

Your first name and initial		Last name		OMB No. 1545-0074	
Alexander L		Brown		<b>Your social security number</b> 238   83   2938	
If a joint return, spouse's first name and initial		Last name		<b>Spouse's social security number</b> 	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	
1765 Briergate Drive					
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Duluth GA 30097					
Foreign country name		Foreign province/state/county		Foreign postal code	

**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 (see instructions)

**Exemptions**

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

6b ☐ Spouse

**6c 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"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Boxes checked on 6a and 6b**  
**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 ▶**

**d** Total number of exemptions claimed.

**Income**  
  
**Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.**  
  
 If you did not get a W-2, see instructions.

<b>7</b>	Wages, salaries, tips, etc. Attach Form(s) W-2.	7
<b>8a</b>	Taxable interest. Attach Schedule B if required.	8a
<b>b</b>	Tax-exempt interest. <b>Do not</b> include on line 8a.	8b
<b>9a</b>	Ordinary dividends. Attach Schedule B if required.	9a
<b>b</b>	Qualified dividends (see instructions).	9b
<b>10</b>	Capital gain distributions (see instructions).	10
<b>11a</b>	IRA distributions.	11a
<b>11b</b>	Taxable amount (see instructions).	11b
<b>12a</b>	Pensions and annuities.	12a
	7,646.	12b
<b>12b</b>	Taxable amount (see instructions).	12b
	489.	
<b>13</b>	Unemployment compensation and Alaska Permanent Fund dividends.	13
<b>14a</b>	Social security benefits.	14a
<b>14b</b>	Taxable amount (see instructions).	14b
<b>15</b>	Add lines 7 through 14b (far right column). This is your <b>total income</b> . ▶	15
		592.
<b>Adjusted gross income</b>		
<b>16</b>	Educator expenses (see instructions).	16
<b>17</b>	IRA deduction (see instructions).	17
<b>18</b>	Student loan interest deduction (see instructions).	18
<b>19</b>	Tuition and fees. Attach Form 8917.	19
<b>20</b>	Add lines 16 through 19. These are your <b>total adjustments</b> .	20
<b>21</b>	Subtract line 20 from line 15. This is your <b>adjusted gross income</b> . ▶	21
		592.



**Tax History Report**

► Keep for your records

**2016**Name(s) Shown on Return  
Alexander L Brown

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status . . . . .				Single	Single
Total income . . . . .				1,473.	592.
Adjustments to income					
Adjusted gross income				1,473.	592.
Tax expense . . . . .					
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions. . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .				1,728.	1,050.
Exemption amount . .					
Taxable income . . . .				0.	0.
Tax. . . . .					
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					
Form 2210 penalty . .					
Amount owed . . . . .				0.	0.
Applied to next year's estimated tax .					
Refund. . . . .					
Effective tax rate % . .				0.00	0.00
**Tax bracket % . . .				10.0	10.0

\*\*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](http://irs.gov)) for information about tax refund processing.

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

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

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

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

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WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN  No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$ 34 . 99

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

<sup>2</sup> 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

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## 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](mailto: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 Alexander L Brown	Your SSN 238-83-2938
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**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"/>
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	
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	State, local and foreign income taxes allocable to investment income . . . . .	5	

**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	
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	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40 . . . . .	5	
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	
8	Enter the lesser of line 7 or line 4 . . . . .	8	



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

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

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

(a) Activity name	(b) Suspended 12/31/2015	(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

Name(s) Shown on Return  
Alexander L Brown

Your SSN  
238-83-2938

Was the recovery taken into account in computing a section 1411 net operating loss? YES ☐ NO ☐

- 1 Enter total amount of recovery included in gross income . . . . . \_\_\_\_\_  
 \* Do not include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6)  
 \* Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013  
 \* Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you were not subject to the NIIT solely because your MAGI was below the applicable threshold.
- 2 Amount of the recovery that would have been included in gross income but for the application of the tax benefit rule under section 111 . . . . . 255.
- 3 Total amount of the recovery (add lines 1 and 2) . . . . . 255.
- 4 Enter as a decimal the percentage of the deduction allocated to net investment income in the prior year. (If the deduction was not allocated between investment income and non-investment income, enter 1.0000) . . . . . \_\_\_\_\_
- 5 Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68) . . . . . \_\_\_\_\_

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

- 6 Multiply line 5 by .038 . . . . . \_\_\_\_\_
- 7 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) . . . . . 95.
- 8 Add the amount of line 5 to line 7. . . . . \_\_\_\_\_
- 9 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (do not use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here . . . . . \_\_\_\_\_
- 10 Enter the NIIT reported for the year of the deduction . . . . . 0.
- 11 Subtract line 10 from line 9 . . . . . \_\_\_\_\_
- 12 Enter the smaller of line 6 or line 11 . . . . . \_\_\_\_\_
- 13 Divide line 12 by 3.8%. Enter the result here and include on Form 8960, line 7 . . . . . \_\_\_\_\_

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

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

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

First name . . . . . Alexander  
 Middle initial . . . . . L Suffix . . . . .  
 Last name . . . . . Brown  
 Social security no. . . . . 238-83-2938  
 Occupation . . . . . Student  
 Date of birth . . . . . 02/07/1996 (mm/dd/yyyy)  
 Age as of 1-1-2017 . . . . . 20  
 Daytime phone . . . . . (513) 305-1778 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 . . . . . 1765 Briergate Drive Apt no. . . . .  
 City . . . . . Duluth State . . . . . GA ZIP code . . . . . 30097  
 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 \_\_\_\_\_ Suff \_\_\_\_\_  
 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 Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	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	Qualified child/dep care exps incurred and paid 2016				

\* "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) . . . . . ☐

Check the appropriate box . . . . . ☐ Checking ☐ Savings

Routing number . . . . . ☐ Account number . . . . . ☐

**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 . . . . . ▶ GA

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 60867

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

**Taxpayer:**

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

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

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

## Part I – Taxpayer's Personal Information

First name . . . Alexander Middle initial . L Last name . . . Brown  
Suffix

Sunix . . . . .

Social security no. . . 238-83-2938      Member of U.S. Armed Forces in 2016? . . ☐ Yes    ☒ No

Date of birth . . . . . 02/07/1996      (mm/dd/yyyy)      age as of 1-1-2017 . . . . . 20

Occupation . . . . Student Daytime phone . . . . ( 513 ) 305-1778 Ext

Marital status . . .Single

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	X	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 – Taxpayer's State Residency Information**

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

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 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.. . . . ☐



**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.. . . . ☐

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Name(s) Shown on Return  
Alexander L Brown

Social Security Number  
238-83-2938

**Form W-2 Summary**

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

# 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 Alexander Brown	238-83-2938	02/07/96	<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	X <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T
2			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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.

# Form 1099-R Summary

2016

► Keep for your records

Name(s) Shown on Return  
Alexander L Brown

Social Security No.  
238-83-2938

Traditional IRA Distributions			Taxpayer	Spouse
<b>Gross</b>	<b>1</b>	Total gross distributions from box 1 of Form 1099-R . . .		
	<b>a</b>	Less: Amounts rolled over . . . . .		
	<b>b</b>	Less: Inherited and treat as own . . . . .		
	<b>c</b>	Less: Other inherited IRA amount. . . . .		
	<b>d</b>	Less: Return of contributions . . . . .		
	<b>e</b>	Less: Qualified charitable distributions . . . . .		
	<b>f</b>	Less: HSA funding distributions . . . . .		
	<b>2</b>	Balance of gross traditional IRA distributions . . . . .		
	<b>3</b>	Amount of line 2 converted to a Roth IRA . . . . .		
	<b>a</b>	Less: Amount recharacterized. . . . .		
<b>4</b>	Net amount of line 2 converted to a Roth IRA . . . . .			
<b>5</b>	Amount of line 2 not converted to a Roth IRA . . . . .			
<b>Taxable</b>	<b>6</b>	Earnings on return of contributions . . . . .		
	<b>7</b>	Taxable amount of inherited IRAs on line 1c. . . . .		
	<b>8</b>	Taxable amount not converted to Roth IRA . . . . .		
	<b>9</b>	Taxable amount of Roth IRA conversions . . . . .		
	<b>10</b>	Taxable amount included on Form 1040, line 15b. . . .		
	<b>11</b>	If checked, taxable amount calculated on Form 8606 . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roth IRA Distributions</b>				
<b>Gross</b>	<b>12</b>	Total gross distributions from box 1 of Form 1099-R . .		
	<b>a</b>	Less: Rollover to another Roth IRA . . . . .		
	<b>b</b>	Less: Inherited and treat as own . . . . .		
	<b>c</b>	Less: Other inherited Roth IRA amount . . . . .		
	<b>d</b>	Less: Return of contributions . . . . .		
<b>13</b>	Roth IRA distributions subject to distribution rules. . . .			
<b>Qualified</b>	<b>14</b>	Total gross qualified distributions . . . . .		
	<b>a</b>	Less: Rollover to another Roth IRA . . . . .		
	<b>b</b>	Less: Inherited and treat as own . . . . .		
	<b>c</b>	Less: Other inherited Roth IRA amount . . . . .		
<b>15</b>	Qualified distributions subject to distribution rules . . . .			
<b>Taxable</b>	<b>16</b>	Net nonqualified distributions for Form 8606. . . . .		
	<b>17</b>	Earnings on return of contributions . . . . .		
	<b>18</b>	Taxable amount of inherited Roth IRAs on line 12c . . .		
	<b>19</b>	Taxable earnings on nonqualified distributions . . . . .		
	<b>20</b>	Taxable amount included on Form 1040, line 15b. . . .		
<b>Recharacterizations (See Help)</b>				
<b>Gross</b>	<b>21 a</b>	2016 form code N (included on Form 1040, line 15a) . .		
	<b>21 b</b>	2017 form code R (not included on 1040, line 15a) . . .		

Pensions and Annuities			Taxpayer	Spouse
<b>Gross</b>	<b>22</b>	Total gross distributions from box 1 of Form 1099-R . .	7,646.	
	<b>a</b>	Less: Lump sum transferred to Form 4972. . . . .		
	<b>b</b>	Less: Amount not reported on Form 1040, line 16. . . .		
	<b>c</b>	Designated Roth distribution allocated to an IRR . . . .		
	<b>23</b>	Amount of line 22 converted to a Roth IRA. . . . .		
	<b>a</b>	Less: Amount recharacterized. . . . .		
	<b>b</b>	Net amount of line 23 converted to a Roth IRA . . . . .		
	<b>24</b>	Distributions from Canada RRP Wks, line 7a . . . . .		
	<b>25</b>	Gross distribution transferred to Form 1040, line 16a . .	7,646.	
	<b>a</b>	Less: Amount rolled over . . . . .		
	<b>b</b>	Amount attributable to an in-plan Roth rollover . . . . .		
<b>Taxable</b>	<b>26</b>	Taxable amount in box 2a, Form 1099-R. . . . .	489.	
	<b>a</b>	Taxable amount rolled over . . . . .		
	<b>b</b>	Non-taxable amount rolled over . . . . .		
	<b>c</b>	Designated Roth contribution basis rolled to Roth IRA .		
	<b>d</b>	Insurance premiums for retired public safety officers . .		
	<b>27</b>	Lump sum amount transferred to Form 4972 . . . . .		
	<b>28</b>	Amount transferred to Form 1040, line 7 . . . . .		
	<b>a</b>	Disability before minimum retirement age . . . . .		
	<b>b</b>	Return of contributions . . . . .		
	<b>c</b>	Insurance premiums for retired public safety officers . .		
	<b>29</b>	Nontaxable amount from Simplified Method . . . . .		
	<b>30</b>	Capital gains from charitable gift annuities . . . . .		
	<b>a</b>	Capital gain subject to the 28% rate . . . . .		
	<b>b</b>	Unrecaptured section 1250 gain . . . . .		
	<b>31</b>	Taxable amount of Roth IRA conversions . . . . .		
	<b>a</b>	Taxable amount of in-plan Roth rollovers . . . . .		
	<b>32 a</b>	Taxable amount of distributions . . . . .	489.	
	<b>b</b>	Taxable distributions from Canada RRP Wks, line 7b. .		
	<b>c</b>	Taxable amount transferred to Form 1040, line 16b. . .	489.	
<b>Section 1035 Tax-free Exchange</b>				
<b>Pensions</b>	<b>33</b>	Total gross distributions from box 1 of Form 1099-R . .		
<b>IRAs</b>	<b>34</b>	Total gross distributions from box 1 of Form 1099-R . .		
<b>Distributions on 2016 1099-Rs Not Reported on the 2016 Return</b>				
<b>Code P</b>	<b>35</b>	Distribution reported on 2015 tax return . . . . .		
<b>Code R</b>	<b>36</b>	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return. . . . .		
<b>Tax Withholding</b>				
<b>Box 4</b>	<b>37</b>	Total federal tax withheld . . . . .		
<b>Box 10</b>	<b>38</b>	Total state tax withheld . . . . .		
<b>Box 13</b>	<b>39</b>	Total local tax withheld. . . . .		
<b>Nontaxable Distributions for Sales Tax Deduction</b>				
	<b>40</b>	Nontaxable IRA distributions . . . . .		
	<b>41</b>	Nontaxable pension distributions . . . . .	7,157.	
<b>Health Insurance Premiums</b>				
	<b>42</b>	Health insurance deductible on Schedule A . . . . .		
<b>Taxable Distributions included in Net Investment Income</b>				
	<b>43</b>	Annuity payments and other distributions that may be subject to the net investment income tax . . . .	489.	

Name Alexander L Brown	Social Security Number 238-83-2938
---------------------------	---------------------------------------

Source Form : 1099-R . ☒ CSA-1099-R . ☐ CSF-1099-R . ☐ RRB-1099-R . ☐If Spouse's 1099-R, check this box . ☐  
Do not transfer this 1099-R to next year ☐Corrected ☐

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code. Hartford Life Insurance Co The Hartford Wealth Mngmt-Global Annuity PO Box 14293 Lexington KY 40512-4293 Payer's country		1 Gross distribution \$ 489.00
		2a Taxable amount (See Help) \$
		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>
Payer's Federal identification number 06-0974148	Recipient's identification number 238-83-2938	3 Capital gain (included in box 2a) \$
		4 Federal income tax withheld \$
Check to transfer Recipient's information from Federal Information Worksheet . . . . . <input checked="" type="checkbox"/>		5 Employee contributions /Designated Roth contributns or insurance premiums \$
Recipient's name Alexander L Brown Street address (including apartment number) 1765 Briergate Drive City Duluth State GA ZIP code 30097 Recipient's country		6 Net unrealized appreciation in employer securities \$
		7 Distribn code(s) 1st code <input type="checkbox"/> 4 2nd code <input type="checkbox"/> D IRA/SEP/SIMPLE <input type="checkbox"/>
		8 Other \$ %
10 Amount allocable to IRR within 5 years \$		9a Your percentage of total distribution %
		9b Total employee contributions \$
11 1st year of desig. Roth contrib. _____		
FATCA filing requirement . . . . . <input type="checkbox"/>		12 State tax withheld \$
Special use code for first state (See Help) . . . . . <input type="checkbox"/>		13 Payer's State / state no. / GA/780927400
Special use code for second state (See Help) . . . . . <input type="checkbox"/>		14 State distribution \$
Account number		15 Local tax withheld \$
		16 Name of locality
		17 Local distribution \$
<input checked="" type="checkbox"/> Check if NOT from a qualified retirement plan or IRA (see Help)		
<input type="checkbox"/> If box 7 code is J or T, check if a qualified distribution (see Help)		
<input type="checkbox"/> If box 7 code is J, enter amount used for first time home purchase		
<input type="checkbox"/> If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help)		

☒ **Inherited IRA** If this distribution is from an inherited IRA, indicate the distribution is from the IRA of

<input type="checkbox"/> Treat as recipient's own (this is treated as a rollover)	
<input type="checkbox"/> Recipient, but was originally inherited from a spouse (treated as recipient's IRA)	
<input type="checkbox"/> Spouse and not treat as recipient's own (taxable amount must be in box 2a)	
<input type="checkbox"/> Someone other than a spouse (taxable amount must be in box 2a)	
<input type="checkbox"/> From a traditional IRA	
<input type="checkbox"/> From a Roth IRA	
<input type="checkbox"/> From a SIMPLE plan (first two years of participation only)	
<input type="checkbox"/> From a SIMPLE plan (more than two years of participation)	
<input type="checkbox"/> From a SEP IRA	
<input type="checkbox"/> None	
<input type="checkbox"/> Subject to the penalty of early withdrawal	
<input type="checkbox"/> Not subject to the penalty of early withdrawal	

☐ **Insurance**

Amount of insurance premiums deductible on Schedule A	
Amount of health savings account (HSA) funding distributions	
Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution	

☐ **Qualified Charitable Distribution** Enter IRA distributions made directly by the trustee to a qualified charitable organization . . . . .

☐ **RMD** If this is a distribution from a traditional IRA or qualified retirement plan, and if this is a Required Minimum Distribution (RMD) (See Help), Entire gross is RMD ☐ or the amount of gross distbn that is the RMD . . . . .





# Wages, Salaries, & Tips Worksheet

**2016**

► Keep for your records

Name(s) Shown on Return  
Alexander L Brown

Social Security Number  
238-83-2938

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

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

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

**Unrecaptured Section 1250 Gain Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return  
Alexander L Brown

Social Security Number  
238-83-2938

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

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

**28% Rate Gain Worksheet**

► Keep for your records

**2016**

Name(s) Shown on Return  
Alexander L Brown

Social Security Number  
238-83-2938

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

Name(s) Shown on Return  
Alexander L BrownSocial Security Number  
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1 a	Enter your taxable income from Form 1040, line 43 . . . . .	1 a	0.
b	Enter the amount from your (and your spouse's) Form 2555, line 45 . . . . .	b	
c	Add lines 1a and 1b . . . . .	1 c	0.
2 a	Enter your qualified dividends from Form 1040, line 9b . . . . .	2 a	103.
b	Enter any capital gain excess attributable to qualified dividends . . . . .	b	
c	Subtract line 2b from line 2a . . . . .	2 c	103.
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	103.
7 a	Enter line 15 of Schedule D . . . . .	7 a	
b	Enter line 16 of Schedule D . . . . .	b	
c	Enter the <b>smaller</b> of line 7a or line 7b . . . . .	7 c	0.
8	Enter the <b>smaller</b> of line 3 or line 4c . . . . .	8	
9 a	Subtract line 8 from line 7 . . . . .	9 a	0.
b	Enter any capital gain excess attributable to capital gains . . . . .	b	
c	Subtract line 9b from line 9a . . . . .	9 c	0.
10	Add lines 6 and 9c . . . . .	10	103.
11 a	Enter the amount from Schedule D, line 18 . . . . .	11 a	0.
b	Enter the amount from Schedule D, line 19 . . . . .	b	
c	Add lines 11a and 11b . . . . .	11 c	0.
12	Enter the <b>smaller</b> of line 9c or line 11c . . . . .	12	0.
13	Subtract line 12 from line 10 . . . . .	13	103.
14	Subtract line 13 from line 1c. If zero or less, enter -0- . . . . .	14	0.
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	37,650.
16	Enter the <b>smaller</b> of line 1c or line 15 . . . . .	16	0.
17	Enter the <b>smaller</b> of line 14 or line 16 . . . . .	17	0.
18	Subtr in 10 from in 1c. If zero or less, enter -0- . . . . .	18	0.
19	Enter the <b>larger</b> of line 17 or line 18 . . . . .	19	0.
20	Subtract line 17 from line 16. This amount is taxed at 0% <b>If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.</b>	20	0.
21	Enter the <b>smaller</b> of line 1c or line 13 . . . . .	21	
22	Enter the amount from line 20 (if line 20 is blank, enter -0-) . . . . .	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- . . . . .	23	
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	
25	Enter the smaller of line 1c or line 24 . . . . .	25	
26	Add lines 19 and 20 . . . . .	26	
27	Subtract line 26 from line 25. If zero or less, enter -0- . . . . .	27	
28	Enter the <b>smaller</b> of line 23 or line 27 . . . . .	28	
29	Multiply line 28 by 15% (.15) . . . . .	29	
30	Add lines 22 and 28 . . . . .	30	
31	Subtract line 30 from line 21 . . . . .	31	
32	Multiply line 31 by 20% (.20) . . . . .	32	
<b>If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.</b>			
33	Enter the <b>smaller</b> of line 9c above or Schedule D, line 19 . . . . .	33	
34	Add lines 10 and 19 . . . . .	34	
35	Enter the amount from line 1c above . . . . .	35	
36	Subtract line 35 from line 34. If zero or less, enter -0- . . . . .	36	
37	Subtract line 36 from line 33. If zero or less, enter -0- . . . . .	37	
38	Multiply line 37 by 25% (.25) . . . . .	38	

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

<b>39</b>	Add lines 19, 20, 28, 31, and 37 . . . . .	<b>39</b>	_____
<b>40</b>	Subtract line 39 from line 1c . . . . .	<b>40</b>	_____
<b>41</b>	Multiply line 40 by <b>28%</b> (.28) . . . . .	<b>41</b>	_____
<b>42</b>	Figure the tax on the amount on <b>line 19</b> . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet . . . . .	<b>42</b>	_____
<b>43</b>	Add lines 29, 32, 38, 41, and 42 . . . . .	<b>43</b>	_____ 0.
<b>44</b>	Figure the tax on the amount on <b>line 1c</b> . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet . . . . .	<b>44</b>	_____
<b>45</b>	<b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 43 or line 44. Also include this amount on Form 1040, line 44. . . . .	<b>45</b>	_____

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**Form 1040**      **Qualified Dividends and Capital Gain Tax Worksheet**  
**Line 44**      ► Keep for your records

**2016**

Name(s) Shown on Return Alexander L Brown	Social Security Number 238-83-2938
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<b>1</b>	Enter the amount from Form 1040, line 43 . . . . .	<b>1</b>	<u>0.</u>
<b>2</b>	Enter the amount from Form 1040, line 9b . . . . .	<b>2</b>	<u>103.</u>
<b>3</b>	Are you filing Schedule D?		
	<input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . . <b>3</b> <u>                    </u>		
	<input checked="" type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13.		
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	<u>103.</u>
<b>5</b>	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-. <b>5</b> <u>0.</u>		
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	<u>103.</u>
<b>7</b>	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	<b>7</b>	<u>0.</u>
<b>8</b>	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.	<b>8</b>	<u>37,650.</u>
<b>9</b>	Enter the smaller of line 1 or line 8 . . . . .	<b>9</b>	<u>0.</u>
<b>10</b>	Enter the smaller of line 7 or line 9 . . . . .	<b>10</b>	<u>0.</u>
<b>11</b>	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	<b>11</b>	<u>0.</u>
<b>12</b>	Enter the smaller of line 1 or line 6 . . . . .	<b>12</b>	<u>0.</u>
<b>13</b>	Enter the amount from line 11 . . . . .	<b>13</b>	<u>0.</u>
<b>14</b>	Subtract line 13 from line 12. . . . .	<b>14</b>	<u>0.</u>
<b>15</b>	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.	<b>15</b>	<u>415,050.</u>
<b>16</b>	Enter the smaller of line 1 or line 15	<b>16</b>	<u>0.</u>
<b>17</b>	Add lines 7 and 11	<b>17</b>	<u>0.</u>
<b>18</b>	Subtract line 17 from line 16. If zero or less, enter -0-	<b>18</b>	<u>0.</u>
<b>19</b>	Enter the smaller of line 14 or line 18	<b>19</b>	<u>0.</u>
<b>20</b>	Multiply line 19 by 15% (.15) . . . . .	<b>20</b>	<u>0.</u>
<b>21</b>	Add lines 11 and 19 . . . . .	<b>21</b>	<u>0.</u>
<b>22</b>	Subtract line 21 from line 12	<b>22</b>	<u>0.</u>
<b>23</b>	Multiply line 22 by 20% (.20)	<b>23</b>	<u>0.</u>
<b>24</b>	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. . . . . <b>24</b> <u>0.</u>		
<b>25</b>	Add lines 20, 23, and 24 . . . . .	<b>25</b>	<u>0.</u>
<b>26</b>	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. . . . . <b>26</b> <u>0.</u>		
<b>27</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 44. . . . . <b>27</b> <u>0.</u>		

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

**Tax and Interest Deduction Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return  
Alexander L Brown

Social Security Number  
238-83-2938

**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 38. . . . .	592.
(2) Nontaxable income entered elsewhere on return . . . . .	7,157.
(3) Available income: 2015 refundable credits in excess of tax. . . . .	0.
(4) Enter any additional nontaxable income . . . . .	
(5) Total available income . . . . .	7,749.

**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 . . . . .

**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) . . . . .

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

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

**2 Real estate taxes:**

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



<b>b</b>	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	_____
<b>e</b>	Vacation home . . . . .	_____
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	_____
<b>g</b>	Add lines 2a through 2f (to Schedule A, line 6) . . . . .	_____
<b>3</b>	<b>Personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2015 Amount                      Enter 2016 description:	
	_____	_____
	_____	_____
	_____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	_____
<b>c</b>	Other personal property taxes . . . . .	_____
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 7) . . . . .	_____
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	_____
<b>b</b>	Foreign taxes from interest and dividends . . . . .	_____
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	_____
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit) . . . . .	_____
<b>e</b>	Other taxes.	
	2015 Amount                      Enter 2016 description:	
	_____	_____
	_____	_____
	_____	_____
<b>f</b>	Add lines 4a through 4e (to Schedule A, line 8) . . . . .	_____

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**Interest Deductions**

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

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

**State and Local Tax Deduction Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return  
Alexander L Brown

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238-83-2938

**State and Local Income Taxes**

<b>State income taxes:</b>		
1	State income tax withheld . . . . .	1
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
<b>Local income taxes:</b>		
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
<b>Other:</b>		
17		17
18	<b>Total</b> Add lines 1 through 17 . . . . .	18
19	State and local refund allocated to 2016 . . . . .	19
20	Nondeductible state income tax from line 28 . . . . .	20
21	<b>Total reductions</b> Add lines 19 and 20 . . . . .	21
22	<b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	22

**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

# Charitable Deduction Limits Worksheet For Current Year Contributions

**2016**

► Keep for your records

Name(s) Shown on Return Alexander L Brown	Social Security Number 238-83-2938
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**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 . . . . . 592.

**9** Multiply line 8 by 0.5. This is your 50% limit. . . . . 296.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
<b>10</b> Enter the smaller of line 2 or line 9 . . . .					0.	
<b>11</b> Subtract line 10 from line 2 . . . . .						0.
<b>12</b> Subtract line 10 from line 9 . . . . .			296.			
<b>Contributions not to 50% limit organizations</b>						
<b>13</b> Add lines 2 and 3 . . . . .						
<b>14</b> Multiply line 8 by 0.3. This is your 30% limit. . . . .		178.	178.			
<b>15</b> Subtract line 13 from line 9 . . . . .		296.				
<b>16</b> Enter the smallest of line 6, 14, or 15 . .					0.	
<b>17</b> Subtract line 16 from line 6 . . . . .						0.
<b>18</b> Subtract line 16 from line 14 . . . . .				178.		
<b>Capital gain property to 50% limit organizations</b>						
<b>19</b> Enter the smallest of line 3, 12, or 14 . .					0.	
<b>20</b> Subtract line 19 from line 3 . . . . .						0.
<b>21</b> Subtract line 16 from line 15 . . . . .				296.		
<b>22</b> Subtract line 19 from line 14 . . . . .				178.		
<b>Capital gain property not to 50% limit organizations</b>						
<b>23</b> Multiply line 8 by 0.2. This is your 20% limit. . . . .				118.		
<b>24</b> Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .					0.	
<b>25</b> Subtract line 24 from line 7 . . . . .						0.
<b>26</b> Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . . .					0.	
<b>27</b> Reserved for future use . . . . .						
<b>28</b> Reserved for future use . . . . .						
<b>29</b> Reserved for future use . . . . .						
<b>30</b> 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 Alexander L Brown	Social Security Number 238-83-2938
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**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 . . . . . 592.

**9** Multiply line 8 by 0.5. This is your 50% limit. . . . . 296.. less. . . . . 0.. 296.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
<b>10</b> Enter the smaller of line 2 or line 9 . . . .					0.	
<b>11</b> Subtract line 10 from line 2 . . . . .						0.
<b>12</b> Subtract line 10 from line 9 . . . . .			296.			
<b>Contributions not to 50% limit organizations</b>						
<b>13</b> Add lines 2 and 3 . . . . .		0.				
<b>14</b> Multiply line 8 by 0.3. This is your 30% limit. . . . .		178.	178.			
<b>15</b> Subtract line 13 from line 9 . . . . .		296.				
<b>16</b> Enter the smallest of line 6, 14, or 15 . .					0.	
<b>17</b> Subtract line 16 from line 6 . . . . .						0.
<b>18</b> Subtract line 16 from line 14 . . . . .				178.		
<b>Capital gain property to 50% limit organizations</b>						
<b>19</b> Enter the smallest of line 3, 12, or 14 . .					0.	
<b>20</b> Subtract line 19 from line 3 . . . . .						0.
<b>21</b> Subtract line 16 from line 15 . . . . .				296.		
<b>22</b> Subtract line 19 from line 14 . . . . .				178.		
<b>Capital gain property not to 50% limit organizations</b>						
<b>23</b> Multiply line 8 by 0.2. This is your 20% limit. . . . .				118.		
<b>24</b> Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .					0.	
<b>25</b> Subtract line 24 from line 7 . . . . .						0.
<b>26</b> Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . . .					0.	
<b>27</b> Reserved for future use . . . . .						
<b>28</b> Reserved for future use . . . . .						
<b>29</b> Reserved for future use . . . . .						
<b>30</b> Add lines 11, 17, 20, and 25. Carry to next year. . . . .						0.

- Keep for your records

Name(s) Shown on Return  
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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	<b>Carryovers from:</b>						
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	<b>Carryovers to 2017:</b>						
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 <b>entire interest</b> given for all property donated to all charities? . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were <b>restrictions</b> attached to any charities's right to use or dispose of any property donated to any charity? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

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

**Itemized Deductions Worksheet**

**2016**

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Name(s) Shown on Return  
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<b>1</b>	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28 . . . . .	<b>1</b>	
<b>2</b>	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28 <b>CAUTION:</b> Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	<b>2</b>	
<b>3</b>	Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> <b>Yes.</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	
<b>4</b>	Multiply line 3 by 80% (.80) . . . . .	<b>4</b>	
<b>5</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>5</b>	
<b>6</b>	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 . . . . .	<b>6</b>	
<b>7</b>	Is the amount on line 6 less than the amount on line 5? <input type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5 . . . . .	<b>7</b>	
<b>8</b>	Multiply line 7 by 3% (.03) . . . . .	<b>8</b>	
<b>9</b>	Enter the <b>smaller</b> of line 4 or line 8 . . . . .	<b>9</b>	
<b>10</b>	<b>Total itemized deductions.</b> Subtract line 9 from line 1. (to Schedule A, line 29) . . . . .	<b>10</b>	

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

**Standard Deduction Worksheet for Dependents**

**2016**

► Keep for your records

Name(s) Shown on Return  
Alexander L Brown

Social Security Number  
238-83-2938

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

<p><b>1</b> Is your <b>earned income*</b> more than \$700?</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> <input type="checkbox"/> </div> <div> <p><b>Yes.</b> Add \$350 to your earned income. Enter the total</p> </div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> <input checked="" type="checkbox"/> </div> <div> <p><b>No.</b> Enter \$1,050</p> </div> </div>	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; width: 40px; margin: 0 auto;"></div> <p>► . . .</p>	<p><b>1</b></p>	<p>1,050.</p>
<p><b>2</b> Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> <li>• Single or married filing separately — \$6,300</li> <li>• Married filing jointly or Qualifying widow(er) — \$12,600</li> <li>• Head of household — \$9,300</li> </ul>	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; width: 40px; margin: 0 auto;"></div> <p>► . . .</p>	<p><b>2</b></p>	<p>6,300.</p>
<p><b>3 Standard deduction.</b></p>			
<p><b>3 a</b> Enter the <b>smaller</b> of line 1 or line 2. If born after January 1, 1952, and not blind, <b>stop here</b> and enter this amount on Form 1040, line 40. Otherwise go to line 3b . . . . .</p>		<p><b>3 a</b></p>	<p>1,050.</p>
<p><b>3 b</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) . . . . .</p>		<p><b>3 b</b></p>	<p></p>
<p><b>3 c</b> Add lines 3a and 3b. Enter the total here and on Form 1040, line 40 . . . . .</p>		<p><b>3 c</b></p>	<p>1,050.</p>

\***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**

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Name(s) Shown on Return  
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<b>1</b>	Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d . . . . .	<b>1</b>	
<b>2</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>2</b>	
<b>3</b>	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> <li>• Single, enter \$259,400</li> <li>• Married filing jointly or qualifying widow(er), enter \$311,300</li> <li>• Married filing separately, enter \$155,650</li> <li>• Head of household, enter \$285,350 . . . . .</li> </ul>	<b>3</b>	259,400.
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; enter the amount from line 1 above on Form 1040, line 42. . . . .	<b>4</b>	-259,400.
<b>5</b>	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> <b>Yes.</b> You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. <b>Do not</b> complete the rest of this worksheet. <input type="checkbox"/> <b>No.</b> Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	<b>5</b>	
<b>6</b>	Multiply line 5 by 2% (.02) and enter the result as a decimal. . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6 . . . . .	<b>7</b>	
<b>8</b>	<b>Deduction for exemptions.</b> Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42 . . . . .	<b>8</b>	



# Earned Income Worksheet

2016

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Name(s) Shown on Return  
Alexander L Brown

Social Security Number  
238-83-2938

## Part I – Earned Income Credit Wks Computation

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

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

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

## Part III – IRA Deduction Worksheet Computation

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

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

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

► Keep for your records

Name(s) Shown on Return  
Alexander L BrownSocial Security Number  
238-83-2938**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:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----	4	
4	<b>Total investment interest expense.</b> Add lines 1 through 3. . . . .		

**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	103.
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	103.
6	Royalty income, from Schedule E . . . . .	6	
7	Net passive income from publicly traded partnerships . . . . .	7	
8	Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----	10	103.
10	<b>Total investment income.</b> Add lines 5d through 9. . . . .		

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

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

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

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

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

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

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

**Earned Income Credit Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return  
Alexander L Brown

Social Security Number  
238-83-2938

**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. . . . . ►

<b>1</b>	Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered <b>not</b> earned for EIC purposes . . . . .	<b>1</b>	
<b>2</b>	Adjustments to line 1 amount:		
<b>a</b>	Income reported as wages <b>and</b> as self-employment income. . . . .	<b>2 a</b>	
<b>b</b>	Other income entered as wages that is not considered earned income . . . . .	<b>b</b>	
<b>c</b>	Distributions from section 457 and other nonqualified plans reported on W-2 . . . . .	<b>c</b>	
<b>3</b>	Subtract lines 2a, 2b and 2c from line 1 . . . . .	<b>3</b>	
<b>4 a</b>	Taxpayer's nontaxable combat pay election for EIC	<b>4 a</b>	
<b>b</b>	Spouse's nontaxable combat pay election for EIC	<b>b</b>	
<b>c</b>	Total nontaxable combat pay election . . . . .	<b>4 c</b>	
<b>5</b>	If you were self-employed <b>or</b> used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 . . . . .	<b>5</b>	
<b>6</b>	<b>Earned income.</b> Add lines 3, 4c, and 5 . . . . .	<b>6</b>	
<b>7</b>	Enter the credit, from the <b>EIC Table</b> , for the amount on line 6. Be sure to use the correct column for filing status and number of children. . . . .	<b>7</b>	
	If line 7 is zero, <b>stop</b> . You <b>cannot</b> take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.		
<b>8</b>	Enter your <b>AGI</b> from Form 1040, line 38 . . . . .	<b>8</b>	
<b>9</b>	If you have:		
	• 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)?		
	<input type="checkbox"/> <b>Yes.</b> Go to line 10 now.		
	<input type="checkbox"/> <b>No.</b> Enter the credit, from the <b>EIC Table</b> , for the amount on line 8. Be sure to use the correct column for filing status and number of children . . . . .	<b>9</b>	
<b>10</b>	<b>Earned income credit.</b>		
	• If 'Yes' on line 9, enter the amount from line 7		
	• If 'No' on line 9, enter the <b>smaller</b> of line 7 or line 9	<b>10</b>	

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:
- ☐ \$14,880 (\$20,430 if married filing jointly) without a qualifying child.
- ☐ \$39,296 (\$44,846 if married filing jointly) with one qualifying child.
- ☐ \$44,648 (\$50,198 if married filing jointly) with two qualifying children.
- ☐ \$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:
- ☐ \$14,880 (\$20,430 if married filing jointly) without a qualifying child.
- ☐ \$39,296 (\$44,846 if married filing jointly) with one qualifying child.
- ☐ \$44,648 (\$50,198 if married filing jointly) with two qualifying children.
- ☐ \$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 ☐ qualifying children of another person, or
- b ☐ invalid social security numbers for EIC purposes.  
(Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 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

Disqualified from Earned Income Credit.

☒ Yes

☒ No

Potential qualifying child count

Non dependent potential qualifying child count

Qualifying child count (max 3)

0

0

0

# Schedule SE Adjustments Worksheet

2016

► Keep for your records

Name(s) Shown on Return Alexander L Brown		Social Security Number 238-83-2938	
	(a) Taxpayer	(b) Spouse	
QuickZoom to the Short Schedule SE (Schedule SE, page 1) . . . . ►	<input type="checkbox"/>	<input type="checkbox"/>	
QuickZoom to the Long Schedule SE (Schedule SE, page 2) . . . . ►	<input type="checkbox"/>	<input type="checkbox"/>	
A Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>	
B Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .			
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). . . . .			
<b>Part I Farm Profit or (Loss)</b> Schedule SE, line 1			
1 Total Schedules F . . . . .			
2 Farm partnerships, Schedules K-1 . . . . .			
3 Other SE farm profit or (loss) (See Help) . . . . .			
4 Less SE exempt farm profit or (loss) (See Help) . . . . .			
5 Total for Schedule SE, line 1 . . . . .			
6 Conservation Reserve Program payments not subject to self-employment tax reported on:			
a Schedule F, line 4b . . . . .			
b Schedule K-1 (Form 1065), box 20, code Z . . . . .			
c Total CRP payments not subject to SE tax . . . . .			
<b>Part II Nonfarm Profit or (Loss)</b> Schedule SE, line 2			
1 a Total Schedules C . . . . .			
b Less SE exempt Schedules C (approved Form 4361) . . . . .			
2 Nonfarm partnerships, Schedules K-1 . . . . .			
3 Forms 6781 . . . . .			
4 Other SE income reported as income on Form 1040, line 7 . . . . .			
5 a Clergy Form W-2 wages . . . . .			
b Clergy housing allowance . . . . .			
c Less clergy business deductions . . . . .			
d QuickZoom to the Explanation statement for entry on line 5c. . . . .			
6 Other SE nonfarm profit or (loss) (See Help) . . . . .			
7 Less other SE exempt nonfarm profit or (loss) (See Help) . . . . .			
8 Total for Schedule SE, line 2 . . . . .			
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .			
<b>Part III Farm Optional Method</b> Schedule SE, page 2, Part II			
1 Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
2 Gross farm income from Schedules F . . . . .			
3 Gross farming or fishing income from partnership Schedules K-1 . .			
4 Other gross farming or fishing self-employment income . . . . .			
5 Total gross income for Farm Optional Method . . . . .			
<b>Part IV Nonfarm Optional Method</b> Schedule SE, page 2, Part II			
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
2 Gross nonfarm income from Schedules C . . . . .			
3 Gross nonfarm income from partnership Schedules K-1 . . . . .			
4 Other gross nonfarm self-employment income . . . . .			
5 Total gross income for Nonfarm Optional Method . . . . .			

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

**2016**

► Keep for your records

Name(s) Shown on Return Alexander L Brown		Social Security Number 238-83-2938	
	<b>(a)</b> Before Allocation of Capital Gain Excess *	<b>(b)</b> Allocation of Capital Gain Excess *	<b>(c)</b> After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . . 103.			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c . . . . .	103.	0.	103.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	103.		103.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . . 0.			
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . . 0.			
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	103.		103.
<b>A</b> Enter the amount from Form 6251, line 30. . . . .	0.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . . 0.			
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37. . . . .			103.

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

► Keep for your records

Name(s) Shown on Return Alexander L Brown	Social Security Number 238-83-2938
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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	592.
2	Additions to income . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	592.
4	Subtractions from income . . . . .	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	5	592.

**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 <b>Attributable to mortgage used to purchase, build, or improve:</b>			
a Main home or second home that is house, apartment, condominium or non-transient mobile home . . . . .			
b Second home that is transient mobile home or boat . . . . .			
c Total . . . . .			
2 <b>Attributable to mortgage used to refinance:</b>			
a To pay off mortgage . . . . .			
b For other purposes . . . . .			
c Total . . . . .			
3 <b>Attributable to other mortgage deductible for AMT:</b>			
a Pre-July 1, 1982 mortgage . . . . .			
4 Total column (a) . . . . .			
5 Total column (b). Enter result on Form 6251, line 4. . . . .			
6 Total mortgage interest from Schedule A . . . . .			

**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	592.
2	Enter adjustments . . . . .	2	
3	Adjustment for domestic production activities deduction . . . . .	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	4	592.
5	ATNOLD limitation. Multiply line 4 by 90%. . . . .	5	533.
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:		
<b>1</b>	Alternative minimum taxable income, Form 6251 . . . . .	<b>1</b> _____
<b>2</b>	Threshold amount . . . . .	<b>2</b> _____
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b> _____
<b>4</b>	Multiply line 3 by 25% (.25) . . . . .	<b>4</b> _____
<b>5</b>	<b>Smaller</b> of line 4 or \$41,900 . . . . .	<b>5</b> _____
<b>6</b>	Add line 1 and line 5. Enter on Form 6251, line 28. . . . .	<b>6</b> _____

**Exemption – Line 29**

<b>1</b>	Enter \$53,900 if single or head of household, \$83,800 if married filing jointly or qualifying widow(er), \$41,900 if married filing separately . . . . .	<b>1</b>	53,900.
<b>2</b>	Enter your alternative minimum taxable income from Form 6251, line 28. . . . .	<b>2</b>	592.
<b>3</b>	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 . . . . .	<b>3</b>	119,700.
<b>4</b>	Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	0.
<b>5</b>	Multiply line 4 by 25% (.25) . . . . .	<b>5</b>	0.
<b>6</b>	Subtract line 5 from line 1. If zero or less, enter -0- . . . . .	<b>6</b>	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.		
<b>7</b>	Minimum exemption amount for certain children under age 24 . . . . .	<b>7</b>	7,400.
<b>8 a</b>	Enter the <b>child's earned income</b> , if any . . . . .	<b>8 a</b>	0.
<b>b</b>	Enter any adjustments. . . . .	<b>b</b>	
<b>9</b>	Add lines 7, 8a and 8b. If zero or less, enter -0-. . . . .	<b>9</b>	7,400.
<b>10</b>	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29. . . . .	<b>10</b>	7,400.

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

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

**2016**

► Keep for your records

Name(s) Shown on Return Alexander L Brown		Social Security Number 238-83-2938	
<b>1</b>	Enter amount from Form 6251, line 30. . . . .	<b>1</b>	
<b>2 a</b>	Enter amount from Form(s) 2555, lines 45 and 50 . . . . .	<b>2a</b>	
<b>b</b>	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income . . . . .	<b>2b</b>	
<b>c</b>	Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b>	
<b>3</b>	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 . . . . .	<b>3</b>	
<b>4</b>	<b>Tax on amount on line 3.</b> . . . . . • If you reported capital gain distributions directly on Form 1040, line 13; <b>or</b> you reported qualified dividends on Form 1040, line 9b; <b>or</b> you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here. • <b>All Others:</b> 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. . . . .	<b>4</b>	
<b>5</b>	<b>Tax on amount on line 2c.</b> 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 . . . . .	<b>5</b>	
<b>6</b>	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0 . . . . .	<b>6</b>	

► Keep for your records

Child's Name as Shown on Return  
Alexander L Brown

Child's Social Security Number  
238-83-2938

**Line 1 - Child's Net Unearned Income**

<b>1</b>	Enter the amount from the child's Form 1040, line 22 or Form 1040NR, line 23. <i>Note: If the child has claimed a loss from self-employment, a foreign earned income exclusion, or a net operating loss carryover to 2016, skip lines 2 and 3 and go to line 4.</i>	<b>1</b>	592.
<b>2 a</b>	Enter the total of the amount(s) reported on Form 1040, lines 7, 12, and 18; Form 1040A, line 7; or Form 1040NR, lines 8, 13, and 19 . . . . .	<b>2 a</b>	
<b>b</b>	Enter any other earned income not included on line 2a . . . . .	<b>b</b>	
<b>c</b>	Enter any penalty on early withdrawals from savings, from Form 1040 or 1040NR . . . . .	<b>c</b>	
<b>3</b>	Subtract the amounts on lines 2a through 2d from the amount on line 1. Enter the result here and on Form 8615, line 1. Do not complete lines 4 through 7 . . . . .	<b>3</b>	592.
<b>4</b>	Enter the following amounts as <b>Positive</b> numbers:		
<b>a</b>	Loss from self-employment, from Schedule C or Schedule F . . . . .	<b>4 a</b>	
<b>b</b>	Foreign housing and earned income exclusion, from Form 2555 . . . . .	<b>b</b>	
<b>c</b>	Net operating loss carryover to 2016, from Form 1040 or Form 1040NR . . . . .	<b>c</b>	
<b>d</b>	Add lines 4a through 4c . . . . .	<b>d</b>	
<b>5</b>	Add lines 1 and 4d . . . . .	<b>5</b>	
<b>6 a</b>	Enter the amount from the child's Form 1040, line 7 or 1040NR, line 8 . . . . .	<b>6 a</b>	
<b>b</b>	Enter the amount from the child's Form 1040, line 12 or 1040NR, line 13. Enter -0- if less than zero . . . . .	<b>b</b>	
<b>c</b>	Enter the amount from the child's Form 1040, line 18 or Form 1040NR, line 19. Enter -0- if less than zero . . . . .	<b>c</b>	
<b>d</b>	Enter any other earned income not included on lines 6a through 6c . . . . .	<b>d</b>	
<b>e</b>	Enter any penalty on early withdrawal from savings, from Form 1040 or 1040NR . . . . .	<b>e</b>	
<b>7</b>	Subtract the amounts on lines 6a through 6e from the amount on line 5. Enter the result here and on Form 8615, line 1 . . . . .	<b>7</b>	

**Line 2 - Child's Investment Deductions**

<b>8</b>	If the child itemized deductions on Schedule A (Form 1040 or Form 1040NR), enter the amount from Schedule A (Form 1040), line 29, or Schedule A (Form 1040NR), line 15 . . . . .	<b>8</b>	
<b>9</b>	Enter the portion of the amount on line 8 that is directly connected with the production of the child's investment income. . . . .	<b>9</b>	
<b>a</b>	Enter the child's itemized deductions directly connected with the production of the child's qualified dividends and net capital gain . . . . .		
<b>10</b>	Add \$1,050 to the amount on line 9 . . . . .	<b>10</b>	
<b>11</b>	Enter the <b>greater</b> of the amount on line 10 or \$2,100. Also enter this amount on Form 8615, line 2 . . . . .	<b>11</b>	

## Line 5 - Qualified Dividends and Net Capital Gain Worksheets

### Form 8615 Line 5 - Worksheet 1

Use the following worksheet to figure the qualified dividends and the net capital gain included on line 5 of the child's Form 8615 if line 5 equals line 3 and line 2 is \$2,100.

<b>A</b>	Enter the child's qualified dividends . . . . .		
<b>B</b>	Enter the child's net capital gain . . . . .		
<b>C</b>	Enter the amount from line 1 of Form 8615 . . . . .		
<b>D</b>	Divide line A by line C . . . . .		
<b>E</b>	Divide line B by line C . . . . .		
<b>F</b>	Multiply line D by \$2,100 . . . . .		
<b>G</b>	Multiply line E by \$2,100 . . . . .		
<b>H</b>	Subtract line F from Line A. This is qualified dividends on Form 8615, line 5. . . . .		
<b>I</b>	Subtract line G from Line B. This is the net capital gain on Form 8615, line 5 . . . . .		

### Form 8615 Line 5 - Worksheet 2

Use the following worksheet to figure the qualified dividends and the net capital gain included on line 5 of the child's Form 8615 if line 5 equals line 3 and line 2 is **more** than \$2,100.

<b>A</b>	Enter the child's qualified dividends . . . . .		
<b>B</b>	Enter the child's net capital gain . . . . .		
<b>C</b>	Add lines A and B . . . . .		
<b>D</b>	Divide line A by line C (enter as a decimal rounded to at least three places) . . . . .		
<b>E</b>	Enter the child's itemized deductions directly connected with the production of the child's qualified dividend's and net capital gain . . . . .		
<b>F</b>	Multiply line D by Line E. . . . .		
<b>G</b>	Subtract line F from line E. . . . .		
<b>H</b>	Subtract line G from line B . . . . .		
<b>I</b>	Subtract line F from line A. . . . .		
<b>J</b>	Enter the amount from line 1 of Form 8615 . . . . .		
<b>K</b>	Divide line A by line J (enter as a decimal rounded to at least three places). . . . .		
<b>L</b>	Divide line B by line J . . . . .		
<b>M</b>	Multiply \$1,050 by line K . . . . .		
<b>N</b>	Multiply \$1,050 by line L. . . . .		
<b>O</b>	Subtract line M from line I. This is the qualified dividends on Form 8615, line 5 . . . . .		
<b>P</b>	Subtract line N from line H. This is the net capital gain on Form 8615, line 5. . . . .		

### Form 8615 Line 5 - Worksheet 3

Use the following worksheet to figure the qualified dividends and the net capital gain included on line 5 of the child's Form 8615 if line 5 is **less** than line 3.

<b>A</b>	Enter the child's qualified dividends . . . . .		
<b>B</b>	Enter the child's net capital gain . . . . .		
<b>C</b>	Add line A and line B . . . . .		
<b>D</b>	Divide line A by line C . . . . .		
<b>E</b>	If the child itemized deductions, enter the child's itemized deductions directly connected with the production of the child's income on line C . . . . .		
<b>F</b>	Multiply line D by line E . . . . .		
<b>G</b>	Subtract line F from line E. . . . .		
<b>H</b>	Subtract line G from line B . . . . .		
<b>I</b>	Subtract line F from line A. . . . .		
<b>J</b>	If the child can claim his or her own exemption, enter \$4,050. Otherwise, enter zero. . . . .		
<b>K</b>	If the child itemized deductions, enter the child's itemized deductions <b>not</b> directly connected with the production of the income on line C of this worksheet. Otherwise, enter the child's standard deduction. . . . .		
<b>L</b>	Add line J and line K. . . . .		
<b>M</b>	Enter the child's adjusted gross income from Form 1040, line 38 or 1040NR, line 36 . . . . .		
<b>N</b>	Divide line C by line M. . . . .		
<b>O</b>	Multiply line L by line N . . . . .		
<b>P</b>	Multiply line O by line D . . . . .		
<b>Q</b>	Subtract line P from line O . . . . .		
<b>R</b>	Subtract line P from line I. This is the qualified dividends on Form 8615, line 5 . . . . .		
<b>S</b>	Subtract line Q from line H. This is the net capital gain on Form 8615, line 5. . . . .		

\*If you enter more than \$155,650 on line M above, see the Deduction for Exemptions Worksheet in the Form 1040, Form 1040A, or Form 1040NR instructions for the amount to enter on line J.

# Federal Carryover Worksheet

**2016**

► Keep for your records

Name(s) Shown on Return Alexander L Brown	Social Security Number 238-83-2938
--	---------------------------------------

## 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
GA						
<b>Totals . .</b>						

## Other Tax and Income Information

			2015	2016
1	Filing status . . . . .	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3	0.	0.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	1,473.	592.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	0.	0.
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 . . . . .			

Alexander L Brown

238-83-2938

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		
<b>Credit Carryovers</b>						<b>2015</b>	<b>2016</b>
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		
<b>Other Carryovers</b>						<b>2015</b>	<b>2016</b>
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 . . . . .					0.

**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

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

**Modified Adjusted Gross Income Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return  
Alexander L Brown

Social Security Number  
238-83-2938

Description	Amount
<b>Income</b>	
Wages . . . . .	
Interest income before Series EE bond exclusion . . . . .	
Dividend income . . . . .	103.
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 . . . . .	489.
Unemployment compensation . . . . .	
Other income . . . . .	
Total income . . . . .	592.
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	
Penalty on early withdrawals of savings . . . . .	
Alimony paid . . . . .	
Other adjustments . . . . .	
Total adjustments . . . . .	
<b>Modified adjusted gross income . . . . .</b>	<b>592.</b>

## Two-Year Comparison

2016

Name(s) Shown on Return  
Alexander L Brown

Social Security Number

Income	2015	2016	Difference	%
Wages, salaries, tips, etc . . . . .	1,378.		-1,378.	-100.00
Interest and dividend income . . . . .	95.	103.	8.	8.42
State tax refund . . . . .				
Business income (loss) . . . . .				
Capital and other gains (losses) . . . . .				
IRA distributions . . . . .				
Pensions and annuities . . . . .		489.	489.	
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .				
<b>Total Income</b> . . . . .	1,473.	592.	-881.	-59.81
<b>Adjustments to Income</b> . . . . .				
<b>Adjusted Gross Income</b> . . . . .	1,473.	592.	-881.	-59.81
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .				
Real estate taxes . . . . .				
Personal property and other taxes . . . . .				
Interest paid . . . . .				
Gifts to charity . . . . .				
Casualty and theft losses . . . . .				
Miscellaneous . . . . .				
Phaseout of itemized deductions . . . . .				
Total Itemized Deductions . . . . .				
<b>Standard or Itemized Deduction</b> . . . . .	1,728.	1,050.	-678.	-39.24
<b>Exemption Amount</b> . . . . .				
<b>Taxable Income</b> . . . . .	0.	0.	0.	
Income tax . . . . .	0.	0.	0.	
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	0.	0.	0.	
Nonbusiness credits . . . . .				
Business credits . . . . .				
<b>Total Credits</b> . . . . .				
Self-employment tax . . . . .				
Other taxes . . . . .				
<b>Total Tax After Credits</b> . . . . .	0.	0.	0.	
Withholding . . . . .				
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .				
<b>Total Payments</b> . . . . .				
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .				
<b>Balance Due</b> . . . . .	0.	0.	0.	

Current year effective tax rate . . . . . 0.00 %



**Tax Summary**  
► Keep for your records

**2016**

Name (s)  
Alexander L Brown

<b>Total income</b> .....	592.
<b>Adjustments to income</b> .....	
<b>Adjusted gross income</b> .....	592.
<b>Itemized/standard deduction</b> .....	1,050.
<b>Exemption amount</b> .....	
<b>Taxable income</b> .....	0.
<b>Tentative tax</b> .....	0.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	
<b>Other taxes</b> .....	
<b>Total tax</b> .....	0.
<b>Total payments</b> .....	
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	
<b>Refund</b> .....	
<b>Amount Applied to Estimate</b> .....	
<b>Balance due</b> .....	

**Which Form 1040 to file?**

You must use Form 1040A or Form 1040 because  
Form 1099-R is part of your return.

# Compare to U. S. Averages

► Keep for your records

2016

Name(s) Shown on Return Alexander L Brown	Social Security No 238-83-2938
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Your 2016 adjusted gross income (AGI) . . . . . 592.  
National adjusted gross income range used below . . . . . from 0. to 14,999.

**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 . . . . .		8,413.
Taxable interest . . . . .		956.
Tax-exempt interest . . . . .		5,790.
Dividends . . . . .	103.	2,248.
Business net income . . . . .		7,725.
Business net loss . . . . .		26,063.
Net capital gain . . . . .		8,052.
Net capital loss . . . . .		2,376.
Taxable IRA . . . . .		5,266.
Taxable pensions and annuities . . . . .	489.	6,811.
Rent and royalty net income . . . . .		7,629.
Rent and royalty net loss . . . . .		14,607.
Partnership and S corporation net income . . . . .		21,356.
Partnership and S corporation net loss . . . . .		90,515.
Taxable social security benefits . . . . .		2,448.
Medical and dental expenses deduction . . . . .		8,875.
Taxes paid deduction . . . . .		3,602.
Interest paid deduction . . . . .		7,200.
Charitable contributions deduction . . . . .		1,441.
Total itemized deductions . . . . .		15,717.
Child care credit . . . . .		83.
Education tax credits . . . . .		241.
Child tax credit . . . . .		153.
Retirement savings contributions credit . . . . .		159.
Earned income credit . . . . .		1,904.
Other Information	Actual Per Return	National Average
Adjusted gross income . . . . .	592.	2,535.
Taxable income . . . . .	0.	2,623.
Income tax . . . . .	0.	291.
Alternative minimum tax . . . . .		15,803.
Total tax liability . . . . .	0.	496.

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** Alexander L Brown

**Primary SSN:** 238-83-2938

**Federal Return Submitted:** April 18, 2017 02:16 PM PDT

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

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Your return was electronically transmitted on 04/18/2017

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The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 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

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IRS regulations require the following statements:

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

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

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

---

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

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### IRS regulations require the following statements:

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

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

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

---

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."

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

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

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

Sign this agreement by entering your name:

Please type the date below:

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](http://irs.gov)) for information about tax refund processing.

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

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

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

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



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

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

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

<sup>3</sup> 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

## Smart Worksheets from your 2016 Federal Tax Return

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

Tax Smart Worksheet	
<b>A</b>	Tax . . . . . 0.
Check if from:	
<b>1</b>	Tax table . . . . . <input checked="checked" type="checkbox"/>
<b>2</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>3</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>B</b>	Recapture tax from Form 8863 . . . . .
<b>C</b>	<b>Tax.</b> Add lines A and B. Enter the result here and on line <b>28</b> . . . . . 0.

SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

Line 9 - Recalculated Prior Year Net Investment Income Tax Smart Worksheet	
<b>A</b>	Prior year Form 8960, line 13, modified adjusted gross income . . . . . 1,473.
<b>B</b>	Prior year Form 8960, line 14, threshold based on filing status . . . . . 200,000.
<b>C</b>	Prior year Form 8960, line 15, Subtract line B from A, not less than zero . . . . .
<b>D</b>	Smaller of line 8 or line C . . . . .
<b>E</b>	Recomputed net investment income tax. Multiply line D by 3.8% (.038) . . . . .

## 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 \_\_\_\_\_

Amount due \_\_\_\_\_ 0.

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Investment Income Smart Worksheet**

**A** Taxable and tax exempt interest . . . . . \_\_\_\_\_

**B** Dividend income . . . . . 103.

**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 . . . . . 103.

Is line H, **total investment income** over \$3,400?

☒ **No.** You may take the credit.

☐ **Yes. Stop.** You **cannot** take the credit.



ERO MUST RETAIN THIS FORM.  
**DO NOT SUBMIT THIS FORM TO  
GEORGIA DEPARTMENT OF REVENUE  
UNLESS REQUESTED TO DO SO.**



**GA-8453  
2016**

**IRS DCN OR SUBMISSION ID**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING  
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER**

First Name and Initial <b>ALEXANDER L</b>	Last Name <b>BROWN</b>	Social Security Number <b>238-83-2938</b>
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number
Home Address (number and street) <b>1765 BRIERGATE DRIVE</b>	Apt Number	Daytime Telephone Number <b>513-305-1778</b>
City, Town or Post Office <b>DULUTH</b>	State <b>GA</b>	Zip Code <b>30097</b>

**PART I**

**TAX RETURN INFORMATION**

1. Federal Adjusted Gross Income (Form 500, Line 8; Form 500EZ, Line 1) .....	1.	592
2. Georgia Taxable Income (Form 500, Line 15; Form 500EZ, Line 3) .....	2.	-4408
3. Net Georgia Tax (Form 500, Line 22; Form 500EZ, Line 6) .....	3.	
4. Refund (Form 500, Line 40; Form 500EZ Line 20) .....	4.	
5. Balance Due (Form 500, Line 39; Form 500EZ, Line 19) .....	5.	

**PART II**

**DECLARATION OF TAXPAYER(S)**

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2016 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

**SIGN**

**HERE**

TAXPAYER'S SIGNATURE

Date

SPOUSE'S SIGNATURE (if joint return, both must sign)

Date

PRINT NAME

EMAIL ADDRESS

**PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER**

**I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

**ERO's  
Use  
Only**

ERO's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Firm's Name \_\_\_\_\_ Check also if paid preparer ☐  
Address \_\_\_\_\_ FEIN/PTIN \_\_\_\_\_  
City, State, & Zip Code \_\_\_\_\_ SSN/TIN \_\_\_\_\_

**IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE TAXPAYER HAS ANY KNOWLEDGE.**

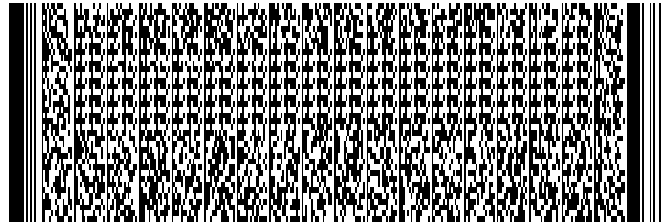
**Paid  
Preparer's  
Use Only**

Paid Preparer's Signature SELF PREPARED Date \_\_\_\_\_  
Firm's Name \_\_\_\_\_ FID/TIN \_\_\_\_\_  
Address \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
City, State, & Zip Code \_\_\_\_\_

**KEEP A COPY WITH YOUR RECORDS**



1700411517

**Georgia Form 500** (Rev. 08/02/16)**Page 1**

Individual Income Tax Return

Georgia Department of Revenue

**2016** (Approved software version)Fiscal Year  
Beginning☐ Please check this box if you have attached more than three pages  
of Form 500 Schedule 2.Fiscal Year  
Ending

DRIVER'S LICENSE/STATE ID

STATE ISSUED

YOUR FIRST NAME

1. ALEXANDER

MI

L

YOUR SOCIAL SECURITY NUMBER

238-83-2938

LAST NAME

BROWN

SUFFIX

Special Program Code

See IT-511 Tax Booklet

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☐ CHECK IF ADDRESS HAS CHANGED

2. 1765 BRIERGATE DRIVE

500 UET Exception  
Attached

CITY (Please insert a space if the city has multiple names)

3. DULUTH

STATE

GA

ZIP CODE

30097

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number..... **4. 1**

Residency Status

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT

TO

3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... **5. A**

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself ☒ 6b. Spouse ☐ 6c. 1**Pages (1-5) are Required for Processing**



YOUR SOCIAL SECURITY NUMBER  
238-83-2938

7a. Number of Dependents (Enter details on Line 7c., and DO NOT include yourself or your spouse).....▶ 7a.

7b. Add Lines 6c and 7a. Enter total.....▶ 7b. 1

7c. Dependents (If you have more than 5 dependents, attach a list of additional dependents)

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040 EZ).....▶ 8. 592

(Do not use **FEDERAL TAXABLE INCOME**) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must enclose a copy of your Federal Form 1040 Pages 1 and 2.

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet ).....▶ 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....▶ 10. 592



1700411537

YOUR SOCIAL SECURITY NUMBER  
238-83-2938

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... ▶ 11a. 2300  
(See IT-511 Tax Booklet)  
b. Self: 65 or over? ☐ Blind? ☐  
Spouse: 65 or over? ☐ Blind? ☐ Total x 1,300=..... ▶ 11b.  
c. Total Standard Deduction (Line 11a + Line 11b)..... ▶ 11c. 2300  
Use EITHER Line 11c OR Line 12c (Do not write on both lines)
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must enclose Federal Schedule A
- a. Federal Itemized Deductions (Schedule A-Form 1040) ..... ▶ 12a.  
b. Less adjustments: (See IT-511 Tax Booklet) ..... ▶ 12b.  
c. Georgia Total Itemized Deductions..... ▶ 12c.
13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... ▶ 13. -1708
- 14a. Number on Line 6c. multiply by \$2,700 for filing status A or D  
OR multiply by \$3,700 for filing status B or C ▶ 14a. 2700
- 14b. Number on Line 7a. multiply by \$3,000..... ▶ 14b.  
14c. Add Lines 14a. and 14b. Enter total..... ▶ 14c. 2700
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) ▶ 15. -4408
16. Tax (Use Tax Table in the IT-511 Tax Booklet)..... ▶ 16.
17. Low Income Credit 17a. 17b. ..... ▶ 17c.
18. Other State(s) Tax Credit..... ▶ 18.
19. Credits used from IND-CR Summary Worksheet ..... ▶ 19.
20. Total Credits from Schedule 2 Georgia Tax Credits (Sum of all Schedule 2s). ▶ 20.
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 ..... ▶ 21.
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero ..... ▶ 22.
23. Georgia Income Tax Withheld on Wages and 1099s ..... ▶ 23.  
(Enter Tax Withheld Only and enclose W-2s and/or 1099s)
24. Other Georgia Income Tax Withheld..... ▶ 24.  
(Must enclose G2-A, G2-FL, G2-LP and/or G2-RP)

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

REV 01/25/17 INTUIT.CG.CFP.SP

Pages (1-5) are Required for Processing



YOUR SOCIAL SECURITY NUMBER  
238-83-2938

**INCOME STATEMENT DETAILS** Enter income reported from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)

1. WITHHOLDING TYPE:  
☐ W-2s ☐ G2-A ☐ G2-LP  
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL  
ID NUMBER (FEIN) ☐ SSN ☐

(INCOME STATEMENT B)

1. WITHHOLDING TYPE:  
☐ W-2s ☐ G2-A ☐ G2-LP  
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL  
ID NUMBER (FEIN) ☐ SSN ☐

(INCOME STATEMENT C)

1. WITHHOLDING TYPE:  
☐ W-2s ☐ G2-A ☐ G2-LP  
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL  
ID NUMBER (FEIN) ☐ SSN ☐

3. EMPLOYER/PAYER STATE WITHHOLDING ID

3. EMPLOYER/PAYER STATE WITHHOLDING ID

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

4. GA WAGES / INCOME

4. GA WAGES / INCOME

5. GA TAX WITHHELD

5. GA TAX WITHHELD

5. GA TAX WITHHELD

(INCOME STATEMENT D)

1. WITHHOLDING TYPE:  
☐ W-2s ☐ G2-A ☐ G2-LP  
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL  
ID NUMBER (FEIN) ☐ SSN ☐

(INCOME STATEMENT E)

1. WITHHOLDING TYPE:  
☐ W-2s ☐ G2-A ☐ G2-LP  
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL  
ID NUMBER (FEIN) ☐ SSN ☐

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:  
☐ W-2s ☐ G2-A ☐ G2-LP  
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL  
ID NUMBER (FEIN) ☐ SSN ☐

3. EMPLOYER/PAYER STATE WITHHOLDING ID

3. EMPLOYER/PAYER STATE WITHHOLDING ID

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

4. GA WAGES / INCOME

4. GA WAGES / INCOME

5. GA TAX WITHHELD

5. GA TAX WITHHELD

5. GA TAX WITHHELD

Please complete the Supplemental W-2 Income Statement if additional space is needed.

25. Estimated tax for 2016 and Form IT-560 ..... ► 25.

26. Total prepayment credits (Add Lines 23, 24 and 25)..... ► 26.

27. If Line 22 exceeds Line 26 enter BALANCE DUE STATE ..... ► 27.

28. If Line 26 exceeds Line 22 enter OVERPAYMENT amount ..... ► 28.

29. Amount to be credited to 2017 ESTIMATED TAX ..... ► 29.



Georgia Form **500**  
Individual Income Tax Return  
Georgia Department of Revenue  
**2016**



Page 5

YOUR SOCIAL SECURITY NUMBER  
238-83-2938

30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)..... ▶ 30.
31. Georgia Fund for Children and Elderly (No gift of less than \$1.00)..... ▶ 31.
32. Georgia Cancer Research Fund (No gift of less than \$1.00) ..... ▶ 32.
33. Georgia Land Conservation Program (No gift of less than \$1.00)..... ▶ 33.
34. Georgia National Guard Foundation (No gift of less than \$1.00) ..... ▶ 34.
35. Dog & Cat Sterilization Fund (No gift of less than \$1.00) ..... ▶ 35.
36. Saving the Cure Fund (No gift of less than \$1.00)..... ▶ 36.
37. Realizing Educational Achievement Can Happen (REACH) Program ..... ▶ 37.  
(No gift of less than \$1.00)  
FOR DEPARTMENT USE ONLY..... ▶
38. Form 500 UET (Estimated tax penalty)..... ▶ 38.
39. (If you owe) Add Lines 27, 30 thru 38  
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. ▶ 39.
40. (If you are due a refund) Subtract the sum of Lines 29 thru 38 from Line 28  
THIS IS YOUR REFUND..... ▶ 40.

40a. Direct Deposit (For U.S. Accounts Only) Type: Checking ☐ Savings ☐ Routing Number

Account Number

You can help eliminate \$1 Million of processing costs by choosing Direct Deposit. If you do not enter Direct Deposit information, a paper check will be issued.

(PAYMENT) PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740399  
ATLANTA, GA 30374-0399

(REFUND and NO BALANCE DUE) PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740380  
ATLANTA, GA 30374-0380

ENCLOSE ALL ITEMS IN RETURN ENVELOPE. DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN  
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.  
Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature ☐ (Check box if deceased)

PHONE NUMBER  
513-305-1778

DATE

Spouse's Signature ☐ (Check box if deceased)

DATE

NAME OF PREPARER OTHER THAN TAXPAYER

SELF-PREPARED

REV 01/25/17 INTUIT.CG.CFP.SP

Do you want to authorize DOR to discuss this return with the named preparer. Yes ☐

PREPARER'S FIRM NAME

Signature of Preparer

PREPARER'S FEIN

PREPARER'S SSN/PTIN/SIDN

PHONE NUMBER

☐ I authorize the Georgia Department of Revenue to electronically notify me at the below email address regarding any updates to my account(s).

TAXPAYER'S EMAIL ADDRESS

# Georgia Information Worksheet

2016

► Keep for your records

## Part I – Personal Information

### Taxpayer:

First Name . . . . . Alexander  
Middle Initial . . . . . L Suffix . . . . . \_\_\_\_\_  
Last Name . . . . . Brown  
Social Security No. . . 238-83-2938  
Occupation . . . . . Student  
Date of Birth . . . . . 02/07/1996  
Date of Death . . . . . \_\_\_\_\_  
Daytime Phone . . . . . (513) 305-1778  
Home Phone . . . . . \_\_\_\_\_  
Print phone number on Form 500 ☐ Home

### Spouse:

First Name . . . . . \_\_\_\_\_  
Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
Last Name . . . . . \_\_\_\_\_  
Social Security No. . . \_\_\_\_\_  
Occupation . . . . . \_\_\_\_\_  
Date of Birth . . . . . \_\_\_\_\_  
Date of Death . . . . . \_\_\_\_\_  
Daytime Phone . . . . . \_\_\_\_\_  
☒ Taxpayer work ☐ Spouse work

Street Address . . . 1765 Briergate Drive Apartment No. . . . \_\_\_\_\_  
City . . . . . Duluth State . GA ZIP Code . . . 30097  
Country, if foreign . . . \_\_\_\_\_  
Taxpayer email address \_\_\_\_\_

## Part II – Main Form

☒ Form 500: Resident Tax Return (Long form) . . . . . ► \_\_\_\_\_  
☐ Form 500: Nonresident Tax Return . . . . . ► \_\_\_\_\_  
☐ Form 500: Part-Year Resident Tax Return . . . . . From \_\_\_\_\_ To \_\_\_\_\_  
Schedule 3: Enter Nonresident and Part-year resident allocations . . . . . ► \_\_\_\_\_

## Part III – Filing Status

☒ Single  
☐ Married filing joint return  
☐ Married filing separate return  
☐ Head of household  
☐ Qualifying widow(er)

## Part IV – Other Information

☐ The address above is different than last year  
☐ I authorize the Georgia Department of Revenue to electronically notify me by e-mail address regarding any updates to my account(s).

### Form 500 UET calculations (Underpayment of Estimated Tax Penalty):

☐ You want the GA Dept of Revenue to figure the underpayment penalty Form 500 UET  
☐ At least 2/3 of your total gross income is from fishing or farming  
☐ Last year's Georgia return did not cover a twelve month period or show a tax liability

**Part V – Direct Deposit Information or Direct Debit Information**

**Yes** **No**  
☐ ☒ Elect direct deposit of **state** tax refund  
☐ ☐ Use direct debit for state tax payments (EF Only)

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

Name of Financial Institution (optional) . . . . .  
Account type . . . . . Checking ☐ Savings ☐  
Routing number . . . . .  
Account number . . . . .  
Payment date to withdraw from 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.?

**Note:** If, for any reason, the scanning equipment at the Georgia Department of Revenue fails to read your direct deposit information (from the barcode on Form 500), you will receive a paper check instead.

**Part VI – Extension Status**

**Yes** **No**  
☐ ☒ Tax return due date extended?  
Extended due date . . . . .

**QuickZoom** to Form IT-303: Application for Extension of Time for Filing . . . . . ▶

**QuickZoom** to Form IT-560: Extension Payment Voucher . . . . . ▶

**Part VII – Amended Return**

☐ Filing a Georgia amended return  
Enter the tax year you are amending . . . . .  
Previous Georgia payment(s) made . . . . .  
Previous Georgia refund received . . . . .

**QuickZoom** to Form 500X . . . . . ▶

**QuickZoom** to Form 500: Income Tax Return (Long form) . . . . . ▶

# Income and Retirement Worksheets

2016

► Keep for your records

Name

Alexander L Brown

Social Security Number

238-83-2938

Income		Georgia Amounts		Other State Amounts	
		Column A Taxpayer	Column B Spouse	Column C Taxpayer	Column D Spouse
1	Wages . . . . .				
2	Federal Interest . . . . .				
	- Georgia Adjustments to federal taxable Interest				
3	Dividends . . . . .	103.			
	- Georgia Adjustments to federal taxable Dividends				
4	Capital/other gains or (losses) . . . . .				
5	Income from federal Schedules C and F . . . . .				
6 a	Rental/K-1 etc. income . . . . .				
b	- income above subject to FICA or S.E. tax, or S corp income in which you materially participated . . .				
7 a	Pension/Annuity and IRA/SEP distributions . . . . .	489.			
b	Lump-sum distributions . . . . .				
c	RRB-1099-R				
d	Other Subtraction #2, withdrawals with GA/Fed tax difference				
e	Other Subtraction #7, income exempt from state tax				
f	Other Subtraction # 8, teachers retirement contributions already taxed by Georgia				
8	Alimony received. . . . .				
9	Social security . . . . .				
10 a	State income tax refund . . . . .				
b	Unemployment compensation . . . . .				
11	Other income				
	- Gambling winnings . . . . .				
	- Home mortgage debt forgiveness relief				
	- NOL Carryover				
	- Other . . . . .				
	Federal Form 8814 income included in other income . . .				
<b>Adjustments</b>					
12	IRA deductions. . . . .				
13	Educator expenses . . . . .				
14	Tuition and fees deduction . .				
15	Other federal adjustments. . .				

Georgia  
**Georgia Credits Worksheet**  
► Keep for your records

**2016**

Name(s) Shown on Return Alexander L Brown	Social Security Number 238-83-2938
--	---------------------------------------

**Part I 2016 Credits without a carryforward provision**

The following credits have no carryforward (or carry back) provision. Since total credits cannot exceed your income tax liability, the following credits are deemed to have been claimed first. Credits that have carryforward provisions will be claimed after the following credits have been exhausted so that unused credits are available in future years.

Description	(a) Full 2016 credit	(b) Amount used	(c) Remaining tax liability
Total 2016 Income Tax Liability . . . . .			0
1 Child and Dependent Care Expense Credit (IND-CR 202)			
2 Qualified Caregiving Expense Credit (IND-CR 204)			
3 Driver Education Credit (IND-CR 205)			
4 Rural Physicians Credit (IND-CR 207)			
5 Other state(s) tax credit			
6 Low Income Credit			
Total . . . . .			
Remaining balance of 2016 tax liability available to enable credits below			0

**Part II Credits (from any year) with a defined carryforward provision**

The following credits have a specific carryforward provision (they expire after so many years). Entries for prior year credits are made in Part V. Reduce column d if a Pass Through Credit has further limitations based on a percentage of your 2016 income tax liability. Only make adjustments after this table is otherwise complete. See Tax Help for details.

**2016** Qualified Education Expense Credit (Individual/Non pass through) - **Credit Code 125** . . . . .  
**2016** Clean Energy Property Credit (Individual/Non pass through) - **Credit Code 127** . . . . .

Credit Description	Credit Code	(a) Remaining life (yrs)	(b) Remaining credit	(c) Limited to tax of	(d) 2016 net credit	(e) Carryfwd to 2017
Total allowable 2016 credits with a defined carryforward provision . . . . .						
Remaining balance of 2016 tax liability available to enable credits below . . . . .						0

**Part III Credits (from any year) with an unlimited carryforward provision**

Description		(a) Full credit	(b) Limited to tax of	(c) 2016 net credit	(d) Carryfwd to 2017
1 2016 Georgia/Air National Guard Credit					
2 2016 Disaster Assistance Credit					
3 2016 Adoption of a Foster Child Credit					
4 Eligible Single-Family Residence Credit					
- 4a additional unused Credit from IND-CR209					
5 Credits from 2015 and prior yrs. (from Part V) or credits from Part IV with carryforwards	Credit Code				
Total allowable 2016 credits with an unlimited carryforward provision . . . . .					

Total 2016 credits after all prior year carryforwards and tax liability limitations . . . . . ►

Name as Shown on Return  
Alexander L Brown

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1	Salaries and wages reduced from federal taxable income because of the federal jobs tax credit . . . . .	1	
2	Individual Retirement Account, Keogh, SEP and SUB-S plan withdrawals where tax has been paid to Georgia because of the difference between Georgia and federal law for tax years 1981 through 1986. . . . .	2	
3	Depreciation because of differences in Georgia and federal law for tax years 1981 through 1986 . . . . .	3	
4	Income taxed at corporate level by other states because of non-recognition of S corporation status . . . . .	4	
5	Dependents' unearned income included in parent's federal adjusted gross income. . . . .	5	
6	Income tax refunds from other states included in federal adjusted gross income. Identify state: . . . . .	6	
7	Income from any fund, program or system which is exempted from state tax by federal law or treaty . . . . .	7	
8	Teachers retirement contributions already taxed by the state of Georgia . . . . .	8	
9	Payments to certified minority subcontractors from state contracts (10% of payments or \$100,000, whichever is less) . . . . .	9	
10	Depreciation Adjustment (if negative) for differences in federal and Georgia law . .	10	
11	Combat Zone Pay exclusion . . . . .	11	
12	Expenses Related to Organ Donation . . . . .	12	
13	Deduction of high deductible health plans . . . . .	13	
14	Federally taxable interest received on Georgia municipal bonds designated as or considered "Build America Bonds" . . . . .	14	
15	Other federally taxable interest exempt from Georgia tax . . . . .	15	
16	Subtraction for physicians classified as "community based faculty physicians" (non-compensated physicians providing 3 or more core clerkships within the calendar year). Enter the number of qualifying clerkships provided . ▶ _____ times \$1,000 . . .	16	
17	Amount claimed by employers in food and beverage establishments who took a credit instead of a deduction on the Federal return for FICA tax paid on employee cash tips . . . . .	17	
18	Federal mortgage interest reduction on Form 8396. . . . .	18	
19	Other: . . . . .	19	
a	_____ . . . . .	a	
b	_____ . . . . .	b	
c	_____ . . . . .	c	
20	Total other subtractions from federal adjusted gross income . . . . .	20	

## Section 179 Worksheet

**2016**

Name as Shown on Return <u>Alexander L Brown</u>	Social Security Number <u>238-83-2938</u>
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### Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation . . . . .	<b>1</b>	
<b>State adjustments:</b>		
2 Depreciation adjustment (without Section 179) . . . . .	<b>2</b>	
3 Section 1231 gain adjustment . . . . .	<b>3</b>	
4 Other additions or subtractions to taxable income . . . . .	<b>4</b>	
5 <b>State taxable income</b> for the Section 179 limitation (line 1 plus lines 2 - 4) . . . . .	<b>5</b>	
6 Total Section 179 before limitation . . . . .	<b>6</b>	
7 Section 179 allowable, if different . . . . .	<b>7</b>	
8 Federal Section 179 allowed . . . . .	<b>8</b>	
9 <b>State Section 179 adjustment</b> . . . . .	<b>9</b>	
10 Carryover to next year . . . . .	<b>10</b>	

**QuickZoom** to Activity Worksheet . . . . . ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover

Total Form 2106 Section 179 Adjustment (Column B minus Column G) . . . . .

### Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(C) State Carryover From Prior Year	(D) State Total Section 179 Before Limitation	(E) State Section 179 Allowed	(F) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E) . . . . .

Name(s) Shown on Return  
Alexander L BrownYour Social Security Number  
238-83-2938**Part I 2017 Estimated Tax Amount Options****1 Select One of Six Ways to Calculate the Required Annual Payment for 2017 Estimates:**

- a 100% of **2016** taxes (default, see Tax Help) . . . . . ☒ \_\_\_\_\_
- b 100% of tax on **2017** estimated taxable income . . . . . ☐ \_\_\_\_\_
- c 90% of tax on **2017** estimated taxable income . . . . . ☐ \_\_\_\_\_
- d 66-2/3% of tax on **2017** estimated taxable income (farmers and fishermen) . . . . . ☐ \_\_\_\_\_
- e Equal to 100% of overpayment (no vouchers) . . . . . ☐ \_\_\_\_\_ 0.
- 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 . . . . . \_\_\_\_\_
- b Estimated amount of 2017 state income tax withholding . . . . . \_\_\_\_\_
- c **Total of estimated tax payments required for 2017** (line 2a less line 2b) . . . . . \_\_\_\_\_

**3 Select Estimated Tax Payment option:**

- a Calculate estimates if \$500 or more (default) . . . . . ☒ \_\_\_\_\_
- 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 (Form 500, line 24 less lines 26-34) . . . . . \_\_\_\_\_ 0.

**2 Select Overpayment Application Amount 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) . . . . . \_\_\_\_\_ 0.

**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**

	<b>1</b> 4/18/2017	<b>2</b> 6/15/2017	<b>3</b> 9/15/2017	<b>4</b> 1/16/2018	<b>Total</b>
<b>1</b> If you have already made payments, enter amounts . . . . .					
<b>2</b> Indicate which payment is due next. (e.g. if it is now April 25, 2017, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b> Required Payment . . . . .					
<b>4</b> Overpayment applied . . . . .					
<b>5</b> Net payment due . . . . .					
<b>6</b> Voucher amounts . . . . .					



**Part V** Changes to Income, Deductions and Withholding for 2017

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

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

	2016 Actual	*2017 Estimated
1 Adjusted gross income . . . . .	592.	
2 Adjustments and Deductions . . . . .	2,300.	
3 Applicable retirement exclusion (See Tax Help) . . . . .		
4 Georgia tax withholding . . . . .		
5 Other credits . . . . .		

**Part VI** Filing Status and Personal Exemptions for 2017

1 Choose 2017 filing status: (Default = last year's filing status)

☒

Single

☐

Married filing jointly

☐

Married filing separately

☐

Head of household

☐

Qualifying Widow(er)

2 Enter the number of exemptions in 2017 . . . . . 1

3 Enter the number of dependents in 2017 . . . . .       

**Part VII** 2017 Estimated Taxable Income and Tax

1	Adjusted gross income expected during the current year . . . . .	1	592.
2	Less: Adjustments and Deductions . . . . .	2	2,300.
3	Balance (line 1 less line 2) . . . . .	3	-1,708.
4	Less: Deduction for exemptions/dependents . . . . .	4	2,700.
5	Balance (line 3 less line 4) . . . . .	5	-4,408.
6	Applicable retirement exclusion (see worksheet) . . . . .	6	
7	Taxable income (line 5 less line 6) . . . . .	7	
8	Tax on amount on line 7 (see tax rate schedule) . . . . .	8	
9	Less: Credits . . . . .	9	
10	Line 8 less line 9. <b>This is your 2017 tax based on your estimate of 2017 income</b> . . . . .	10	

# Tax Payments Worksheet

2016

► Keep for your records

Name

Alexander L Brown

Social Security Number

238-83-2938

## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	
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	<b>Total income tax withheld . . . . .</b>	14	
15	Date return will be filed and balance paid . . . . .	15	

**Tax Summary**  
► Keep for your records

**2016**

Name(s) Alexander L Brown	
<b>Federal adjusted gross income</b> . . . . .	592.
<b>Adjustments to income</b> . . . . .	
<b>Georgia adjusted gross income</b> . . . . .	592.
<b>Deductions and exemptions</b> . . . . .	5,000.
<b>Taxable income</b> . . . . .	-4,408.
<b>Total Georgia tax</b> . . . . .	
<b>Total prepayments and credits</b> . . . . .	
<b>Amount due</b> . . . . .	
<b>Amount of overpayment</b> . . . . .	
<b>Amount applied to ES</b> . . . . .	
<b>Contributions</b> . . . . .	
<b>Amount of penalty</b> . . . . .	
<b>Balance due</b> . . . . .	
<b>Refund</b> . . . . .	