/2017, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.		
21	Contributions recharacterized from a traditional IRA, (from In 4). . .		
22	Roth IRA contributions, from Schedule(s) K-1		
23	Enter contributions recharacterized to a traditional IRA.		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed Roth IRA conversions		
25	Roth IRA contributions. Combine lines 20 through 24		
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i>		
27	Excess Roth IRA contribution credit		
28	Total Roth IRA contributions		
29	Repayments of qualified Roth reservist distributions		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
30	Roth IRA contributions after limitation		
31	Excess Roth IRA contributions, to Form(s) 5329, line 23		
Note: You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.			

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
32	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.		
Note: You do not need to report any Coverdell ESA contributions which are not excess contributions..			

Schedule A
Line 1

Medical Expenses Worksheet

► Keep for your records

2016

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

1	Prescription medications	1	
2	Health insurance premiums:		
a	Premiums other than self-employed health insurance or reported on a 1095-A . . .	2 a	
b	From Form(s) 1095-A - net of adjustments	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		
c	Medicare premiums	c	
d	From Form(s) 1099-R	d	
	NOTE: 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, not on lines 2e - 2j below.		
e	Taxpayer's gross long-term care premiums	2 e	
f	Taxpayer's allowable long-term care premiums	f	
g	Spouse's gross long-term care premiums	g	
h	Spouse's allowable long-term care premiums	h	
i	Dep or child under 27 gross long-term care premiums	i	
j	Dep or child under 27 allowable long-term care prem.	j	
k	Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j	k	
l	Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	l	
m	Spouse's long-term care premiums not deducted as an adjustment to income. . .	m	
n	Dependent's long-term care premiums not deducted as an adj to income	n	
o	Other self-employed health insurance not deducted as an adj to income	o	
3	Fees for doctors, dentists, etc	3	
4	Fees for hospitals, clinics, etc.	4	
5	Lab and x-ray fees	5	
6	Expenses for qualified long-term care	6	
7	Eyeglasses and contact lenses	7	
8	Medical equipment and supplies	8	
9	Medical transportation expenses:		
a	Medical miles driven	9 a	
b	Multiply the number of miles on line 9a by 19 cents per mile	b	
c	Other medical transportation costs not included above for example: ambulance fees	c	
d	Total medical transportation expenses (add lines 9b and 9c)	9 d	
10	Lodging for medical purposes (up to \$50 per night per person)	10	
11	Other medical and dental expenses:		
a		11 a	
b		b	
c		c	
d		d	
e		e	
f		f	
g		g	
h		h	
i		i	
j		j	
12	Total of medical and dental expenses (add lines 1 through 11j)	12	
13 a	Less: insurance reimbursement for any expenses listed	13 a	
b	Less: medical savings account (MSA) or health savings account (HSA) distributions	b	
14	Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1)	14	0.

- Keep for your records

Prior Year Taxes Paid In 2016 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2015 extensions				
22	2015 estimated tax paid after 12/31/2015				
23	Balance due paid with 2015 return				
24	Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2016

► 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.	93,553.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2015 refundable credits in excess of tax.	0.
(4) Enter any additional nontaxable income	
(5) Total available income	93,553.

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, Illinois, Louisiana, Mississippi or New York 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 4,768.00

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) 4,768.00

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	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	5,857.06
c	Real estate taxes paid on additional homes or land	
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	
e	Vacation home	
f	Less real estate taxes deducted on Form 8829	
g	Add lines 2a through 2f (to Schedule A, line 6)	5,857.06
3	Personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2015 Amount Enter 2016 description:	
	_____ toyota scion xb _____	174.00

b	Non-business portion of personal property taxes from Car & Truck Exp Wks	
c	Other personal property taxes	
d	Add lines 3a through 3c (to Schedule A, line 7)	174.00
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	
b	Foreign taxes from interest and dividends	
c	Foreign taxes from Schedule(s) K-1	
d	Other foreign taxes (not used to claim a foreign tax credit).	
e	Other taxes.	
	2015 Amount Enter 2016 description:	

f	Add lines 4a through 4e (to Schedule A, line 8)	

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	6,153.30
b	Qualified mortgage interest from Schedule E Worksheet	
c	Less home mortgage interest/points deducted on Form 8829	
d	Less home mortgage interest from Form 8396, line 3	
e	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above.	6,153.30
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	
b	Less home mortgage interest deducted on Form 8829	
c	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above	
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	
c	Less points deducted on Form 8829	
d	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

2016

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	3,907.
2 2016 state estimated taxes paid in 2016	2	
3 2015 state estimated taxes paid in 2016	3	
4 Amount paid with 2015 state application for extension	4	
5 Amount paid with 2015 state income tax return	5	
6 Overpayment on 2015 state income tax return applied to 2016 tax	6	
7 Other amounts paid in 2016 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	
10 2016 local estimated taxes paid in 2016	10	
11 2015 local estimated taxes paid in 2016	11	
12 Amount paid with 2015 local application for extension	12	
13 Amount paid with 2015 local income tax return	13	
14 Overpayment on 2015 local income tax return applied to 2016 tax	14	
15 Other amounts paid in 2016 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17 <u>State mandatory taxes</u>	17	861.
18 Total Add lines 1 through 17	18	4,768.
19 State and local refund allocated to 2016	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20	21	
22 Total state and local income tax deduction Line 18 less line 21	22	4,768.

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

2016

► 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 2016 6,153.30
- 3 Outstanding mortgage principal as of 1/1/2016 _____
- 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 2016 _____
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 5,857.06
- 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

2016

► Keep for your records

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

Step 1. List your qualified charitable contributions made during the year.

1 RESERVED for future use

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 93,553.

9 Multiply line 8 by 0.5. This is your 50% limit. 46,777.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations						
10 Enter the smaller of line 2 or line 9					0.	
11 Subtract line 10 from line 2						0.
12 Subtract line 10 from line 9			46,777.			
Contributions not to 50% limit organizations						
13 Add lines 2 and 3						
14 Multiply line 8 by 0.3. This is your 30% limit.		28,066.	28,066.			
15 Subtract line 13 from line 9		46,777.				
16 Enter the smallest of line 6, 14, or 15 . .					0.	
17 Subtract line 16 from line 6						0.
18 Subtract line 16 from line 14				28,066.		
Capital gain property to 50% limit organizations						
19 Enter the smallest of line 3, 12, or 14 . .					0.	
20 Subtract line 19 from line 3						0.
21 Subtract line 16 from line 15				46,777.		
22 Subtract line 19 from line 14				28,066.		
Capital gain property not to 50% limit organizations						
23 Multiply line 8 by 0.2. This is your 20% limit.				18,711.		
24 Enter the smaller of line 7, 18, 21, 22, or 23					0.	
25 Subtract line 24 from line 7						0.
26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19					0.	
27 Reserved for future use						
28 Reserved for future use						
29 Reserved for future use						
30 Add lines 11, 17, 20, and 25. Carry to next year.						0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2016

► Keep for your records

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

Step 1. List your qualified charitable contributions made during the year.

1 RESERVED for future use

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 93,553.

9 Multiply line 8 by 0.5. This is your 50% limit. 46,777.. less. 0.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations						
10	Enter the smaller of line 2 or line 9				0.	
11	Subtract line 10 from line 2					0.
12	Subtract line 10 from line 9					
			46,777.			
Contributions not to 50% limit organizations						
13	Add lines 2 and 3					
14	Multiply line 8 by 0.3. This is your 30% limit.					
		0.				
15	Subtract line 13 from line 9					
16	Enter the smallest of line 6, 14, or 15 . .					
17	Subtract line 13 from line 9					
18	Subtract line 16 from line 6					0.
				28,066.		
Capital gain property to 50% limit organizations						
19	Enter the smallest of line 3, 12, or 14 . .				0.	
20	Subtract line 19 from line 3					0.
21	Subtract line 16 from line 15					
22	Subtract line 19 from line 14					
				46,777.		
				28,066.		
Capital gain property not to 50% limit organizations						
23	Multiply line 8 by 0.2. This is your 20% limit.					
24	Enter the smaller of line 7, 18, 21, 22, or 23					
25	Subtract line 24 from line 7					0.
				18,711.		
					0.	
26	Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19				0.	
27	Reserved for future use					
28	Reserved for future use					
29	Reserved for future use					
30	Add lines 11, 17, 20, and 25. Carry to next year.					0.

- Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use	
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) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2016 contributions						
2 2016 contributions allowed	0 .		0 .	0 .	0 .	0 .
3 Carryovers from:						
a 2015 tax year						
b 2014 tax year						
c 2013 tax year						
d 2012 tax year						
e 2011 tax year						
4 Carryovers allowed in 2016	0 .		0 .	0 .	0 .	0 .
5 Carryovers disallowed in 2016	0 .		0 .	0 .	0 .	0 .
6 Carryovers to 2017:						
a From 2016	0 .		0 .	0 .	0 .	0 .
b From 2015						
c From 2014						
d From 2013						
e From 2012						
f From 2011						

1	Was the entire interest given for all property donated to all charities?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were restrictions 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

2016

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

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	600.
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	600.

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 Reserved	<input type="checkbox"/>	24	
b	_____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
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

2016

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

1	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28	1	16,952.
2	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28 CAUTION: Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	2	
3	Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> Yes. Subtract line 2 from line 1	3	16,952.
4	Multiply line 3 by 80% (.80)	4	13,562.
5	Enter the amount from Form 1040, line 38	5	93,553.
6	Enter \$259,400 if single; \$311,300 if married filing jointly or qualifying widow(er); \$285,350 if head of household, \$155,650 if married filing separately	6	285,350.
7	Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> Yes. Subtract line 6 from line 5	7	
8	Multiply line 7 by 3% (.03)	8	
9	Enter the smaller of line 4 or line 8	9	
10	Total itemized deductions. Subtract line 9 from line 1. (to Schedule A, line 29)	10	

- Keep for your records

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

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

1	Is your earned income* more than \$700? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,050		1	
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$6,300 • Married filing jointly or Qualifying widow(er) — \$12,600 • Head of household — \$9,300		2	9,300.
3	Standard deduction.			
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1952, and not blind, stop here and enter this amount on Form 1040, line 40. Otherwise go to line 3b		3 a	
3 b	If born before January 2, 1952, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household)		3 b	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040, line 40		3 c	

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. 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

2016

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

1	Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d	1	<u>12,150.</u>
2	Enter the amount from Form 1040, line 38	2	<u>93,553.</u>
3	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> • Single, enter \$259,400 • Married filing jointly or qualifying widow(er), enter \$311,300 • Married filing separately, enter \$155,650 • Head of household, enter \$285,350 	3	<u>285,350.</u>
4	Subtract line 3 from line 2. If zero or less, stop ; enter the amount from line 1 above on Form 1040, line 42.	4	<u>-191,797.</u>
5	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> Yes. You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. Do not complete the rest of this worksheet. <input type="checkbox"/> No. 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)	5	
6	Multiply line 5 by 2% (.02) and enter the result as a decimal.	6	
7	Multiply line 1 by line 6	7	
8	Deduction for exemptions. Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42	8	

Earned Income Worksheet

2016

► Keep for your records

Name(s) Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
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			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	93,553.		93,553.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	93,553.		93,553.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	93,553.		93,553.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	93,553.		93,553.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	93,553.		93,553.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	93,553.		93,553.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	93,553.		93,553.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	93,553.		93,553.

► 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	Total investment interest expense. 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 nonpassive trade or business without material participation	8	
9	Other investment income:		
a	-----	9 a	
b	-----	b	
c	-----	c	
d	-----	d	
10	Total investment income. 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	Net gains from property held for investment.	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	Net capital gains from property held for investment.	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 nonpassive trade or business without material participation	16	
17	Other investment expenses:		
a	-----	17 a	
b	-----	b	
c	-----	c	
d	-----	d	
18	Total investment expenses. 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	Investment interest expense.	21	

Form 1040
Line 66

Earned Income Credit Worksheet

2016

► 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>1 Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="padding-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="padding-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="padding-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC 4 a</p> <p style="padding-left: 20px;">b Spouse's nontaxable combat pay election for EIC b</p> <p style="padding-left: 20px;">c Total nontaxable combat pay election 4 c</p> <p>5 If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Earned income. Add lines 3, 4c, and 5</p> <p>7 Enter the credit, from the EIC Table, 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, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.</p> <p>8 Enter your AGI from Form 1040, line 38</p> <p>9 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 8 less than \$8,300 (\$13,850 if married filing jointly)? • 1 or more qualifying children, is the amount on line 8 less than \$18,200 (\$23,750 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 10 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 8. Be sure to use the correct column for filing status and number of children</p> <p>10 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 9, enter the amount from line 7 • If 'No' on line 9, enter the smaller of line 7 or line 9 	<p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>	<p>93,553.</p> <p></p> <p></p> <p></p> <p>93,553.</p> <p></p> <p></p> <p></p> <p>93,553.</p> <p>0.</p> <p></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.

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"/> | \$14,880 (\$20,430 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$39,296 (\$44,846 if married filing jointly) with one qualifying child. |
| <input checked="" type="checkbox"/> | \$44,648 (\$50,198 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$47,955 (\$53,505 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"/> | \$14,880 (\$20,430 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$39,296 (\$44,846 if married filing jointly) with one qualifying child. |
| <input checked="" type="checkbox"/> | \$44,648 (\$50,198 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$47,955 (\$53,505 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,400.
(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 <input type="checkbox"/> | qualifying children of another person, or |
| b <input type="checkbox"/> | invalid social security numbers for EIC purposes. |
- (Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2016.
(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 2016?

☐ **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 2016?

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 2016.

Compliance and Due Diligence Indicator ☒ **X**

Disqualified from Earned Income Credit. ☒ **Yes** ☐ **No**

Potential qualifying child count ▶ 2

Non dependent potential qualifying child count ▶ 0

Qualifying child count (max 3) ▶ 2

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2016

► Keep for your records

Name(s) Shown on Return Mary E McManamon		Social Security Number 383-68-6449	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 30.	33,500.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 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	76,601.
2	Additions to income	2	
3	Add lines 1 and 2	3	76,601.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	76,601.

Taxes – Line 3

1	Generation skipping transfer taxes included on Schedule A, line 8	1	
---	---	---	--

Home Mortgage Interest Adjustment – Line 4

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1 Attributable to mortgage used to purchase, build, or improve:			
a Main home or second home that is house, apartment, condominium or non-transient mobile home	6,153.		
b Second home that is transient mobile home or boat			
c Total			6,153.
2 Attributable to mortgage used to refinance:			
a To pay off mortgage			
b For other purposes			
c Total			
3 Attributable to other mortgage deductible for AMT:			
a Pre-July 1, 1982 mortgage			
4 Total column (a)	6,153.		
5 Total column (b). Enter result on Form 6251, line 4.			
6 Total mortgage interest from Schedule A			6,153.

Refund of Taxes – Line 7

1	Taxable refund of state and local income tax	1	
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	

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

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	87,400.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	87,400.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	78,660.
6	Enter ATNOL carried to 2015 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 \$247,450:		
1	Alternative minimum taxable income, Form 6251	1 _____
2	Threshold amount	2 _____
3	Subtract line 2 from line 1	3 _____
4	Multiply line 3 by 25% (.25)	4 _____
5	Smaller of line 4 or \$41,900	5 _____
6	Add line 1 and line 5. Enter on Form 6251, line 28.	6 _____

Exemption – Line 29

1	Enter \$53,900 if single or head of household, \$83,800 if married filing jointly or qualifying widow(er), \$41,900 if married filing separately	1	53,900.
2	Enter your alternative minimum taxable income from Form 6251, line 28.	2	87,400.
3	Enter \$119,700 if single or head of household, \$159,700 if married filing jointly or qualifying widow(er), \$79,850 if married filing separately	3	119,700.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	53,900.
	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.		
7	Minimum exemption amount for certain children under age 24	7	_____
8 a	Enter the child's earned income , if any	8 a	_____
b	Enter any adjustments.	b	_____
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	_____
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29.	10	_____

Form 6251
Line 31

Foreign Earned Income
Alternative Minimum Tax Worksheet

2016

► Keep for your records

Name(s) Shown on Return Mary E McManamon		Social Security Number 383-68-6449	
1	Enter amount from Form 6251, line 30.	1	
2 a	Enter amount from Form(s) 2555, lines 45 and 50	2a	
b	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3	
4	Tax on amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or 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. • All Others: If line 3 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result. 	4	
5	Tax on amount on line 2c. If line 2c is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	5	
6	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0	6	

Federal Carryover Worksheet

2016

► Keep for your records

Name(s) Shown on Return

Mary E McManamon

Social Security Number

383-68-6449

2015 State and Local Income Tax Information (See Tax Help)

(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
Totals . .						

Other Tax and Income Information

			2015	2016
1	Filing status	1		4 HH
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		16,952.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		93,553.
6	Tax liability for Form 2210 or Form 2210-F	6		9,278.
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

			2015	2016
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

			2015	2016
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 2016	a		
	b 2015	b		
	c 2014	c		
	d 2013	d		
	e 2012	e		
	f 2011	f		

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2016

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

Description	Amount
Income	
Wages	93,553.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	
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	93,553.
Adjustments	
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	
Modified adjusted gross income	93,553.

Two-Year Comparison

2016

Name(s) Shown on Return
Mary E McManamon

Social Security Number

Income	2015	2016	Difference	%
Wages, salaries, tips, etc		93,553.	93,553.	
Interest and dividend income				
State tax refund				
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				
Total Income		93,553.	93,553.	
Adjustments to Income				
Adjusted Gross Income		93,553.	93,553.	
Itemized Deductions				
Medical and dental				
Income or sales tax		4,768.	4,768.	
Real estate taxes		5,857.	5,857.	
Personal property and other taxes		174.	174.	
Interest paid		6,153.	6,153.	
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions				
Total Itemized Deductions		16,952.	16,952.	
Standard or Itemized Deduction		16,952.	16,952.	
Exemption Amount		12,150.	12,150.	
Taxable Income		64,451.	64,451.	
Income tax		10,416.	10,416.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		10,416.	10,416.	
Nonbusiness credits		1,138.	1,138.	
Business credits				
Total Credits		1,138.	1,138.	
Self-employment tax				
Other taxes		0.	0.	
Total Tax After Credits		9,278.	9,278.	
Withholding		18,689.	18,689.	
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments		18,689.	18,689.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		9,411.	9,411.	
Balance Due				

Current year effective tax rate 9.92 %

Tax Summary
► Keep for your records

2016

Name (s)

Mary E McManamon

Total income	93,553.
Adjustments to income	
Adjusted gross income	93,553.
Itemized/standard deduction	16,952.
Exemption amount	12,150.
Taxable income	64,451.
Tentative tax	10,416.
Additional taxes	
Alternative minimum tax	
Total credits	1,138.
Other taxes	0.
Total tax	9,278.
Total payments	18,689.
Estimated tax penalty	
Amount Overpaid	9,411.
Refund	9,411.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040 because
you are itemizing deductions.

Compare to U. S. Averages

► Keep for your records

2016

Name(s) Shown on Return Mary E McManamon	Social Security No 383-68-6449
---	-----------------------------------

Your 2016 adjusted gross income (AGI) 93,553.
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	93,553.	63,880.
Taxable interest		867.
Tax-exempt interest		5,268.
Dividends		3,821.
Business net income		17,229.
Business net loss		6,533.
Net capital gain		7,649.
Net capital loss		2,302.
Taxable IRA		15,236.
Taxable pensions and annuities		26,097.
Rent and royalty net income		8,704.
Rent and royalty net loss		8,538.
Partnership and S corporation net income		20,740.
Partnership and S corporation net loss		10,465.
Taxable social security benefits		16,860.
Medical and dental expenses deduction		9,710.
Taxes paid deduction	10,799.	6,746.
Interest paid deduction	6,153.	7,629.
Charitable contributions deduction		3,178.
Total itemized deductions	16,952.	19,603.
Child care credit	88.	564.
Education tax credits		1,282.
Child tax credit	1,050.	1,620.
Retirement savings contributions credit		166.
Earned income credit		265.
Other Information	Actual Per Return	National Average
Adjusted gross income	93,553.	72,213.
Taxable income	64,451.	48,901.
Income tax	10,416.	6,618.
Alternative minimum tax		1,511.
Total tax liability	9,278.	6,973.

Estimated Taxes and Form W-4 Worksheet

Name:	Mary E McManamon
SSN:	383-68-6449

Choose the Method You Will Use to Pay Your 2017 Federal Income Taxes

☐ By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)

☒ By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2017 withholding will be 18,689.

Overpayment from my 2016 return. 9,411.

Amount of my 2016 overpayment to apply to 2017 instead of refunding it _____

Enter Your Filing Status and Other Information for Your 2017 Tax Return

Choose your filing status 4 - Head of household

Taxpayer age as of the end of 2017 62

Spouse age as of the end of 2017 _____

Do you qualify for an additional standard deduction?

Taxpayer: No

Spouse: _____ **Total** 0

☐ Check if you must itemize in 2017. (See Tax Help.)

Enter the Number of Dependent Exemptions You Will Claim on Your 2017 Tax Return

☐ Check if you will be the dependent of another person (but not if married filing jointly).

Enter the number of **dependents** you will claim, do not include yourself or your spouse 2

Total exemptions 3

Enter Your 2017 Income and Deductions in 2nd column	2016 Actual	2017 Expected
Compensation:		
Annual wages and salary for taxpayer	93,553.	93,553.
Medicare wages for taxpayer (W-2 box 5)	96,477.	93,553.
Annual wages and salary for spouse		0.
Medicare wages for spouse (W-2 box 5)		0.
Annual net income from self-employment for taxpayer		0.
Annual net income from self-employment for spouse		0.
Other Tax Information:		
Note: Include this income in the Other Income section below.		
Net Investment Income for 3.8% tax	0.	
Qualified dividends		0.
Maximum Capital Gains Rate Tax Information:		
Net short-term capital gains or losses		0.
Net long-term capital gains or losses		0.
Net 28%-rate capital gains included in long-term		0.
Unrecap'd Sec 1250 gains incl in long-term (see Tax Help)		0.
Investment income election (see Tax Help)		0.
Other Income:		
Total of your other taxable income and losses (see Tax Help)	0.	0.
Foreign income or housing exclusions		0.
Adjustments:		
Deductible IRA contributions, alimony, etc		0.
Itemized Deductions:		
Total medical expenses	0.	1,920.
Real estate tax	5,857.	5,857.
Other deductible taxes	4,942.	4,942.
Deductible mortgage interest	6,153.	6,153.
Charitable contributions		200.
Deductible investment interest expense, casualty or theft losses (see Tax Help)		0.
Miscellaneous itemized deductions subject to 2% of AGI	600.	600.
Deductible gambling losses		0.
Other misc itemized deductions not subject to 2% of AGI		0.

Income Tax Calculation for Your 2017 Tax Return	2016 Actual	2017 Expected
Taxable income	64,451.	64,251.
Income tax	10,416.	10,321.
Alternative minimum tax (Enter Alt Min tax expected in 2017) . . .		0.
Premium tax credit repayment (Enter amt expected for 2017) . . .		0.
Total credits (Enter credits expected in 2017)	1,138.	1,138.
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%)		0.
Other taxes (Enter other taxes expected in 2017)	0.	0.
Total federal income tax	9,278.	9,183.

Enter the Tax Payments You've Already Made for Your 2017 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer	
Spouse	
Federal estimated tax payments you've already made	
Payment number 1 (April 18, 2017)	
Payment number 2 (June 15, 2017)	
Payment number 3 (September 15, 2017)	
2016 federal overpayment credited to 2017 (from page 1 above)	
Total taxes paid to date	
Balance of payments needed or (expected refund)	9,183.

Summary of Taxes to be Paid for 2017	
Federal income taxes to be withheld from your paychecks	18,689.
Your 2016 federal overpayment you applied to 2017	
Your 2017 federal estimated taxes, based on <u>100% of your 2016 actual tax</u>	
Estimate of total payments you will need to make for 2017	18,689.

Estimated Tax Payment Options

Name: Mary E McManamon
SSN: 383-68-6449

Prepare My 2017 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2017 estimated taxable income	8,265.
<input type="checkbox"/> 100% of tax on your 2017 estimated taxable income	9,183.
<input type="checkbox"/> 66-2/3% of tax on your 2017 estimated taxable income (for farmers and fishermen only, see Tax Help)	6,122.
<input checked="" type="checkbox"/> 100% (110%) of your 2016 taxes (prior-year exception) Note: If your 2016 taxes were less than \$1000, see Tax Help	9,278.

Amount of Estimated Taxes to Pay in 2017	
Taxes based on method above	9,278.
Expected withholding for 2017 . . . (Your 2017 estimated withholding)	18,689.
Taxes due after withholding	0.
Estimates you've already paid	
Last year's overpayment you applied to this year	
Balance of estimated taxes due	0.

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input checked="" type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2017	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 18, 2017	
<input type="checkbox"/> Payment number 2, due June 15, 2017	
<input type="checkbox"/> Payment number 3, due September 15, 2017	
<input type="checkbox"/> Payment number 4, due January 16, 2018	

Total estimated tax payments for 2017	
---	--

Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name:	<u>Mary E McManamon</u>
SSN:	<u>383-68-6449</u>

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2017	Taxpayer	Spouse
Your annual salary for this year	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Salary you have already received in 2017	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Your remaining salary for this year	0.	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Number of paychecks you have remaining this year	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
How often you are paid	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Your gross salary per pay period	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>

Form W-4 Personal Allowances and Withholding	Taxpayer	Spouse
Withholding status	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Personal allowances (see Tax Help if more than 10)	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Additional withholding per pay period	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Estimated future withholding per pay period	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Estimated future withholding through remainder of year	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Top tax rate being withheld	%	%

Change in Federal Income Tax Withholding per Pay Period	Taxpayer	Spouse
See tax help for more information.		
Current withholding per pay period	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Estimated future withholding per pay period	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Increase/(decrease) in net pay per pay period	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>

Summary of Federal Income Taxes to be Withheld in 2017: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Spouse's withholding	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Total withholding	<div style="border-bottom: 1px solid black; height: 15px;"></div>

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Mary E McManamon

Primary SSN: 383-68-6449

Federal Return Submitted: October 16, 2017 11:40 PM PDT

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 10/16/2017

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 18, 2017. 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 18, 2017, your Intuit electronic postmark will indicate April 18, 2017, 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 18, 2017, and a corrected return is submitted and accepted before April 23, 2017. If your return is submitted after April 23, 2017, 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 16, 2017. 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 17, 2017, and the corrected return is submitted and accepted by October 20, 2017.

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.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

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 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."

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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.

--

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.

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."

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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:

10/16/2017

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, 2017.

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, 2017.

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) 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.

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 ³	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ³	
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 ³	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ³	Free option with your purchase of TurboTax Premium Services or TurboTax MAX ²

¹ 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.

² 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.

³ 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, 2017.

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.

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.

Mary

First Name

McManamon

Last Name

Please type the date below:

10/01/2017

Date

First Name - Spouse

Last Name - Spouse

Please type the date below:

Date

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

Return Preparer and Third Party Designee Information

Enter preparer code from Firm/Preparer Info. _____

Electronic Filing of Tax Return Information

Electronic Filing:

☐ File **federal** return electronically

☐ File **state** or **city** returns electronically

Select state and city returns to file electronically:

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

Smart Worksheets From 2016 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet		
A	Tax 10,416.	
Check if from:		
1	Tax table <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">X</td></tr></table>	X
X		
2	Tax Computation Worksheet (see instructions) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td></tr></table>	
3	Schedule D Tax Worksheet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td></tr></table>	
4	Qualified Dividends and Capital Gain Tax Worksheet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td></tr></table>	
5	Schedule J <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td></tr></table>	
6	Form 8615 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td></tr></table>	
7	Foreign Earned Income Tax Worksheet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td></tr></table>	
B	Additional tax from Form 8814 _____	
C	Additional tax from Form 4972 _____	
D	Tax from additional Form(s) 4972 _____	
E	Recapture tax from Form 8863 _____	
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____	
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____	
H	Tax. Add lines A through G. Enter the result here and on line 44 10,416.	

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

Credit Limitation Smart Worksheet	
<p>Note: Line 10 is presently calculated by subtracting line B from line A. If zero or less, stop; you cannot take the credit.</p>	
A	The amount from Form 1040, line 47; Form 1040A, line 28; or Form 1040NR, line 45. 10,416.
B	Enter the amount from Form 1040, line 48; or Form 1040NR, line 46. Form 1040A filers, enter -0- _____

SMART WORKSHEET FOR: Form 4868: Application for Automatic Extension

Mailing Address and Filing Instruction Smart Worksheet

WHERE TO FILE YOUR EXTENSION

MAIL FORM 4868 (WITH PAYMENT IF APPLICABLE) TO THE ADDRESS LISTED BELOW

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
FRESNO CA 93888-0045

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?
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 ▶ The whole year
- B** Who are the parents of this person?
 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, 2016 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
- 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
- H** Who will be claiming this person as a dependent as a result of
 an agreement between the parents
 or
 as a result of 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?
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 ▶ The whole year
- B** Who are the parents of this person?
 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, 2016 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
- 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
- H** Who will be claiming this person as a dependent as a result of
 an agreement between the parents
 or
 as a result of 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? ▶ ☐

10

	No
	No

11

► www.pearsoncmg.com

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 6,153.30

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 _____

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 _____

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 9,411.

Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet**A** Taxable and tax exempt interest _____**B** Dividend income _____**C** Capital gain net **income** _____**D** Royalty and rental of personal property net **income** _____**E** Passive activity net **income**:

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 **income**, line 5 if greater than zero _____**F** Interest and dividends from Forms 8814 _____**G** Adjustments _____**H** **Total investment income**, add lines A through G 0.Is line H, **total investment income** over \$3,400?☒ **No.** You may take the credit.☐ **Yes. Stop.** You **cannot** 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 2016?	Lived with taxpayer in the U.S.
			Was the child under age 24 at the end of 2016, 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	12
Aisling McManamon	F	658-84-6537 Daughter	2004			
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	12
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SMART WORKSHEET FOR: Estimated Tax Payment Options

For Residents of Guam or the U.S. Virgin Islands Only	
<input type="checkbox"/>	Permanent resident of Guam or U.S. Virgin Islands
<input type="checkbox"/>	Nonpermanent resident of Guam or U.S. Virgin Islands

TAXABLE YEAR

2016**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. APT 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. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32). **1** 93,553.
- 2 Refund or no amount due. (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125; or Short Form 540NR, line 125). **2** 1,210.
- 3 Amount you owe. (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121). **3**

Part II Settle Your Account Electronically for Taxable Year 2016 (Payment due 4/18/2017)

- 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 2017 These are not installment payments for the current amount you owe.

	First Payment Due 4/18/2017	Second Payment Due 6/15/2017	Third Payment Due 9/15/2017	Fourth Payment Due 1/16/2018
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 1,210. **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 2016 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

2016 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

383-68-6449 MCMA
MARY E MCMANAMON

16

A
R
RP5214F DIAMOND HEIGHTS
SAN FRANCISCO CA 94114

APT 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 \$111 = ☒ \$ **8 Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☒ **8** X \$111 = ☒ \$ **9 Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☒ **9** X \$111 = ☒ \$ **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 \$344 = ☒ \$ **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 93553.00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 93553.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B ● 14 .00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 93553.00
- 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 93553.00
- 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. \$4,129
• Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,258
If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions ● 18 12184.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 81369.00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
● ☐ FTB 3800 ● ☐ FTB 3803 ● 31 3526.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions ● 32 799.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 2727.00
- 34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A. ● 34 .00
- 35 Add line 33 and line 34 ● 35 2727.00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 30.00
- 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 30.00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 2697.00

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 2697.00

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	3907	.00
72	2016 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	3907	.00

Use Tax

91	Use Tax. See instructions	● 91		.00
----	-------------------------------------	------	--	-----

Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	3907	.00
93	Use Tax balance. 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	1210	.00
95	Amount of line 94 you want applied to your 2017 estimated tax	● 95	0	.00
96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	1210	.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

	Code	Amount
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 Program	● 403	<input type="text"/> .00
California Breast Cancer Research Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families 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 Fund	● 413	<input type="text"/> .00
RESERVED (DO NOT USE).		<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 Fund	● 424	<input type="text"/> .00
Keep Arts in Schools 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
110 Add code 400 through code 435. 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

111 111 .00

Pay online – Go to ftb.ca.gov 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 1210 .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

1210 .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 and search for **privacy notice**. 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**

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

Joint tax return?
(See instructions)

☒ Your email address. Enter only one email address.

☒ Preferred phone number

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

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

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

SELF-PREPARED

PTIN

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

2016 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

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 7	<input checked="" type="radio"/> 93,553.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
8 Taxable interest (b) 8(a)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Ordinary dividends. See instructions. (b) 9(a)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Taxable refunds, credits, offsets of state and local income taxes 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
11 Alimony received 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Business income or (loss) 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Capital gain or (loss). See instructions. 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Other gains or (losses) 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 IRA distributions. See instructions. (a) 15(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Pensions and annuities. See instructions. (a) 16(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
18 Farm income or (loss) 18	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 Unemployment compensation 19	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 Social security benefits (a) <input checked="" type="radio"/> 20(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Other income.			
a California lottery winnings		a <input checked="" type="radio"/>	a <input checked="" type="radio"/>
b Disaster loss deduction from FTB 3805V		b <input checked="" type="radio"/>	b <input checked="" type="radio"/>
c Federal NOL (Form 1040, line 21)		c <input checked="" type="radio"/>	c <input checked="" type="radio"/>
d NOL deduction from FTB 3805V		d <input checked="" type="radio"/>	d <input checked="" type="radio"/>
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809		e <input checked="" type="radio"/>	e <input checked="" type="radio"/>
f Other (describe): <input checked="" type="radio"/>		f <input checked="" type="radio"/>	f <input checked="" type="radio"/>
22 Total. 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. 22	<input checked="" type="radio"/> 93,553.	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Section B — Adjustments to Income

23 Educator expenses 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Health savings account deduction 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Moving expenses 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Deductible part of self-employment tax 27	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
29 Self-employed health insurance deduction 29	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
30 Penalty on early withdrawal of savings 30	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a Alimony paid. (b) Recipient's: SSN <input checked="" type="radio"/> - - - - -			
Last name <input checked="" type="radio"/> 31a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32 IRA deduction 32	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
33 Student loan interest deduction 33	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34 Tuition and fees 34	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
35 Domestic production activities deduction 35	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions 37	<input checked="" type="radio"/> 93,553.	<input checked="" type="radio"/>	<input checked="" type="radio"/>

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Part II Adjustments to Federal Itemized Deductions

38	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"/> 38	<input type="text" value="16,952."/>
39	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 only). See instructions	<input checked="" type="radio"/> 39	<input type="text" value="4,768."/>
40	Subtract line 39 from line 38	<input checked="" type="radio"/> 40	<input type="text" value="12,184."/>
41	Other adjustments including California lottery losses. See instructions. Specify <input type="text"/>	<input checked="" type="radio"/> 41	<input type="text"/>
42	Combine line 40 and line 41	<input checked="" type="radio"/> 42	<input type="text" value="12,184."/>
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?		
	Single or married/RDP filing separately		\$182,459
	Head of household		\$273,692
	Married/RDP filing jointly or qualifying widow(er)		\$364,923
	No. Transfer the amount on line 42 to line 43.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	<input checked="" type="radio"/> 43	<input type="text" value="12,184."/>
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married/RDP filing separately. See instructions.		\$4,129
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$8,258
	Transfer the amount on line 44 to Form 540, line 18	<input checked="" type="radio"/> 44	<input type="text" value="12,184."/>

2016 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 2016. 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
a. Care provider's name	THE YMCA OF SAN FRANCISCO STONETOWN BRANCH	
b. Care provider's address (number, street, apt. no., city, state, and ZIP Code)	333 EUCALYPTUS DRIVE SAN FRANCISCO CA 94132	
c. Care provider's telephone number	415-242-1700	
d. Is provider a person or organization?	<input type="checkbox"/> Person <input checked="" type="checkbox"/> Organization	<input type="checkbox"/> Person <input type="checkbox"/> Organization
e. Identification number (SSN, ITIN, or FEIN)	TAXEXEMPT	
f. 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	
g. Amount paid for care provided	440.	

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 2016 for the qualifying person's care in California
First	Last				
AISLING	MCMANAMON	658-84-6537	DOB: 12/28/2004 Disabled <input type="checkbox"/> Yes	100	440.
			DOB: _____ Disabled <input type="checkbox"/> Yes		
			DOB: _____ Disabled <input type="checkbox"/> Yes		

3 Add the amounts in column (e) of line 2. Do not 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	3	440.00
4 Enter YOUR earned income . See instructions. Nonresidents: Enter only your earned income from California sources . If you do not have earned income from California sources, stop , you do not qualify for the credit. Military servicemembers, see instructions. Part-year residents: Enter the total of (1) your earned income from California sources received while you were a nonresident and (2) all earned income received while you were a resident. Military servicemembers, see instructions.	4	93,553.00
5 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 Nonresidents: Enter only your spouse's/RDP's earned income from California sources . If your spouse/RDP does not have earned income from California sources, stop , you do not qualify for the credit. Military servicemembers, see line 4 instructions. Part-year residents: Enter the total of (1) your spouse's/RDP's earned income from California sources 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.	5	93,553.00
6 Enter the smallest of line 3, line 4, or line 5	6	440.00
7 Enter the decimal amount shown in the chart of the instructions for line 7	7	X. 0.20
8 Multiply line 6 by the decimal amount on line 7.	8	88.00
9 Enter the decimal amount listed in the chart of the instructions for line 9	9	X. 0.34
10 Multiply the amount on line 8 by the decimal amount on line 9.	10	30.00
11 Credit for prior year expenses paid in 2016. See instructions	11	00
12 Add line 10 and line 11. Enter the amount here and on Form 540, line 40; or Long Form 540NR, line 50.	12	30.00

2016 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 2016 ☒ **1a** ☒
- b** Widow/widower (my spouse/RDP died before 01/01/2016) ☒ **1b** ☐
- c** Marriage/RDP was annulled. ☒ **1c** ☐
- d** Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2016. ☒ **1d** ☐
- e** Legally married/RDP and did not live with spouse/RDP during 2016 ☒ **1e** ☐
- f** Legally married/RDP and lived with spouse/RDP during 2016. 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) ☒ 09/05/2000

Check one box below to identify the status of your qualifying child who is age 19 or older in 2016. See instructions.

- a** Full time student under age 24. ☒ **3a** ☐
- b** Permanently and totally disabled ☒ **3b** ☐

4 Enter qualifying person's gross income in 2016. See instructions. ☒ 0.**5** Number of days your qualifying person lived with you during 2016. See instructions. ☒ 366

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, (in some circumstances), incarceration.

Schedule P

Credits That Reduce Tax Statement

2016

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)			1,276.	
II Credits that reduce excess tax and have carryover provisions.				
Code	Credit Name			
223	Motion Picture and Television Production		1,276.	
209	Community Development Financial Institution Deposits Credit		1,276.	
205	Disabled Access		1,276.	
204	Donated Agricultural Products Transportation		1,276.	
224	Donated Fresh Fruits or Vegetables Credit		1,276.	
190	Employer Childcare Contribution		1,276.	
189	Employer Child Care Program		1,276.	
203	Enhanced Oil Recovery		1,276.	
218	Environmental Tax		1,276.	
207	Farmworker Housing		1,276.	
198	Local Agency Military Base Recovery Area Hiring		1,276.	
198	Local Agency Military Base Recovery Area Sales or Use Tax		1,276.	
211	Manufacturing Enhancement Area Hiring		1,276.	
220	New Jobs		1,276.	
237	New Motion Picture & Television		1,276.	
234	New Employment		1,276.	
175	Agricultural Products		1,276.	
194	Employee Ridesharing		1,276.	
191	Employer Ridesharing (Large)		1,276.	
192	Employer Ridesharing (Small)		1,276.	
193	Employer Ridesharing (Transit Passes)		1,276.	
182	Energy Conservation		1,276.	
160	Low Emission Vehicles		1,276.	
184	Political Contributions		1,276.	
174	Recycling Equipment		1,276.	
186	Residential Rental and Farm Sales		1,276.	
206	Rice Straw		1,276.	
171	Ridesharing		1,276.	
200	Salmon and Steelhead Trout Habitat Restoration		1,276.	
179	Solar Pump		1,276.	
178	Water Conservation		1,276.	
161	Young Infant		1,276.	

	(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)			2,697.	
IV Credits that reduce net tax and have carryover provisions.				
Code Credit Name				
233 California Competes			2,697.	
235 College Access			2,697.	
197 Child Adoption			2,697.	
176 Enterprise Zone Hiring			2,697.	
176 Enterprise Zone Sales or Use Tax . .			2,697.	
172 Low-Income Housing			2,697.	
213 Natural Heritage Preservation			2,697.	
183 Research			2,697.	
210 Targeted Tax Area Hiring			2,697.	
210 Targeted Tax Area Sales or Use Tax .			2,697.	
196 Commercial Solar Electric System . .			2,697.	
181 Commercial Solar Energy			2,697.	
185 Orphan Drug			2,697.	
180 Solar Energy			2,697.	

California Information Worksheet

► Keep for your records

2016

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 1-1-2017 61
 Date of Death (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone (415) 603-0723 Ext
 Home phone

Spouse/RDP:

First Name
 Middle Initial Suffix
 Last Name
 Social Security No.
 Date of Birth (mm/dd/yyyy)
 or age as of 1-1-2017
 Date of Death (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone Ext

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

c/o Address
 Street Address . . . 5214F Diamond Heights
 Unit Description . . APT 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, 2016 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 . . . ☐ 2014 ☐ 2015
☐ 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 2015 return under a different last name, enter the last name **only** from the 2015 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 2015 or 2016 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2017

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:

	First Name	MI	Last Name	Suf.
Executor/Guardian	_____	_____	_____	_____
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 travelling outside the United States on April 15, 2017

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	_____

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 Form 540X. ► _____**QuickZoom** to Form 540 ► _____**QuickZoom** to Form 540NR. ► _____

Name(s) Shown on Return
Mary E McManamonYour Social Security Number
383-68-6449**Part I 2017 Estimated Tax Amount Options****1 Select One of Six Ways to Calculate the Required Annual Payment for 2017 Estimates:**

- a 100% (110%) of **2016** taxes. ☒ 2,697.
- b 100% of tax on **2017** estimated taxable income ☐ 2,697.
- c 90% of tax on **2017** estimated taxable income ☐ 2,428.
- d 66-2/3% of tax on **2017** estimated taxable income (farmers and fishermen) ☐ 1,798.
- e Equal to 100% of overpayment (no vouchers) ☐ 1,210.
- f Enter total amount you want to use for estimates and check box ► ☐

2 Selected estimated tax amount:

- a 2017 Required Annual Payment based on your choice above 2,697.
- b Estimated amount of 2017 state income tax withholding 3,907.
- c **Total of estimated tax payments required for 2017** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$500 or more (\$250 or more if married filing separately) ☒
- b Calculate estimates if _____ (specify amount) or more ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

Part II Overpayment Application Options

- 1 Amount of overpayment available 1,210.

2 Select Overpayment Application Option:

- a Apply none (refund entire overpayment) ☒
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐
- d Apply to extent of first quarter amount and refund excess ☐
- e Enter amount you want to apply ► ☐
- f Amount applied to 2017 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 1,210.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ☒ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☐ ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2017	2 Jun 15, 2017	3 Sep 15, 2017	4 Jan 15, 2018	Total
1 If you have already made payments, enter amounts. . .					
2 Indicate which payment is due next. (e.g. if it is now May 10, 2017, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Filing Status and Residency Change for 2017

1 Choose 2017 filing status:

- ☐ Single
☐ Married filing jointly
☐ Married filing separately
☒ Head of Household
☐ Qualifying widow(er)

2 Check if you are a resident filer in 2016 and expect to be a nonresident in 2017 or vice versa ☐**Part VI Changes to Income, Deductions, Credits and Withholding for 2017**

2016 income and deductions are shown in the '2016 Actual' column below.

***Caution:** For each line in the '2017 Est' column, enter the estimated 2017 amount **if different** from 2016. Otherwise, the '2016 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2016 Actual	*2017 Est
A Federal adjusted gross income	93,553.	93,553.
B Residents: Enter California adjusted gross income	93,553.	
C Nonresidents/Part-year residents:		
1 AGI from all sources (after all California adjustments)		
2 AGI from California sources.		
D Itemized Deductions: Use itemized deductions for 2017 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
1 Total itemized deductions (before phaseout)	12,184.	
2 Total itemized deductions (after phaseout)	12,184.	
3 Medical, investment interest, casualty and gambling losses, included in D1 (after all California adjustments)		
E Number of personal, blind and senior exemptions	1	
F Number of dependent exemptions	2	
G Credits:		
1 Credits for joint custody head of household, dependent parent and senior head of household		
2 Child and dependent care expenses	30.	
H Other credits (such as renter's credit and other state tax credit)	0.	
I Tax on accumulation distribution of trusts from FTB 5870A		
J Interest on deferred tax from installment obligations under IRC Section 453 or 453A		
K Alternative minimum tax.		
L California income tax withheld	3,907.	

Part VII 2017 Estimated Taxable Income and Tax

1 Residents: Enter your estimated 2017 California AGI. Nonresidents and part-year residents: Enter your estimated 2017 total AGI from all sources		1	93,553.
2 a If you plan to itemize deductions, enter the estimated total of your itemized deductions	2 a	12,184.	
b If you do not plan to itemize deductions, enter the standard deduction for your filing status: \$4,129 single or married filing separately \$8,258 married filing jointly, head of household, or qualifying widow(er)	b		
c Enter the amount from line 2a or line 2b, whichever applies		2 c	12,184.
3 Subtract line 2c from line 1		3	81,369.

4	Tax. Figure your tax on the amount on line 3 using 2016 tax table for Forms 540 or Long Form 540NR. Also include any tax from Form 3800, Tax Computation for Children with Investment Income; or Form 3803, Parents' Election to Report Child's Interest and Dividends.	4	3,526.
5	Residents: Skip to line 6a. Nonresidents and part-year residents:		
a	Enter your estimated California taxable income from Schedule CA (540NR), Part V, line 49	5 a	
b	Compute the CA Tax Rate: Tax on total taxable income from line 4	b	
	_____ = Total taxable income from line 3		
c	Multiply the amount on line 5a by the CA Tax Rate on line 5b.	c	
6 a	Residents: Enter the exemption credit amount from the 2016 instructions for Form 540 or Form 540A.	6 a	799.
b	Nonresidents or part-year residents: Enter the CA credit proration percentage. Divide line 5a by line 3. If more than 1 enter 1.0000	b	
7	Nonresidents: CA prorated exemption credits. Multiply the total exemption credit amount by line 6b.	7	
8	Residents: Subtract line 6a from line 4. Nonresidents or part-year residents subtract line 7 from line 5c	8	2,727.
9	Tax on accumulation distribution of trusts	9	
10	Add line 8 and line 9.	10	2,727.
11	Credits for joint custody head of household, dependent parent, senior head of household and child and dependent care expenses. Nonresidents or part-year residents: For the child and dependent care expenses credit, use the amount from your 2016 Long Form 540NR, line 50. For the other credits listed on line 11, multiply the total 2016 credit amount by the ratio on line 6b.	11	30.
12	Subtract line 11 from line 10	12	2,697.
13	Other credits (such as other state tax credit). See the 2016 instructions for Form 540 or Long Form 540NR	13	0.
14	Subtract line 13 from line 12	14	2,697.
15	Interest on deferred tax from installment obligations under IRC Sections 453 or 453A	15	
16	Alternative Minimum Tax	16	
17	Mental Health Services Tax.	17	
18	2017 estimated tax. Add line 14 through line 17. Enter the result, but not less than zero	18	2,697.

Interest and Dividend Adjustments Worksheet

2016

Name as Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

Interest Income Adjustments

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

Dividend Income Adjustments

	(B) Subtractions	(C) Additions
13 Controlled foreign corporation dividends		
14 Regulated investment company (RIC) capital gains		
15 Distributions of pre-1987 earnings from S Corporations		
16 U.S. obligations dividends adjustment		
17 California dividend adjustments from K-1's		
18 a Canadian RRSP undistributed dividend income from Form 8891		
b RRSP total interest dividend for the year		
19 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
e 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)

2016

Name as Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

	(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 Compensation for false imprisonment		
13 Coverdell (ESA) distributions		
14 HSA distributions for unqualified medical expense		
15 Distributions rolled over from MSA to HSA account (Form 3805P) . .		
16 Grants paid to low-income individuals		
17 California National Guard Surviving Spouse & Children Relief Act of 2004		
18 Ottoman Turkish Empire Settlement Payments		
19 Federal form 8814/California form 3803 adjustment		
20 Other income, from Schedule(s) K-1		
21 Canceled debt income.		
22 a Canadian RRSP undistributed other income from Form 8891		
b RRSP total other income for the year		
Other taxable income:		
23 a		
b		
c		
d		
e		
f		
g		
24 Total. Add lines 1 through 23. Enter here and on Schedule CA or Schedule CA(NR), line 21f.		

Tax Payments Worksheet

2016

► Keep for your records

Name

Mary E McManamon

Social Security Number

383-68-6449

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	3,907.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	3,907.
15	Date return will be filed and balance paid	15	

California Carryover Worksheet

2016

Use this worksheet to enter information from your 2015 tax return
which will be used on your 2016 tax return

► Keep for your records

Name as Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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2015 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		
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		
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		
7	Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125)	7		
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	2015	10 a	
b	2014	b	
c	2013	c	
d	2012	d	
e	2011	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)

15	Form 3510 information - 2015 Resident filers	
a	Schedule P, Part I, line 15 through line 18	15 a _____
b	Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions on a line other than those listed	b _____
c	Schedule P, Part II, line 25	c _____
d	Schedule P, Part II, line 26	d _____
e	Schedule P, Part III, Section C, lines 22 and 23, column b.	e _____
16	Form 3510 information - 2015 Nonresident or Part-year residents	
a	Schedule P(NR), Part I, line 15 through line 18	16 a _____
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 _____
c	Schedule P(NR), Part II, line 35	c _____
d	Schedule P(NR), Part II, line 28	d _____
e	Schedule P(NR), Part II, line 29a and 29h	e _____
f	Schedule P(NR), Part II, line 44	f _____
g	Schedule P(NR), Part II, line 45	g _____
h	Schedule P(NR), Part III, Section C, lines 22 and 23, column b	h _____

Schedule P/P(NR)
Line 17

AMT Exclusion Worksheet

► Keep for your records

2016

Name as Shown on Return Mary E McManamon		Social Security Number 383-68-6449	
	(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

2016

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		30.
235	College Access, FTB 3592.		
209	Community Development Financial Institutions Investment		
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		
224	Donated Fresh Fruits or Vegetables Credit, FTB 3811		
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		
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		
Repealed Credits with Carryover Provision — FTB 3540			
175	Agricultural Products		
196	Commercial Solar Electric System		
181	Commercial Solar Energy		
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 McManamonSocial 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	Total investment interest expense. 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 nonpassive trade or business without material participation		
9	Other investment income:		
a			
b			
c			
d			
10	Total investment income. 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	Net gains from property held for investment. 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)

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

Allocation of Investment Interest Expense

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

California Depreciation Options

2016

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 2016 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

2016

Mary E McManamon

Income	2015	2016	Difference	%
Federal AGI and California Adjustments:				
Federal adjusted gross income		93,553.	93,553.	
California adjustments				
Adjusted Gross Income		93,553.	93,553.	
Standard or Itemized Deduction . . .		12,184.	12,184.	
Taxable Income		81,369.	81,369.	
Tax		3,526.	3,526.	
Exemption credits		799.	799.	
Tax less exemption credits		2,727.	2,727.	
Schedule G-1 and Form 5870A tax . . .				
Tax before credits		2,727.	2,727.	
Credits		30.	30.	
Tax after credits		2,697.	2,697.	
Alternative minimum tax				
Other taxes and IRC interest				
Total Tax After Credits		2,697.	2,697.	
Withholding		3,907.	3,907.	
Estimated payments				
Other payments				
Total Payments		3,907.	3,907.	
Use tax				
Contributions				
Form 5805/5805F penalty				
Other penalties and interest				
Applied to next year's estimated tax . . .		0.	0.	
Amount Refund		1,210.	1,210.	
Amount Due				

Current year effective tax rate 2.88 %

Tax Summary
 ► Keep for your records

2016

Name(s)	
Mary E McManamon	
Federal adjusted gross income	93,553.
Net California adjustments	
California adjusted gross income	93,553.
Itemized/standard deduction	12,184.
California taxable income	81,369.
Tax	3,526.
Exemption credits	799.
Tax less exemptions	2,727.
Tax from Schedule G-1/FTB 5870A	
Credits	30.
Other taxes	
Total tax	2,697.
Total payments	3,907.
Use tax	
Contributions	
Underpayment penalty	
Interest, late filing and late payment penalties	
Refund	1,210.
Balance due	
Tax bracket	9.3%

California Electronic Filing Information Worksheet

2016

► Keep for your records

Name as Shown on Return Mary E McManamon	Social Security Number 383-68-6449
---	---------------------------------------

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"/>

**California
Smart Look Worksheet**

2016

Check this box if you are PRO

☐

Enter preparer code from Firm/Preparer Info (See Help) . . . _____

Smart Worksheets From 2016 California Tax Return

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

Form 540 California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>3,907.</u>
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 _____ Note: 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.
C	California income tax withheld for line 71. Subtract line B from line A <u>3,907.</u>

SMART WORKSHEET FOR: Form 3506: Child and Dependent Care Expenses Credit

Child and Dependent Care Expenses Smart Worksheet	
A	Enter medical expenses for qualifying persons unable to care for themselves . . . _____
B	Enter employment taxes paid on wages for qualifying services _____
C	Enter qualified expenses paid but not incurred in 2016. _____
D	Total qualified expenses incurred and paid in 2016 Add line 1g, line A, line B and subtract line C _____
E	Did you report prior year expenses on line 9 of your 2016 Federal Form 2441 or Schedule 2, Form 1040A? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
F	If you checked 'Yes':
1	For 2015 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"/>
2	Enter 2015 California AGI _____
3	Enter the number of qualifying persons cared for in 2015. _____
G	If married/RDP filing separately and taxpayer is not 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

Care Provider Data Entry Smart Worksheet 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) OR Care Provider Business Name Additional Business Name AND Care provider's phone number Box: phone unavailable	(b) Address (number, street, apt no., city, state, and ZIP Code) Addr where care was provided (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) 242-1700 <input type="checkbox"/> Address where care provided . . . <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"/>	440.00

SMART WORKSHEET FOR: California Credits Worksheet

Credit Information Smart Worksheet Review FTB instructions and check the corresponding box if you qualify for any of the following credits:			
A	Credit for Joint Custody Head of Household (Code: 170)	<input type="checkbox"/>	
B	Credit for Dependent Parent (Code: 173)	<input type="checkbox"/>	
C	Credit for Senior Head of Household (Code: 163)	<input type="checkbox"/>	
D	Credit for Adoption Costs (Code: 197):		
	Child's Name	Qualifying Costs for Each Child	Credit
			Allowable Credit
	Total		

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning _____, 2016, ending _____, 20		See separate instructions.
Your first name and initial Mary E	Last name McManamon	Your social security number 383-68-6449
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 5214F Diamond Heights		Apt. no. 235
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). San Francisco CA 94114		▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign 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
 Check only one box.

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Exemptions
 6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
 b ☐ **Spouse**

c Dependents:

(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)
Maeve E	McManamon	613-35-4025	Daughter	<input checked="" type="checkbox"/>
Aisling F	McManamon	658-84-6537	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

Boxes checked on 6a and 6b **1**
No. of children on 6c who:
 • lived with you **2**
 • did not live with you due to divorce or separation (see instructions) _____
Dependents on 6c not entered above _____
Add numbers on lines above ▶ **3**

Income 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.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	93,553.		
	8a	Taxable interest. Attach Schedule B if required	8a			
	b	Tax-exempt interest. Do not include on line 8a	8b			
	9a	Ordinary dividends. Attach Schedule B if required	9a			
	b	Qualified dividends	9b			
	10	Taxable refunds, credits, or offsets of state and local income taxes	10			
	11	Alimony received	11			
	12	Business income or (loss). Attach Schedule C or C-EZ	12			
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <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			17	
18	Farm income or (loss). Attach Schedule F	18			18	
19	Unemployment compensation	19			19	
20a	Social security benefits	20a		b Taxable amount	20b	
21	Other income. List type and amount _____	21			21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22		93,553.	22	

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶ _____	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	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 adjusted gross income ▶	37	93,553.

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, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,300

38	Amount from line 37 (adjusted gross income)	38	93,553.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	16,952.
41	Subtract line 40 from line 38	41	76,601.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	64,451.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	10,416.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	10,416.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	88.
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	1,050.
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	1,138.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	9,278.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	0.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	9,278.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	18,689.
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC) No	66a	
b	Nontaxable combat pay election 66b	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	18,689.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	9,411.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	9,411.
b	Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 0 0 0 0 3 3 1 3 2 3 4 1		

Amount You Owe

77	Amount of line 75 you want applied to your 2017 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **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	Daytime phone number
		Senior Programmer/Analyst	(415) 603-0723
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Self-Prepared	Firm's EIN		
Firm's address		Phone no.		

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2016
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 93,553.				
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	9,355.		
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	<input checked="" type="checkbox"/> Income taxes, or	5	4,768.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	5,857.		
7	Personal property taxes	7	174.		
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8	9			10,799.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	6,153.
Note: Your mortgage interest deduction may be limited (see instructions).		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	6,153.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.		16	
If you made a gift and got a benefit for it, see instructions.		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). Attach Form 4684. (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.) ► Employee business expenses		21	600.
		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	600.
		25 Enter amount from Form 1040, line 38 25 93,553.		25	
		26 Multiply line 25 by 2% (0.02)		26	1,871.
		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 \$155,650?		29	16,952.
		<input checked="" type="checkbox"/> 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.			
		<input type="checkbox"/> 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 ExpensesDepartment of the Treasury
Internal Revenue Service (99)

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

▶ Information about Form 2441 and its separate instructions is at
www.irs.gov/form2441.1040
1040A
1040NR

2441

OMB No. 1545-0074

2016Attachment
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	440.

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 cannot 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 2016 for the person listed in column (a)
First	Last		
Aisling F	McManamon	658-84-6537	440.

3 Add the amounts in column (c) of line 2. **Do not** 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**

440.

4 Enter your **earned income**. See instructions**4**

93,553.

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**

93,553.

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

440.

7 Enter the amount from Form 1040, line 38; Form

1040A, line 22; or Form 1040NR, line 37

7

93,553.

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

X .20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions**9**

88.

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

10,416.

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**

88.

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

REV 05/22/18 Intuit.cdp.sp

Form **2441** (2016)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

OMB No. 1545-0074

2016

► Information about Form 4868 and its instructions is available at www.irs.gov/form4868.

There are three ways to request an automatic extension of time to file a U.S. individual income tax return.

1. You can pay all or part of your estimated income tax due and indicate that the payment is for an extension using Direct Pay, the Electronic Federal Tax Payment System, or using a credit or debit card. See *How To Make a Payment*, on page 3.
2. You can file Form 4868 electronically by accessing IRS *e-file* using your home computer or by using a tax professional who uses *e-file*.
3. You can file a paper Form 4868 and enclose payment of your estimate of tax due.



**It's Convenient,
Safe, and Secure**

IRS *e-file* is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You'll receive an electronic acknowledgment once you complete the transaction. Keep it with your records. Don't mail in Form 4868 if you file electronically, unless you're making a payment with a check or money order (see page 3).

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you'll need to estimate your total tax liability and subtract how much you've already paid (lines 4, 5, and 6 below).

Several companies offer free e-filing of Form 4868 through the Free File program. For more details, go to IRS.gov and click on *freefile*.



Pay Electronically

You **don't** need to file Form 4868 if you make a payment using our electronic payment options. Your extension will be automatically processed when you pay part or all of your estimated income tax electronically. You can pay online or by phone (see page 3).



E-file Using Your Personal Computer or Through a Tax Professional

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2015 tax return—you'll be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal or send your check or money order to the address shown in the middle column under *Where To File a Paper Form 4868* (see page 4).



File a Paper Form 4868

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown on page 4.

For information on using a private delivery service, see page 4.

Note: If you're a fiscal year taxpayer, you must file a paper Form 4868.

General Instructions

Purpose of Form

Use Form 4868 to apply for 6 more months (4 if "out of the country" (defined on page 2) and a U.S. citizen or resident) to file Form 1040, 1040A, 1040EZ, 1040NR, 1040NR-EZ, 1040-PR, or 1040-SS.

Gift and generation-skipping transfer (GST) tax return (Form 709). An extension of time to file your 2016 calendar year income tax return also extends the time to file Form 709 for 2016. However, it doesn't extend the time to pay any gift and GST tax you may owe for 2016. To make a payment of gift and GST tax, see Form 8892. If you don't pay the amount due by the regular due date for Form 709, you'll owe interest and may also be charged penalties. If the donor died during 2016, see the instructions for Forms 709 and 8892.

Qualifying for the Extension

To get the extra time you must:

1. Properly estimate your 2016 tax liability using the information available to you,
2. Enter your total tax liability on line 4 of Form 4868, and
3. File Form 4868 by the regular due date of your return.



Although you aren't required to make a payment of the tax you estimate as due, Form 4868 doesn't extend the time to pay taxes. If you don't pay the amount due by the regular due date, you'll owe interest. You may also be charged penalties. For more details, see Interest and Late Payment Penalty on page 2. Any remittance you make with your application for extension will be treated as a payment of tax.

You don't have to explain why you're asking for the extension. We'll contact you only if your request is denied.

Don't file Form 4868 if you want the IRS to figure your tax or you're under a court order to file your return by the regular due date.

▼ DETACH HERE ▼

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

REV 05/22/18 INTUIT.CG.CFP.SP 1555

2016

For calendar year 2016, or other tax year beginning

, 2016, ending

Part I Identification		Part II Individual Income Tax	
1	MARY E MCMANAMON 5214F DIAMOND HEIGHTS APT 235 SAN FRANCISCO CA 94114	4	Estimate of total tax liability for 2016 .. \$ 0.
		5	Total 2016 payments 18,688.
		6	Balance due. Subtract line 5 from line 4 (see instructions) 0.
		7	Amount you are paying (see instructions) 0.
2	383-68-6449	8	Check here if you are 'out of the country' and a U.S. citizen or resident (see instructions) <input type="checkbox"/>
3		9	Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding <input type="checkbox"/>

383686449 WZ MCMA 30 0 201612 670

Tax History Report

► Keep for your records

2016

Name(s) Shown on Return

Mary E McManamon

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status					HH
Total income					93,553.
Adjustments to income					
Adjusted gross income					93,553.
Tax expense					10,799.
Interest expense . . .					6,153.
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/standard deduction . .					16,952.
Exemption amount . .					12,150.
Taxable income					64,451.
Tax.					10,416.
Alternative min tax . .					
Total credits					1,138.
Other taxes					0.
Payments					18,689.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund.					9,411.
Effective tax rate % . .					9.92
**Tax bracket % . . .					25.0

**Tax bracket % is based on Taxable income.

Smart Worksheets From 2016 California Tax Return Attachment

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax 10,416.
Check if from:	
1	Tax table <input checked="checked" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Tax. Add lines A through G. Enter the result here and on line 44 10,416.

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

Credit Limitation Smart Worksheet	
Note: Line 10 is presently calculated by subtracting line B from line A. If zero or less, stop ; you cannot take the credit.	
A	The amount from Form 1040, line 47; Form 1040A, line 28; or Form 1040NR, line 45. 10,416.
B	Enter the amount from Form 1040, line 48; or Form 1040NR, line 46. Form 1040A filers, enter -0- _____

SMART WORKSHEET FOR: Form 4868: Application for Automatic Extension

Mailing Address and Filing Instruction Smart Worksheet

WHERE TO FILE YOUR EXTENSION

MAIL FORM 4868 (WITH PAYMENT IF APPLICABLE) TO THE ADDRESS LISTED BELOW

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
FRESNO CA 93888-0045