

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

**MAY 15, 2017**

Page 1 of 1

2017 MAY 19 AM 10:46

Name: Kellie Lynn Collins

Daytime Telephone: \_\_\_\_\_

## FILER STATUS



New Member of or Candidate for U.S. House of Representatives

State: Georgia  
District: 15th

Candidates - Date of Election: 11/2018



Check if Amendment



New Officer or Employee  
Employing Office: \_\_\_\_\_

Period Covered: January 1, 2017 to 12/31/2018

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:

- a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  
b. Make more than \$200 in unearned income from any reportable asset during the reporting period?

Yes ☐ No ☒

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes ☐ No ☒

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

Yes ☒ No ☒

F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?

Yes ☐ No ☒

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes ☐ No ☒

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☒ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

## Page 1 of 7

Name: Helene Collins

Page 1 of 2

**Use additional sheets if more space is required**



—  
2  
A

\*Column K is for liabilities held solely by your spouse or dependent child.

[illegible]

## SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations), and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

[illegible]

SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

Name: Michael Collins Page 1 of 5

[illegible]

**Use additional sheets if more space is required.**





**INTERNAL REVENUE SERVICE**  
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 04-09-2017  
Response Date: 04-09-2017  
Tracking Number: [REDACTED]

**Tax Return Transcript**

SSN Provided: [REDACTED]  
Tax Period Ending: Dec. 31, 2015

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

003895

NAME(S) SHOWN ON RETURN: KELLIE COLLINS

SSN: 259-63-4555  
SPOUSE SSN: [REDACTED]

ADDRESS: [REDACTED]

FILING STATUS:  
FORM NUMBER:  
CYCLE POSTED:  
RECEIVED DATE:  
REMITTANCE:  
EXEMPTION NUMBER:  
DEPENDENT 1 NAME CTRL:  
DEPENDENT 1 SSN:  
DEPENDENT 2 NAME CTRL:  
DEPENDENT 2 SSN:  
DEPENDENT 3 NAME CTRL:  
DEPENDENT 3 SSN:  
DEPENDENT 4 NAME CTRL:  
DEPENDENT 4 SSN:  
PTIN:  
PREPARER EIN:

Single  
1040  
Apr. 15, 2016  
\$0.00  
2  
COLL

**Income**

WAGES, SALARIES, TIPS, ETC:	\$1,907.00
TAXABLE INTEREST INCOME: SCH B:	\$0.00
TAX-EXEMPT INTEREST:	\$0.00
ORDINARY DIVIDEND INCOME: SCH B:	\$0.00
QUALIFIED DIVIDENDS:	\$0.00
REFUNDS OF STATE/LOCAL TAXES:	\$0.00
ALIMONY RECEIVED:	\$0.00
BUSINESS INCOME OR LOSS (Schedule C):	\$1,222.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:	\$1,222.00
CAPITAL GAIN OR LOSS: (Schedule D):	\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:	\$0.00
OTHER GAINS OR LOSSES (Form 4797):	\$0.00
TOTAL IRA DISTRIBUTIONS:	\$0.00
TAXABLE IRA DISTRIBUTIONS:	\$0.00
TOTAL PENSIONS AND ANNUITIES:	\$0.00
TAXABLE PENSION/ANNUITY AMOUNT:	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:	\$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:	\$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:	\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:	\$0.00
FARM INCOME OR LOSS (Schedule F):	\$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	\$0.00
UNEMPLOYMENT COMPENSATION:	\$0.00
TOTAL SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:	\$0.00

SCHEDULE EIC SE INCOME PER COMPUTER:.....	\$1,135.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:.....	\$3,042.00
SCH EIC DISQUALIFIED INC COMPUTER:.....	\$0.00
TOTAL INCOME:.....	\$3,129.00
TOTAL INCOME PER COMPUTER:.....	\$3,129.00

#### Adjustments to Income

EDUCATOR EXPENSES:.....	\$0.00
EDUCATOR EXPENSES PER COMPUTER:.....	\$0.00
RESERVIST AND OTHER BUSINESS EXPENSE:.....	\$0.00
HEALTH SAVINGS ACCT DEDUCTION:.....	\$0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:.....	\$0.00
MOVING EXPENSES: F3903:.....	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:.....	\$87.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:.....	\$87.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:.....	\$0.00
KEOGH/SEP CONTRIBUTION DEDUCTION:.....	\$0.00
SELF-EMP HEALTH INS DEDUCTION:.....	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:.....	\$0.00
ALIMONY PAID SSN:.....	\$0.00
ALIMONY PAID:.....	\$0.00
IRA DEDUCTION:.....	\$0.00
IRA DEDUCTION PER COMPUTER:.....	\$0.00
STUDENT LOAN INTEREST DEDUCTION:.....	\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....	\$0.00
TUITION AND FEES DEDUCTION:.....	\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:.....	\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:.....	\$0.00
OTHER ADJUSTMENTS:.....	\$0.00
ARCHER MSA DEDUCTION:.....	\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:.....	\$0.00
TOTAL ADJUSTMENTS:.....	\$87.00
TOTAL ADJUSTMENTS PER COMPUTER:.....	\$87.00
ADJUSTED GROSS INCOME:.....	\$3,042.00
ADJUSTED GROSS INCOME PER COMPUTER:.....	\$3,042.00

#### Tax and Credits

65-OR-OVER:.....	NO
BLIND:.....	NO
SPOUSE 65-OR-OVER:.....	NO
SPOUSE BLIND:.....	NO
STANDARD DEDUCTION PER COMPUTER:.....	\$6,300.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:.....	\$0.00
TAX TABLE INCOME PER COMPUTER:.....	\$0.00
EXEMPTION AMOUNT PER COMPUTER:.....	\$8,000.00
TAXABLE INCOME:.....	\$0.00
TAXABLE INCOME PER COMPUTER:.....	\$0.00
TOTAL POSITIVE INCOME PER COMPUTER:.....	\$3,129.00
TENTATIVE TAX:.....	\$0.00
TENTATIVE TAX PER COMPUTER:.....	\$0.00
FORM 8814 ADDITIONAL TAX AMOUNT:.....	\$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:.....	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:.....	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....	\$0.00
FOREIGN TAX CREDIT:.....	\$0.00
FOREIGN TAX CREDIT PER COMPUTER:.....	\$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:.....	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:.....	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....	\$0.00
CHILD & DEPENDENT CARE CREDIT:.....	\$0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....	\$0.00
CREDIT FOR ELDERLY AND DISABLED:.....	\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....	\$0.00
EDUCATION CREDIT:.....	\$0.00
EDUCATION CREDIT PER COMPUTER:.....	\$0.00
GROSS EDUCATION CREDIT PER COMPUTER:.....	\$0.00

Tracking Number: 100325176943

RETIREMENT SAVINGS CNTRB CREDIT:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$0.00
SEC RET SAV CNTRB: F8880 LN6B:	\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:	\$0.00
RESIDENTIAL ENERGY CREDIT:	\$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	\$0.00
CHILD TAX CREDIT:	\$0.00
CHILD TAX CREDIT PER COMPUTER:	\$0.00
ADOPTION CREDIT: F8839:	\$0.00
ADOPTION CREDIT PER COMPUTER:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:	\$0.00
F3800, F8801 AND OTHER CREDIT AMOUNT:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00
OTHER CREDITS:	\$0.00
TOTAL CREDITS:	\$0.00
TOTAL CREDITS PER COMPUTER:	\$0.00
RECOMPUTED TOTAL CREDITS PER COMPUTER:	\$0.00
INCOME TAX AFTER CREDITS PER COMPUTER:	\$0.00

#### Other Taxes

SE TAX:	\$173.00
SE TAX PER COMPUTER:	\$173.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:	\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):	\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:	\$0.00
IRAF TAX PER COMPUTER:	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:	\$173.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:	\$173.00
OTHER TAXES PER COMPUTER:	\$0.00
UNPAID FICA ON REPORTED TIPS:	\$0.00
OTHER TAXES:	\$0.00
RECAPTURE TAX: F8611:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:	\$0.00
RECAPTURE TAXES:	\$0.00
TOTAL ASSESSMENT PER COMPUTER:	\$173.00
TOTAL TAX LIABILITY TP FIGURES:	\$173.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$173.00

#### Payments

FEDERAL INCOME TAX WITHHELD:	\$168.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:	\$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:	0
COBRA PREMIUM SUBSIDY:	\$0.00
ESTIMATED TAX PAYMENTS:	\$0.00
OTHER PAYMENT CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:	\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:	\$0.00
EARNED INCOME CREDIT:	\$231.00
EARNED INCOME CREDIT PER COMPUTER:	\$231.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:	\$0.00
SCHEDULE 8812 NONTAXABLE COMBAT PAY:	\$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:	\$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	\$0.00
AMOUNT PAID WITH FORM 4868:	\$0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:	\$0.00

HEALTH COVERAGE TA CR: F8883:.....\$0.00  
PREMIUM TAX CREDIT AMOUNT:.....\$0.00  
PREMIUM TAX CREDIT VERIFIED AMOUNT:.....\$0.00  
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00  
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00  
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....\$0.00  
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....\$0.00  
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00  
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....\$0.00  
FORM 2439 AND OTHER CREDITS:.....\$0.00  
TOTAL PAYMENTS:.....\$399.00  
TOTAL PAYMENTS PER COMPUTER:.....\$399.00

Refund or Amount Owed

REFUND AMOUNT:.....\$-226.00  
APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....\$0.00  
ESTIMATED TAX PENALTY:.....\$0.00  
TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....\$0.00  
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$-226.00  
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$-226.00  
FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....  
AUTHORIZATION INDICATOR:.....0  
THIRD PARTY DESIGNEE NAME:.....

Schedule C--Profit or Loss From Business

SOCIAL SECURITY NUMBER:.....  
EMPLOYER ID NUMBER:.....  
BUSINESS NAME:.....  
DESCRIPTION OF BUSINESS/PROFESSION:.....WRITING  
NAICS CODE:.....000000  
ACCT MTHD:.....  
FIRST TIME SCHEDULE C FILED:.....N  
STATUTORY EMPLOYEE IND:.....N

INCOME

GROSS RECEIPTS OR SALES:.....\$1,455.00  
RETURNS AND ALLOWANCES:.....\$0.00  
NET GROSS RECEIPTS:.....\$0.00  
COST OF GOODS SOLD:.....\$0.00  
SCHEDULE C FORM 1099 REQUIRED:.....NO  
SCHEDULE C FORM 1099 FILED:.....NONE  
OTHER INCOME:.....\$0.00

EXPENSES

CAR AND TRUCK EXPENSES:.....\$0.00  
DEPRECIATION:.....\$0.00  
INSURANCE (OTHER THAN HEALTH):.....\$0.00  
MORTGAGE INTEREST:.....\$0.00  
LEGAL AND PROFESSIONAL SERVICES:.....\$0.00  
REPAIRS AND MAINTENANCE:.....\$0.00  
TRAVEL:.....\$0.00  
MEALS AND ENTERTAINMENT:.....\$0.00  
WAGES:.....\$0.00  
OTHER EXPENSES:.....\$0.00  
TOTAL EXPENSES:.....\$233.00  
EXP FOR BUSINESS USE OF HOME:.....\$0.00  
SCH C NET PROFIT OR LOSS PER COMPUTER:.....\$1,222.00  
AT RISK CD:.....  
OFFICE EXPENSE AMOUNT:.....\$0.00  
UTILITIES EXPENSE AMOUNT:.....\$0.00

COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR:.....\$0.00  
INVENTORY AT END OF YEAR:.....\$0.00

**Schedule SE--Self-Employment Tax**

SSN OF SELF-EMPLOYED TAXPAYER:.....  
NET FARM PROFIT/LOSS: SCH F:.....\$0.00  
CONSERVATION RESERVE PROGRAM PAYMENTS:.....\$0.00  
NET NONFARM PROFIT/LOSS:.....\$1,222.00  
TOTAL SE INCOME:.....\$1,222.00  
SE QUARTERS COVERED:.....4  
TOTAL SE TAX PER COMPUTER:.....\$172.58  
SE INCOME COMPUTER VERIFIED:.....\$0.00  
SE INCOME PER COMPUTER:.....\$1,128.00  
TOTAL NET EARNINGS PER COMPUTER:.....\$1,128.00

**LONG FORM ONLY**

TENTATIVE CHURCH EARNINGS:.....\$0.00  
TOTAL SOC SEC & RR WAGES:.....\$0.00  
SE SS TAX COMPUTER:.....\$139.87  
SE MEDICARE INCOME PER COMPUTER:.....\$1,128.00  
SE MEDICARE TAX PER COMPUTER:.....\$32.71  
SE FARM OPTION METHOD USED:.....0  
SE OPTIONAL METHOD INCOME:.....\$0.00

**Form 8863 - Education Credits (Hope and Lifetime Learning Credits)**

**PART III - ALLOWABLE EDUCATION CREDITS**

GROSS EDUCATION CR PER COMPUTER:.....\$0.00  
TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00  
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00

**Form 8965**

HOUSEHOLD INCOME BELOW FILING THRESHOLD EXEMPTION:.....3  
SSN INDIVIDUAL 1:.....  
EXEMPTION INDIVIDUAL 1:.....6  
FULL YEAR INDICATOR INDIVIDUAL 1:.....1  
MONTH INDICATOR INDIVIDUAL 1 - MONTHS CHECKED:.....None  
SSN INDIVIDUAL 2:.....  
EXEMPTION INDIVIDUAL 2:.....  
FULL YEAR INDICATOR INDIVIDUAL 2:.....0  
MONTH INDICATOR INDIVIDUAL 2 - MONTHS CHECKED:.....None  
SSN INDIVIDUAL 3:.....  
EXEMPTION INDIVIDUAL 3:.....  
FULL YEAR INDICATOR INDIVIDUAL 3:.....0  
MONTH INDICATOR INDIVIDUAL 3 - MONTHS CHECKED:.....None  
SSN INDIVIDUAL 4:.....  
EXEMPTION INDIVIDUAL 4:.....  
FULL YEAR INDICATOR INDIVIDUAL 4:.....0  
MONTH INDICATOR INDIVIDUAL 4 - MONTHS CHECKED:.....None  
SSN INDIVIDUAL 5:.....  
EXEMPTION INDIVIDUAL 5:.....  
FULL YEAR INDICATOR INDIVIDUAL 5:.....0  
MONTH INDICATOR INDIVIDUAL 5 - MONTHS CHECKED:.....None  
SSN INDIVIDUAL 6:.....  
EXEMPTION INDIVIDUAL 6:.....  
FULL YEAR INDICATOR INDIVIDUAL 6:.....0  
MONTH INDICATOR INDIVIDUAL 6 - MONTHS CHECKED:.....None

This Product Contains Sensitive Taxpayer Data



# Internal Revenue Service

United States Department of the Treasury  
MEMPHIS, TN 37501-1498

Tracking ID: 100325176943  
Date of Issue: 04-09-2017

003895.600640.328338.1397 1 MB 0.423 862



KELLIE COLLINS



003895

Tax Period: December, 2015

## Information about the Request We Received

In this letter, we'll report the status of the request we received.

We've enclosed the transcript or transcripts that you requested on April 09, 2017.

A tax return transcript is generally available for the current processing year and for three prior years. It contains most of the information from your original return, along with information from the forms and schedules you filed with it.

The transcript, however, does not contain changes made to the return, by either you or us, after you filed the return. Such changes could include your filing an amended return, corrections we make to the return because we discovered a math mistake, or a payment credited after you filed the return. The transcript also does not show refunds.

Information for current tax years is available immediately on our computer systems. Delivery time to you depends on how you submit your request and the delivery method you select to receive the information.

If you have any questions about information contained in the transcripts or other enclosed information, please call us at the IRS telephone number listed in your local directory or at 1-800-829-0922.

Sincerely Yours,

Patricia LaPosta, Director  
Electronic Products & Svcs Support

Enclosures:  
Return Transcript

If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. ██		Apt. no. ▲ Make sure the SSN(s) above and on line 6c are correct.
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
Foreign country name	Foreign province/state/county	Foreign postal code

**Filing status** Check only one box.

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

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

b ☐ **Spouse**

(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)
Michael	Collins	████████████████████	Brother	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than six dependents, see instructions.

Boxes checked on 6a and 6b 1  
 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 1  
 Add numbers on lines above ▶ 2

d Total number of exemptions claimed.

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	12,440.
8a Taxable interest. Attach Schedule B if required.	8a	
b Tax-exempt interest. Do not include on line 8a.	8b	
9a Ordinary dividends. Attach Schedule B if required.	9a	
b Qualified dividends (see instructions).	9b	
10 Capital gain distributions (see instructions).	10	
11a IRA distributions.      11a	11b Taxable amount (see instructions).      11b	
12a Pensions and annuities.      12a	12b Taxable amount (see instructions).      12b	
13 Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a Social security benefits.      14a	14b Taxable amount (see instructions).      14b	
15 Add lines 7 through 14b (far right column). This is your <b>total income</b> . ▶	15	12,440.

**Adjusted gross income**

16 Educator expenses (see instructions).	16	
17 IRA deduction (see instructions).	17	
18 Student loan interest deduction (see instructions).	18	
19 Tuition and fees. Attach Form 8917.	19	
20 Add lines 16 through 19. These are your <b>total adjustments</b>	20	

**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.

**Standard Deduction for—**  
• People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.  
• All others:  
Single or Married filing separately, \$6,300  
Married filing jointly or Qualifying widow(er), \$12,600  
Head of household, \$9,300

deductions, check here ▶ 23b <input type="checkbox"/>	
24 Enter your <b>standard deduction</b> .	24 6,300.
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25 6,140.
26 <b>Exemptions.</b> Multiply \$4,050 by the number on line 6d.	26 8,100.
27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.	
This is your <b>taxable income</b> . ▶ 27 0.	
28 <b>Tax</b> , including any alternative minimum tax (see instructions).	28 0.
29 Excess advance premium tax credit repayment. Attach Form 8962.	29
30 Add lines 28 and 29.	30 0.
31 Credit for child and dependent care expenses. Attach Form 2441.	31
32 Credit for the elderly or the disabled. Attach Schedule R.	32
33 Education credits from Form 8863, line 19.	33
34 Retirement savings contributions credit. Attach Form 8880.	34
35 Child tax credit. Attach Schedule 8812, if required.	35
36 Add lines 31 through 35. These are your <b>total credits</b> .	36
37 Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37 0.
38 Health care: individual responsibility (see instructions). Full-year coverage <input type="checkbox"/>	38 0.
39 Add line 37 and line 38. This is your <b>total tax</b> .	39 0.

If you have a qualifying child, attach Schedule EIC.

40 Federal income tax withheld from Forms W-2 and 1099.	40 953.
41 2016 estimated tax payments and amount applied from 2015 return.	41
42a <b>Earned income credit (EIC).</b>	42a 188.
b Nontaxable combat pay election. 42b	
43 Additional child tax credit. Attach Schedule 8812.	43
44 American opportunity credit from Form 8863, line 8.	44
45 Net premium tax credit. Attach Form 8962.	45
46 Add lines 40, 41, 42a, 43, 44, and 45. These are your <b>total payments</b> .	▶ 46 1,141.

## Refund

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

47 If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you <b>overpaid</b> .	47 1,141.
48a Amount of line 47 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	48a 1,141.
▶ b Routing number <input type="text"/>	▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
▶ d Account number <input type="text"/>	
49 Amount of line 47 you want <b>applied to your 2017 estimated tax</b> .	49

## Amount you owe

50 <b>Amount you owe.</b> Subtract line 46 from line 39. For details on how to pay, see instructions.	▶ 50
51 Estimated tax penalty (see instructions).	51

## Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶ <input type="text"/>
-------------------	-------------	---

## Sign here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation retail	Daytime phone number <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it <input type="text"/>



24	Penalty on early withdrawal of savings	24	00	00
25	Alimony paid	25	00	00
26	IRA deduction	26	00	00
27	Student loan interest deduction	27	00	00
28	Tuition and fees	28	00	00
29	Domestic production activities deduction	29	00	
30	Other Adjustments	30	00	00
31	<b>TOTAL ADJUSTMENTS:</b> Add lines 17 through 30	31	00	00
32	<b>ADJUSTED GROSS INCOME:</b> Line 16 minus line 31	32	12,440	00

## SOUTH CAROLINA ADJUSTMENTS

### ADDITIONS

33	South Carolina Additions	33		00
----	--------------------------	----	--	----

### SUBTRACTIONS

34	44% of net capital gains held for more than one year (See instructions)	34		00
35	Retirement Deduction (See instructions)			
a)	Taxpayer: Date of Birth	35a		00
b)	Spouse: Date of Birth	35b		00
c)	Surviving Spouse: Deceased Spouse(s) Date of Birth	35c		00
	Military Retirement Deduction (See instructions)			
d)	Taxpayer: Date of Birth	35d		00
e)	Spouse: Date of Birth	35e		00
f)	Surviving Spouse: Deceased Spouse(s) Date of Birth	35f		00
36	Age 65 and older deduction (See instructions) (Must be a resident for part of the year)			
a)	Taxpayer: Date of Birth	36a		00
b)	Spouse: Date of Birth	36b		00
37	Deductions for dependent(s) under 6 years of age on December 31, of the tax year. (See instructions). (Must be a resident for at least part of the year)			
	Date of Birth SSN			
	Date of Birth SSN	37		00
38	Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program. (See instructions)	38		00
39	Active Trade or Business Income Deduction (See Instructions)	39		00
40	Consumer Protection Services	40		00
41	Other Subtractions (See instructions)	41		00
42	<b>TOTAL SOUTH CAROLINA SUBTRACTIONS:</b> Add lines 34 through 41	42		00
43	<b>TOTAL SOUTH CAROLINA ADJUSTMENTS:</b> Line 33 minus line 42	43		00
44	<b>SC Modified Adjusted Gross Income</b> (Column B Line 32 plus line 43)	44	12,440	00

### 45 PRORATION:

Line 32, Column B divided by line 32, Column A = 100.00 % (Do not exceed 100%)

REV 12/30/16 Intuit.cq.cdp.sp

### 46 DEDUCTIONS ADJUSTMENT:

If using the standard deduction, enter the amount from federal form OR

If itemizing, **use worksheet from instructions**, and enter the amount from Part IV on line 46 (Total itemized Deductions Adjustment). Also enter the following amounts from the worksheet:

Part I (Itemized Deduction)

Part II, Worksheet A, line 5 (State Taxes)

Part III (Other Expenses)

46	6,300	00
47	8,100	00
48	14,400	00

47 EXEMPTIONS ADJUSTMENT: (See Instructions)  
(Form 1040EZ filers enter zero.)

48 TOTAL deductions and exemptions. Add lines 46 and 47

49 ALLOWABLE DEDUCTIONS: Multiply line 48 by 100.00 % from line 45

50 SOUTH CAROLINA TAXABLE INCOME: Subtract line 49 from line 44, Column B. Enter the difference here and on

<	14,400	00>
---	--------	-----

## Part I

**Marketplace-Granted Coverage Exemptions for Individuals.** have an exemption granted by the Marketplace, complete Part I

## Part II

### Coverage Exemptions Claimed on Your Return for Your Household

7

### Part III

**Coverage Exemptions Claimed on Your Return for Individuals.** If you or your household are claiming an exemption on your return, complete Part III.

8

Kellie Collins

[REDACTED]

**G**

**X**

9

Michael Collins

\_\_\_\_\_

**G**

**X**

10

11

12

<b>1</b> Enter federal taxable income from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below	<b>1</b>	Dollars	0 00
---	----------	---------	------

### ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (See instructions)	a	00		
b Out-of-state losses (See instructions) Type: _____	b	00		
c Expenses related to National Guard and Military Reserve income	c	00		
d Interest income on obligations of states and political subdivisions other than South Carolina	d	00		
e Other additions to income. Attach an explanation (See instructions)	e	00		
<b>2</b> Add lines a through e and enter the total here. These are your total additions	<b>2</b>			00
<b>3</b> Add lines 1 and 2 and enter the total here	<b>3</b>			00

### SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return	f	00	Dollars	
g Total and permanent disability retirement income, if taxed on your federal return	g	00		
h Out-of-state income/gain – Do not include personal service income (See instructions) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	h	00		
i 44% of net capital gains held for more than one year (See instructions)	i	00		
j Volunteer deductions (See instructions) Type: _____	j	00		
k Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)	k	00		
l Active Trade or Business Income deduction (See instructions)	l	00		
m Interest income from obligations of the US government	m	00		
n Certain nontaxable National Guard or Reserve Pay (See instructions)	n	00		
o Social security and/or railroad retirement, if taxed on your federal return	o	00		
<b>p Retirement Deduction (See instructions)</b>				
p-1 Taxpayer: date of birth _____	p-1	00		
p-2 Spouse: date of birth _____	p-2	00		
p-3 Surviving spouse: date of birth of deceased spouse _____	p-3	00		
<b>Military Retirement Deduction (See instructions)</b>				
p-4 Taxpayer: date of birth _____	p-4	00		
p-5 Spouse: date of birth _____	p-5	00		
p-6 Surviving spouse: date of birth of deceased spouse _____	p-6	00		
q Age 65 and older deduction (See instructions)				
q-1 Taxpayer: date of birth _____	q-1	00		
q-2 Spouse: date of birth _____	q-2	00		
r Negative amount of federal taxable income	r	00		
s Subsistence allowance _____ days @ \$8.00	s	00		
t Dependents under the age of 6 years on December 31 of the tax year	t	00		
u Consumer Protection Services	u	00		
v Other subtractions (See instructions)	v	00		
<b>4</b> Add lines f through v and enter here. These are your total subtractions	<b>4</b>	<		00
<b>5</b> Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here This is your South Carolina INCOME SUBJECT TO TAX	<b>5</b>			0 00

6 TAX: enter tax from SOUTH CAROLINA tax tables	6	0 00		
7 TAX on Lump Sum Distribution (Attach SC4972)	7	00		
8 TAX on Active Trade or Business Income (Attach I-335)	8	00		
9 TAX on excess withdrawals from Catastrophe Savings Accounts	9	00		
<b>10</b> Add lines 6 through 9 and enter the total here This is your TOTAL SOUTH CAROLINA TAX	<b>10</b>			0 00
11 Child and Dependent Care (See instructions)	11	00		
12 Two Wage Earner Credit (See instructions)	12	00		
13 Other non-refundable credits. Attach SC1040TC and other state return(s)	13	00		

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41) .....	482	00	20 Other SC withholding (Attach Form 1099) .....		00
17 2016 estimated tax payments .....		00	21 Tuition tax credit (Attach I-319) .....		00
18 Amount paid with extension .....		00	22 Other refundable credit(s) .....		00
19 NR sale of real estate .....		00	<input type="checkbox"/> Anhydrous Ammonia (Attach I-333) <input type="checkbox"/> Milk Credit (Attach I-334) <input type="checkbox"/> Classroom Teacher Expenses (Attach I-360) <input type="checkbox"/> Parental Refundable Credit - ECENC		
23 Add lines 16 through 22 and enter the total here .....			23 These are your <b>TOTAL PAYMENTS</b> 482 00		
24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT .....			24 482 00		
25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE .....			25 00		
26 USE TAX due on internet, mail-order or out-of-state purchases .....			26 0 00		
Use tax is based on your county's sales tax rate. See instructions for more information.					
If you certify that no use tax is due, check here ...			<input checked="" type="checkbox"/>		
27 Amount of line 24 to be credited to your 2017 Estimated Tax .....			27 00		
28 Total Contributions for Check-offs (Attach I-330) .....			28 00		
29 Add lines 26 through 28 and enter the total here .....			29 0 00		
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required) .....			30 REFUND 482 00		
<b>REFUND OPTIONS (subject to program limitations)</b> 30a Mark one refund choice: <input checked="" type="checkbox"/> Direct Deposit (30b required) <input type="checkbox"/> Debit Card* <input type="checkbox"/> Paper Check <i>*SCDOR Income Tax Refund Prepaid Debit Card Issued by Bank Of America</i>					
30b Direct Deposit (for US Accounts Only) Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings Routing Number (RTN) <span style="border: 1px solid black; padding: 2px;">052000000</span> <small>Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32</small> Bank Account Number (BAN) <span style="border: 1px solid black; padding: 2px;">000000000000000000</span> <small>1-17 digits</small>					
31 Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount ..			31 00		
32 Late filing and/or late payment: Penalties _____ Interest _____ (See instructions) Enter total here .....			32 00		
33 Penalty for Underpayment of Estimated Tax (Attach SC2210) .....			33 00		
(See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax <input type="checkbox"/>			33 00		
34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here .....			34 BALANCE DUE 00		

Pay electronically free of charge at [dor.sc.gov](http://dor.sc.gov). Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW).

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.			
Your signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)	
Taxpayer's Email			
I authorize the Director of the SC Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Preparer's printed name
If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.			
<b>Paid Preparer's Use Only</b>	Preparer signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm name (or yours if self-employed) and address and Zip Code		FEIN
			Phone No.

MAIL TO:

**REFUNDS OR ZERO TAX**

SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100



# 2016 NONRESIDENT SCHEDULE

(Rev. 7/12/16)  
3081

For the year January 1 - December 31, 2016, or fiscal tax year beginning 2016 and ending 2017

Print Your name

Your Social Security number

Spouse's first name

Spouse's Social Security number

Collins, Kellie

[REDACTED]

Dates of SC Residency  
to

Schedule NR is to be used by  
Nonresident or Part-year residents

Attach to completed SC1040.

## INCOME AND EXCLUSIONS

		INCOME AS SHOWN ON FEDERAL RETURN COLUMN A		SOUTH CAROLINA INCOME COLUMN B	
1	Wages, salaries, tips, etc. ....	12,440	00	12,440	00
2	Taxable interest income .....		00		00
3	Dividend income .....		00		00
4	State and local income tax refunds .....		00		
5	Alimony received .....		00		00
6	Business income or (loss) .....		00		00
7	Capital gain or (loss) .....		00		00
8	Other gains or (losses) .....		00		00
9	Taxable amount of IRA distributions .....		00		00
10	Taxable amount of pensions and annuities .....		00		00
11	Rents, royalties, partnerships, estates, trusts, etc. ....		00		00
12	Farm income or (loss) .....		00		00
13	Unemployment compensation .....		00		00
14	Taxable amount of social security benefits .....		00		
15	Other income .....		00		00
16	<b>TOTAL INCOME:</b> Add lines 1 through 15 .....	12,440	00	12,440	00

**Attach To  
SC1040**

## ADJUSTMENTS TO INCOME

		FEDERAL ADJUSTMENT		SC ADJUSTMENT	
17	Educator Expenses .....		00		00
18	Certain business expenses of reservists, performing artists, and fee-based government officials. ....		00		00
19	Health savings account deduction .....		00		00
20	Moving expenses .....		00		00
21	Deductible part of self-employment tax .....		00		00



# 2016 INDIVIDUAL INCOME TAX RETURN

(Rev. 7/28/16)  
3075



Your social security number [REDACTED]	Check if deceased <input type="checkbox"/>
Spouse's social security number [REDACTED]	Check if deceased <input type="checkbox"/>

DO NOT USE THIS FORM TO FILE A  
CORRECTED RETURN. SEE SC1040  
INSTRUCTIONS FOR ADDITIONAL  
INFORMATION.

For the year January 1 - December 31, 2016, or fiscal tax year beginning		2016 and ending		2017	
Print your first name and initial Kellie			Last name Collins		Suff.
Spouse's first name, if married filing jointly			Last name		
Check if new address <input type="checkbox"/>	Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions [REDACTED]				County code 02
City Thomson	State GA	Zip 30824	Area code	Daytime telephone [REDACTED]	
Check if address is outside US <input type="checkbox"/>	Foreign country address including Postal code (see instructions)				

Check this box if you are filing SC Schedule NR (Part-year/Nonresident) ..... ☒

Check this box ONLY if filing a composite return on behalf of a partnership or "S" corporation. Do not check this box if you are an individual. .... ☐

Check this box if you have filed a federal or state extension ..... ☐

Check this box if you served in a Military COMBAT ZONE during the filing period ..... ☐

Enter the name of the combat zone: .....

Check this box if this return is affected by a federally declared DISASTER AREA ..... ☐

Enter the name of the disaster area: .....

CHECK YOUR FEDERAL FILING STATUS	(1) <input checked="" type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately. Enter spouse's SSN here: _____
	(2) <input type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head-of-household (5) <input type="checkbox"/> Widow(er) with dependent child

## Federal Exemptions

Enter the number of exemptions from your 2016 federal return ..... 2

Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2016 .....       

Enter the number of taxpayers age 65 or older, as of December 31, 2016 .....       

## Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)
Michael	Collins	[REDACTED]	Brother	06/30/1989

Please  
print or  
type.

Your first name and initial <b>KELLIE</b>		Last name <b>COLLINS</b>		Your social security number [REDACTED]	
If joint return, spouse's first name and initial		Last name, if different		Spouse's social security number	
Home address (number and street, apt. number or RR) [REDACTED]			Daytime telephone # [REDACTED]		Tax Year  <b>2016</b>
City, town or post office, state and ZIP code [REDACTED]					

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

1. Federal taxable income (SC1040, line 1) .....	1	0	00
2. Net SC tax (SC1040, line 15) .....	2	0	00
3. Use Tax .....	3	0	00
4. Total Tax .....	4	0	00
5. SC Income Tax Withheld (SC1040, lines 16 & 20) .....	5	482	00
6. Tuition Tax Credit (SC1040, line 21) .....	6		00
7. Refund (SC1040, line 30) .....	7	482	00
8. Amount you owe (SC1040, line 34) .....	8		00

**Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)**

STAPLE COPIES OF  
STATE W-2(s) and  
1099(s) HERE

9. Routing transit number (RTN)

[REDACTED]

The first two numbers of the RTN must be 01 through 12 or 21 through 32.

10. Bank account number (BAN)

[REDACTED]

11. Type of account:

☒ Checking ☐ Savings

12. Withdrawal Date

Withdrawal Amount \$

**Part III Declaration of Taxpayer (Sign only after Part I is completed.)**

13. ☒ a. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 1 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☐ b. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated in Part II for payment of my South Carolina taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment.

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. Do not submit this form to the SC Department of Revenue. Keep with your records.

Sign Here

Your signature

Date

Spouse's signature (If joint, BOTH must sign)

Date

**Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.)**

I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e-file Providers of Individual Income Tax Returns, and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.

ERO's  
Use  
Only

ERO  
signature

Firm name (or  
yours if self-employed)  
and address

Date

Check if  
also paid  
preparer ☐

Check if  
self-  
employed ☐

PTIN

FEIN

ZIP code

DO NOT MAIL

KEEP FOR YOUR RECORD

## Part I

**Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

## Part II Coverage Exemptions Claimed on Your Return for Your Household

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here.

**Part III Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

[illegible]



**Standard Deduction for—**  
• People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.  
• All others:  
Single or Married filing separately, \$6,300  
Married filing jointly or Qualifying widow(er), \$12,600  
Head of household, \$9,300

deductions, check here		▶ 23b	<input type="checkbox"/>
<b>24</b>	Enter your <b>standard deduction</b> .	24	6,300.
<b>25</b>	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	6,140.
<b>26</b>	<b>Exemptions.</b> Multiply \$4,050 by the number on line 6d.	26	8,100.
<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.	27	0.
This is your <b>taxable income</b> .			
<b>28</b>	<b>Tax</b> , including any alternative minimum tax (see instructions).	28	0.
<b>29</b>	Excess advance premium tax credit repayment. Attach Form 8962.	29	
<b>30</b>	Add lines 28 and 29.	30	0.
<b>31</b>	Credit for child and dependent care expenses. Attach Form 2441.	31	
<b>32</b>	Credit for the elderly or the disabled. Attach Schedule R.	32	
<b>33</b>	Education credits from Form 8863, line 19.	33	
<b>34</b>	Retirement savings contributions credit. Attach Form 8880.	34	
<b>35</b>	Child tax credit. Attach Schedule 8812, if required.	35	
<b>36</b>	Add lines 31 through 35. These are your <b>total credits</b> .	36	
<b>37</b>	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	0.
<b>38</b>	Health care: individual responsibility (see instructions). Full-year coverage <input type="checkbox"/>	38	0.
<b>39</b>	Add line 37 and line 38. This is your <b>total tax</b> .	39	0.
<b>40</b>	Federal income tax withheld from Forms W-2 and 1099.	40	953.
<b>41</b>	2016 estimated tax payments and amount applied from 2015 return.	41	
<b>42a</b>	<b>Earned income credit (EIC).</b>	42a	188.
<b>b</b> Nontaxable combat pay election. 42b			
<b>43</b>	Additional child tax credit. Attach Schedule 8812.	43	
<b>44</b>	American opportunity credit from Form 8863, line 8.	44	
<b>45</b>	Net premium tax credit. Attach Form 8962.	45	
<b>46</b>	Add lines 40, 41, 42a, 43, 44, and 45. These are your <b>total payments</b> .	▶ 46	1,141.
<b>47</b>	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you <b>overpaid</b> .	47	1,141.
<b>48a</b>	Amount of line 47 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	48a	1,141.
▶ <b>b</b>	Routing number <input type="text"/>	▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ <b>d</b>	Account number <input type="text"/>		
<b>49</b>	Amount of line 47 you want <b>applied to your 2017 estimated tax</b> .	49	
<b>50</b>	<b>Amount you owe.</b> Subtract line 46 from line 39. For details on how to pay, see instructions.	▶ 50	
<b>51</b>	Estimated tax penalty (see instructions).	51	

## Refund

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

## Amount you owe

## Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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## Sign here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation retail	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instructions)

If a joint return, spouse's first name and initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				<b>Make sure the SSN(s) above and on line 6c are correct.</b>	
Foreign country name		Foreign province/state/county		Foreign postal code	
				<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	

**Filing status** Check only one box.

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

**Exemptions**

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

b ☐ **Spouse**

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Michael	Collins		Brother	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than six dependents, see instructions.

**d Total number of exemptions claimed.**

Boxes checked on 6a and 6b: 1

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: 1

Add numbers on lines above ▶ **2**

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	12,440.
8a	Taxable interest. Attach Schedule B if required.	8a	
b	Tax-exempt interest. Do not include on line 8a.	8b	
9a	Ordinary dividends. Attach Schedule B if required.	9a	
b	Qualified dividends (see instructions).	9b	
10	Capital gain distributions (see instructions).	10	
11a	IRA distributions.	11a	
11b	Taxable amount (see instructions).	11b	
12a	Pensions and annuities.	12a	
12b	Taxable amount (see instructions).	12b	
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits.	14a	
14b	Taxable amount (see instructions).	14b	
15	Add lines 7 through 14b (far right column). This is your <b>total income</b> . ▶	15	12,440.

**Adjusted gross income**

16	Educator expenses (see instructions).	16	
17	IRA deduction (see instructions).	17	
18	Student loan interest deduction (see instructions).	18	
19	Tuition and fees. Attach Form 8917.	19	
20	Add lines 16 through 19. These are your <b>total adjustments</b> .	20	

FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk  
Office of the Clerk, U.S. House of Representatives  
Legislative Resource Center  
135 Cannon House Office Building  
Washington, DC 20515-6601

LEGISLATIVE RESOURCE CENTER  
2017 MAY 19 AM 11:25  
OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Indicate Your Status:  
(Select One)

☒ Over \$5,000  
Threshold Not  
Exceeded

Dear Madam Clerk:

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

☐ Withdrawal  
of Candidacy

This is to notify you that under the laws of the state of \_\_\_\_\_  
I withdrew my candidacy for the U.S. House of Representatives on \_\_\_\_\_.

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): Bellie Lynn Collins  
State: Georgia District: 10  
Date: 1/20/2017

1/20/2017  
(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

Candidate  
as of  
1/20/17

RETURN COMPLETED STATEMENT TO:  
The Clerk, U.S. House of Representatives  
Legislative Resource Center