BELL & FUTCH, PLLC 8705 CANYON ROAD E., SUITE A PUYALLUP, WA 98371 (253) 539-8379

February 7, 2018

EZEKIEL FABUGAIS HATFIELD 1275 NEWTON RD PUEBLO, CO 81005

Dear Ezekiel,

Your 2017 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. No tax is payable with the filing of this return. You will receive a refund of \$195.

Under the Affordable Care Act, you and each member of your household had either health coverage or an exemption for each month during 2017. No individual shared responsibility payment is due with the filing of this return.

Your 2017 Colorado Individual Income Tax Return will be electronically filed with the State of Colorado upon receipt of a signed Form DR 8453. No tax is payable with the filing of this return. You will receive a refund of \$57.

Please be sure to call if you have any questions.

Sincerely,

Donald R Bell Jr

Form **8879**

IRS e-file Signature Authorization

2017

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► Return completed Form 8879 to your ERO. (Do not send to IRS.)

►Go to www.irs.gov/Form8879 for the latest information.

	Casielas	curity number		
Taxpayer's name	•			
EZEKIEL FABUGAIS HATFIELD Spouse's name	-24-2308 e's social security number			
Part I Tax Return Information – Tax Year Ending December 31, 2017 (V	Vhole dollars only)		
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; I			0 007	
line 37)	t t	1	3,007.	
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR	, , , , , , , , , , , , , , , , , , ,	2		
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040PF Form 1040EZ, line 7; Form 1040NR, line 62a)		3	195.	
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040Form 1040NR, line 73a)	SS, Part I, line 13a;	4	195.	
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form	1040NR, line 75)	5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a co	py of your	return)	
debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Paym business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the perselectronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.	the U.S. Treasury Financial ent cancellation requests ma g of the electronic payment	Agent to terminat ust be received no of taxes to receive	e the later than 2 confidential	
Taxpayer's PIN: check one box only				
X authorize BELL & FUTCH, PLLC to enter	or generate my PIN	8106	0	
ERO firm name		Enter five dig don't enter al	its, but I zeros	
as my signature on my tax year 2017 electronically filed income tax return.				
I will enter my PIN as my signature on my tax year 2017 electronically filed income tax ret own PIN and your return is filed using the Practitioner PIN method. The ERO must complete	urn. Check this box o te Part III below.	nly if you are	entering your	
Your signature	Date ►			
Spouse's PIN; check one box only	and the second of the second	***************************************	1 .	
	or generate my PIN			
ERO firm name	or generate my r m	Enter live dig	ts, but	
as my signature on my tax year 2017 electronically filed income tax return.		don't enter al	zeros	
	urn. Check this box o	nly if you are	entering your	
I will enter my PIN as my signature on my tax year 2017 electronically filed income tax ret own PIN and your return is filed using the Practitioner PIN method. The ERO must complete				
	Date ►			
	Date ►			
Spouse's signature ▶	Date ►			
Practitioner PIN Method Returns Only — conti Part III Certification and Authentication — Practitioner PIN Method Only	Date ►	911	30908022 enter all zeros	
Practitioner PIN Method Returns Only — conti	inue below	911 Don't	enter all zeros	



DR 8453 (10/12/17)
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005
Colorado.gov/Tax

State of Colorado Individual Income Tax Declaration for Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue Retain with your records

Тахрауе	rSSN		Spouse SSN (If Joint Return)				Submissio	ubmission ID					
	24-2308							l .				14:44	e toitini
Taxpaye	r Last Name					Taxpayer First N	Name					Middl	e Initial
וופאים	GAIS HAI	יבידביו וו				EZEKIEL							
	ast Name (If Join					Spouse First Na	me (If Joint R	leturn)	2000 2000 2000 2000 2000 2000 2000 200				
								10000000		and an income and	100 y comments (100 per comments)	***************************************	
Street Ac	ldress								Phone N	umber			
									0.50	500	2011		
788	NEWTON	RD							253 State	509 Zip	3044		
City									Jiale	Zip			
PUEB	IΩ								СО	810	05		
LOBID	TO .			Part	I – Tax Retu	ırn Informa	tion			1			
1. Tota	l Income, lin	e 22 from your	federal for	m 1040, lin	e 15 on form 10)40A,							
	ne 4 on form							1				3	,007
			eral form 10)40, line 27	on form 1040A	1		•					
line	6 on form 10	040EZ						2					
2 Colo	rada Tav Li	ne 15 on Color	ada farm 16	14				3					
3, 0010	radu rax, Li	He 15 Oil Color.	auu ioini it						ļ				
4. Colo	rado Tax Wi	thheld, Line 16	on Colorad	lo form 104				4					57
5. Refu	ınd, Line 30	Colorado form	104					5					57
6. Amount You Owe, Line 35 on Colorado form 104						6							
l Indor n	Part II — Declaration of Tax Payer Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree									ree			
with the	amounts sh	own on my 20	17 Federal/0	Colorado in	come tax return	is, and that sa	aid tax ret	urns, stat	ements	, schedι	ıles and	1	
attachm	ents are true,	correct, and cor	mplete to the	e best of my	knowledge and I	belief. I unders	tand that I	(or my Ele	ectronic	Return (Originato	or	
(ERO) i	t applicable) ents unon re	may be require	ed to provid Colorado De	ie paper co nartment o	pies of this decl f Revenue at ar	iaration, my ri iv time during	eturns, wi the nerio	unnolaing d covered	stateme by the	ents, sci Colorac	neuules Io statu	, and te of	
limitatio		equosi by the c	,0101 dd0 20	paramorno	, rioronae ar ar		und parte			* */*			
Signature	,)			14.85	Date	Spouse's Sig	nature (If Joi	nt Return, Bo	th Must Si	ign)		Date	
						100/D							
			Part	III — Deci	aration of El	RO/Prepare	er/ i rans	mitter					
Le Alba Ave	anamillar did	not prepare th	an toy rotur	a obook ho	ro	7							
in the tra	aristilliter ulu	not prepare ti	ie tax returi	i, check ne	ie								
If I am not	the preparer, I	declare only that th	ne amounts sho	own in Part I a	bove agree with the	amounts shown (on the taxpay	/er's 2017 Fe	ederal/Co	lorado inc	ome tax r	eturns. If I	am the
preparer, ι	ınder penalties o	of perjury I declare	that I have rev	riewed the abo	ve taxpayer's 2017 F	Federal/Colorado	income tax r	eturns and t	that the in	formation	provided	to me by	the
expayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct,													
and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the													
expayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide													
paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.													
ERO's Si	gnature							Prepa	arer Identi	fication Nu	imber or Y	our SSN	
DONA	LD R BEI	L JR						P0	05413	02			
								Date	(MM/DD/Y	n			
	Check if	also Preparer	X						100.15	•			
1150								2.	/07/1	. გ			

Department of the Treasury - Internal Revenue Service

CLIENT'S COPY

1040EZ

Income Tax Return for Single and
Joint Filers With No Dependents (99) 2017

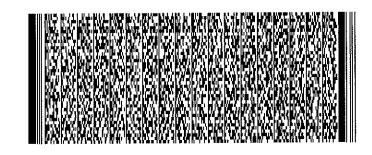
OMB No. 1545-0074

		JUIN FILETS	VIGIT INC					17.7		OND 140, 1343-0074			
Tour mar runic							Your social security number						
	ZEKIEL FABUGAIS HATFIELD a joint return spouse's first name MI La							731-24-2308 Spouse's social security number					
If a joint return, sp	ouse's	tirst name		MI L.	ast name			Spouse s	social security	Hallingt			
•		nd street). If you have a P.O.	box, see instruc	tions.			Apt no.	A	Make sure				
1275 NEWI	ON office. I	RD f you have a foreign address,	also complete s	paces below (see	instructions).	State ZIP co	de	Presid		tion Campaign			
PUEBLO, C		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•								
Foreign country na		1003		Foreign province	/state/county	Foreig	n postal code	want \$3 to will not cha	go to this fund. inge your tax o	spouse if filing jointly, Checking a box below r refund.			
									You	Spouse			
Income	1	Wages, salaries, and Attach your Form(s)	tips. This s W-2	hould be sho	wn in box 1	of your Form	ı(s) W-2.		. 1	3,007.			
Attach Form(s)	2	Taxable interest. If the Form 1040EZ	ne total is ov	/er \$1,500, yo	ou cannot us	se 		<i></i>	. 2				
W-2 here. Enclose, but do not	3	Unemployment comp dividends (see instru						,,,,,,,,,	. 3				
attach, any	4	Add lines 1, 2, and 3	. This is you	ır adjusted g	ross income	9 <i></i> <u> </u>	, , , , , , , , , , , , , , , ,			3,007.			
payment.	5	If someone can claim applicable box(es) be X You If no one can claim you	elow and en Spous J (or your sp	ter the amou se ouse if a joint	int from the return), ente	worksheet. r \$10,400 if sli	ngle; \$20,800 ii	f	_	2 259			
		married filing jointly.							. 5	3,357.			
	ь	Subtract line 5 from taxable income	ine 4. If line	5 is larger t	nan iine 4, 6	nter -U This	s is your		- 6	0.			
Payments,	7	Federal income tax w	rithheld fron	n Form(s) W-	2 and 1099.	. ,		.,,,,,,,	. 7	195.			
Credits,	8 a	a Earned income credi	t (EIC) (see	instructions)					. 8a				
and Tax	t	Nontaxable combat p	ay election			8b)		_				
	9 Add lines 7 and 8a. These are your total payments and credits								. 9	195.			
	10 Tax. Use the amount on line 6 above to find your tax in the tax table in the instruction. Then, enter the tax from the table on this line.									0.			
	11 Health care: individual responsibility (see instructions) Full-year coverage								11	0.			
	12	Add lines 10 and 11.		. 12	0.								
Refund	13 a	If line 9 is larger than	•			•							
Have it directly deposited! See		If Form 8888 is attac	hed, check	here ► .		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u></u>	. 13a	195.			
deposited! See instructions and fill in 13b, 13c, and 13d, or	≻ t	Routing number	XXXXXX	XXXXXX	► c Type:	Checking	Savings	3					
Form 8888.	≻ (Account number	XXXXXXX	XXXXXXXX	XXXXXXX	XX							
Amount You Owe	14	If line 12 is larger tha For details on how to							- 14	0.			
Third Party	Do y	ou want to allow anoth	er person to	discuss this	return with	the IRS (see	instructions)?	XYes	. Complete	below. No			
Designee		ee's ► DONALD R I			Phone no.	2535398		Personal no. (PIN)	,	_			
Sign	Under	penalties of perjury, I declare	that I have exa	mined this return	and, to the best arer (other than	of my knowledge the taxpayer) is b	and belief, it is true	e, correct, a	nd accurately li h the preparer l	sts all amounts and has any knowledge.			
Here Joint return? See Instructions.	sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all info Your signature Date Your occupation									none number			
Keep a copy	STUDENT								253-5	09-3044			
for your records.	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation								If the IRS s tection PIN it here (see	sent you an Identity Pro- I, enter e inst.)			
	Print/	Type preparer's name		Preparer's signa	ture		Date	Check	X if PTIN				
Paid	1									541302			
Preparer	Firm's name BELL & FUTCH, PLLC												
Use Only	Firm's		NYON RO		UITE A			Firm's El		76300			
	PUYALLUP, WA 98371								eno. (253) 539-8379				



DR 0104 (06/30/17)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

(0013)



CLIENT'S COPY

2017 Colorado Individual Income Tax Return

X Full-Year Part-Year or Nonresident (or resident, part-year, non-resident combination) *Must attach DR 0104PN	,] Ma	ark if Abroad	d on di	ue date	e — see in	structi	ions	
Your Last Name	Your Fi	rst Name								Middle I	Initial
FABUGAIS HATFIELD	EZEI	KIEL									
If checked and claiming a refund, you must submit the DR 0102 with your return.					(MM/DD/YYYY) 1998			ssn 731-2	4-23	308	
Enter the following information from your current driver license or state identification card.	State	of Issue		Last	4 characters of	ID numb	oer	Date of Is	suance		
If Joint, Spouse's Last Name	Spouse's	First Na	ne	State of the state						Middle	Initial
If checked and claiming a refund, you must submit the DR 0102 with your return.		_	Spous	se's Dal	te of Birth (MM/I	DD/YYYY)	Spouse's	SSN		
Enter the following information from your spouse's current driver license or state identification card.	State	of Issue		Last	4 characters of	D numb	оег	Date of Is	suance		
Mailing Address				The state of the s			Pho	ne Number			-3050
1275 NEWTON RD							253	3-509-3	3044		
City		State	Zip	Code			Foreign	Country (if a	pplicable	e)	
PUEBLO		со	81	.005				Round T		Mayt P	Nollas
Enter Federal Taxable Income from your federal income tax	form: 1	040FZ						Rouna I	отпе	Next	Jollar
line 6, 1040A line 27, 1040 line 43	101111111111				•	1				-350	00
Staple W-2s and 1099s with CO withholding here.											
Additions to Federal Taxable Income							*				
2. State Addback, enter the state income tax deduction from y	our fede	ral forn	n								
1040 schedule A, line 5 (see instructions)				······································	•	2					00
3. Other Additions, explain (see instructions)					•	3					00
Explain:	CO/A0212	12/0/25	7		1.00						
	UVIMUZ IZI	. 12/04/1	,								

DR 0104 (06/30/17)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

SSN Name 731-24-2308 EZEKIEL FABUGAIS HATFIELD -350 100 4. Subtotal, sum of lines 1 through 3 4 5. Subtractions from the DR 0104AD Schedule, line 18, you must submit the DR 0104AD schedule loo with your return. • 5 6. Colorado Taxable Income, subtract line 5 from line 4 • 6 -350 loo Tax, Prepayments and Credits: full-year residents use DR 0104CR and part-year and nonresidents use DR 0104PN 7. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your 00 • 7 return if applicable. 8. Alternative Minimum Tax from the DR 0104AMT, you must submit the DR 0104AMT with 00 • 8 your return. 00 9. Recapture of prior year credits • 9 00 10 10. Subtotal, sum of lines 7 through 9 11. Nonrefundable Credits from the DR 0104CR line 39, the sum of lines 11 and 12 cannot exceed line loo. 10, you must submit the DR 0104CR with your return. 11 12. Total Nonrefundable Enterprise Zone credits used - as calculated, or from the DR 1366 line 87, the sum of lines 11 and 12 cannot exceed line 10, 00 you must submit the DR 1366 with your return. • 12 0 00 13 13. Net Income Tax, sum of lines 11 and 12. Subtract that sum from line 10. 14. Use Tax reported on the DR 0104US schedule line 7, you must submit 00 the DR 0104US with your return. 14 00 15 15. Net Colorado Tax, sum of lines 13 and 14 16. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s 00 57 and/or 1099s claiming Colorado withholding with your return. 00 17. Prior-year Estimated Tax Carryforward • 17 18. Estimated Tax Payments, enter the sum of the quarterly payments 00 remitted for this tax year 19, Extension Payment remitted with the DR 0158-I • 19 00 DR 0108 DR 1079 DR 0104BEP 20. Other Prepayments: 00 21. Gross Conservation Easement Credit from the DR 1305G line 33, you must 00 submit the DR 1305G with your return. 22. Innovative Motor Vehicle Credit from the DR 0617, you must submit each 00 DR 0617 with your return. • 22 23. Refundable Credits from the DR 0104CR line 8, you must submit the 00 DR 0104CR with your return. 24 57 100 24. Subtotal, sum of lines 16 through 23 25. Federal Adjusted Gross Income from your federal income tax form: 00 1040EZ line 4; 1040A line 21; 1040 line 37 25 3,007 26 57 loo. 26. Overpayment, if line 24 is greater than line 15 then subtract line 15 from line 24 • 27 00 27. Estimated Tax Credit Carryforward to 2018 first quarter, if any



DR 0104 (06/30/17)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

Name		SSN	
		701 04 026	
EZEKIEL FABUGAIS HATFIELD		731-24-230	8
28. Voluntary Contributions elected on the DR 0104CH schedule line 21, you must	00		loo
submit the DR 0104CH with your return.	28		
			00
29. Subtotal, add lines 27 and 28	29		00
			00
30. Refund, subtract line 29 from line 26 (see instructions)	30		57 00
Direct Routing Number Type: Checking	Saving	s Collegeir	ivest 529
Deposit Account Number			
For questions regarding CollegeInvest direct deposit or to open an account, visit College	Invest.org or	call 800-448-2424	
31. Net Tax Due, subtract line 24 from line 15, then add line 28	31		00
32. Delinquent Payment Penalty (see instructions)	32		00
The state of the s	33		00
34. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	,		
(see instructions)	34		0.0
35. Amount You Owe, sum of lines 31 through 34	35		
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same	day received by	the State. If converted, y	our check will
not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment an	nount directly from	n your bank account elec	ctronically.
Third Party Designee			
Do you want to allow another person to discuss this			
return and any other information related to this return No X Yes. Comple	ete the following	ng:	
with the Colorado Department of Revenue?			
Designee's Name Phone Number			
• DONALD R BELL JR • 2535398379			
Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is	s true, correct	and complete.	
Your Signature Signature		Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)	
		English Colored	
Paid Preparer's Name	Paid Pre	eparer's Phone	
BELL & FUTCH, PLLC DONALD R BELL JR	(253)	539-8379	
Paid Preparer's Address City	State	Zip	
8705 CANYON ROAD E., SUITE A PUYALLUP	WA	98371	

If you are filing this return with a check or payment, please mail the return to:

If you are filing this return **without** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000**5**

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.