

Electronic Filing Instructions for your 2017 California Tax Return

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



Joshua M Painter
7 Dawn Place
Mill Valley, CA 94941

Balance Due/Refund	Your California state tax return (Form 540) shows a refund due to you in the amount of \$67.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 0245507199 Routing Transit Number: 121042882.		
Where's My Refund?	Before you call the Franchise Tax Board with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Franchise Tax Board directly at 1-800-338-0505. From outside of California use 1-916-845-6500. You can also visit the Franchise Tax Board web site at http://www.ftb.ca.gov/online/refund/ .		
What You Need to Sign	Sign and date Form 8453-OL within 1 day of acceptance.		
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Franchise Tax Board already has your return.		
What You Need to Keep	Your Electronic Filing Instructions (this form) - Form 8453-OL Printed copy of your state and federal returns		
2017 California Tax Return Summary	Taxable Income	\$	0.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	67.00
	Amount to be Refunded	\$	67.00
	Effective Tax Rate		0.00%

TAXABLE YEAR

2017**California Online e-file Return Authorization
for Individuals**

FORM

8453-OL

Your first name and initial JOSHUA M		Last name PAINTER		Suffix	Your SSN or ITIN 550-06-9456
If filing jointly, spouse's/RDP's first name		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 7 DAWN PLACE		Apt. no.	PMB/private mailbox		Daytime telephone number (415) 686-0298
City MILL VALLEY				State CA	ZIP code 94941
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions **1** 1,061.

2 Refund or no amount due. See instructions **2** 67.

3 Amount you owe. See instructions **3**

Part II Settle Your Account Electronically for Taxable Year 2017 (Payment due 4/17/2018)

4 ☒ Direct deposit of refund

5 ☐ Electronic funds withdrawal **5a** Amount _____ **5b** Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2018 These are not installment payments for the current amount you owe.

	First Payment Due 4/17/2018	Second Payment Due 6/15/2018	Third Payment Due 9/17/2018	Fourth Payment Due 1/15/2019
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below **67.** **12** The remaining amount of my refund for direct deposit _____

9 Routing number 121042882 **13** Routing number _____

10 Account number 0245507199 **14** Account number _____

11 Type of account: ☒ Checking ☐ Savings **15** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2017 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.
It is unlawful to forge a spouse's/RDP's signature.

Date

2017 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

550-06-9456 PAIN
JOSHUA M PAINTER

17 PBA 541510

A
R
RP7 DAWN PLACE
MILL VALLEY CA 94941

09-06-1971

Filing Status	1	<input checked="" type="checkbox"/> Single	4	<input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2	<input type="checkbox"/> Married/RDP filing jointly. See inst.	5	<input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died <input type="text"/>
	3	<input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="text"/>		

If your California filing status is different from your federal filing status, check the box here ☐

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. ☒ 7 X \$114 = ☒ \$ 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☒ 8 X \$114 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☒ 9 X \$114 = ☒ \$ 10 **Dependents: Do not include yourself or your spouse/RDP.**

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ☒ 10 X \$353 = ☒ \$ 11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ☒ 11 \$

Your name:

P A I N T E R

Your SSN or ITIN:

550-06-9456

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. ● 12 .00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 1061 .00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B ● 14 .00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 1061 .00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. ● 16 .00
- 17 California adjusted gross income. Combine line 15 and line 16. ● 17 1061 .00
- 18 Enter the **larger of** {
 Your California **itemized deductions** from Schedule CA (540), line 44; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,236
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,472
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .
 ● 18 4236 .00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 0 .00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ● 31 0 .00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203, see instructions ● 32 114 .00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 0 .00
- 34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A ● 34 .00
- 35 Add line 33 and line 34 ● 35 0 .00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 .00
- 43 Enter credit name code ● and amount ● 43 .00
- 44 Enter credit name code ● and amount ● 44 .00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable renter's credit. See instructions ● 46 .00
- 47 Add line 40 through line 46. These are your total credits. ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 0 .00

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions. ● 62 .00
- 63 Other taxes and credit recapture. See instructions. ● 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 0 .00

Your name:

P A I N T E R

Your SSN or ITIN:

550-06-9456

Payments

71	California income tax withheld. See instructions	● 71		.00
72	2017 CA estimated tax and other payments. See instructions	● 72		.00
73	Withholding (Form 592-B and/or 593). See instructions	● 73		.00
74	Excess SDI (or VPD) withheld. See instructions	● 74		.00
75	Earned Income Tax Credit (EITC)	● 75	67	.00
76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	67	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91

0.00

If line 91 is zero, check if:



No use tax is owed.



You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	67	.00
93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93		.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	67	.00
95	Amount of line 94 you want applied to your 2018 estimated tax	● 95		.00
96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	67	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97		.00

Your name:

P A I N T E R

Your SSN or ITIN:

550-06-9456

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
110 Add code 400 through code 440. This is your total contribution	● 110	<input type="text"/> .00

Your name: P A I N T E R

Your SSN or ITIN: 550-06-9456

Amount
You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942867

SACRAMENTO CA 94267-0001

111 .00

Pay online – Go to ftb.ca.gov/pay for more information.

Interest and
Penalties

112 Interest, late return penalties, and late payment penalties 112 .00

113 Underpayment of estimated tax. Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** 113 .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. 114 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942840

SACRAMENTO CA 94240-0001

115 6 7 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

☒ Checking

Account number

116 Direct deposit amount

1 2 1 0 4 2 8 8 2

☐ Savings

0 2 4 5 5 0 7 1 9 9

6 7 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

☐ Checking

Account number

117 Direct deposit amount

☐ Savings

.00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

**Sign
Here**

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

Joint tax return?
(See instructions)

☒ Your email address. Enter only one email address.

☒ Preferred phone number

(4 1 5) 6 8 6 - 0 2 9 8

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

SELF-PREPARED

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

PTIN

Firm's address

FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

()

2017 California Earned Income Tax Credit**3514**

Attach to your California Form 540, Form 540 2EZ or Long or Short Form 540NR

Name(s) as shown on tax return

SSN

JOSHUA M PAINTER

5 5 0 0 6 9 4 5 6

Before you begin:

If you claim the EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

Follow Step 1 through Step 7 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit.

If you are claiming the California Earned Income Tax Credit (EITC), you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Long or Short Form 540NR.

Part I Qualifying Information See Specific Instructions.

- 1 a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☒ Yes ☒ No
- b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ☒ Yes ☒ No
- 2** Federal AGI (federal Form 1040, line 38; Form 1040A, line 22; or Form 1040EZ, line 4) **2** 1061.00
- 3** Federal EIC (federal Form 1040, line 66a; Form 1040A, line 42a; or Form 1040EZ, line 8a) **3** 78.00

Part II Investment Income Information

- 4** Investment Income. See instructions for Step 2 – Investment Income **4** 39.00

Part III Qualifying Child InformationYou must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.****Qualifying Child Information****Child 1****Child 2****Child 3**

- | | | | | | |
|---|---|---|---|---|---|
| 5 First name <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> |
| 6 Last name <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> |
| 7 SSN <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> |
| 8 Date of birth (mm/dd/yyyy). If born after 1998 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> |
| 9 a Was the child under age 24 at the end of 2017, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions. <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| b Was the child permanently and totally disabled during any part of 2017? If yes, go to line 10. If no, stop here. The child is not a qualifying child. <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 10 Child's relationship to you. See instructions. <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> |
| 11 Number of days child lived with you in California during 2017. Do not enter more than 365 days. See instructions. <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> |

	Child 1	Child 2	Child 3
12 a Child's physical address during 2017 (number, street, and apt. no./ste. no.). See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
b City.	<input type="text"/>	<input type="text"/>	<input type="text"/>
c State.	<input type="text"/>	<input type="text"/>	<input type="text"/>
d ZIP code.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part IV California Earned Income

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions.	● 13	<input type="text" value="0"/>	<input type="text" value="00"/>
14 Prison inmate wages. See instructions.	● 14	<input type="text"/>	<input type="text" value="00"/>
15 Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	● 15	<input type="text"/>	<input type="text" value="00"/>
16 Subtract line 14 and line 15 from line 13.	● 16	<input type="text" value="0"/>	<input type="text" value="00"/>
17 Nontaxable combat pay. See instructions.	● 17	<input type="text"/>	<input type="text" value="00"/>
18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions.	● 18	<input type="text" value="1022"/>	<input type="text" value="00"/>
a Business name. ● <input type="text" value="JOSHUA M PAINTER"/>			
b Business address. ● <input type="text" value="7 DAWN PLACE"/>			
City, state, and zip code ● <input type="text" value="MILL VALLEY CA 94941"/>			
c Business license number ● <input type="text"/>			
d SEIN. ● <input type="text"/>			
e Business code ● <input type="text" value="541510"/>			
19 California Earned Income. Add line 16, line 17, and line 18.	● 19	<input type="text" value="1022"/>	<input type="text" value="00"/>

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, Line 23	● 20	<input type="text" value="67"/>	<input type="text" value="00"/>
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Part VI Nonresident or Part-Year Resident California Earned Income Tax Credit

21 CA Exemption Credit Percentage from Form 540NR (Long or Short), line 38.	● 21	<input type="text"/>	
22 Nonresident or Part-Year Resident EITC. Multiply line 20 by line 21. This amount should also be entered on Form 540NR (Long or Short), line 85	● 22	<input type="text"/>	<input type="text" value="00"/>



For the year Jan. 1–Dec. 31, 2017, or other tax year beginning		, 2017, ending	, 20	See separate instructions.
Your first name and initial		Last name		Your social security number
Joshua M		Painter		550-06-9456
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.	<div>▲ Make sure the SSN(s) above and on line 6c are correct.</div> <div>Presidential Election Campaign</div> <div>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.</div> <div><input type="checkbox"/> You <input type="checkbox"/> Spouse</div>
7 Dawn Place				
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				
Mill Valley CA 94941				
Foreign country name		Foreign province/state/country	Foreign postal code	

Filing Status

1 ☒ Single

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

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

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

5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b ☐ Spouse

c Dependents:

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

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

d Total number of exemptions claimed

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 ▶

1

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7			
	8a	Taxable interest. Attach Schedule B if required	8a	39.		
	b	Tax-exempt interest. Do not include on line 8a	8b			
	9a	Ordinary dividends. Attach Schedule B if required	9a			
	b	Qualified dividends	9b			
	10	Taxable refunds, credits, or offsets of state and local income taxes	10			
	11	Alimony received	11			
	12	Business income or (loss). Attach Schedule C or C-EZ	12	1,100.		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13			
	14	Other gains or (losses). Attach Form 4797	14			
15a	IRA distributions	15a		b Taxable amount	15b	
16a	Pensions and annuities	16a		b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17				
18	Farm income or (loss). Attach Schedule F	18				
19	Unemployment compensation	19				
20a	Social security benefits	20a		b Taxable amount	20b	
21	Other income. List type and amount	21				
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22		1,139.		

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	78.
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction	32	
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35	36		78.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37		1,061.

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	1,061.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked ▶ 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. }		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,350.
41	Subtract line 40 from line 38	41	-5,289.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	0.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	155.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	0.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	155.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	78.
b	Nontaxable combat pay election 66b	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	78.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75																					
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a																					
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
77	Amount of line 75 you want applied to your 2018 estimated tax	77																					

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	77.
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

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

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

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

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

Your signature	Date	Your occupation Web Designer	Daytime phone number (415) 686-0298
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

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

**SCHEDULE C-EZ
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name of proprietor

Joshua M Painter

Net Profit From Business

(Sole Proprietorship)

- **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**
► **Attach to Form 1040, 1040NR, or 1041. ► See instructions on page 2.**

OMB No. 1545-0074

2017

Attachment
Sequence No. **09A**

Social security number (SSN)

550-06-9456

Part I General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

And You:

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

A Principal business or profession, including product or service

Web Design

B Enter business code (see page 2)

5 4 1 5 1 0

C Business name. If no separate business name, leave blank.

D Enter your EIN (see page 2)

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

7 Dawn Place

City, town or post office, state, and ZIP code

Mill Valley, CA 94941

F Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the Instructions for Schedule C)

☐ Yes ☒ No

G If "Yes," did you or will you file required Forms 1099?

☐ Yes ☐ No

Part II Figure Your Net Profit

1	Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here	<input type="checkbox"/>	1	1,100.
2	Total expenses (see page 2). If more than \$5,000, you must use Schedule C		2	
3	Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12 , and Schedule SE, line 2 , or on Form 1040NR, line 13 , and Schedule SE, line 2 (see page 2). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3		3	1,100.

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ►
- 5** Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a** Business **b** Commuting (see page 2) **c** Other
- 6** Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 7** Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 8a** Do you have evidence to support your deduction? ☐ Yes ☐ No
- b** If "Yes," is the evidence written? ☐ Yes ☐ No

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017
Attachment
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

Joshua M Painter

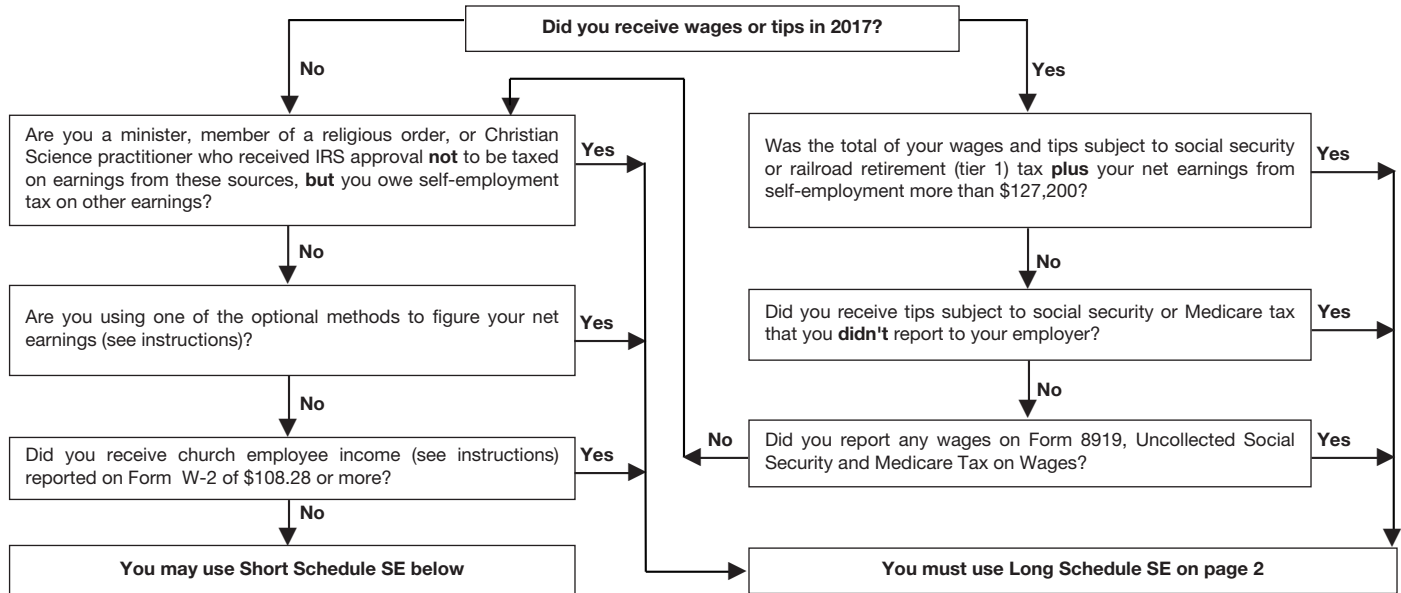
Social security number of person
with **self-employment** income ►

550-06-9456

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only if** you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	1,100.
3 Combine lines 1a, 1b, and 2	3	1,100.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b. ►	4	1,016.
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none">• \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55• More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55.	5	155.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	78.