

Electronic Filing Instructions for your 2016 Federal Tax Return

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



Daniel A Lopez Angel & Maria J Pascacio Perez
170 Ruth St N, Apt. 507
Saint Paul, MN 55119

Balance Due/ Refund	Your federal tax return (Form 1040) shows a balance due of \$34.00.		
	Your return shows you have elected to pay your balance due of \$34.00 by Direct Debit using the following information:		
	- Amount Withdrawn:	\$34.00	
	- Account Number:	6981417717	
	- Routing Transit Number:	111900659	
	- Date of Withdrawal:	02/03/2017	
What You Need to Keep	Your Electronic Filing Instructions (this form)		
	Printed copy of your federal return		
2016 Federal Tax Return Summary	Adjusted Gross Income	\$	51,149.00
	Taxable Income	\$	30,449.00
	Total Tax	\$	4,764.00
	Total Payments/Credits	\$	4,730.00
	Payment Due	\$	34.00
	Effective Tax Rate		7.11%



Hi Daniel and Maria,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2016 taxes:

Your federal balance due is: \$ 34.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning		, 2016, ending	, 20	See separate instructions.
Your first name and initial		Last name		Your social security number
Daniel A		Lopez Angel		533-65-1281
If a joint return, spouse's first name and initial		Last name		Spouse's social security number
Maria J		Pascacio Perez		948-97-2375
Home address (number and street). If you have a P.O. box, see instructions.			Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
170 Ruth St N			507	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				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
Saint Paul MN 55119				
Foreign country name		Foreign province/state/county	Foreign postal code	

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)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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

d Total number of exemptions claimed

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	54,365.		
	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	0.		
	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		54,365.		

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	3,216.
	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		3,216.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37		51,149.

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

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe**Third Party Designee****Sign Here**

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

Paid Preparer Use Only

38	Amount from line 37 (adjusted gross income)	38	51,149.																				
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	12,600.																				
41	Subtract line 40 from line 38	41	38,549.																				
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.																				
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	30,449.																				
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	3,636.																				
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	3,636.																				
48	Foreign tax credit. Attach Form 1116 if required	48																					
49	Credit for child and dependent care expenses. Attach Form 2441	49																					
50	Education credits from Form 8863, line 19	50																					
51	Retirement savings contributions credit. Attach Form 8880	51																					
52	Child tax credit. Attach Schedule 8812, if required	52																					
53	Residential energy credits. Attach Form 5695	53																					
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54																					
55	Add lines 48 through 54. These are your total credits	55																					
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	3,636.																				
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 type="checkbox"/>	61	1,128.																				
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	4,764.																				
64	Federal income tax withheld from Forms W-2 and 1099	64	4,730.																				
65	2016 estimated tax payments and amount applied from 2015 return	65																					
66a	Earned income credit (EIC)	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 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	4,730.																				
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75																					
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a																					
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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	34.																				
79	Estimated tax penalty (see instructions)	79																					

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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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
		Developer	(651) 354-6907
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.)
		Unemployed	

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 B
(Form 1040A or 1040)

(Rev. January 2017)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► **Attach to Form 1040A or 1040.**

► **Information about Schedule B and its instructions is at www.irs.gov/scheduleb.**

OMB No. 1545-0074

2016
Attachment
Sequence No. **08**

Name(s) shown on return

Daniel A Lopez Angel & Maria J Pascacio Perez

Your social security number

533-65-1281

Part I
Interest

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ►

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ►

Note: If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5** List name of payer ►
- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ►

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►
- 8** During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

Yes	No
X	
	X
	X

Moving Expenses

OMB No. 1545-0074

2016
Attachment
Sequence No. **170**► Information about Form 3903 and its instructions is available at www.irs.gov/form3903.

► Attach to Form 1040 or Form 1040NR.

Name(s) shown on return

Daniel A Lopez Angel & Maria J Pascacio Perez

Your social security number

533-65-1281

Before you begin:✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.✓ See **Members of the Armed Forces** in the instructions, if applicable.

1	Transportation and storage of household goods and personal effects (see instructions)	1	132.
2	Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	3,084.
3	Add lines 1 and 2	3	3,216.
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	0.
5	Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	3,216.

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

REV 12/30/16 TTO

Form **3903** (2016)

Tax History Report

► Keep for your records

2016

Name(s) Shown on Return

Daniel A Lopez Angel & Maria J Pascacio Perez

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status				MFJ	MFJ
Total income				2,115.	54,365.
Adjustments to income					3,216.
Adjusted gross income				2,115.	51,149.
Tax expense				80.	2,043.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/standard deduction . .				12,600.	12,600.
Exemption amount . .				8,000.	8,100.
Taxable income				0.	30,449.
Tax.					3,636.
Alternative min tax . .					
Total credits					
Other taxes					1,128.
Payments				186.	4,730.
Form 2210 penalty . .					
Amount owed					34.
Applied to next year's estimated tax .					
Refund.				186.	
Effective tax rate % . .				0.00	7.11
**Tax bracket %				10.0	15.0

**Tax bracket % is based on Taxable income.

Healthcare Entry Sheet

► Keep for your records

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 Daniel Lopez Angel	533-65-1281	05/11/85	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T
2 Maria Pascacio Perez	948-97-2375	06/06/86	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

☒ Check this box once you are finished with all the healthcare related entries.

- Keep for your records

2016

Name(s) Shown on Return <u>Daniel A Lopez Angel & Maria J Pascacio Perez</u>	Social Security Number <u>533-65-1281</u>
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Estimated Tax Payments for 2016 (If more than 4 payments for any state or locality, see Tax Help)

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

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2016					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2016 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				4,730.	2,043.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-K and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f				4,730.	2,043.	
20	Total Tax Payments for 2016				4,730.	2,043.	

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) . .				

Federal Carryover Worksheet

2016

► Keep for your records

Name(s) Shown on Return <u>Daniel A Lopez Angel & Maria J Pascacio Perez</u>	Social Security Number <u>533-65-1281</u>
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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
MN			80.		80.	
Totals . .			80.		80.	

Other Tax and Income Information

			2015	2016
1	Filing status	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	80.	2,043.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	2,115.	51,149.
6	Tax liability for Form 2210 or Form 2210-F	6	0.	3,636.
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	b		
	b 2015	c		
	c 2014	d		
	d 2013	e		
	e 2012	f		
	f 2011			

Daniel A Lopez Angel & Maria J Pascacio Perez

533-65-1281

Loss and Expense Carryovers (cont'd)						2015	2016
17	AMT Nonrecap'd net Sec 1231 losses from:		a	2016 . . .	17 a		
			b	2015 . . .	b		
			c	2014 . . .	c		
			d	2013 . . .	d		
			e	2012 . . .	e		
			f	2011 . . .	f		
Credit Carryovers						2015	2016
18	General business credit				18		
19	Adoption credit from:		a	2016	19 a		
			b	2015	b		
			c	2014	c		
			d	2013	d		
			e	2012	e		
20	Mortgage interest credit from:		a	2016	20 a		
			b	2015	b		
			c	2014	c		
			d	2013	d		
21	Credit for prior year minimum tax				21		
22	District of Columbia first-time homebuyer credit				22		
23	Residential energy efficient property credit				23		
Other Carryovers						2015	2016
24	Section 179 expense deduction disallowed				24		
25	Excess		a	Taxpayer (Form 2555, line 46)	25 a		
	foreign		b	Taxpayer (Form 2555, line 48)	b		
	housing		c	Spouse (Form 2555, line 46)	c		
	deduction:		d	Spouse (Form 2555, line 48)	d		

Charitable Contribution Carryovers

26	2015 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2015				
b	2014				
c	2013				
d	2012				
e	2011				
27	2016 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2016				
b	2015				
c	2014				
d	2013				
e	2012				

28 Amount overpaid less earned income credit 186.

2015 State Capital Loss Carryovers (For users **not** transferring from the prior year)

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

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Daniel A Lopez Angel & Maria J Pascacio Perez

Primary SSN: 533-65-1281

Federal Return Submitted: February 01, 2017 08:55 AM PST

Federal Return Acceptance Date: _____

Your return has been rejected by the IRS

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.

Electronic Filing Instructions for your 2016 Minnesota Tax Return

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



Daniel A Lopez Angel & Maria J Pascacio Perez
170 Ruth St N Apt #507
Saint Paul, MN 55119

Balance Due/Refund	Your Minnesota state tax return (Form M1) shows a refund due to you in the amount of \$414.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 6981417717 Routing Transit Number: 111900659.		
Where's My Refund?	Before you call the Minnesota Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Minnesota Department of Revenue directly at 6512963781. From outside of Minnesota use 8006529094. You can also visit the Minnesota Department of Revenue web site at www.mndor.state.mn.us/taxpayeraccess .		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
2016 Minnesota Tax Return Summary	Taxable Income	\$	30,449.00
	Total Tax	\$	1,629.00
	Total Payments/Credits	\$	2,043.00
	Amount to be Refunded	\$	414.00

Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial

Last Name

DANIEL A

LOPEZ ANGEL

533651281

Place

If a Joint Return, Spouse's First Name and Initial

Spouse's Last Name

an X If a

MARIA J

PASCACIO PEREZ

Foreign

Current Home Address (Street, Apartment Number, Route)

Address:

170 RUTH ST N APT 507

City

State

Zip Code

SAINT PAUL

MN

55119

05111985

06061986

2016 Federal

Filing Status

☐

(1) Single

☒

(2) Married filing jointly

☐

(3) Married filing separate:

(place an X in one oval box):

☐

(4) Head of

household

☐

(5) Qualifying widow(er)

Enter spouse's name and Social Security number here

State Elections Campaign Fund

If you want \$5 to go to help candidates for state offices pay campaign expenses, you may each enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

Political party and code number:

Republican 11

Democratic/Farmer-Labor 12

Independence 13

Grassroots—Legalize Cannabis 14

Green 15

Libertarian 16

Legal Marijuana Now . . . 17

General Campaign

Fund 99

From Your Federal Return (for line references see instructions), enter the amount of:

A Wages, salaries, tips, etc.:

B IRA, Pensions, and annuities: C Unemployment:

D Federal adjusted gross income:

54365

0

0

51149

Do not send W-2s. Enclose Schedule M1W to claim Minnesota withholding.

1 Federal taxable income (from line 43 of federal Form 1040,

line 27 of Form 1040A, or line 6 of Form 1040EZ) 1 ■

30449

2 State income tax or sales tax addition. If you itemized deductions

on federal Form 1040, complete the worksheet in the instructions 2 ■

0

3 Other additions to income, including disallowed itemized deductions,

personal exemptions, non-Minnesota bond interest, and domestic production

activities deduction (see instructions; enclose Schedule M1M) 3 ■

4 Add lines 1 through 3 (if a negative number, place an X in the oval box) 4

30449

5 State income tax refund from line 10 of federal Form 1040 5 ■

6 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds

or K-12 education expenses (see instructions; enclose Schedule M1M) 6 ■

7 Total subtractions. Add lines 5 and 6 7

8 Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank. . . . 8

30449

9 Tax from the table in the M1 instructions 9

1629

10 Alternative minimum tax (enclose Schedule M1MT) 10 ■

11 Add lines 9 and 10 11

1629

12 Full-year residents: Enter the amount from line 11 on line 12. Skip lines 12a and 12b.

Part-year residents and nonresidents: From Schedule M1NR, enter the tax from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) . . . 12

1629

a.

b.

■

51149


■

51149

13 Tax on lump-sum distribution (enclose Schedule M1LS) 13 ■

14 Tax before credits. Add lines 12 and 13 14

1629

- 15 Tax before credits. Amount from line 14 15 1629
- 16 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (*enclose Schedule M1MA*) 16 ■
- 17 Credit for taxes paid to another state (*enclose Schedule(s) M1CR*) 17 ■
- 18 Other nonrefundable credits (*enclose Schedule M1C*) 18 ■
- 19 Total nonrefundable credits. Add lines 16, 17, and 18 19
- 20 Subtract line 19 from line 15 (*if result is zero or less, leave blank*) 20 1629
- 21 Nongame Wildlife Fund contribution (*see instructions*)
This will reduce your refund or increase amount you owe  21 ■
- 22 Add lines 20 and 21 22 1629
- 23 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099, and W-2G forms (*do not send*) 23 ■ 2043
- 24 Minnesota estimated tax and extension payments made for 2016 24 ■
- 25 Individual refundable credits, including the Child and Dependent Care Credit, Minnesota Working Family Credit, K-12 Education Credit, and Credit for Parents of Stillborn Children. You must complete and enclose Schedule M1REF, *Individual Refundable Credits* 25 ■
- 26 Business and investment credits (*enclose Schedule M1B*) 26 ■
- 27 Total payments. Add lines 23 through 26 27 2043
- 28 **REFUND.** If line 27 is more than line 22, subtract line 22 from line 27 (*see instructions*). For direct deposit, complete line 29 28 ■ 414
- 29 Direct deposit of your refund (*you must use an account not associated with a foreign bank*):
- X Checking Savings 111900659 6981417717
- 30 **AMOUNT YOU OWE.** If line 22 is more than line 27, subtract line 27 from line 22 (*see instructions*) 30 ■
- 31 Penalty amount from Schedule M15 (*see instructions*). Also subtract this amount from line 28 or add it to line 30 (*enclose Schedule M15*) 31 ■
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.
- 32 Amount from line 28 you want sent to you 32 ■
- 33 Amount from line 28 you want applied to your 2017 estimated tax 33 ■

I declare that this return is correct and complete to the best of my knowledge and belief.

Your signature

Date

Paid preparer: You must sign below.

Paid preparer's signature

Date

SELF-PREPARED

Spouse's signature (if filing jointly)

Taxpayer's daytime phone

Preparer's daytime phone

6513546907

Your email address

mwleinand@yahoo.com

Preparer's email address

Include a copy of your 2016 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010

To check on the status of your refund, visit www.revenue.state.mn.us

I authorize the Minnesota Department of
Revenue to discuss this return with my
paid preparer or the third-party designee
indicated on my federal return.

I do not want my paid preparer
to file my return electronically.

Schedule M1W, Minnesota Income Tax Withheld 2016

Sequence #2
Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

DANIEL A	LOPEZ ANGEL	533651281
MARIA J	PASCACIO PEREZ	948972375

If you received a W-2, 1099, W-2G, Schedule KPI, KS or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 23 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099 or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and tax withheld from W-2s, other than from W-2G. If you have more than five W-2s, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked mark an X below.	Employer’s 7-digit Minnesota state tax ID number	State wages, tips, etc. (round to nearest whole dollar)	Minnesota tax withheld (round to nearest whole dollar)
1		2823673	54365	2043

Subtotal for additional W-2s (from line 5 on the back)

Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E) 1 2043

2 Minnesota tax withheld from 1099 and W-2G forms. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	Payer’s 7-digit Minnesota state tax ID number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld (round to nearest whole dollar)

Subtotal for additional 1099 and W-2G forms (from line 6 on the back)

Total Minnesota tax withheld from all 1099 and W-2G forms (add amounts in line 2, column D) . . . 2

3 Total Minnesota tax withheld by partnerships, S corporations and fiduciaries (from line 7 on the back) 3

4 Total. Add the Minnesota tax withheld on lines 1, 2 and 3.
Enter the total here and on line 23 of Form M1 4 2043

Include this schedule with your Form M1.
If required, include Schedules KPI, KS and/or KF.

Schedule M1NR, Nonresidents/Part-Year Residents 2016

Sequence #11

Other State (see inst.)

Your Last Name	Social Security Number	<input type="checkbox"/> Full-year Nonresident of MN	
Lopez Angel	533651281	<input checked="" type="checkbox"/> Part-year MN Resident From	03012016 to 12312016 (mm/dd/yyyy)	TX
Spouse's Last Name	Spouse's Social Security Number	<input type="checkbox"/> Full-year Nonresident of MN	
Pascacio Perez	948972375	<input checked="" type="checkbox"/> Part-year MN Resident From	03012016 to 12312016 (mm/dd/yyyy)	TX

Read the instructions for this schedule, which are on a separate sheet. Before you can complete this schedule, you must complete lines 1 through 11 of Form M1.

	A. Total Amount	B. Minnesota Portion (see instructions)
Income		
1 Wages, salaries, tips, etc. (from line 7 of Form 1040 or Form 1040A or line 1 of Form 1040EZ)	1 54365	54365
2 Taxable interest and ordinary dividend income (add lines 8a and 9a of Form 1040 or Form 1040A or from line 2 of Form 1040EZ)	2	
3 Business income or loss (from line 12 of Form 1040)	3	
4 Capital gain or loss (from line 13 of Form 1040 or line 10 of Form 1040A)	4	
5 IRA distributions and pensions and annuities (add lines 15b and 16b of Form 1040 or lines 11b and 12b of Form 1040A)	5	
6 Net income from rents, royalties, partnerships, S corporations, estates and trusts (from line 17 of Form 1040)	6	
7 Farm income or loss (from line 18 of Form 1040)	7	
8 Other income (add lines 10, 11, 14, 19, 20b, and 21 of Form 1040, lines 13 and 14b of Form 1040A or line 3 of Form 1040EZ)	8 0	
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 3 and 4 of Schedule M1M)	9	
10 Other additions required by Minnesota (add lines 5, 6, 9, 11, and 13 of Schedule M1M)	10	
11 Add lines 1 through 10 for each column	11 54365	54365
If your Minnesota gross income is below the minimum filing requirement, see the instructions.		
Deductions and Subtractions		
12 Educator expenses and certain business expenses (add lines 23 and 24 of Form 1040 or from line 16 of Form 1040A)	12	
13 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 28 and 32 of Form 1040 or from line 17 of Form 1040A)	13	
14 Health savings account and Archer MSA deductions (add line 25 of Form 1040 and the Archer MSA amount included on line 36 of Form 1040)	14	
15 Moving expenses (line 26 of Form 1040)	15 3216	3216
16 One-half of self-employment tax and self-employed health insurance (add lines 27 and 29 of Form 1040)	16	
17 Deductions for alimony paid, student loan interest, and tuition and fees (See instructions)	17	
18 Penalty on early withdrawal of savings (from line 30 of Form 1040)	18	
19 Other subtractions required by Minnesota (from lines 19, 33 and 34 of Schedule M1M)	19	
20 Net U.S. bond interest (from line 16 of Schedule M1M) and active military pay received while a nonresident (from line 27 of Schedule M1M) ...	20	
21 Subtraction for federal section 179 expensing (from line 20 of Schedule M1M)	21	
22 Add lines 12 through 21 for each column	22 3216	3216
23 Subtract line 22, column B, from line 11, column B. Enter here and on line 12a of Form M1. If your Minnesota gross income is below \$10,350 or the result is a negative amount, enter 0	23	51149
24 Subtract line 22, column A, from line 11, column A. Enter the result here and on line 12b of Form M1	24 51149	
25 Divide line 23 by line 24, and enter the result as a decimal (carry to five decimal places). If line 23 is more than line 24, enter 1.0. If line 23 is zero, enter 0	25	1.00000
26 Amount from line 11 of Form M1	26	1629
27 Multiply line 25 by line 26. Enter the result here and on line 12 of Form M1	27	1629
Tax Calculation		

You must include this schedule with Form M1. Also enter amounts from lines 23 and 24 of this schedule on Form M1, lines 12a and 12b.

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20		See separate instructions.
Your first name and initial Daniel A	Last name Lopez Angel	Your social security number 533-65-1281
If a joint return, spouse's first name and initial Maria J	Last name Pascacio Perez	Spouse's social security number 948-97-2375
Home address (number and street). If you have a P.O. box, see instructions. 170 Ruth St N		Apt. no. 507
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Saint Paul MN 55119		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	Foreign postal code

Filing Status

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

Check only one box.

Exemptions

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b 2
b <input checked="" type="checkbox"/> 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)	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	Dependents on 6c not entered above
d Total number of exemptions claimed	Add numbers on lines above ▶ 2

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 54,365.
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 0.
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 54,365.

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	3,216.
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	3,216.
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	51,149.

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	51,149.
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	12,600.
41	Subtract line 40 from line 38	41	38,549.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	30,449.
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	3,636.
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	3,636.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	3,636.

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 type="checkbox"/>	61	1,128.
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	4,764.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	4,730.
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC)	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 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	4,730.

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																					
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a																					
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				

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	34.
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
		Developer	(651) 354-6907
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.)
		Unemployed	

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 B
(Form 1040A or 1040)

(Rev. January 2017)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► **Attach to Form 1040A or 1040.**
► **Information about Schedule B and its instructions is at www.irs.gov/scheduleb.**

OMB No. 1545-0074

2016
Attachment
Sequence No. **08**

Name(s) shown on return

Daniel A Lopez Angel & Maria J Pascacio Perez

Your social security number

533-65-1281

Part I
Interest

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ►

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ►

Note: If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5** List name of payer ►
- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ►

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►
- 8** During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

Yes	No
X	
	X
	X

Moving Expenses

OMB No. 1545-0074

2016
Attachment
Sequence No. **170**► Information about Form 3903 and its instructions is available at www.irs.gov/form3903.

► Attach to Form 1040 or Form 1040NR.

Name(s) shown on return

Daniel A Lopez Angel & Maria J Pascacio Perez

Your social security number

533-65-1281

Before you begin:✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.✓ See **Members of the Armed Forces** in the instructions, if applicable.

1	Transportation and storage of household goods and personal effects (see instructions)	1	132.
2	Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	3,084.
3	Add lines 1 and 2	3	3,216.
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	0.
5	Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	3,216.

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

REV 12/30/16 TTO

Form **3903** (2016)

Tax History Report

► Keep for your records

2016

Name(s) Shown on Return

Daniel A Lopez Angel & Maria J Pascacio Perez

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status				MFJ	MFJ
Total income				2,115.	54,365.
Adjustments to income					3,216.
Adjusted gross income				2,115.	51,149.
Tax expense				80.	2,043.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/standard deduction . .				12,600.	12,600.
Exemption amount . .				8,000.	8,100.
Taxable income				0.	30,449.
Tax.					3,636.
Alternative min tax . .					
Total credits					
Other taxes					1,128.
Payments				186.	4,730.
Form 2210 penalty . .					
Amount owed					34.
Applied to next year's estimated tax .					
Refund.				186.	
Effective tax rate % . .				0.00	7.11
**Tax bracket %				10.0	15.0

**Tax bracket % is based on Taxable income.