

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning _____, 2016, ending _____, 20		See separate instructions.
Your first name and initial <b>kathryn J</b>	Last name <b>harris</b>	<b>Your social security number</b> <b>410-19-5568</b>
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>5110 garrard ave</b>		Apt. no. <b>914</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>savannah GA 31405</b>		<b>▲ Make sure the SSN(s) above and on line 6c are correct.</b>  <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	

**Filing Status**  
 Check only one box.

1 ☒ Single

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

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

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

5 ☐ Qualifying widow(er) with dependent child

**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** **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** \_\_\_\_\_  
**Add numbers on lines above ▶** **1**

<b>Income</b>  <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>  If you did not get a W-2, see instructions.	<b>7</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>7</b>	<b>15,065.</b>		
	<b>8a</b>	<b>Taxable</b> interest. Attach Schedule B if required . . . . .	<b>8a</b>			
	<b>b</b>	<b>Tax-exempt</b> interest. <b>Do not</b> include on line 8a . . . . .	<b>8b</b>			
	<b>9a</b>	Ordinary dividends. Attach Schedule B if required . . . . .	<b>9a</b>			
	<b>b</b>	Qualified dividends . . . . .	<b>9b</b>			
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	<b>447.</b>		
	<b>11</b>	Alimony received . . . . .	<b>11</b>			
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	<b>-519.</b>		
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>			
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>			
<b>15a</b>	IRA distributions . . . . .	<b>15a</b>		<b>b</b> Taxable amount . . . . .	<b>15b</b>	
<b>16a</b>	Pensions and annuities . . . . .	<b>16a</b>		<b>b</b> Taxable amount . . . . .	<b>16b</b>	
<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>				
<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>				
<b>19</b>	Unemployment compensation . . . . .	<b>19</b>				
<b>20a</b>	Social security benefits . . . . .	<b>20a</b>		<b>b</b> Taxable amount . . . . .	<b>20b</b>	
<b>21</b>	Other income. List type and amount _____	<b>21</b>				
<b>22</b>	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶	<b>22</b>		<b>14,993.</b>		

<b>Adjusted Gross Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses. Attach Form 3903 . . . . .	<b>26</b>	<b>2,985.</b>
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	<b>1,050.</b>
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	<b>1,100.</b>
	<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>	
	<b>34</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>34</b>	
	<b>35</b>	Domestic production activities deduction. Attach Form 8903	<b>35</b>	
	<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>	<b>5,135.</b>
	<b>37</b>	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	<b>37</b>	<b>9,858.</b>

**Tax and Credits****Standard Deduction for—**

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

• All others:  
Single or Married filing separately, \$6,300  
Married filing jointly or Qualifying widow(er), \$12,600  
Head of household, \$9,300

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	9,858.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked</b> <input type="checkbox"/> <b>39a</b>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> <b>39b</b>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	25,381.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	-15,523.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	4,050.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	0.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	0.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	0.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	0.

**Other Taxes**

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

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	491.
<b>65</b>	2016 estimated tax payments and amount applied from 2015 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>	27.
<b>b</b>	Nontaxable combat pay election <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	185.
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	703.

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	703.
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	703.
<b>b</b>	Routing number 3 1 4 0 7 4 2 6 9 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 1 9 6 4 2 9 5 5 2		
<b>77</b>	Amount of line 75 you want <b>applied to your 2017 estimated tax</b>	<b>77</b>	
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**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 Talent Agent	Daytime phone number (323) 791-3221
Spouse's signature. If a joint return, <b>both</b> 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 A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
► Attach to Form 1040.

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

kathryn J harris

Your social security number

410-19-5568

<b>Medical and Dental Expenses</b>		<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions) . . . . .	1	14,183.		
2	Enter amount from Form 1040, line 38 <b>2</b> 9,858.				
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	986.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			13,197.
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5	547.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions) . . . . .	6			
7	Personal property taxes . . . . .	7	192.		
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8 . . . . .	9			739.
<b>Interest You Paid</b>		<b>10 Home mortgage interest and points reported to you on Form 1098</b>		10	
<b>Note:</b> Your mortgage interest deduction may be limited (see instructions).		<b>11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►</b>		11	
		<b>12 Points not reported to you on Form 1098. See instructions for special rules . . . . .</b>		12	
		<b>13 Mortgage insurance premiums (see instructions) . . . . .</b>		13	
		<b>14 Investment interest. Attach Form 4952 if required. (See instructions.)</b>		14	
		<b>15 Add lines 10 through 14 . . . . .</b>		15	
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions. . . . .</b>		16	75.
If you made a gift and got a benefit for it, see instructions.		<b>17 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .</b>		17	1,127.
		<b>18 Carryover from prior year . . . . .</b>		18	
		<b>19 Add lines 16 through 18 . . . . .</b>		19	1,202.
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .</b>		20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► Employee business expenses</b>		21	9,925.
		<b>22 Tax preparation fees . . . . .</b>		22	69.
		<b>23 Other expenses—investment, safe deposit box, etc. List type and amount ► See Schedule A, Line 23 Statement</b>		23	446.
		<b>24 Add lines 21 through 23 . . . . .</b>		24	10,440.
		<b>25 Enter amount from Form 1040, line 38 <b>25</b> 9,858.</b>		25	
		<b>26 Multiply line 25 by 2% (0.02) . . . . .</b>		26	197.
		<b>27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .</b>		27	10,243.
<b>Other Miscellaneous Deductions</b>		<b>28 Other—from list in instructions. List type and amount ►</b>		28	
<b>Total Itemized Deductions</b>		<b>29 Is Form 1040, line 38, over \$155,650?</b>		29	25,381.
		<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		<b>30 If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .</b>			

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

► **Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).**  
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **09**

Name of proprietor <b>kathryn J harris</b>		Social security number (SSN) <b>410-19-5568</b>
A	Principal business or profession, including product or service (see instructions) <b>Actor submissions and representation for Daily Talent Agency</b>	<b>B Enter code from instructions</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             7   1   1   4   1   0           </div>
C	Business name. If no separate business name, leave blank.	<b>D Employer ID number (EIN), (see instr.)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
E	Business address (including suite or room no.) ► <b>8000 waters ave 197</b> City, town or post office, state, and ZIP code <b>savannah, GA 31405</b>	
F	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►	
G	Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H	If you started or acquired this business during 2016, check here <input type="checkbox"/>	
I	Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J	If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	1	9,925.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	9,925.
4	Cost of goods sold (from line 42)	4	
5	<b>Gross profit.</b> Subtract line 4 from line 3	5	9,925.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	<b>Gross income.</b> Add lines 5 and 6	7	9,925.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	3,396.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:	24	
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	2,400.
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: <u>550</u> and (b) the part of your home used for business: <u>300</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			b	<b>Reserved for future use</b>	27b	
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29.			28		28	5,796.
	• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.			29		29	4,129.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			30		30	1,000.
				31		31	3,129.
				32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)	
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>
<b>38</b>	Materials and supplies . . . . .	<b>38</b>
<b>39</b>	Other costs . . . . .	<b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b>
<b>41</b>	Inventory at end of year . . . . .	<b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

See Additional Vehicle Information

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶ .....	
<b>44</b>	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:	
<b>a</b>	Business .....	
<b>b</b>	Commuting (see instructions) .....	
<b>c</b>	Other .....	
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>47a</b>	Do you have evidence to support your deduction? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," is the evidence written? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
<b>48</b>	<b>Total other expenses.</b> Enter here and on line 27a . . . . .
<b>48</b>	



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

► **Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).**  
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **09**

Name of proprietor <b>kathryn J harris</b>		Social security number (SSN) <b>410-19-5568</b>	
A Principal business or profession, including product or service (see instructions) <b>Airbnb rentals</b>		B Enter code from instructions ► <b>7 2 1 1 0 0</b>	
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN), (see instr.) 	
E Business address (including suite or room no.) ► <b>5110 garrard ave, Apt. 914</b> City, town or post office, state, and ZIP code <b>savannah, GA 31405</b>			
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►			
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
H If you started or acquired this business during 2016, check here . . . . . <input type="checkbox"/>			
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
J If "Yes," did you or will you file required Forms 1099? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/>	1	3,315.
2 Returns and allowances . . . . .	2	
3 Subtract line 2 from line 1 . . . . .	3	3,315.
4 Cost of goods sold (from line 42) . . . . .	4	
5 <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	5	3,315.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	6	
7 <b>Gross income.</b> Add lines 5 and 6 . . . . .	7	3,315.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8 Advertising . . . . .	8	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions). . . . .	9	19 Pension and profit-sharing plans . . . . .	19	
10 Commissions and fees . . . . .	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion . . . . .	12	b Other business property . . . . .	20b	5,100.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	13	21 Repairs and maintenance . . . . .	21	
14 Employee benefit programs (other than on line 19) . . . . .	14	22 Supplies (not included in Part III) . . . . .	22	
15 Insurance (other than health)	15	23 Taxes and licenses . . . . .	23	
16 Interest:		24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a	a Travel . . . . .	24a	
b Other . . . . .	16b	b Deductible meals and entertainment (see instructions) . . . . .	24b	
17 Legal and professional services	17	25 Utilities . . . . .	25	
		26 Wages (less employment credits) . . . . .	26	
		27a Other expenses (from line 48) . . . . .	27a	1,863.
		b <b>Reserved for future use</b> . . . . .	27b	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	28		28	6,963.
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	29		29	-3,648.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	30		30	0.
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31		31	-3,648.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.	

**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . <b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . . <b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . . <b>37</b>
<b>38</b>	Materials and supplies . . . . . <b>38</b>
<b>39</b>	Other costs . . . . . <b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . . <b>40</b>
<b>41</b>	Inventory at end of year . . . . . <b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . . <b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶ .....
<b>44</b>	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
<b>a</b>	Business .....
<b>b</b>	Commuting (see instructions) .....
<b>c</b>	Other .....
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," is the evidence written? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

Startup Costs .....	1.
AMORTIZATION .....	100.
SECTION 465(d) CARRYOVER .....	1,762.
.....	
.....	
.....	
.....	
<b>48 Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 1,863.

**Premium Tax Credit (PTC)**

▶ Attach to Form 1040, 1040A, or 1040NR.

▶ Information about Form 8962 and its separate instructions is at [www.irs.gov/form8962](http://www.irs.gov/form8962).

Name shown on your return

kathryn J harris

Your social security number

410-19-5568

You cannot claim the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box. ☐**Part I Annual and Monthly Contribution Amount**

<b>1</b>	Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	<b>1</b>	1
<b>2a</b>	Modified AGI. Enter your modified AGI (see instructions)	<b>2a</b>	9,858.
<b>b</b>	Enter the total of your dependents' modified AGI (see instructions)	<b>2b</b>	
<b>3</b>	Household income. Add the amounts on lines 2a and 2b	<b>3</b>	9,858.
<b>4</b>	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. <b>a</b> <input type="checkbox"/> Alaska <b>b</b> <input type="checkbox"/> Hawaii <b>c</b> <input checked="" type="checkbox"/> Other 48 states and DC	<b>4</b>	11,770.
<b>5</b>	Household income as a percentage of federal poverty line (see instructions)	<b>5</b>	83 %
<b>6</b>	Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input checked="" type="checkbox"/> <b>No.</b> Continue to line 7. <input type="checkbox"/> <b>Yes.</b> You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
<b>7</b>	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	<b>7</b>	0.0203
<b>8a</b>	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	<b>8a</b>	200.
<b>b</b>	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	<b>8b</b>	17.

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?  
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  
☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
<b>11</b> Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
<b>12</b> January	392.	360.	17.	343.	343.	335.
<b>13</b> February	392.	360.	17.	343.	343.	335.
<b>14</b> March	392.	360.	17.	343.	343.	335.
<b>15</b> April	392.	360.	17.	343.	343.	335.
<b>16</b> May	389.	909.	17.	892.	389.	292.
<b>17</b> June	385.	280.	17.	263.	263.	255.
<b>18</b> July	385.	280.	17.	263.	263.	255.
<b>19</b> August	385.	280.	17.	263.	263.	255.
<b>20</b> September	385.	280.	17.	263.	263.	255.
<b>21</b> October	385.	280.	17.	263.	263.	255.
<b>22</b> November	385.	280.	17.	263.	263.	255.
<b>23</b> December	385.	280.	17.	263.	263.	255.
<b>24</b> Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					<b>24</b>	3,602.
<b>25</b> Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					<b>25</b>	3,417.
<b>26</b> Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					<b>26</b>	185.

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

<b>27</b>	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	<b>27</b>	
<b>28</b>	Repayment limitation (see instructions)	<b>28</b>	
<b>29</b>	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44	<b>29</b>	



**Part IV Allocation of Policy Amounts**

Complete the following information for up to four shared policy allocations. See instructions for allocation details.

**Allocation 1**

<b>30</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 2**

<b>31</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 3**

<b>32</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 4**

<b>33</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**34** Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

<b>35</b>	<b>Alternative entries for your SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month
<b>36</b>	<b>Alternative entries for your spouse's SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month

**Employee Business Expenses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at [www.irs.gov/form2106](http://www.irs.gov/form2106).

Your name

kathryn J harris

Occupation in which you incurred expenses

Theatrical Agent

Social security number

410-19-5568

**Part I Employee Business Expenses and Reimbursements****Step 1 Enter Your Expenses**

	<b>Column A</b> Other Than Meals and Entertainment	<b>Column B</b> Meals and Entertainment
<b>1</b> Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) . . . . .	<b>1</b> 1,640.	
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b> 57.	
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment. . . . .	<b>3</b>	
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	<b>4</b> 8,228.	
<b>5</b> Meals and entertainment expenses (see instructions) . . . . .	<b>5</b>	
<b>6 Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 . . . . .	<b>6</b> 9,925.	

**Note:** If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.**Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

<b>7</b> Enter reimbursements received from your employer that <b>weren't</b> reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions). . . . .	<b>7</b>		
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**Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)**

<b>8</b> Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8) . . . . .	<b>8</b> 9,925.	
<b>Note:</b> If <b>both columns</b> of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.		
<b>9</b> In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.) . . . . .	<b>9</b> 9,925.	
<b>10</b> Add the amounts on line 9 of both columns and enter the total here. <b>Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7).</b> (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) . ▶	<b>10</b>	9,925.

**Part II Vehicle Expenses****Section A—General Information** (You must complete this section if you are claiming vehicle expenses.)

		(a) Vehicle 1	(b) Vehicle 2
<b>11</b>	Enter the date the vehicle was placed in service . . . . .	<b>11</b> 12/14/2015	
<b>12</b>	Total miles the vehicle was driven during 2016 . . . . .	<b>12</b> 3,000 miles	miles
<b>13</b>	Business miles included on line 12 . . . . .	<b>13</b> 2,000 miles	miles
<b>14</b>	Percent of business use. Divide line 13 by line 12 . . . . .	<b>14</b> 66.67 %	%
<b>15</b>	Average daily roundtrip commuting distance . . . . .	<b>15</b> 10 miles	miles
<b>16</b>	Commuting miles included on line 12 . . . . .	<b>16</b> 0 miles	miles
<b>17</b>	Other miles. Add lines 13 and 16 and subtract the total from line 12 . . . . .	<b>17</b> 1,000 miles	miles
<b>18</b>	Was your vehicle available for personal use during off-duty hours? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>19</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>20</b>	Do you have evidence to support your deduction? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21</b>	If "Yes," is the evidence written? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Section B—Standard Mileage Rate** (See the instructions for Part II to find out whether to complete this section or Section C.)

<b>22</b>	Multiply line 13 by 54¢ (0.54). Enter the result here and on line 1 . . . . .	<b>22</b>
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**Section C—Actual Expenses**

		(a) Vehicle 1	(b) Vehicle 2
<b>23</b>	Gasoline, oil, repairs, vehicle insurance, etc. . . . .	<b>23</b>	2,045.
<b>24a</b>	Vehicle rentals . . . . .	<b>24a</b>	
<b>b</b>	Inclusion amount (see instructions) . . . . .	<b>24b</b>	
<b>c</b>	Subtract line 24b from line 24a . . . . .	<b>24c</b>	
<b>25</b>	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions) . . . . .	<b>25</b>	
<b>26</b>	Add lines 23, 24c, and 25. . . . .	<b>26</b>	2,045.
<b>27</b>	Multiply line 26 by the percentage on line 14 . . . . .	<b>27</b>	1,363.
<b>28</b>	Depreciation (see instructions) . . . . .	<b>28</b>	277.
<b>29</b>	Add lines 27 and 28. Enter total here and on line 1 . . . . .	<b>29</b>	1,640.

**Section D—Depreciation of Vehicles** (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle 1	(b) Vehicle 2
<b>30</b>	Enter cost or other basis (see instructions) . . . . .	<b>30</b> 4,000.	
<b>31</b>	Enter section 179 deduction and special allowance (see instructions) . . . . .	<b>31</b>	
<b>32</b>	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance). . . . .	<b>32</b> 2,667.	
<b>33</b>	Enter depreciation method and percentage (see instructions) . . . . .	<b>33</b> SL 20.00	
<b>34</b>	Multiply line 32 by the percentage on line 33 (see instructions) . . . . .	<b>34</b> 533.	
<b>35</b>	Add lines 31 and 34 . . . . .	<b>35</b> 533.	
<b>36</b>	Enter the applicable limit explained in the line 36 instructions . . . . .	<b>36</b> 5,100.	
<b>37</b>	Multiply line 36 by the percentage on line 14 . . . . .	<b>37</b> 3,400.	
<b>38</b>	Enter the <b>smaller</b> of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above . . . . .	<b>38</b> 277.	

## Noncash Charitable Contributions

OMB No. 1545-0908

▶ **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**

▶ **Information about Form 8283 and its separate instructions is at [www.irs.gov/form8283](http://www.irs.gov/form8283).**

Attachment  
Sequence No. **155**

Name(s) shown on your income tax return

kathryn J harris

**Identifying number**  
410-19-5568

**Note.** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities**—List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

**Part I Information on Donated Property**—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	Pooch Heaven 17328 Ventura Blvd Los Angeles CA 91423	<input type="checkbox"/>	Clothing, Footwear, Accessories & Household items
B	Good Will 2449 cobb parkway smyrna GA 30080	<input type="checkbox"/>	Clothing, Footwear, Accessories & Household items
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

**Note.** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	06/14/2016				330.	Comparative sales
B	02/15/2016				797.	Comparative sales
C						
D						
E						

**Part II Partial Interests and Restricted Use Property**—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶  
If Part II applies to more than one property, attach a separate statement.
- b** Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶  
**(2)** For any prior tax years ▶
- c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):  
Name of charitable organization (donee)  
\_\_\_\_\_  
Address (number, street, and room or suite no.)  
\_\_\_\_\_  
City or town, state, and ZIP code  
\_\_\_\_\_
- d** For tangible property, enter the place where the property is located or kept ▶
- e** Name of any person, other than the donee organization, having actual possession of the property ▶

- |           |   |            |           |
|-----------|---|------------|-----------|
| <b>3a</b> | Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . . .  | <b>Yes</b> | <b>No</b> |
| <b>b</b>  | Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . . |            |           |
| <b>c</b>  | Is there a restriction limiting the donated property for a particular use? . . . . .  |            |           |

**Moving Expenses**► Information about Form 3903 and its instructions is available at [www.irs.gov/form3903](http://www.irs.gov/form3903).

► Attach to Form 1040 or Form 1040NR.

Name(s) shown on return

kathryn J harris

Your social security number

410-19-5568

**Before you begin:**

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

<b>1</b>	Transportation and storage of household goods and personal effects (see instructions) . . . .	<b>1</b>	2,075.
<b>2</b>	Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .	<b>2</b>	910.
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	2,985.
<b>4</b>	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code <b>P</b> . . . . .	<b>4</b>	0.
<b>5</b>	Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . . . .	<b>5</b>	2,985.

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

Name(s) of Proprietor(s) <u>kathryn J harris</u>	Your SSN <u>410-19-5568</u>
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Business name . . . . . Actor submissions and representation for Daily Talent Agency  
8000 waters ave , Apt. 197

**Part I – Calculation of Line 7**

*Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:*

<b>1</b>	Area used exclusively for daycare . . . . .	<b>1</b>	
<b>2</b>	Total area of home. . . . .	<b>2</b>	
<b>3</b>	Business % for area used exclusively for daycare. Divide Line 1 by line 2 . . . . .	<b>3</b>	%
<b>4</b>	Area used only partly for daycare . . . . .	<b>4</b>	
<b>5</b>	Divide line 4 by line 2 . . . . .	<b>5</b>	%
<b>6</b>	Multiply days used for daycare during year by hours used per day . . . . .	<b>6</b>	hr
<b>7</b>	Total hours available for use during the year (365 x 24 hours). . . . .	<b>7</b>	hr
<b>8</b>	Divide line 6 by line 7. Enter result as a decimal amount. Carries to Simple Worksheet, line E . . . . .	<b>8</b>	
<b>9</b>	Business % for area used only partly for daycare. Multiply line 8 by line 5 . . . . .	<b>9</b>	%
<b>10</b>	Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7 . . . . .	<b>10</b>	%

**Part II – Calculation of Business Income Limit for Form 8829, Line 8 or Simple Method, line A**

*Calculation of business income limit when part of gross income is from a place of business other than this home office:*

<b>1</b>	Gross income from Schedule C, line 7. . . . .	<b>1</b>	9,925.
<b>2</b>	Percent of gross income from business use of home reported on Schedule C. . . . .	<b>2</b>	50.00 %
<b>3</b>	Gross income from business use of home. Multiply line 1 by line 2 . . . . .	<b>3</b>	4,963.
<b>4</b>	Gain from business use of your home shown on Schedule D or Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4 . . . . .	<b>5</b>	4,963.
<b>6</b>	Total expenses from Schedule C, line 28. . . . .	<b>6</b>	5,796.
<b>7</b>	If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office. <i>Enter the expenses as a positive number</i> . . . . .	<b>7</b>	0.
<b>8</b>	Any losses from this business shown on Schedule D or Form 4797. <i>Enter the losses as a positive number</i> . . . . .	<b>8</b>	
<b>9</b>	Line 5 less lines 6 or 7, and 8. Carries to Form 8829, ln 8, or Simple Wks, ln A . . .	<b>9</b>	4,963.

**Part III – Calculation of Line 41**

<b>1</b>	Depreciation attributable to business use of home . . . . .	<b>1</b>	
<b>2</b>	Depreciation for additions and improvements attributable to business use of home . . . . .	<b>2</b>	
<b>3</b>	Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 41. . . . .	<b>3</b>	



**Expenses for Business Use of Your Home**► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**► **Information about Form 8829 and its separate instructions is at [www.irs.gov/form8829](http://www.irs.gov/form8829).**

Name(s) of proprietor(s)

kathryn J harris

Your social security number

410-19-5568

**Part I Part of Your Home Used for Business**

Airbnb rentals

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	200
2	Total area of home	2	550
3	Divide line 1 by line 2. Enter the result as a percentage	3	36.36 %
<b>For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.</b>			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (366 days x 24 hours) (see instructions)	5	8,784 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	36.36 %

**Part II Figure Your Allowable Deduction**

8	Enter the amount from Schedule C, line 29, <b>plus</b> any gain derived from the business use of your home, <b>minus</b> any loss from the trade or business not derived from the business use of your home (see instructions)	8	-6,963.
<b>See instructions for columns (a) and (b) before completing lines 9-21.</b>			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b) by line 7	13	
14	Add line 12, column (a) and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	0.
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	
23	Multiply line 22, column (b) by line 7	23	
24	Carryover of prior year operating expenses (see instructions)	24	3,909.
25	Add line 22, column (a), line 23, and line 24	25	3,909.
26	Allowable operating expenses. Enter the <b>smaller</b> of line 15 or line 25	26	0.
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	0.
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	
30	Carryover of prior year excess casualty losses and depreciation (see instructions)	30	
31	Add lines 28 through 30	31	
32	Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 27 or line 31	32	
33	Add lines 14, 26, and 32	33	0.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to <b>Form 4684</b> (see instructions)	34	
35	<b>Allowable expenses for business use of your home.</b> Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	0.

**Part III Depreciation of Your Home**

36	Enter the <b>smaller</b> of your home's adjusted basis or its fair market value (see instructions)	36	
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	
39	Business basis of building. Multiply line 38 by line 7	39	
40	Depreciation percentage (see instructions)	40	%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	

**Part IV Carryover of Unallowed Expenses to 2017**

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	3,909.
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	

Name(s) of Proprietor(s) kathryn J harris	Your SSN 410-19-5568
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Business name . . . . . Airbnb rentals  
2271 lake park drive

**Part I – Calculation of Line 7**

*Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:*

1	Area used exclusively for daycare . . . . .	1	
2	Total area of home. . . . .	2	
3	Business % for area used exclusively for daycare. Divide Line 1 by line 2 . . . . .	3	%
4	Area used only partly for daycare . . . . .	4	
5	Divide line 4 by line 2 . . . . .	5	%
6	Multiply days used for daycare during year by hours used per day . . . . .	6	hr
7	Total hours available for use during the year (365 x 24 hours). . . . .	7	hr
8	Divide line 6 by line 7. Enter result as a decimal amount. Carries to Simple Worksheet, line E . . . . .	8	
9	Business % for area used only partly for daycare. Multiply line 8 by line 5 . . . . .	9	%
10	Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7 . . . . .	10	%

**Part II – Calculation of Business Income Limit for Form 8829, Line 8 or Simple Method, line A**

*Calculation of business income limit when part of gross income is from a place of business other than this home office:*

1	Gross income from Schedule C, line 7. . . . .	1	3,315.
2	Percent of gross income from business use of home reported on Schedule C. . . . .	2	0.00 %
3	Gross income from business use of home. Multiply line 1 by line 2 . . . . .	3	0.
4	Gain from business use of your home shown on Schedule D or Form 4797 . . . . .	4	
5	Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4 . . . . .	5	0.
6	Total expenses from Schedule C, line 28. . . . .	6	6,963.
7	If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office. <i>Enter the expenses as a positive number</i> . . . . .	7	6,963.
8	Any losses from this business shown on Schedule D or Form 4797. <i>Enter the losses as a positive number</i> . . . . .	8	
9	Line 5 less lines 6 or 7, and 8. Carries to Form 8829, ln 8, or Simple Wks, ln A . . .	9	-6,963.

**Part III – Calculation of Line 41**

1	Depreciation attributable to business use of home . . . . .	1	
2	Depreciation for additions and improvements attributable to business use of home . . . . .	2	
3	Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 41. . . . .	3	

# Tax History Report

► Keep for your records

**2016**

Name(s) Shown on Return

kathryn J harris

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status . . . . .			Single	Single	Single
Total income . . . . .			19,107.	20,844.	14,993.
Adjustments to income			2,150.	969.	5,135.
Adjusted gross income			16,957.	19,875.	9,858.
Tax expense . . . . .			160.	623.	739.
Interest expense . . .					
Contributions . . . . .			743.	2,249.	1,202.
Miscellaneous deductions. . . . .			15,586.	710.	10,243.
Other Itemized Deductions . . . . .			2,358.	11,089.	13,197.
Total itemized/standard deduction . .			18,847.	14,671.	25,381.
Exemption amount . .			3,950.	4,000.	4,050.
Taxable income . . . .			0.	1,204.	0.
Tax. . . . .				421.	
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .			1,900.	1,088.	0.
Payments . . . . .			1,241.	1,352.	703.
Form 2210 penalty . .					
Amount owed . . . . .			659.	157.	
Applied to next year's estimated tax .					
Refund. . . . .					703.
Effective tax rate % . .			0.00	2.12	-2.15
**Tax bracket % . . .			10.0	10.0	10.0

\*\*Tax bracket % is based on Taxable income.

## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPSfee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Credit Tax Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://irs.gov)) for information about tax refund processing.

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

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

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

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

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

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

<sup>2</sup> However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

Questions? Call 1-877-908-7228

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## Consent to Use of Tax Return Information

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

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

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

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

The following statements apply:

Sign this agreement by entering your name and the date below.

First Name

Last Name

Date



Name(s) Shown on Return kathryn J harris	Your SSN 410-19-5568
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**Line 4b - Adjustment for trade or business income or loss**

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax . . . . .	

**Line 5b - Adjustment for gain or loss on dispositions**

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2015 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax . . . . .	

**Capital gain/loss not included in net investment income**

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax . . . . .	

**Calculation of line 5b adjustment due to capital loss carryforward**

1	Net capital loss not included in net investment income . . . . .	1	0 .
2	Capital loss carryover to next year . . . . .	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0 .

**Line 7 - Other modifications to investment income**

1	Casualty and theft losses reported on Schedule A, line 20. . . . .	1	
2	Amounts reported on Form 8814, line 12 . . . . .	2	
3	Adjustment for distributions from estates and trusts . . . . .	3	
4	Schedules C and F income/loss included in net investment income. . . . .	4	
5	Substitute interest and dividend payments . . . . .	5	
6	Recovery of a prior year deduction . . . . .	6	0 .
7		7	
8	Total other modifications to investment income . . . . .	8	0 .

**Line 9b - State income tax allocable to net investment income**

1	State, local, and foreign income taxes . . . . .	1	547.
2	Investment income. . . . .	2	0.
3	Total adjusted gross income . . . . .	3	9,858.
4	Divide line 2 by line 3. Enter result as a decimal amount . . . . .	4	0.0000
5	State, local and foreign income taxes allocable to investment income . . . . .	5	0.

**Line 10 - Tax preparations fees allocable to net investment income**

1	Tax preparations fees . . . . .	1	69.
2	Investment income. . . . .	2	0.
3	Total adjusted gross income . . . . .	3	9,858.
4	Divide line 2 by line 3. Enter result as a decimal amount . . . . .	4	0.0000
5	Tax preparations fees allocable to investment income . . . . .	5	0.

**Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet****Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: <u>Depreciation and amortization deductions</u> 92. <u>Attorney and Accounting Fees</u> 354. 		
2	Enter the total of all items listed on line 1 . . . . .	2	446.
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) . . . . .	3	10,243.
4	Enter the lesser of the total reported on line 2 or line 3 . . . . .	4	446.

**Part II - Application of Section 67 Limitation to Specific Deductions**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
<u>Depreciation and amortization deductions</u> 92. x	1.000000 =	92.
<u>Attorney and Accounting Fees</u> 354. x	1.000000 =	354.
	x	=
	x	=

**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: <u>Depreciation and amortization deductions</u> 92. <u>Attorney and Accounting Fees</u> 354. 		
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income . . . . .	2	0.
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: 		
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. . . . .	4	446.
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40 . . . . .	5	25,381.
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: . . . . .	6	13,197.
7	Subtract line 6 from line 5 . . . . .	7	12,184.
8	Enter the lesser of line 7 or line 4 . . . . .	8	446.

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

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Depreciation and amortization deductions	92. x 1.000000 =	92.
Attorney and Accounting Fees	354. x 1.000000 =	354.
	x =	
	x =	
Total miscellaneous investment expenses to Form 8960, line 9c . . . . .		446.
2 State, local, and foreign income taxes . . . . .	x =	
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3	x =	
	x =	
	x =	
	x =	
Penalty on early withdrawal of savings . . . . .		
Other modifications:		
Total additional modifications to Form 8960, line 10 . . . . .		

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

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

**2) Former Passive Activity Suspended Losses - Schedule D**

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

**3) Former Passive Activity Suspended Losses - Form 4797**

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

Name(s) Shown on Return  
kathryn J harris

Your SSN  
410-19-5568

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

- 1 Enter total amount of recovery included in gross income . . . . . 447.  
 \* Do not include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6)  
 \* Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013  
 \* Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you were not subject to the NIIT solely because your MAGI was below the applicable threshold.
- 2 Amount of the recovery that would have been included in gross income but for the application of the tax benefit rule under section 111 . . . . . 0.
- 3 Total amount of the recovery (add lines 1 and 2) . . . . . 447.
- 4 Enter as a decimal the percentage of the deduction allocated to net investment income in the prior year. (If the deduction was not allocated between investment income and non-investment income, enter 1.0000) . . . . . 0.0000
- 5 Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68) . . . . . 0.

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

- 6 Multiply line 5 by .038 . . . . . 0.
- 7 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) . . . . . -154.
- 8 Add the amount of line 5 to line 7. . . . . -154.
- 9 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (do not use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here . . . . . -6.
- 10 Enter the NIIT reported for the year of the deduction . . . . . 0.
- 11 Subtract line 10 from line 9 . . . . . 0.
- 12 Enter the smaller of line 6 or line 11 . . . . . 0.
- 13 Divide line 12 by 3.8%. Enter the result here and include on Form 8960, line 7 . . . . . 0.

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

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

Name(s) Shown on Return  
kathryn J harrisSocial Security Number  
410-19-5568

	(a) Taxpayer	(b) Spouse
1 Child's investment income, from Form 8814. . . . .		
2 Gambling winnings:		
a From Form W-2G . . . . .		
b Winnings (prizes, etc.) from Form 1099-MISC, box 3. . . . .		
c Not reported on Form W-2G or Form 1099-MISC. . . . .		
3 Taxable income from Form 1099-MISC:		
a Substitute payments in lieu of interest or dividends. . . . .		
b Other income from box 3 . . . . .		
c Alaska Permanent Fund. . . . .		
d Tribal Gaming . . . . .		
e Non-Employee Compensation from Form 1099-MISC box 7		
f Rent from personal property from Form 1099-MISC box 1. . . . .		
4 Taxable income from Form 1099-Q or 1099-QA:		
a Qualified tuition program distributions . . . . .		
b Coverdell ESA distributions . . . . .		
c ABLE account distributions . . . . .		
5 Taxable income from Form 1099-G:		
a Grants . . . . .		
b RTAA payments . . . . .		
6 Foreign earned income and housing exclusion, from Form 2555 .		
7 Net operating loss carryover from a prior year . . . . .		
8 Other income, from Schedule(s) K-1 . . . . .		
9 Taxable distribution from:		
a Form 8853:		
1 Taxable Archer MSA distributions MSA . . . . .		
2 Taxable Medicare Advantage distributions Med MSA . . .		
3 Taxable long term care distributions LTC. . . . .		
4 Total Form 8853 . . . . .		
b Form 8889, Health Savings Accounts . . . . .		
10 Refunds or reimbursements of deductions claimed		
in a prior year:		
a Reimbursement for deducted medical expenses . . . . .		
b Refunds of deducted taxes (not state or local income taxes)		
Type of Tax State or Local ID		
c Recapture of deducted moving expenses . . . . .		
d Reimbursement for deducted casualty or theft loss. . . . .		
e Reimbursement for deducted employee business expenses. . .		
f Other refunds or reimbursements . . . . .		
11 Recoveries of bad debts deducted in a prior year. . . . .		
12 Jury duty pay. . . . .		
13 Bartering income not reported elsewhere . . . . .		
14 Income from the rental of personal property. . . . .		
15 Income from the Cancellation of Debt:		
a From Form 1099-C:		
1 Amount of debt canceled from box 2 . . . . .		
2 Amount of canceled debt excluded from income . . . . .		
3 Taxable amount of canceled debt. . . . .		
b From Schedule(s) K-1 . . . . .		
16 Taxable income from Form 1099-K:		
a Payment Card/Third Party Network Transactions. . . . .		
17 Income from "not for profit" activities (hobbies): . . . . .		
18 Other taxable income:		
19 Income from Community Property:		
a Positive community property adjustment. . . . .		
b Negative community property adjustment (enter as positive) . . .		
20 Total. Add lines 1 through 14, 15a(3), 15b, 16 through 19.		
Enter here and on Form 1040 or Form 1040NR, line 21 . . . . .		

# Charitable Organization Worksheet

2016

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

Charity Name . . . Pooch Heaven  
 Address . . . . . 17328 Ventura Blvd  
 City . . . . . Los Angeles State . . . . CA ZIP code . . 91423

## Combined Amounts Worksheet

**Note:** Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	06/14/2016	Summary	Items - ItsDeductible	330.00
			Total:	330.00
			Prior Year Total:	95.50

## ItsDeductible Item Donations Worksheet

**Note:** Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value
1	06/14/2016	1	Dog Bed	7.00	2	5.00	0	14.00
1	06/14/2016	1	Dog Collar	3.00	4	2.00	0	12.00
1	06/14/2016	1	Dog Harness: Large	7.00	3	5.00	0	21.00
1	06/14/2016	1	Dog Leash: Retractable	3.00	0	2.00	1	2.00
			See Detail of Item Donations - Continued					281.00

\* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.



kathryn J harris

410-19-5568

## Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

## Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2016 Amount
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

## Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring		Miles Driven		
Other Costs	Description of Other Costs		Value of Miles			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			

kathryn J harris

410-19-5568

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

## Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? . . . . . ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:  
☒ (a) 50% charity ☐ (b) Other than 50% charity

# Charitable Organization Worksheet

2016

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

Charity Name . . . Good Will  
 Address . . . . . 2449 cobb parkway  
 City . . . . . smyrna State . . . . GA ZIP code . . 30080

## Combined Amounts Worksheet

**Note:** Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	02/15/2016	Summary	Items - ItsDeductible	797.00
Total:				797.00
Prior Year Total:				1,202.50

## ItsDeductible Item Donations Worksheet

**Note:** Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value
1	02/15/2016	1	Women's Formal Dress: Evening	11.00	3	6.00	0	33.00
1	02/15/2016	1	Women's Jogging Suit	13.00	10	9.00	0	130.00
1	02/15/2016	1	Women's Pants: Cargo	15.00	2	10.00	0	30.00
1	02/15/2016	1	Women's Pants: Corduroy	12.00	2	8.00	0	24.00
			See Detail of Item Donations - Continued					580.00

\* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

kathryn J harris

410-19-5568

## Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

## Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2016 Amount
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

## Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring		Miles Driven		
Other Costs	Description of Other Costs			Value of Miles		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			

kathryn J harris

410-19-5568

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

## Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? . . . . . ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:  
☒ (a) 50% charity ☐ (b) Other than 50% charity

# Charitable Organization Worksheet

2016

► Keep for your records

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

Charity Name . . . Pitt Rescue

Address . . . . . 1873 Westwood Blvd

City . . . . . la State . . . . CA ZIP code . . 90025

## Combined Amounts Worksheet

**Note:** Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	(not needed)		Money	75.00
			Total:	75.00
			Prior Year Total:	950.00

## ItsDeductible Item Donations Worksheet

**Note:** Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

\* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.



kathryn J harris

410-19-5568

## Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

## Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2016 Amount
1	(not needed)	75.00	1	<input checked="" type="checkbox"/>	Once	<input type="checkbox"/>	Recur	75.00
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

## Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven			
Other Costs	Description of Other Costs	Value of Miles				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				

kathryn J harris

410-19-5568

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

## Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? . . . . . ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:  
☒ (a) 50% charity ☐ (b) Other than 50% charity

# Federal Information Worksheet

► Keep for your records

2016

## Part I – Personal Information

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

### Taxpayer:

First name . . . . . kathryn  
 Middle initial . . . . . J Suffix . . . . . \_\_\_\_\_  
 Last name . . . . . harris  
 Social security no. . . . . 410-19-5568  
 Occupation . . . . . Talent Agent  
 Date of birth . . . . . 01/02/1969 (mm/dd/yyyy)  
 Age as of 1-1-2017 . . . . . 47  
 Daytime phone . . . . . (323) 791-3221 Ext \_\_\_\_\_  
 Legally blind . . . . . ☐  
 Date of death . . . . . \_\_\_\_\_

### Dependent of Someone Else:

**Can** taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No  
 If yes, **was** taxpayer claimed as dependent on that person's return? . . . . . ☐ Yes ☒ No

### Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

### Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

### Spouse:

First name . . . . . \_\_\_\_\_  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last name . . . . . \_\_\_\_\_  
 Social security no. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Age as of 1-1-2017 . . . . . \_\_\_\_\_  
 Daytime phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Legally blind . . . . . ☐  
 Date of death . . . . . \_\_\_\_\_

### Dependent of Someone Else:

**Can** spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☐ No  
 If yes, **was** spouse claimed as dependent on that person's return? . . . . . ☐ Yes ☐ No

### Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

### Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

## Part II – Address and Federal Filing Status (enter information in this section)

Address . . . . . 5110 garrard ave Apt no. . . 914  
 City . . . . . savannah State . . . GA ZIP code . . 31405  
 Foreign code . . . . . \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_  
 Foreign province/county . . . . . \_\_\_\_\_ Foreign postal code . . . . . \_\_\_\_\_

APO/FPO/DPO address, check if appropriate . . . . . APO ☐ FPO ☐ DPO ☐

Home phone . . . . . \_\_\_\_\_  
 Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

### Federal filing status:

- ☒ 1 Single  
☐ 2 Married filing jointly  
☐ 3 Married filing separately  
 Check this box if you **did not** live with your spouse at any time during the year . . . . . ☐  
 Check this box if you are eligible to claim your spouse's exemption (see Help) . . . . . ☐  
☐ 4 Head of household  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_  
 Child's social security number . . . . . \_\_\_\_\_  
☐ 5 Qualifying widow(er)  
 Check the appropriate box for the year your spouse died . . . . . 2014 ☐ 2015 ☐

## Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	Qualified child/dep care exps incurred and paid 2016	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr						
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

\* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

#### Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? . . . . . ☐ Yes ☒ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2016? . . . . . ☒ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) . . . . . ☐

Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2016 . . . . . ☐

Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? . . . . . ☐ Yes ☒ No

Check if you were notified by the IRS that EIC cannot be claimed in 2016 or if you are ineligible to claim the EIC in 2015 for any other reason . . . . . ☐

**Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)**

Do you want to elect **direct deposit** of any federal tax refund? . . . . . ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

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

Name of Financial Institution (optional) . . . . . ▶ usaa federal savings bank

	Checking	Savings
Check the appropriate box . . . . . ▶	X	

Routing number . . . . . ▶ 314074269      Account number . . . . . ▶ 196429552

**Enter the following information only if you are requesting direct debit of balance due:**

Enter the payment date to withdraw from the account above . . . . . ▶ \_\_\_\_\_  
Balance-due amount from this return . . . . . ▶ \_\_\_\_\_

## Part VI – Additional Information for Your Federal Return

**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction . . . . . ☐

Check this box if you are married filing separately and your spouse itemized deductions . . . . . ☐

Check this box to take the standard deduction even if less than itemized deductions . . . . . ☐

**Main Form Selection:**

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. . . . . ☐

### Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) . . . . . ☐ Yes ☐ No

**Credit for Qualified Retirement Savings Contributions (Form 8880):**

Is the taxpayer a full-time student? ☐ Yes ☒ No

Is the spouse a full-time student? ☐ Yes ☐ No

**Foreign Tax Credit (Form 1116):**

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country

**Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:**

Excludable income of bona fide residents of American Samoa, Guam, or the	
Commonwealth of the Northern Mariana Islands . . . . .	_____
Excludable income from Puerto Rico . . . . .	_____

### Dual Status Alien Return:

Check this box if you are a dual-status alien . . . . . ☐

**Third Party Designee:**

**Caution:** Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? . . . . . ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name . . . . . ▶

Third party designee phone number . . . ▶

Personal Identification number (enter any 5 numbers) . . ▶

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) . . . . . ►

**Part VI – Additional Information for Your Federal Return - Continued****Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed  
returns when Form 1310 is not filed or it is not the  
surviving spouse . . . . . ▶ \_\_\_\_\_

**Part VII – State Filing Information****Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

**Taxpayer:**

Enter the taxpayer's state of residence as of December 31, 2016 . . . . . ▶ GA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year . . . . . ▶ ☒

Taxpayer is a resident of the state above for only part of year . . . . . ▶ ☐

Date the taxpayer established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the taxpayer reside before this change? . . . . . ▶ \_\_\_\_\_

**Spouse:**

Enter the spouse's state of residence as of December 31, 2016 . . . . . ▶ \_\_\_\_\_

Check the appropriate box:

Spouse is a resident of the state above for the entire year . . . . . ▶ ☐

Spouse is a resident of the state above for only part of year . . . . . ▶ ☐

Date the spouse established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the spouse reside before this change? . . . . . ▶ \_\_\_\_\_

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
<u>CA</u>	

Check this box if you are in a Registered Domestic Partnership or a civil union . . . . . ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS . . . . . ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) . . . . . ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN \_\_\_\_\_

Spouse's Prior year PIN \_\_\_\_\_

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 13099

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

**Taxpayer:**

Drivers license or state ID number 059978924

Issued by what state GA

Expiration Date 01/02/2021

Issued Date 09/22/2016

License or ID license . ☒ ID . ☐ neither . ☐

**Spouse**

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID license . ☐ ID . ☐ neither . ☐

- Keep for your records

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

First name . . . kathryn Middle initial . J Last name . . harris  
 Social security no. . . 410-19-5568 Member of U.S. Armed Forces in 2016? . . ☐ Yes ☒ No  
 Date of birth . . . . . 01/02/1969 (mm/dd/yyyy) age as of 1-1-2017 . . . . . 47  
 Occupation . . . Talent Agent Daytime phone . . . (323) 791-3221 Ext       
 Marital status . . . Single  
 If widowed, check the appropriate box for the year your spouse died:  
 After 2016 ▶ ☐ 2016 . ▶ ☐ 2015 . ▶ ☐ 2014 . ▶ ☐ Before 2014 . ▶ ☐  
 Are you retired on total and permanent disability? (for Schedule R, see Help) . . . . . ▶ ☐ Yes ☐ No  
 Check if this person is legally blind . . . . . ▶ ☐ Yes ☒ No  
 If deceased, enter the date of death . . . . . ▶ (mm/dd/yyyy)                       
 Were you under the age of 16 as of 1-1-2017 and this is the first year you  
 are filing a tax return? . . . . . ▶ ☐ Yes ☐ No  
 Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ▶ ☐ Yes ☐ No

1	<b>Can</b> someone (such as your parent) claim you as a dependent? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
2	If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<i>Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.</i>					
3	Were you a full-time student during any part of five months during 2016? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4	Did your earned income exceed one-half of your support? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5	Was at least one of your parents alive on December 31, 2016? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . . ☒ X

This person is a resident of the state above for only part of year . . . . . ☐

    Date this person established residence in state above . . . . . ►

    In which state (or foreign country) did this person reside before this change? . . . . . ►

Qualified dependent care expenses incurred and paid for this person in 2016 . . . . .				
Unreimbursed medical expenses paid for qualifying person in 2016 . . . . .				
Employment taxes paid for dependent care providers in 2016 . . . . .				
Full-time student for 5 calendar months during 2016? . . . . .	▶ <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Disabled person who was not physically or mentally capable of self-care? . . . . .	▶ <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
This person is a qualifying person for the child and dependent care credit . . . . .	▶ <input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☒ Yes ☐ No

Check if covered or exempt (other than short gap) for prior year November	X
Check if covered or exempt (other than short gap) for prior year December	X

12 months    Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sep    Oct    Nov    Dec

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type										Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec									
							Full Year . . . ▶														
							Full Year . . . ▶														
							Full Year . . . ▶														

Healthcare coverage information has been completed for this person.. . . . ☐



- Keep for your records

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

First name . . . \_\_\_\_\_ Middle initial . \_\_\_\_ Last name . . . \_\_\_\_\_  
 Social security no. . . \_\_\_\_\_ Member of U.S. Armed Forces in 2016? . . ☐ Yes ☐ No  
 Date of birth . . . . . \_\_\_\_\_ (mm/dd/yyyy) age as of 1-1-2017 . . . . . \_\_\_\_  
 Occupation . . . . \_\_\_\_\_ Daytime phone . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Marital status . . . \_\_\_\_\_  
 If widowed, check the appropriate box for the year your spouse died:  
 After 2016 ▶ ☐ 2016 . ▶ ☐ 2015 . ▶ ☐ 2014 . ▶ ☐ Before 2014 . ▶ ☐  
 Are you retired on total and permanent disability? (for Schedule R, see Help) . . . . . ▶ ☐ Yes ☐ No  
 Check if this person is legally blind . . . . . ▶ ☐ Yes ☐ No  
 If deceased, enter the date of death . . . . . ▶ (mm/dd/yyyy) \_\_\_\_\_  
 Were you under the age of 16 as of 1-1-2017 and this is the first year you  
 are filing a tax return? . . . . . ▶ ☐ Yes ☐ No  
 Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ▶ ☐ Yes ☐ No

1	<b>Can</b> someone (such as your parent) claim you as a dependent? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.</i>					
3	Were you a full-time student during any part of five months during 2016? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4	Did your earned income exceed one-half of your support? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5	Was at least one of your parents alive on December 31, 2016? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . . 


This person is a resident of the state above for only part of year . . . . . 


    Date this person established residence in state above . . . . .            ▶

    In which state (or foreign country) did this person reside before this change? . . . . .            ▶

Qualified dependent care expenses incurred and paid for this person in 2016 . . . . .				
Unreimbursed medical expenses paid for qualifying person in 2016 . . . . .				
Employment taxes paid for dependent care providers in 2016 . . . . .				
Full-time student for 5 calendar months during 2016? . . . . .	▶ <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Disabled person who was not physically or mentally capable of self-care? . . . . .	▶ <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
This person is a qualifying person for the child and dependent care credit . . . . .	▶ <input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☐ Yes ☒ No

Check if covered or exempt (other than short gap) for prior year November . . . . . ☐

Check if covered or exempt (other than short gap) for prior year December . . . . . ☐

12 months    Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sep    Oct    Nov    Dec

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type										Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec									
							Full Year . . . ▶														
							Full Year . . . ▶														
							Full Year . . . ▶														

Healthcare coverage information has been completed for this person.. . . . ☐

► Keep for your records

Name(s) Shown on Return  
kathryn J harrisSocial Security Number  
410-19-5568

## Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	15,065.		15,065.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .			
<b>2</b>	Total federal tax withheld . . . . .	491.		491.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	15,065.		15,065.
<b>4</b>	Total social security tax withheld . . . . .	934.		934.
<b>5</b>	Total Medicare wages and tips . . . . .	15,065.		15,065.
<b>6</b>	Total Medicare tax withheld . . . . .	219.		219.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .			
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	15,065.		15,065.
<b>17</b>	Total state tax withheld . . . . .	547.		547.
<b>19</b>	Total local tax withheld. . . . .			

Name  
kathryn J harrisSocial Security Number  
410-19-5568☐  
☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No. 410-19-5568  
**b** Employer's ID number . . . . 95-4391024  
**c** Employer's name, address, and ZIP code  
ALAMEDA PAYING AGENT INC AGENT F  
OR WALT DISNEY PICTURES  
Street PO BOX 10125  
City LAKE BUENA VISTA  
State FL ZIP Code 32830  
Foreign Country \_\_\_\_\_

**d** Control number . \_\_\_\_\_☒**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
First kathryn M.I. J  
Last harris Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
Street 5110 garrard ave, Apt. 914  
City savannah  
State GA ZIP Code 31405  
Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
106.85

**3** Social security wages  
106.85

**5** Medicare wages and tips  
106.85

**7** Social security tips  
\_\_\_\_\_

Verification Code  
\_\_\_\_\_

**11** Nonqualified plans  
\_\_\_\_\_

**12** Enter box 12 below  
\_\_\_\_\_

**13** ☐ Statutory employee  
☒ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld  
26.71

**4** Social security tax withheld  
6.62

**6** Medicare tax withheld  
1.55

**8** Allocated tips  
\_\_\_\_\_

**10** Dependent care benefits  
\_\_\_\_\_

Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*  
\_\_\_\_\_

**Box 12**  
Code**Box 12**  
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_

R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

W: Enter HSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

G: ☐ Employer is **not** a state or local government**Box 15**  
State

Employer's state I.D. no.

**Box 16**

State wages, tips, etc.

**Box 17**

State income tax

CA 81361107 106.85 7.05

**Box 20**

Locality name

**Box 18**

Local wages, tips, etc.

**Box 19**

Local income tax

Associated  
State**Box 14**Description or Code  
on Actual Form W-2

Amount

TurboTax Identification of Description or Code  
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name  
kathryn J harrisSocial Security Number  
410-19-5568☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No. 410-19-5568  
**b** Employer's ID number . . . . 26-3496193  
**c** Employer's name, address, and ZIP code  
BERWICK ANIMAL HOSPITAL LLC  
 Street 5733 OGEECHEE ROAD  
 City SAVANNAH  
 State GA ZIP Code 31405  
 Foreign Country \_\_\_\_\_

**d** Control number . \_\_\_\_\_☒**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First kathryn M.I. J  
 Last harris Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 5110 garrard ave, Apt. 914  
 City savannah  
 State GA ZIP Code 31405  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
14,957.81

**3** Social security wages  
14,957.81

**5** Medicare wages and tips  
14,957.81

**7** Social security tips  
 \_\_\_\_\_

Verification Code \_\_\_\_\_

**11** Nonqualified plans \_\_\_\_\_**12** Enter box 12 below \_\_\_\_\_

**13** ☐ Statutory employee  
☐ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld  
464.47

**4** Social security tax withheld  
927.38

**6** Medicare tax withheld  
216.89

**8** Allocated tips \_\_\_\_\_

**10** Dependent care benefits  
 Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*

**Box 12**  
Code**Box 12**  
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_

R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

W: Enter HSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

G: ☐ Employer is **not** a state or local government**Box 15**

State

Employer's state I.D. no.

GA2407889qs**Box 16**

State wages, tips, etc.

14,957.81**Box 17**

State income tax

539.80**Box 20**

Locality name

**Box 18**

Local wages, tips, etc.

**Box 19**

Local income tax

Associated  
State**Box 14**Description or Code  
on Actual Form W-2

Amount

TurboTax Identification of Description or Code  
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

► Keep for your records

QuickZoom to Form 1095-A, Health Insurance Marketplace Statement . . . . .►

QuickZoom to Form 8962, Premium Tax Credit (PTC) . . . . .►

Name(s) Shown on Return

kathryn J harris

Your Social Security No.

410-19-5568

Owned by: (See tax help if recipient is a dependent)

☐ Taxpayer ☐ Spouse☐ Spouse is covered by plan**Part I** Recipient Information

<b>1</b> Marketplace identifier GA	<b>2</b> Marketplace-assigned pol. no. 36635774	<b>3</b> Policy issuer's name	
<b>4</b> Recipient's name		<b>5</b> Recipient's SSN	<b>6</b> Recipient's DOB
<b>7</b> Recipient's spouse's name		<b>8</b> Spouse's SSN	<b>9</b> Spouse's DOB
<b>10</b> Policy start date	<b>11</b> Policy termination date	<b>12</b> Street address (including apartment no.) 5110 garrard ave, Apt. 914	
<b>13</b> City or town savannah	<b>14</b> State or province GA	<b>15</b> Country and ZIP or foreign postal code 31405	

**Part II** Covered Individuals

☐ Check this box to populate the Name, SSN, and DOB for everyone listed on the return in Part II.  
**Note:** Checking this box again will repopulate the information below and overwrite existing entries.

A. Covered individual name First Last	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
<b>16</b> Kathryn Harris	410-19-5568		05/16/16	05/19/16
<b>17</b>				
<b>18</b>				
<b>19</b>				
<b>20</b>				

**Part III** Coverage Information

Month	Copy Feature See help for more info.	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
<b>21</b> JANUARY		0.00	0.00	0.00
<b>22</b> FEBRUARY		0.00	0.00	0.00
<b>23</b> MARCH		0.00	0.00	0.00
<b>24</b> APRIL		0.00	0.00	0.00
<b>25</b> MAY		49.71	268.92	31.48
<b>26</b> JUNE		0.00	0.00	0.00
<b>27</b> JULY		0.00	0.00	0.00
<b>28</b> AUGUST		0.00	0.00	0.00
<b>29</b> SEPTEMBER		0.00	0.00	0.00
<b>30</b> OCTOBER		0.00	0.00	0.00
<b>31</b> NOVEMBER		0.00	0.00	0.00
<b>32</b> DECEMBER		0.00	0.00	0.00
<b>33</b> Annual Totals		50.	269.	31.

► Keep for your records

QuickZoom to Form 1095-A, Health Insurance Marketplace Statement . . . . .►

QuickZoom to Form 8962, Premium Tax Credit (PTC) . . . . .►

Name(s) Shown on Return

kathryn J harris

Your Social Security No.

410-19-5568

Owned by: (See tax help if recipient is a dependent)

☐

Taxpayer

☐

Spouse

☐

Spouse is covered by plan

**Part I** Recipient Information

<b>1</b> Marketplace identifier GA	<b>2</b> Marketplace-assigned pol. no. 23427947	<b>3</b> Policy issuer's name	
<b>4</b> Recipient's name		<b>5</b> Recipient's SSN	<b>6</b> Recipient's DOB
<b>7</b> Recipient's spouse's name		<b>8</b> Spouse's SSN	<b>9</b> Spouse's DOB
<b>10</b> Policy start date	<b>11</b> Policy termination date	<b>12</b> Street address (including apartment no.) 5110 garrard ave, Apt. 914	
<b>13</b> City or town savannah	<b>14</b> State or province GA	<b>15</b> Country and ZIP or foreign postal code 31405	

**Part II** Covered Individuals☐

Check this box to populate the Name, SSN, and DOB for everyone listed on the return in Part II.

**Note:** Checking this box again will repopulate the information below and overwrite existing entries.

A. Covered individual name First Last	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
<b>16</b> Kathryn Harris	410-19-5568		01/01/16	05/15/16
<b>17</b>				
<b>18</b>				
<b>19</b>				
<b>20</b>				

**Part III** Coverage Information

Month	Copy Feature See help for more info.	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
<b>21</b> JANUARY		391.74	360.02	335.00
<b>22</b> FEBRUARY		391.74	360.02	335.00
<b>23</b> MARCH		391.74	360.02	335.00
<b>24</b> APRIL		391.74	360.02	335.00
<b>25</b> MAY		189.55	360.02	162.10
<b>26</b> JUNE		0.00	0.00	0.00
<b>27</b> JULY		0.00	0.00	0.00
<b>28</b> AUGUST		0.00	0.00	0.00
<b>29</b> SEPTEMBER		0.00	0.00	0.00
<b>30</b> OCTOBER		0.00	0.00	0.00
<b>31</b> NOVEMBER		0.00	0.00	0.00
<b>32</b> DECEMBER		0.00	0.00	0.00
<b>33</b> Annual Totals		1,758.	1,800.	1,502.

► Keep for your records

QuickZoom to Form 1095-A, Health Insurance Marketplace Statement . . . . .►

QuickZoom to Form 8962, Premium Tax Credit (PTC) . . . . .►

Name(s) Shown on Return

kathryn J harris

Your Social Security No.

410-19-5568

Owned by: (See tax help if recipient is a dependent)

☐ Taxpayer ☐ Spouse☐ Spouse is covered by plan**Part I** Recipient Information

<b>1</b> Marketplace identifier GA	<b>2</b> Marketplace-assigned pol. no. 37164570	<b>3</b> Policy issuer's name	
<b>4</b> Recipient's name		<b>5</b> Recipient's SSN	<b>6</b> Recipient's DOB
<b>7</b> Recipient's spouse's name		<b>8</b> Spouse's SSN	<b>9</b> Spouse's DOB
<b>10</b> Policy start date	<b>11</b> Policy termination date	<b>12</b> Street address (including apartment no.) 5110 garrard ave, Apt. 914	
<b>13</b> City or town savannah	<b>14</b> State or province GA	<b>15</b> Country and ZIP or foreign postal code 31405	

**Part II** Covered Individuals

☐ Check this box to populate the Name, SSN, and DOB for everyone listed on the return in Part II.  
**Note:** Checking this box again will repopulate the information below and overwrite existing entries.

A. Covered individual name First Last	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
<b>16</b> KATHRYN HARRIS	410-19-5568		05/20/16	12/31/16
<b>17</b>				
<b>18</b>				
<b>19</b>				
<b>20</b>				

**Part III** Coverage Information

Month	Copy Feature See help for more info.	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
<b>21</b> JANUARY		0.00	0.00	0.00
<b>22</b> FEBRUARY		0.00	0.00	0.00
<b>23</b> MARCH		0.00	0.00	0.00
<b>24</b> APRIL		0.00	0.00	0.00
<b>25</b> MAY		149.13	280.21	98.71
<b>26</b> JUNE		385.25	280.21	255.00
<b>27</b> JULY		385.25	280.21	255.00
<b>28</b> AUGUST		385.25	280.21	255.00
<b>29</b> SEPTEMBER		385.25	280.21	255.00
<b>30</b> OCTOBER		385.25	280.21	255.00
<b>31</b> NOVEMBER		385.25	280.21	255.00
<b>32</b> DECEMBER		385.25	280.21	255.00
<b>33</b> Annual Totals		2,844.	2,240.	1,884.



# Healthcare Entry Sheet

2016

► Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Note:** Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap  
Eligible\*  
Yes No

a. Name of covered individual(s)		b. SSN c. DOB		Covered all	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
				12 months	Short gap:												
1	kathryn harris	410-19-5568	01/02/69	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

**Completion checkbox:**

☒

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

► Keep for your records

Name(s) Shown on Return  
kathryn J harrisYour Social Security No.  
410-19-5568**Ownership:**

(defaults to taxpayer)

Check if Spouse

☐

Check if Joint

☐

Check if CORRECTED

☐**Note:** If filing electronically, all payer and recipient information **must** be entered. See page 2 for additional information **required** for boxes 1 through 9.**PAYER'S** name,  
street address, city, state, ZIP code, and  
telephone no.

Telephone no. \_\_\_\_\_ Ext: \_\_\_\_\_

**PAYER'S** Federal identification number**RECIPIENT'S**  
identification number  
410-19-5568Check to transfer Recipient's  
information from the Federal  
Information Worksheet . ► ☐**RECIPIENT'S** name  
kathryn harrisStreet address  
8000 waters aveApartment no.  
197City  
savannahState  
GAZIP code  
31406

Account number (optional)

**1** Unemployment compensation . . . \$ \_\_\_\_\_**2** State or local income tax refunds, credits, or offsets.  
*Do not enter here. Enter on Federal Carryover Worksheet.*  
**QuickZoom** to Federal Carryover Worksheet ►**3** Box 2 amount is for  
tax year**4** Federal income  
tax withheld

\$ \_\_\_\_\_

**5** RTAA payments

\$ \_\_\_\_\_

**6** Taxable grants

\$ \_\_\_\_\_

**7** Agriculture payments

\$ \_\_\_\_\_

**8** State or local income tax  
refunds, credits, or offsets  
from a trade or business

\$ \_\_\_\_\_

**9** Market gain. . . . . \$ \_\_\_\_\_**10a** State

\_\_\_\_\_

\_\_\_\_\_

**10b** State identification no.

\_\_\_\_\_

\_\_\_\_\_

**11** State income tax withheld . . . . . \$ \_\_\_\_\_

\$ \_\_\_\_\_

**12a** Locality name

\_\_\_\_\_

**13** Local income tax withheld

\$ \_\_\_\_\_

## Additional Government Payments Information

Page 2

Name(s) Shown on Return

kathryn J harris

Your Social Security No.

410-19-5568

### State or local abbreviations:

State Local

Enter the abbreviation of the state or locality issuing the payment . . . . . ▶

### Unemployment repaid:

Enter the portion of the amount entered in box 1 that was repaid, if any . . . . .

### Agriculture payments:

(If there is an amount in box 7)

**Required:** Double-click to select the form on which to report this income:

Schedule F line 4a or 39a . . ▶ Form 4835 line 3a . . . . . ▶

Schedule F line 6a or 41 . . ▶ Form 4835 line 5a . . . . . ▶

### Trade or business income:

(If there is an amount in box 8)

Enter the taxable portion of the refund amount reported in box 8. . . . .

**Required:** Double-click to select the form on which to report this income:

Schedule C line 6 . . . . . ▶ Schedule F line 8b or 43b . . ▶

### Market gain:

(If there is an amount in box 9)

**Required:** Double-click to select the form on which to report this income:

Schedule F line 4a or 39a . . ▶ Form 4835 line 3a . . . . . ▶

**QuickZoom** to another copy of Form 1099-G . . . . . ▶

# Form 1099-MISC Summary

2016

► Keep for your records

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

## Form 1099-MISC Summary

Box	Description	Taxpayer	Spouse	Total
1	Total Rents . . . . .			
	► Schedule C . . . . .			
	► Schedule E . . . . .			
	► Form 4835 . . . . .			
	► Other Income . . . . .			
2	Total Royalties . . . . .			
	► Schedule C . . . . .			
	► Schedule E . . . . .			
3	Total Other income . . . . .			
	► Schedule C . . . . .			
	► Schedule F . . . . .			
	► Form 4835 . . . . .			
	For Form 1040:			
	► Winnings (Prizes, etc.) . . . . .			
	► Tribal Gaming . . . . .			
	► Alaska Permanent Fund . . . . .			
	► Other Income . . . . .			
4	Federal tax withheld . . . . .			
5	Fishing boat proceeds . . . . .			
6	Medical and health care payments . . . . .			
7	Total Nonemployee compensation . . . . .	9,925.		9,925.
	► Schedule C . . . . .	9,925.		9,925.
	► Schedule F . . . . .			
	► Wages . . . . .			
	► Other Income . . . . .			
8	Substitute payments . . . . .			
10	Total Crop insurance proceeds . . . . .			
	► Schedule F . . . . .			
	► Form 4835 . . . . .			
13	Excess golden parachute payments . . . . .			
14	Gross proceeds paid to an attorney . . . . .			
	► Taxable amount . . . . .			
15a	Section 409A deferrals . . . . .			
15b	Section 409A income . . . . .			
16	State tax withheld - total . . . . .			
<b>Total</b>	Boxes 1-3, 5-8, 10, 13-15b . . . . .	9,925.		9,925.

► Keep for your records

Name kathryn J harris	Social Security Number 410-19-5568
--------------------------	---------------------------------------

Payer's Name . . . . . daily talent agency  
 Payer's Identification No. EIN : 46-3378327 or SSN :  
 Account number (for your records only) . . . . .

☐ Spouse's 1099-MISC ☐ Do not transfer this 1099-MISC to next year

For each type of 1099-MISC income, select the appropriate form or schedule in your return on which to report this income. Double-click in the field next to the form's name and when the window appears, either "select or create" the copy on which you want to report the 1099-MISC income. See Help.

<b>Box 1</b>	Rents . . . . . <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Schedule C  <input type="checkbox"/> Schedule E         </div> <div> <input type="checkbox"/> Form 4835  <input type="checkbox"/> Other Income         </div> </div>
<b>Box 2</b>	Royalties . . . . . <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Schedule C  <input type="checkbox"/> Schedule E         </div> </div>
<b>Box 3</b>	Other income . . . . . <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Schedule C  <input type="checkbox"/> Schedule F  <input type="checkbox"/> Winnings (Prizes, etc.)  <input type="checkbox"/> Tribal Member Gaming Payments              From Alaska Permanent Fund  <input type="checkbox"/> Other Income  <input type="checkbox"/> Back Wages from Lawsuit. Amount: _____  <input type="checkbox"/> Olympic or Paralympic Prize Money         </div> <div> <input type="checkbox"/> Form 4835         </div> </div>
<b>Box 4</b>	Federal income tax withheld . . . . .
<b>Box 5</b>	Fishing boat proceeds . . . . . <i>Required: double-click to select the Schedule C on which to report this income:</i> <input type="checkbox"/> Schedule C
<b>Box 6</b>	Medical and health care payments . . . . . <i>Required: double-click to select the Schedule C on which to report this income:</i> <input type="checkbox"/> Schedule C
<b>Box 7</b>	Nonemployee compensation . . . . . 9,925.00 <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Actor submissions and representation for Daily Talent Agency  <input type="checkbox"/> Schedule C  <input type="checkbox"/> Schedule F  <input type="checkbox"/> Wages subject to Social Security &amp; Medicare tax              If checked, enter Reason Code for Form 8919 (see Help) . . .              If Reason Code A or C, enter determination date . . . . .  <input type="checkbox"/> Other Income  <input type="checkbox"/> Back Wages from Lawsuit. Amount: _____         </div> </div>
<b>Box 8</b>	Substitute payments in lieu of dividends or interest . . . . .
<b>Box 10</b>	Crop insurance proceeds . . . . . <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Schedule F  <input type="checkbox"/> Form 4835         </div> </div>
<b>Box 13</b>	Excess golden parachute payments . . . . . Report 20% excise tax on Form 1040
<b>Box 14</b>	Gross proceeds paid to an attorney . . . . . Taxable amount from box 14 to Schedule C . . . . . <i>Required: double-click to select the Schedule C on which to report this income:</i> <input type="checkbox"/> Schedule C
<b>Boxes 15a &amp; b</b>	Section 409A deferrals . . . . . Section 409A income . . . . .
<b>Boxes 16-18</b>	State tax withheld - 1st state . . . . . State name (two letters) - 1st state . . . . . State ID number - 1st state . . . . . State income - 1st state . . . . .  State tax withheld - 2nd state . . . . . State name (two letters) - 2nd state . . . . . State ID number - 2nd state . . . . . State income - 2nd state . . . . .

FATCA filing requirement . . . . . ☐

### Additional Payer and Recipient Information

#### Payer's address and ZIP code

Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

#### Recipient's address and ZIP code

Transfer address from Federal Information Wks . ☐  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

Name kathryn J harris	Social Security Number 410-19-5568
Source Form : 1099-R . <input checked="" type="checkbox"/> CSA-1099-R . <input type="checkbox"/> CSF-1099-R . <input type="checkbox"/> RRB-1099-R . <input type="checkbox"/>	
If Spouse's 1099-R, check this box . <input type="checkbox"/> Corrected <input type="checkbox"/>	
Do not transfer this 1099-R to next year <input type="checkbox"/>	

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code. national financial services LLC as agnet for Fidelity Investments PO Box 673000 Dallas TX 75267-3000 Payer's country		1 Gross distribution \$	
		2a Taxable amount (See Help) \$	
		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	
Payer's Federal identification number 04-3523567		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
Recipient's identification number 410-19-5568		5 Employee contributions /Designated Roth contributns or insurance premiums \$	6 Net unrealized appreciation in employer securities \$
Check to transfer Recipient's information from Federal Information Worksheet . . . . . <input type="checkbox"/>		7 Distribn code(s) 1st code <input type="checkbox"/> 2nd code <input type="checkbox"/>	8 Other % \$
Street address (including apartment number) City State ZIP code Recipient's country		9a Your percentage of total distribution % \$	9b Total employee contributions \$
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. _____	
FATCA filing requirement . . . . . <input type="checkbox"/>		12 State tax withheld \$	13 Payer's State / state no. CA / 804-91680 1 GA / 2140225-OW
Special use code for first state (See Help) . . . . . <input type="checkbox"/>		14 State distribution \$	
Special use code for second state (See Help) . . . . . <input type="checkbox"/>		15 Local tax withheld \$	16 Name of locality
Account number		17 Local distribution \$	

☐ Check if NOT from a qualified retirement plan or IRA (see Help)  
☐ If box 7 code is J or T, check if a qualified distribution (see Help)  
☐ If box 7 code is J, enter amount used for first time home purchase  
☐ If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help)

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

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

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

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

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

# Wages, Salaries, & Tips Worksheet

2016

► Keep for your records

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

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

	Taxpayer	Spouse	Total
<b>1</b> Wages, from Form W-2 . . . . .	15,065.		15,065.
<b>2</b> Miscellaneous income, from Form 8919 . . . . .			
<b>3</b> Items from Form 1099-R:			
<b>a</b> Disability before minimum retirement age . . . . .			
<b>b</b> Return of contributions . . . . .			
<b>4</b> Excess reimbursement, from Form 2106 . . . . .			
<b>5 a</b> Taxable tips, from Form 4137. . . . .			
<b>b</b> Noncash tips . . . . .			
<b>6</b> Excess moving expense reimbursement, from Form 3903 . . . . .			
<b>7</b> Wages earned as a household employee (if less than \$2,000 and without a Form W-2) . . . . .			
<b>8</b> Items not on Form W-2 or Form 1099-R:			
<b>a</b> Sick pay or disability payments . . . . .			
<b>b</b> Total foreign source income . . . . .			
<b>c</b> Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d</b> Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
<b>9</b> Other earned income			
<b>10 Subtotal.</b> <b>Add lines 1 through 9 . . . . .</b>	15,065.		15,065.
<b>11</b> Taxable employer-provided dependent care benefits, from Form 2441 . . . . .			
<b>12</b> Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . . . . .			
<b>13</b> Scholarship/fellowship income not on Form W-2. . . . .			
<b>14</b> Other non-earned income			
<b>15 Total of lines 10 through 14. . . . .</b>	15,065.		15,065.



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

**Unrecaptured Section 1250 Gain Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

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

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

**28% Rate Gain Worksheet**

► Keep for your records

**2016**

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

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

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1 a	Enter your taxable income from Form 1040, line 43 . . . . .	1 a	0.
b	Enter the amount from your (and your spouse's) Form 2555, line 45 . . . . .	b	
c	Add lines 1a and 1b . . . . .	1 c	0.
2 a	Enter your qualified dividends from Form 1040, line 9b . . . . .	2 a	
b	Enter any capital gain excess attributable to qualified dividends . . . . .	b	
c	Subtract line 2b from line 2a . . . . .	2 c	
3	Amount from Form 4952, line 4g . . . . .	3	
4 a	Amount from Form 4952, line 4e . . . . .	4 a	
b	Amount from the dotted line next to Form 4952, line 4e . . . . .	b	
c	Line 4b, if applicable, 4a, if not . . . . .	c	
5	Subtract line 4c from line 3 . . . . .	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0- . . . . .	6	0.
7 a	Enter line 15 of Schedule D . . . . .	7 a	
b	Enter line 16 of Schedule D . . . . .	b	
c	Enter the <b>smaller</b> of line 7a or line 7b . . . . .	7 c	0.
8	Enter the <b>smaller</b> of line 3 or line 4c . . . . .	8	
9 a	Subtract line 8 from line 7 . . . . .	9 a	0.
b	Enter any capital gain excess attributable to capital gains . . . . .	b	
c	Subtract line 9b from line 9a . . . . .	9 c	0.
10	Add lines 6 and 9c . . . . .	10	0.
11 a	Enter the amount from Schedule D, line 18 . . . . .	11 a	0.
b	Enter the amount from Schedule D, line 19 . . . . .	b	
c	Add lines 11a and 11b . . . . .	11 c	0.
12	Enter the <b>smaller</b> of line 9c or line 11c . . . . .	12	0.
13	Subtract line 12 from line 10 . . . . .	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0- . . . . .	14	0.
15	Enter: • \$37,650 if single or married filing separately; • \$75,300 if married filing jointly or qualifying widow(er); or • \$50,400 if head of household.	15	37,650.
16	Enter the <b>smaller</b> of line 1c or line 15 . . . . .	16	0.
17	Enter the <b>smaller</b> of line 14 or line 16 . . . . .	17	0.
18	Subtr in 10 from in 1c. If zero or less, enter -0- . . . . .	18	0.
19	Enter the <b>larger</b> of line 17 or line 18 . . . . .	19	0.
20	Subtract line 17 from line 16. This amount is taxed at 0% <b>If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.</b>	20	0.
21	Enter the <b>smaller</b> of line 1c or line 13 . . . . .	21	
22	Enter the amount from line 20 (if line 20 is blank, enter -0-) . . . . .	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- . . . . .	23	
24	Enter: • \$415,050 if single, • \$233,475 if married filing separately, • \$466,950 if married filing jointly or qualifying widow(er), • \$441,000 if head of household.	24	
25	Enter the smaller of line 1c or line 24 . . . . .	25	
26	Add lines 19 and 20 . . . . .	26	
27	Subtract line 26 from line 25. If zero or less, enter -0- . . . . .	27	
28	Enter the <b>smaller</b> of line 23 or line 27 . . . . .	28	
29	Multiply line 28 by 15% (.15) . . . . .	29	
30	Add lines 22 and 28 . . . . .	30	
31	Subtract line 30 from line 21 . . . . .	31	
32	Multiply line 31 by 20% (.20) . . . . .	32	
<b>If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.</b>			
33	Enter the <b>smaller</b> of line 9c above or Schedule D, line 19 . . . . .	33	
34	Add lines 10 and 19 . . . . .	34	
35	Enter the amount from line 1c above . . . . .	35	
36	Subtract line 35 from line 34. If zero or less, enter -0- . . . . .	36	
37	Subtract line 36 from line 33. If zero or less, enter -0- . . . . .	37	
38	Multiply line 37 by 25% (.25) . . . . .	38	

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

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

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

**2016**

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<b>1</b>	Enter the amount from Form 1040, line 43 . . . . .	<b>1</b>	_____
<b>2</b>	Enter the amount from Form 1040, line 9b . . . . .	<b>2</b>	_____
<b>3</b>	Are you filing Schedule D?		
<input type="checkbox"/>	<b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	<b>3</b>	_____
<input type="checkbox"/>	<b>No.</b> Enter the amount from Form 1040, line 13.		
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	_____
<b>5</b>	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-.		
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	_____
<b>7</b>	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	<b>7</b>	_____
<b>8</b>	Enter:		
	\$37,650 if single or married filing separately, \$75,300 if married filing jointly or qualifying widow(er), \$50,400 if head of household.	<b>8</b>	_____
<b>9</b>	Enter the smaller of line 1 or line 8 . . . . .	<b>9</b>	_____
<b>10</b>	Enter the smaller of line 7 or line 9 . . . . .	<b>10</b>	_____
<b>11</b>	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	<b>11</b>	_____
<b>12</b>	Enter the smaller of line 1 or line 6 . . . . .	<b>12</b>	_____
<b>13</b>	Enter the amount from line 11 . . . . .	<b>13</b>	_____
<b>14</b>	Subtract line 13 from line 12. . . . .	<b>14</b>	_____
<b>15</b>	Enter:		
	\$415,050 if single, \$233,475 if married filing separately, \$466,950 if married filing jointly or qualifying widow(er), \$441,000 if head of household.	<b>15</b>	_____
<b>16</b>	Enter the smaller of line 1 or line 15	<b>16</b>	_____
<b>17</b>	Add lines 7 and 11	<b>17</b>	_____
<b>18</b>	Subtract line 17 from line 16. If zero or less, enter -0-	<b>18</b>	_____
<b>19</b>	Enter the smaller of line 14 or line 18	<b>19</b>	_____
<b>20</b>	Multiply line 19 by 15% (.15) . . . . .	<b>20</b>	_____
<b>21</b>	Add lines 11 and 19 . . . . .	<b>21</b>	_____
<b>22</b>	Subtract line 21 from line 12	<b>22</b>	_____
<b>23</b>	Multiply line 22 by 20% (.20)	<b>23</b>	_____
<b>24</b>	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . .		
<b>25</b>	Add lines 20, 23, and 24 . . . . .	<b>25</b>	_____
<b>26</b>	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .		
<b>27</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 44. . . . .		

# IRA Contributions Worksheet

2016

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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## Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter <b>traditional</b> IRA contributions made for 2016, including any made between 1/1/2017 and 4/18/2017, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan . . . . .	1,100.	
2	Contributions recharacterized <b>from</b> a Roth IRA (from line 24) . . .		
3	<b>Traditional</b> IRA contributions, from Schedule(s) K-1 . . . . .		
4	Contributions recharacterized (not converted) <b>to</b> a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	<b>Traditional</b> IRA contributions. Combine lines 1 through 4 . . . . .	1,100.	
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
7	Excess traditional IRA contribution credit. . . . .		
8	Repayments of qualified reservist distributions . . . . .		
9	Total <b>traditional</b> IRA contributions. . . . .	1,100.	
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2017 to 4/18/2017 ( <i>See Help</i> ). . . . .	0.	
12	Age 70-1/2 or older in tax year . . . . .		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible <b>traditional</b> IRA contributions from worksheet. . . . .	1,100.	
14	Nondeductible <b>traditional</b> IRA contributions from worksheet. . . .	0.	
	<b>QuickZoom</b> to worksheet indicated by the check: <input checked="" type="checkbox"/> IRA deduction worksheet . . . . . ► <input type="checkbox"/> Worksheet for social security recipients . . . . . ►		
15	Amount on line 13 you elect to make nondeductible . . . . .		
16	Excess <b>traditional</b> IRA contributions, to Form 5329, line 15 . . . . . <b>Note:</b> You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.	0.	
17	Deductible <b>traditional</b> IRA contributions, to Form 1040, line 32 . .	1,100.	
18	Qualified reservist repayments . . . . .		
19	Nondeductible <b>traditional</b> IRA contributions, to Form 8606, ln 1. .	0.	

# IRA Contributions Worksheet

2016

► Keep for your records

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## Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular <b>Roth</b> IRA contributions made for 2016, including any made between 1/1/2017 and 4/18/2017, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan. . . . .		
21	Contributions recharacterized <b>from</b> a traditional IRA, (from In 4). . .		
22	<b>Roth</b> IRA contributions, from Schedule(s) K-1. . . . .		
23	Enter contributions recharacterized <b>to</b> a traditional IRA. . . . .		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed <b>Roth</b> IRA conversions . . . . .		
25	<b>Roth</b> IRA contributions. Combine lines 20 through 24 . . . . .		
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
27	Excess Roth IRA contribution credit . . . . .		
28	Total <b>Roth</b> IRA contributions . . . . .		
29	Repayments of qualified Roth reservist distributions . . . . .		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
30	<b>Roth</b> IRA contributions after limitation . . . . .		
31	Excess <b>Roth</b> IRA contributions, to Form(s) 5329, line 23 . . . . .		
	<b>Note:</b> You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.		

## Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
32	Enter any <b>excess</b> contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary. . . . .		
	<b>Note:</b> You do not need to report any Coverdell ESA contributions which are not excess contributions..		

# IRA Deduction Worksheet

2016

► Keep for your records

Name(s) Shown on Return kathryn J harris		Social Security Number 410-19-5568	
If filing a joint return, complete lines 1, 2, 3, and 5 for both spouses even if only one spouse has an IRA contribution.		(a) Your IRA	(b) Spouse's IRA
1	Check if covered by a retirement plan at work. . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Enter your wages and other earned income. . . . .	15,065.	
3	Maximum contribution allowed. . . . .	5,500.	
4	Enter traditional IRA contributions made, or will be made by April 18, 2017, for 2016 (do not enter more than line 3) . . . . .	1,100.	
5	Enter Roth IRA contributions made, or will be made by April 18, 2017, for 2016 (do not enter more than line 3) . . . . .		
Complete the rest of this worksheet for each column <b>only</b> if an amount has been entered on line 4 for that column.			
If (1) you are <b>not</b> filing a joint return, <b>or</b> (2) line 2, column a equals line 2, column b, then skip lines 6 through 9 and enter the smaller of line 2 or line 4 on line 10.			
6	Enter the sum of line 2, columns a and b (enter in both columns if there is an entry on line 4 in both columns) . . . . .		
7	Enter the sum of line 3, columns a and b (enter in both columns if there is an entry on line 4 in both columns) If line 7 is less than line 6, skip lines 8 and 9 and enter the amount from line 4 on line 10. . . . .		
8	In the column with the <b>lower</b> amount on line 2, enter the smaller of line 2 or the sum of line 4 and line 5 from the column with the <b>higher</b> amount on line 2 . . . . .		
9	In the column with the <b>lower</b> amount on line 2, subtract line 8 from line 6. In the column with the <b>higher</b> amount on line 2, enter the smaller of line 2 or line 4 . . . . .		
10	Enter the <b>smaller</b> of line 4 or line 9 . . . . .	1,100.	
If line 1, column a is not checked and, if filing a joint return, line 1, column b is also not checked, skip lines 11 through 15 and enter the amount from line 10 on line 16.			
11	If filing a joint return, enter \$118,000 in the column with the box on line 1 checked, and enter \$194,000 in the column with the box on line 1 not checked. If single or head of household, enter \$71,000 in column a. If qualifying widow(er), enter \$118,000 in column a. If married filing separately, enter \$71,000 (\$10,000 if you lived with your spouse at any time during 2016) in column a . . . . .	71,000.	
12	Enter your modified adjusted gross income. If equal to or more than line 11, <b>enter zero on line 15 and go to line 16</b> . . . . .	10,958.	
13	Subtract line 12 from line 11. <b>If the result is \$10,000 or more (\$20,000 or more if filing joint and the box on line 1 is checked, or if a qualifying widow(er)), enter the amount from line 3 on line 15 and go to line 16.</b> . . . . .	60,042.	
14	Fraction of line 13 that is deductible . . . . .		
15	Multiply line 13 by line 14. Round up to the next multiple of \$10. If less than \$200, enter \$200 . . . . .	5,500.	
16	IRA deduction. Enter the smaller of line 10 or line 15. . . . .	1,100.	



**Schedule A**  
**Line 1**

**Medical Expenses Worksheet**

► Keep for your records

**2016**

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kathryn J harris

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<b>1</b>	Prescription medications . . . . .	<b>1</b>	1,258.
<b>2</b>	<b>Health insurance premiums:</b>		
<b>a</b>	Premiums other than self-employed health insurance <b>or</b> reported on a 1095-A . . .	<b>2 a</b>	375.
<b>b</b>	From Form(s) 1095-A - net of adjustments . . . . .	<b>b</b>	
	Taxpayer's portion of 1095-A premiums (total less spouse) . . . . .		
	Spouse's portion of 1095-A premiums, enter the amount for the spouse, the remaining goes to the taxpayer . . . . .		
<b>c</b>	Medicare premiums . . . . .	<b>c</b>	
<b>d</b>	From Form(s) 1099-R . . . . .	<b>d</b>	
	<b>NOTE:</b> If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, <b>not</b> on lines 2e - 2j below.		
<b>e</b>	Taxpayer's gross long-term care premiums . . . . .	<b>2 e</b>	
<b>f</b>	Taxpayer's allowable long-term care premiums . . . . .	<b>f</b>	
<b>g</b>	Spouse's gross long-term care premiums . . . . .	<b>g</b>	
<b>h</b>	Spouse's allowable long-term care premiums . . . . .	<b>h</b>	
<b>i</b>	Dep or child under 27 gross long-term care premiums . . . . .	<b>i</b>	
<b>j</b>	Dep or child under 27 allowable long-term care prem. . . . .	<b>j</b>	
<b>k</b>	Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j . . . . .	<b>k</b>	
<b>l</b>	Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	<b>l</b>	
<b>m</b>	Spouse's long-term care premiums not deducted as an adjustment to income. . .	<b>m</b>	
<b>n</b>	Dependent's long-term care premiums not deducted as an adj to income . . . . .	<b>n</b>	
<b>o</b>	Other self-employed health insurance not deducted as an adj to income . . . . .	<b>o</b>	
<b>3</b>	Fees for doctors, dentists, etc . . . . .	<b>3</b>	5,214.
<b>4</b>	Fees for hospitals, clinics, etc. . . . .	<b>4</b>	623.
<b>5</b>	Lab and x-ray fees . . . . .	<b>5</b>	2,140.
<b>6</b>	Expenses for qualified long-term care . . . . .	<b>6</b>	
<b>7</b>	Eyeglasses and contact lenses . . . . .	<b>7</b>	4,520.
<b>8</b>	Medical equipment and supplies . . . . .	<b>8</b>	
<b>9</b>	Medical transportation expenses:		
<b>a</b>	Medical miles driven . . . . .	<b>9 a</b>	95
<b>b</b>	Multiply the number of miles on line 9a by 19 cents per mile . . . . .	<b>b</b>	18.
<b>c</b>	Other medical transportation costs not included above for example: ambulance fees . . . . .	<b>c</b>	35.
<b>d</b>	Total medical transportation expenses (add lines 9b and 9c) . . . . .	<b>9 d</b>	53.
<b>10</b>	Lodging for medical purposes (up to \$50 per night per person) . . . . .	<b>10</b>	
<b>11</b>	Other medical and dental expenses:		
<b>a</b>		<b>11 a</b>	
<b>b</b>		<b>b</b>	
<b>c</b>		<b>c</b>	
<b>d</b>		<b>d</b>	
<b>e</b>		<b>e</b>	
<b>f</b>		<b>f</b>	
<b>g</b>		<b>g</b>	
<b>h</b>		<b>h</b>	
<b>i</b>		<b>i</b>	
<b>j</b>		<b>j</b>	
<b>12</b>	Total of medical and dental expenses (add lines 1 through 11j) . . . . .	<b>12</b>	14,183.
<b>13 a</b>	Less: insurance reimbursement for any expenses listed . . . . .	<b>13 a</b>	
<b>b</b>	Less: medical savings account (MSA) or health savings account (HSA) distributions . . . . .	<b>b</b>	
<b>14</b>	<b>Total deductible medical and dental expenses.</b> Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1) . . . . .	<b>14</b>	14,183.

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## 2016

Name(s) Shown on Return <u>kathryn J harris</u>	Social Security Number <u>410-19-5568</u>
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**Estimated Tax Payments for 2016** (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:					Federal	State	Local
10	Forms W-2 . . . . .				491.	547.	
11	Forms W-2G . . . . .						
12	Forms 1099-R . . . . .						
13	Forms 1099-MISC, 1099-K and 1099-G . . . . .						
14	Schedules K-1 . . . . .						
15	Forms 1099-INT, DIV and OID . . . . .						
16	Social Security and Railroad Benefits . . . . .						
17	Form 1099-B . . . . .	St		Loc			
18 a	Other withholding . . . . .	St		Loc			
b	Other withholding . . . . .	St		Loc			
c	Other withholding . . . . .	St		Loc			
d	Positive Adjustment . . . . .	St		Loc			
e	Negative Adjustment . . . . .	St		Loc			
f	Additional Medicare Tax . . . . .						
19	<b>Total Withholding</b> Lines 10 through 18f . . . . .				491.	547.	
20	<b>Total Tax Payments for 2016</b> . . . . .				491.	547.	

Prior Year Taxes Paid In 2016 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
<b>21</b>	Tax paid with 2015 extensions . . . . .				
<b>22</b>	2015 estimated tax paid after 12/31/2015 . . . . .				
<b>23</b>	Balance due paid with 2015 return . . . . .				
<b>24</b>	Other (amended returns, installment payments, etc) . .				

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

**Tax and Interest Deduction Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 38. . . . . 9,858.  
(2) Nontaxable income entered elsewhere on return . . . . .  
(3) Available income: 2015 refundable credits in excess of tax . . . . . 0.  
(4) Enter any additional nontaxable income . . . . .  
(5) Total available income . . . . . 9,858.

**b Sales Tax Per State of Residence:**

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Illinois, Louisiana, Mississippi or New York only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

**c** Total general sales tax using tables . . . . .

**d Sales Tax Paid on Specific Items (see help):**

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

**e** Total sales tax deduction on specific items . . . . .

**f** Total general sales tax per tables plus sales tax on specific items . . . . .

**g Actual State and Local General Sales Tax:**

Actual sales taxes (enter the total sales taxes paid during the year on all items). . . . .

**h State and Local Income Taxes:**

State and Local Income taxes . . . . . 547.00

**i State and Local Tax Deduction to Schedule A, line 5:**

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) . . . . . 547.00

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

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

**2 Real estate taxes:**

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

<b>b</b>	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	_____
<b>e</b>	Vacation home . . . . .	_____
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	_____
<b>g</b>	Add lines 2a through 2f (to Schedule A, line 6) . . . . .	_____
<b>3</b>	<b>Personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2015 Amount                      Enter 2016 description:	
	150.00                      Toyota Rav 4	192.00
	_____	_____
	_____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	_____
<b>c</b>	Other personal property taxes . . . . .	_____
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 7) . . . . .	192.00
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	_____
<b>b</b>	Foreign taxes from interest and dividends . . . . .	_____
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	_____
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit) . . . . .	_____
<b>e</b>	Other taxes.	
	2015 Amount                      Enter 2016 description:	
	_____	_____
	_____	_____
	_____	_____
<b>f</b>	Add lines 4a through 4e (to Schedule A, line 8) . . . . .	_____

**Interest Deductions**

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

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

**State and Local Tax Deduction Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

**State and Local Income Taxes**

<b>State income taxes:</b>		
1 State income tax withheld . . . . .	1	547.
2 2016 state estimated taxes paid in 2016 . . . . .	2	
3 2015 state estimated taxes paid in 2016 . . . . .	3	
4 Amount paid with 2015 state application for extension . . . . .	4	
5 Amount paid with 2015 state income tax return . . . . .	5	
6 Overpayment on 2015 state income tax return applied to 2016 tax . . . . .	6	
7 Other amounts paid in 2016 (amended returns, installment payments, etc.) . . . .	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	8	
<b>Local income taxes:</b>		
9 Local income tax withheld . . . . .	9	
10 2016 local estimated taxes paid in 2016 . . . . .	10	
11 2015 local estimated taxes paid in 2016 . . . . .	11	
12 Amount paid with 2015 local application for extension . . . . .	12	
13 Amount paid with 2015 local income tax return . . . . .	13	
14 Overpayment on 2015 local income tax return applied to 2016 tax . . . . .	14	
15 Other amounts paid in 2016 (amended returns, installment payments, etc.) . . . .	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	16	
<b>Other:</b>		
17	17	
18 <b>Total</b> Add lines 1 through 17 . . . . .	18	547.
19 State and local refund allocated to 2016 . . . . .	19	
20 Nondeductible state income tax from line 28 . . . . .	20	
21 <b>Total reductions</b> Add lines 19 and 20 . . . . .	21	
22 <b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	22	547.

**Nondeductible State Income Tax (Hawaii Only)**

23 Nontaxable federal employee cost of living allowance . . . . .	23	
24 Adjusted gross income . . . . .	24	
25 Add lines 23 and 24 . . . . .	25	
26 Nondeductible percent. Line 23 divided by line 25 . . . . .	26	%
27 Hawaii state income tax included in line 18 . . . . .	27	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27. . . . .	28	

## 2016

- Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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## Cash Contributions

[illegible]

**Schedule A**  
**Line 17**

**Noncash Contributions Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

**Part I Name of Charity and Donation Value**

1 Name of charity . . . . . Pooch Heaven  
2 a Value of contribution . . . . . 330.00

**Part II Type of Donated Property**

3 Check one:

**Tangible personal property**

- a ☒ Household items & clothing  
b ☐ Motor vehicle, boat, or airplane  
c ☐ Art, Other than self-created  
d ☐ Art, Self-created  
e ☐ Collectibles  
f ☐ Business equipment  
g ☐ Business inventory  
h ☐ Other

**Intangible property**

- i ☐ Stock, Publicly traded  
j ☐ Stock, Other than publicly traded  
k ☐ Securities, Other than stock  
l ☐ Intellectual property  
m ☐ Other

**Real property**

- n ☐ Real property, Conservation property  
o ☐ Real property, Other than conservation

**Part III Additional Information**

If **total** noncash contributions are more than \$500, complete Part III

4 a Street address of charity . . . . . 17328 Ventura Blvd  
b Charity City or Town . . Los Angeles State . . CA ZIP . . 91423  
5 Unique description of donated property . . . . . Clothing, Footwear, Accessories &  
Household items  
6 Date of donation (mm/dd/yyyy or Various) . . . . . 06/14/2016  
7 Method used to determine the fair market value . . Comparative sales

**Part IV Acquisition Information**

If the value of this contribution is more than \$500, complete Part IV

Only enter 'various' for date acquired, if the property was held more than one year.

8 Date the donated property was acquired (mm/dd/yyyy) . . . . .  
9 How the donated property was acquired . . . . .  
10 Cost or adjusted basis in the donated property . . . . .  
11 If business equipment, enter accumulated depreciation . . . . .

**Part V Deduction**

12 Amount claimed as a deduction . . . . . 330.

**Part VI Type of Charitable Organization**

13 Check one: ☒ (a) 50% charity ☐ (b) Other than 50% charity

**Part VII Charity's Use of Certain Appreciated Property**

Complete when value is greater than cost.

14 Is the charity's use of property related to its exempt purpose? . . . . . ☐ Yes ☐ No  
Check 'No' if the charity sold the donated property.

**Part VIII Motor vehicle, boat, airplanes**

15 a Was a Form 1098-C received? . . . . . ☐ Yes ☐ No  
b If **no**, did you receive other written acknowledgment? . . . . . ☐ Yes ☐ No  
c Vehicle Identification Number . . . . . \_\_\_\_\_

**Part IX Additional Information for Contributions of Property More than \$5,000**

Complete Part IX for a contribution of property that has a value of more than \$5,000.  
Generally, you must have a written appraisal for these contributions.

16 Was an appraisal required for this property? . . . . . ☐ Yes ☐ No

**17 Appraiser Information:**

a Date of Appraisal . . . . . \_\_\_\_\_  
b Appraiser Title . . . . . \_\_\_\_\_  
c Appraiser Identifying Number . . . . . \_\_\_\_\_  
d Appraiser Business Address (including room or suite number) \_\_\_\_\_  
e Appraiser City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**18 Charity Information:**

a Charity Date of Receipt of Gift . . . . . \_\_\_\_\_  
b Charity Representative Title . . . . . \_\_\_\_\_  
c Charity Identifying Number . . . . . \_\_\_\_\_  
d Charity Street Address (including room or suite number) \_\_\_\_\_  
e Charity City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**19 Other Information:**

a If a group of items were donated, describe any items  
which were appraised at \$500 or less . . . . . \_\_\_\_\_  
b For **tangible property**, give a brief summary of its overall physical  
condition on the date it was donated . . . . . \_\_\_\_\_  
c For **stock and securities** (checkboxes 3i-3j), enter average trading price . . . . . \_\_\_\_\_  
d For **bargain sales**, enter the amount received . . . . . \_\_\_\_\_

**Part X Partial Interest Donations**

If entire interest in the property was **not** donated, complete Part X.  
Complete Part X for a contribution of property that has a value of \$5,000 or less and for  
publicly traded stock donations.

20 Was the **entire interest** donated for this property? . . . . . ☒ Yes ☐ No  
If **no**, complete line 21

**21 Partial interest donation information:**

a Amount claimed as a deduction on 2016 tax return . . . . . \_\_\_\_\_  
b Deduction claimed for this property on prior years' tax returns. . . . . \_\_\_\_\_  
c Location of tangible property donated . . . . . \_\_\_\_\_  
d Name of the person, other than the charity on line 1, who has  
possession of the donated property . . . . . \_\_\_\_\_  
Complete lines 21e through 21g only if different from the charity on line 1:  
e If a partial interest in this property was donated to a different charity  
in a prior year, enter the name of the charity . . . . . \_\_\_\_\_  
f Street address of prior charity . . . . . \_\_\_\_\_  
g City of prior charity \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_



**Schedule A**  
**Line 17**

**Noncash Contributions Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

**Part I Name of Charity and Donation Value**

**1** Name of charity . . . . . Good Will

**2 a** Value of contribution . . . . . 797.00

**Part II Type of Donated Property**

**3** Check one:

**Tangible personal property**

- a** ☒ Household items & clothing  
**b** ☐ Motor vehicle, boat, or airplane  
**c** ☐ Art, Other than self-created  
**d** ☐ Art, Self-created  
**e** ☐ Collectibles  
**f** ☐ Business equipment  
**g** ☐ Business inventory  
**h** ☐ Other

**Intangible property**

- i** ☐ Stock, Publicly traded  
**j** ☐ Stock, Other than publicly traded  
**k** ☐ Securities, Other than stock  
**l** ☐ Intellectual property  
**m** ☐ Other

**Real property**

- n** ☐ Real property, Conservation property  
**o** ☐ Real property, Other than conservation

**Part III Additional Information**

If **total** noncash contributions are more than \$500, complete Part III

**4 a** Street address of charity . . . . . 2449 cobb parkway

**b** Charity City or Town . . smyrna State . . GA ZIP . . 30080

**5** Unique description of donated property . . . . . Clothing, Footwear, Accessories & Household items

**6** Date of donation (mm/dd/yyyy or Various) . . . . . 02/15/2016

**7** Method used to determine the fair market value . . Comparative sales

**Part IV Acquisition Information**

If the value of this contribution is more than \$500, complete Part IV

Only enter 'various' for date acquired, if the property was held more than one year.

**8** Date the donated property was acquired (mm/dd/yyyy) . . . . .

**9** How the donated property was acquired . . . . .

**10** Cost or adjusted basis in the donated property . . . . .

**11** If business equipment, enter accumulated depreciation . . . . .

**Part V Deduction**

**12** Amount claimed as a deduction . . . . . 797.

**Part VI Type of Charitable Organization**

13 Check one: ☒ (a) 50% charity ☐ (b) Other than 50% charity

**Part VII Charity's Use of Certain Appreciated Property**

Complete when value is greater than cost.

14 Is the charity's use of property related to its exempt purpose? . . . . . ☐ Yes ☐ No  
Check 'No' if the charity sold the donated property.

**Part VIII Motor vehicle, boat, airplanes**

15 a Was a Form 1098-C received? . . . . . ☐ Yes ☐ No  
b If **no**, did you receive other written acknowledgment? . . . . . ☐ Yes ☐ No  
c Vehicle Identification Number . . . . . \_\_\_\_\_

**Part IX Additional Information for Contributions of Property More than \$5,000**

Complete Part IX for a contribution of property that has a value of more than \$5,000.  
Generally, you must have a written appraisal for these contributions.

16 Was an appraisal required for this property? . . . . . ☐ Yes ☐ No

**17 Appraiser Information:**

a Date of Appraisal . . . . . \_\_\_\_\_  
b Appraiser Title . . . . . \_\_\_\_\_  
c Appraiser Identifying Number . . . . . \_\_\_\_\_  
d Appraiser Business Address (including room or suite number) \_\_\_\_\_  
e Appraiser City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**18 Charity Information:**

a Charity Date of Receipt of Gift . . . . . \_\_\_\_\_  
b Charity Representative Title . . . . . \_\_\_\_\_  
c Charity Identifying Number . . . . . \_\_\_\_\_  
d Charity Street Address (including room or suite number) \_\_\_\_\_  
e Charity City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**19 Other Information:**

a If a group of items were donated, describe any items  
which were appraised at \$500 or less . . . . . \_\_\_\_\_  
b For **tangible property**, give a brief summary of its overall physical  
condition on the date it was donated . . . . . \_\_\_\_\_  
c For **stock and securities** (checkboxes 3i-3j), enter average trading price . . . . . \_\_\_\_\_  
d For **bargain sales**, enter the amount received . . . . . \_\_\_\_\_

**Part X Partial Interest Donations**

If entire interest in the property was **not** donated, complete Part X.  
Complete Part X for a contribution of property that has a value of \$5,000 or less and for  
publicly traded stock donations.

20 Was the **entire interest** donated for this property? . . . . . ☒ Yes ☐ No  
If **no**, complete line 21

**21 Partial interest donation information:**

a Amount claimed as a deduction on 2016 tax return . . . . . \_\_\_\_\_  
b Deduction claimed for this property on prior years' tax returns. . . . . \_\_\_\_\_  
c Location of tangible property donated . . . . . \_\_\_\_\_  
d Name of the person, other than the charity on line 1, who has  
possession of the donated property . . . . . \_\_\_\_\_  
Complete lines 21e through 21g only if different from the charity on line 1:  
e If a partial interest in this property was donated to a different charity  
in a prior year, enter the name of the charity . . . . . \_\_\_\_\_  
f Street address of prior charity . . . . . \_\_\_\_\_  
g City of prior charity \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

# Charitable Deduction Limits Worksheet For Current Year Contributions

**2016**

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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**Step 1. List your qualified charitable contributions made during the year.**

**1 RESERVED for future use** . . . . .

**Step 2. List your other charitable contributions made during the year.**

**2** Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . . .

**3** Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .

**4** Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .

**5** Enter your contributions "for the use" of any qualified organization . . . . .

**6** Add lines 4 and 5 . . . . .

**7** Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2). . . . .

**Step 3. Figure your deduction for the year and your carryover to the next year.**

**8** Enter your adjusted gross income . . . . .

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

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
<b>10</b> Enter the smaller of line 2 or line 9 . . . .					1,202.	
<b>11</b> Subtract line 10 from line 2 . . . . .						0.
<b>12</b> Subtract line 10 from line 9 . . . . .			3,727.			
<b>Contributions not to 50% limit organizations</b>						
<b>13</b> Add lines 2 and 3 . . . . .		1,202.				
<b>14</b> Multiply line 8 by 0.3. This is your 30% limit. . . . .		2,957.	2,957.			
<b>15</b> Subtract line 13 from line 9 . . . . .		3,727.				
<b>16</b> Enter the smallest of line 6, 14, or 15 . .					0.	
<b>17</b> Subtract line 16 from line 6 . . . . .						0.
<b>18</b> Subtract line 16 from line 14 . . . . .				2,957.		
<b>Capital gain property to 50% limit organizations</b>						
<b>19</b> Enter the smallest of line 3, 12, or 14 . .					0.	
<b>20</b> Subtract line 19 from line 3 . . . . .						0.
<b>21</b> Subtract line 16 from line 15 . . . . .				3,727.		
<b>22</b> Subtract line 19 from line 14 . . . . .				2,957.		
<b>Capital gain property not to 50% limit organizations</b>						
<b>23</b> Multiply line 8 by 0.2. This is your 20% limit. . . . .				1,972.		
<b>24</b> Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .					0.	
<b>25</b> Subtract line 24 from line 7 . . . . .						0.
<b>26</b> Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . . .					1,202.	
<b>27</b> Reserved for future use . . . . .						
<b>28</b> Reserved for future use . . . . .						
<b>29</b> Reserved for future use . . . . .						
<b>30</b> Add lines 11, 17, 20, and 25. Carry to next year. . . . .						0.

# Charitable Deduction Limits Worksheet For Carryover Contributions

**2016**

► Keep for your records

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

**Step 1. List your qualified charitable contributions made during the year.**

**1 RESERVED** for future use . . . . .

**Step 2. List your other charitable contributions made during the year.**

**2** Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . .

**3** Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .

**4** Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .

**5** Enter your contributions "for the use" of any qualified organization . . . . .

**6** Add lines 4 and 5 . . . . .

**7** Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2). . . . .

**Step 3. Figure your deduction for the year and your carryover to the next year.**

**8** Enter your adjusted gross income . . . . . 9,858.

**9** Multiply line 8 by 0.5. This is your 50% limit. . . . . 4,929.. less. . . . . 1,202. 3,727.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
<b>10</b> Enter the smaller of line 2 or line 9 . . . .					0.	
<b>11</b> Subtract line 10 from line 2 . . . . .						0.
<b>12</b> Subtract line 10 from line 9 . . . . .			3,727.			
<b>Contributions not to 50% limit organizations</b>						
<b>13</b> Add lines 2 and 3 . . . . .		1,202.				
<b>14</b> Multiply line 8 by 0.3. This is your 30% limit. . . . .		2,957.	2,957.			
<b>15</b> Subtract line 13 from line 9 . . . . .		3,727.				
<b>16</b> Enter the smallest of line 6, 14, or 15 . .					0.	
<b>17</b> Subtract line 16 from line 6 . . . . .						0.
<b>18</b> Subtract line 16 from line 14 . . . . .				2,957.		
<b>Capital gain property to 50% limit organizations</b>						
<b>19</b> Enter the smallest of line 3, 12, or 14 . .					0.	
<b>20</b> Subtract line 19 from line 3 . . . . .						0.
<b>21</b> Subtract line 16 from line 15 . . . . .				3,727.		
<b>22</b> Subtract line 19 from line 14 . . . . .				2,957.		
<b>Capital gain property not to 50% limit organizations</b>						
<b>23</b> Multiply line 8 by 0.2. This is your 20% limit. . . . .				1,972.		
<b>24</b> Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .					0.	
<b>25</b> Subtract line 24 from line 7 . . . . .						0.
<b>26</b> Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . . .					0.	
<b>27</b> Reserved for future use . . . . .						
<b>28</b> Reserved for future use . . . . .						
<b>29</b> Reserved for future use . . . . .						
<b>30</b> Add lines 11, 17, 20, and 25. Carry to next year. . . . .						0.

# Charitable Contributions Summary

► Keep for your records

2016

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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## Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Pitt Rescue	75.	75.		
Totals:	75.	75.		

## Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total (a) Total	Other Property (b) 50% Limit	(c) 30% Limit	Capital Gain Property (d) 30% Limit	(e) 20% Limit
Pooch Heaven	330.	330.			
Good Will	797.	797.			
Totals:	1,127.	1,127.			

## Part III Contribution Carryovers to 2017

	Total (a) Total	Cash and Other Non-Capital Gain Property (b) RESERVED	(c) 50% Limit	(d) 30% Limit	Capital Gain Property (e) 30% Limit	(f) 20% Limit
1 2016 contributions . .	1,202.		1,202.			
2 2016 contributions allowed	1,202.		1,202.	0.	0.	0.
3 Carryovers from:						
a 2015 tax year . . . .						
b 2014 tax year . . . .						
c 2013 tax year . . . .						
d 2012 tax year . . . .						
e 2011 tax year . . . .						
4 Carryovers allowed in 2016	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2016	0.		0.	0.	0.	0.
6 Carryovers to 2017:						
a From 2016 . . . . .	0.		0.	0.	0.	0.
b From 2015 . . . . .						
c From 2014 . . . . .						
d From 2013 . . . . .						
e From 2012 . . . . .						
f From 2011 . . . . .						

## Part IV Special Situations in Your Return for Current Year Donations

- Was the **entire interest** given for all property donated to all charities? . . . . . ☒ Yes ☐ No
- Were **restrictions** attached to any charities' right to use or dispose of any property donated to any charity? . . . . . ☐ Yes ☒ No
- Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ☐ Yes ☒ No
- Was any charity other than a 50% charity? . . . . . ☐ Yes ☒ No

**Schedule A**  
**Lines 21, 23, 28**

**Miscellaneous Itemized Deductions Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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**Employee Business Expenses – Subject to 2% Limitation**

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere . . . . .	1	9,925.
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet) . . . . .	2a	
b	Educator Expense Deduction (from 1040, line 23) . . . . .	2b	
c	Excess Educator Expenses (line 2a less line 2b). . . . .	2c	
3	Union and professional dues . . . . .	3	
4	Professional subscriptions . . . . .	4	
5	Uniforms and protective clothing . . . . .	5	
6	Job search costs . . . . .	6	
7	Other: _____ _____ _____	7	
8	Combine lines 1 through 7 (to Schedule A, line 21) . . . . .	8	9,925.

**Miscellaneous Expenses – Subject to 2% Limitation**

Check the box in investment column if an investment expense

Investment  
expense ↓

9	Depreciation and amortization deductions . . . . .	<input checked="" type="checkbox"/>	9	92.
10	Casualty/theft losses of property used in services as an employee . . . . .	<input type="checkbox"/>	10	
11	REMIC expenses, from Schedule E . . . . .	<input checked="" type="checkbox"/>	11	
12	Investment expenses related to interest and dividend income . . . . .	<input checked="" type="checkbox"/>	12	
13	Expenses related to portfolio income, from Schedule(s) K-1 . . . . .	<input checked="" type="checkbox"/>	13	
14	Miscellaneous deductions, from Schedule(s) K-1 . . . . .	<input type="checkbox"/>	14	
15	Excess deductions on termination, from Schedule(s) K-1 . . . . .	<input type="checkbox"/>	15	
16	Investment counsel and advisory fees . . . . .	<input checked="" type="checkbox"/>	16	
17	Certain attorney and accounting fees . . . . .	<input checked="" type="checkbox"/>	17	354.
18	Safe deposit box rental fees . . . . .	<input checked="" type="checkbox"/>	18	
19	IRA custodial fees . . . . .	<input checked="" type="checkbox"/>	19	
20	Loss incurred from total distribution of all traditional IRAs . . . . .	<input type="checkbox"/>	20	
21	Loss incurred from total distribution of all Roth IRAs . . . . .	<input type="checkbox"/>	21	
22	Loss incurred from final distribution of a QTP investment . . . . .	<input type="checkbox"/>	22	
23	Hobby expense (limited to hobby income) . . . . .	<input type="checkbox"/>	23	
24	Other: a Reserved _____	<input type="checkbox"/>	24	
b	_____ _____ _____	<input type="checkbox"/>		
25	Combine lines 9 through 24 (to Schedule A, line 23) . . . . .		25	446.

**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

26	Expenses related to portfolio income, from Schedule(s) K-1 . . . . .	<input checked="" type="checkbox"/>	26	
27	Federal estate tax paid on decedent's income reported on this return . . . . .		27	
28	Impairment-related expenses of a handicapped employee, from Form 2106 . . . . .		28	
29	Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .		29	
30	Gambling losses . . . . .		30	
31	Deduction for repayment of amounts under claim of right if over \$3,000 . . . . .		31	
32	Casualty/theft losses of income-producing property . . . . .		32	
33	Unrecovered investment in annuity . . . . .		33	
34	Ordinary loss attributable to certain debt instruments . . . . .		34	
35	Net Qualified Disaster Loss . . . . .		35	
36	Combine lines 26 through 35 (to Schedule A, line 28) . . . . .		36	

- Keep for your records

410-19-5568

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office

## Form 4562

## Alternative Minimum Tax Depreciation Report

Tax Year 2016

- Keep for your records

## 2016

kathryn J harris

Sch A - Misc Deductions

410-19-5568

[illegible]

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office



# Asset Entry Worksheet

2016

QuickZoom to another copy of Asset Entry Worksheet . .

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

Activity: Sch A Misc Deductions

## Asset Information

1	Description of asset . . . . .	computer	Example: Laser printer
2	Date placed in service . . . . .	02/14/2014	Example: 06/15/2016
3	Enter the total cost when asset was acquired . .	960.	Include land for asset type I, J or M
4	Type of asset. . . . .	A - Computer	
5	Percentage of business use . . . . .	100.00 %	Range: 1.00 to 100.00 If blank, 100.00% is used. Applicable for asset type A-G, P, Q. Subject to limitation. See Tax Help.
6	Enter the amount of Sec 179 expense elected .		
7	Total amount of land included in the cost . . . .		Applicable for asset type I, J or M
8 a	Economic Stimulus - Qualified Property . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	Qualified Second Generation/Cellulosic Biofuel/Biomass Plant Property . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c	Qualified Disaster Area - Qualified Property . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d	Kansas Disaster Zone - Qualified Property . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e	Gulf Opportunity Zone - Qualified Property . . . . .	<input type="checkbox"/> Reg	<input type="checkbox"/> Ext <input checked="" type="checkbox"/> No
f	In service in GO Zone Ext bldg within 90 days of bldg in-service date . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
g	Percentage for Special Depreciation Allowance. . . . .	<input checked="" type="checkbox"/> 100% & 50%	<input type="checkbox"/> 30% <input type="checkbox"/> N/A
h	Elect OUT of Special Depreciation Allowance . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
i	Elect 30% in place of 50% Special Depreciation Allowance . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
j	QuickZoom to view the Election statements . . . . .	▶	
k	Special Depreciation Allowance Deduction . . .	480.	
l	AMT Special Depreciation Allowance Ded. . . .	480.	
9	Prior depreciation . . . . .	250.	If blank, prior depreciation from Asset Life History is used. Required if asset was sold.
10	Depreciation deduction . . . . .	92.	
11	AMT prior depreciation . . . . .	250.	If blank, prior depreciation from Asset Life History is used. Required if asset was sold.
12	AMT depreciation deduction . . . . .	92.	
13	AMT adjustment/preference . . . . .	0.	See Tax Help for computation
14	QuickZoom to Asset Life History . . . . .	▶	
15	If a computer or peripheral equipment (asset type A), was asset used exclusively at your regular business establishment? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
16	If video, photo, or phono equipment (asset type B), was asset used exclusively at your regular business establishment, or in connection with your principal trade or business? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17	If rental appliances, carpeting, or furniture (asset type F), have you amended a prior year tax return or filed Form 3115 to change the recovery period to 5 years? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18	Enter the IRC section under which you amortize the cost of intangibles (asset type L) . . . . .		

**Dispositions** — Complete only if you sold, abandoned, or otherwise disposed of the asset in 2016

19	Date sold, given away, or abandoned in 2016 . . . . .	_____	Example: 12/01/2016
20	Date acquired, if different from line 2 . . . . .	02/14/2014	If converted from personal use
21	Asset sales price . . . . .	_____	Enter business portion only
22	Asset expense of sale . . . . .	_____	Enter business portion only
23	Property type . . . . .	_____	
24	Land sales price . . . . .	_____	Enter business portion only
25	Land expense of sale . . . . .	_____	Enter business portion only
26	Section 179 deduction allowed . . . . .	_____	
27	If Section 1250:		
a	Additional depreciation after 1975 . . . . .	_____	
b	Applicable percentage . . . . .	_____ %	
c	Additional depreciation after 1969 and before 1976 . . . . .	_____	
28 a	Double click to link sale to Form 6252 . . . . .	► _____	
b	Double click to link sale to Home Sale Wks . . . . .	► _____	
29	Basis for gain or loss, if different from ln 3 . . . . .	_____	Enter 100% of basis
30	Basis for AMT gain or loss, if diff from ln 53 . . . . .	_____	Enter 100% of basis
31	Gain or loss . . . . .	_____	
32	AMT gain or loss . . . . .	_____	
33	Part of Form 4797 that gain or loss carries to . . . . .	_____	
34	Land gain or loss (if separate) . . . . .	_____	Only applies if line 24 is entered
35	Part of Form 4797 that land gain or loss carries to (if separate) . . . . .	_____	
36	Check to compute personal residence depreciation after May 6, 1997 . . . . .	<input type="checkbox"/>	
	Regular tax after 5/6/97 . . . . .		AMT after 5/6/97 . . . . .

**Detail Asset Information** — This section is calculated for most assets from the data above.  
Use Find Next Error feature to check for any required entries.

37	Listed property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	See Tax Help
38	Subject to automobile limitations? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
39	Truck or van? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
40	Electric Passenger Vehicle? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
41	Heavy SUV? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
42	Eligible Section 179 property? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Applies to current year assets only
43	Use IRS tables for MACRS property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
44	Qualified Indian reservation property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	

**Regular Depreciation**

45	Depreciation Type . . . . .	MACRS	
46	Asset class . . . . .	5	
47	Depreciation Method . . . . .	200DB	
48	MACRS convention . . . . .	HY	
49	QuickZoom to set 2016 convention . . . . .	► <input type="checkbox"/>	
50	Recovery period . . . . .	5.0	
51	Year of depreciation . . . . .	3	
52	Depreciable basis . . . . .	480.	See Tax Help for computation

**Alternative Minimum Tax Depreciation**

53	AMT basis, if different from line 3 . . . . .	_____	
54	If placed in service before 1987, is asset . . . . .	_____	
55	AMT depreciation method . . . . .	200DB	
56	AMT recovery period . . . . .	5.0	
57	AMT depreciable basis . . . . .	480.	

**MACRS Property Involved in a Like-kind Exchange or Involuntary Conversion**

- 58 Elect OUT of regs under Sec 1.168(i)-6(i) . . . . . ☐ Yes ☐ No ☒ N/A
- 59 Asset ID (Enter same ID on all related assets) . . . . . \_\_\_\_\_
- 60 If this asset represents entire basis of replacement property, enter excess basis . . . . . \_\_\_\_\_
- 61 If this asset represents exchanged basis of replacement property, enter:
- a Date placed in service of relinquished property . . . . . \_\_\_\_\_
- b Date of disposition of relinquished property . . . . . \_\_\_\_\_
- c MACRS convention for relinquished property . . . . . \_\_\_\_\_
- d Depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_
- e AMT depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_

**State Depreciation**

- 62 **QuickZoom** to select or delete states . . . . . ► \_\_\_\_\_
- 63 a State (CA info must be entered in CA state return, do not enter here). . . . . GA
- b Asset status . Non-conformity - computed using state amounts
- c State cost or basis . . . . . 960.
- d State Section 179 deduction . . . . . \_\_\_\_\_
- e State Section 179 deduction allowed (enter for dispositions only) . . . . . \_\_\_\_\_
- f State Special Depreciation Allowance . . . . . \_\_\_\_\_
- g State asset class . . . . . 5
- h State depreciation method . . . . . 200DB
- i State MACRS convention . . . . . HY
- j State recovery period . . . . . 5.0
- k State depreciable basis . . . . . 960.
- l State prior depreciation . . . . . \_\_\_\_\_
- m **State depreciation deduction** . . . . . ► 184.
- n If this asset represents entire basis of replacement property, enter excess basis . . . . . \_\_\_\_\_
- o If exchanged basis, enter depr on relinquished property in year of disposition . . . . . \_\_\_\_\_
- p State gain/loss basis, if different from state cost. . . . . \_\_\_\_\_
- q Include asset in state return . . . . . ☒ Yes ☐ No

**Asset Life History**  
Yearly Allowable Depreciation

**2016**

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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Description: computer Depreciation type: MACRS Asset class: 5  
Cost/  
Basis: 960. Depreciable Basis: 480. Method: 200DB Life: 5.00  
AMT Cost/ AMT Depreciable AMT AMT  
Basis: 960. Basis: 480. Method: 200DB Life: 5.00

Tax Year	Prior Depreciation	Deduction for the Year	AMT Prior Depreciation	AMT Deduction for the Year
1 2014	0.	96.	0.	96.
2 2015	96.	154.	96.	154.
3 2016	250.	92.	250.	92.
4 2017	342.	55.	342.	55.
5 2018	397.	55.	397.	55.
6 2019	452.	28.	452.	28.
7				
8				
9				
10				
11				
12				
13				
14				
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38				
39				
40				
41				
42				
43				

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

**Itemized Deductions Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

<b>1</b>	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28 . . . . .	<b>1</b>	25,381.
<b>2</b>	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28 <b>CAUTION:</b> Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	<b>2</b>	13,197.
<b>3</b>	Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	12,184.
<b>4</b>	Multiply line 3 by 80% (.80) . . . . .	<b>4</b>	9,747.
<b>5</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>5</b>	9,858.
<b>6</b>	Enter \$259,400 if single; \$311,300 if married filing jointly or qualifying widow(er); \$285,350 if head of household, \$155,650 if married filing separately . . . . .	<b>6</b>	259,400.
<b>7</b>	Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5 . . . . .	<b>7</b>	
<b>8</b>	Multiply line 7 by 3% (.03) . . . . .	<b>8</b>	
<b>9</b>	Enter the <b>smaller</b> of line 4 or line 8 . . . . .	<b>9</b>	
<b>10</b>	<b>Total itemized deductions.</b> Subtract line 9 from line 1. (to Schedule A, line 29) . . . . .	<b>10</b>	

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your <b>earned income*</b> more than \$700? <input type="checkbox"/> <b>Yes.</b> Add \$350 to your earned income. Enter the total <input type="checkbox"/> <b>No.</b> Enter \$1,050		1	
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$6,300 • Married filing jointly or Qualifying widow(er) — \$12,600 • Head of household — \$9,300		2	6,300.
3	<b>Standard deduction.</b>			
3 a	Enter the <b>smaller</b> of line 1 or line 2. If born after January 1, 1952, and not blind, <b>stop here</b> and enter this amount on Form 1040, line 40. Otherwise go to line 3b . . . . .		3 a	
3 b	If born before January 2, 1952, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household) . . . . .		3 b	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040, line 40 . . . . .		3 c	

**\*Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

**Form 1040**  
**Line 42**

**Deduction for Exemptions Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return kathryn J harris		Social Security Number 410-19-5568	
<b>1</b>	Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d . . . . .	<b>1</b>	4,050.
<b>2</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>2</b>	9,858.
<b>3</b>	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> <li>• Single, enter \$259,400</li> <li>• Married filing jointly or qualifying widow(er), enter \$311,300</li> <li>• Married filing separately, enter \$155,650</li> <li>• Head of household, enter \$285,350 . . . . .</li> </ul>	<b>3</b>	259,400.
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; enter the amount from line 1 above on Form 1040, line 42. . . . .	<b>4</b>	-249,542.
<b>5</b>	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> <b>Yes.</b> You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. <b>Do not</b> complete the rest of this worksheet. <input type="checkbox"/> <b>No.</b> Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	<b>5</b>	
<b>6</b>	Multiply line 5 by 2% (.02) and enter the result as a decimal. . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6 . . . . .	<b>7</b>	
<b>8</b>	<b>Deduction for exemptions.</b> Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42 . . . . .	<b>8</b>	

# Earned Income Worksheet

2016

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .			
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .			
<b>d</b> One-half of self-employment tax . . . . .			
<b>e</b> Subtract line 1d from line 1c . . . . .			
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .	-519.		-519.
<b>c</b> Add lines 2a and 2b . . . . .	-519.		-519.
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>			
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>	-519.		-519.

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

<b>5</b> Net self-employment earnings (line 4 above) . . . . .	-519.		-519.
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	15,065.		15,065.
<b>7 a</b> Taxable employer-provided adoption benefits. . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	14,546.		14,546.
<b>9 a</b> Taxable dependent care benefits. . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	14,546.		14,546.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	14,546.		14,546.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .	-519.		-519.
<b>16</b> Wages, salaries, tips, etc . . . . .	15,065.		15,065.
<b>17</b> Net self-employment loss . . . . .	519.		519.
<b>18</b> Alimony received. . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	15,065.		15,065.

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

<b>23</b> Self-employed, church and statutory employees . . . . .	-519.		-519.
<b>24</b> Wages, salaries, tips, etc . . . . .	15,065.		15,065.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	14,546.		14,546.



► Keep for your records

Name(s) Shown on Return  
kathryn J harrisSocial Security Number  
410-19-5568**Investment Interest Expense** (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1 . . . . .	1	
2	Investment interest expense from royalties . . . . .	2	
3	Other investment interest expense:		
a	-----	3 a	
b	-----	b	
c	-----	c	
d	-----	d	
4	<b>Total investment interest expense.</b> Add lines 1 through 3. . . . .	4	

**Gross Income from Property Held for Investment** (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income . . . . .	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts . . . . .	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends . . . . .	c	
d	Total . . . . .	d	
6	Royalty income, from Schedule E . . . . .	6	
7	Net passive income from publicly traded partnerships . . . . .	7	
8	Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	8	
9	Other investment income:		
a	-----	9 a	
b	-----	b	
c	-----	c	
d	-----	d	
10	<b>Total investment income.</b> Add lines 5d through 9. . . . .	10	

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

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

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

13	Royalty expenses . . . . .	13	
14	Investment expenses included as itemized deductions (after the 2% limitation) . . . . .	14	446.
15	Investment expenses included as itemized deductions (no 2% limitation) . . . . .	15	
16	Expenses from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	16	
17	Other investment expenses:		
a	-----	17 a	
b	-----	b	
c	-----	c	
d	-----	d	
18	<b>Total investment expenses.</b> Add lines 13 through 17. . . . .	18	446.

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

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

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

**Earned Income Credit Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

- QuickZoom** to Schedule EIC . . . . . ►  
**QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . . ►  
**QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . . . ►  
**QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. . . . . ►

<p><b>1</b> Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered <b>not</b> earned for EIC purposes . . . . .</p> <p><b>2</b> Adjustments to line 1 amount:</p> <p style="padding-left: 20px;"><b>a</b> Income reported as wages <b>and</b> as self-employment income. . . . .</p> <p style="padding-left: 20px;"><b>b</b> Other income entered as wages that is not considered earned income . . . . .</p> <p style="padding-left: 20px;"><b>c</b> Distributions from section 457 and other nonqualified plans reported on W-2 . . . . .</p> <p><b>3</b> Subtract lines 2a, 2b and 2c from line 1 . . . . .</p> <p><b>4 a</b> Taxpayer's nontaxable combat pay election for EIC . . . . . <b>4 a</b></p> <p style="padding-left: 20px;"><b>b</b> Spouse's nontaxable combat pay election for EIC . . . . . <b>b</b></p> <p style="padding-left: 20px;"><b>c</b> Total nontaxable combat pay election . . . . . <b>4 c</b></p> <p><b>5</b> If you were self-employed <b>or</b> used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 . . . . .</p> <p><b>6</b> <b>Earned income.</b> Add lines 3, 4c, and 5 . . . . .</p> <p><b>7</b> Enter the credit, from the <b>EIC Table</b>, for the amount on line 6. Be sure to use the correct column for filing status and number of children. . . . .</p> <p style="padding-left: 40px;">If line 7 is zero, <b>stop</b>. You <b>cannot</b> take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.</p> <p><b>8</b> Enter your <b>AGI</b> from Form 1040, line 38 . . . . .</p> <p><b>9</b> If you have:</p> <ul style="list-style-type: none"> <li>• No qualifying children, is the amount on line 8 less than \$8,300 (\$13,850 if married filing jointly)?</li> <li>• 1 or more qualifying children, is the amount on line 8 less than \$18,200 (\$23,750 if married filing jointly)?</li> </ul> <p><input type="checkbox"/> <b>Yes.</b> Go to line 10 now.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Enter the credit, from the <b>EIC Table</b>, for the amount on line 8. Be sure to use the correct column for filing status and number of children . . . . .</p> <p><b>10</b> <b>Earned income credit.</b></p> <ul style="list-style-type: none"> <li>• If 'Yes' on line 9, enter the amount from line 7</li> <li>• If 'No' on line 9, enter the <b>smaller</b> of line 7 or line 9</li> </ul>	<p><b>1</b></p> <p><b>2 a</b></p> <p><b>b</b></p> <p><b>c</b></p> <p><b>3</b></p> <p><b>4 a</b></p> <p><b>b</b></p> <p><b>4 c</b></p> <p><b>5</b></p> <p><b>6</b></p> <p><b>7</b></p> <p><b>8</b></p> <p><b>9</b></p> <p><b>10</b></p>	<p>15,065.</p> <p></p> <p></p> <p></p> <p>15,065.</p> <p></p> <p></p> <p></p> <p>-519.</p> <p>14,546.</p> <p>27.</p> <p></p> <p>9,858.</p> <p></p> <p></p> <p>383.</p> <p>27.</p>
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Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2016?

- ☐ Yes, all of the above is correct.
- ☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2016?

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2016.

Compliance and Due Diligence Indicator . . . . .☒

Disqualified from Earned Income Credit. . . . .☐ Yes ☒ No

Potential qualifying child count . . . . .▶ 0

Non dependent potential qualifying child count . . . . .▶ 0

Qualifying child count (max 3) . . . . .▶ 0

# Schedule SE Adjustments Worksheet

2016

► Keep for your records

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

	(a) Taxpayer	(b) Spouse
<b>QuickZoom</b> to the <b>Short Schedule SE</b> (Schedule SE, page 1) . . . . ►	<input checked="checked" type="checkbox"/>	<input type="checkbox"/>
<b>QuickZoom</b> to the <b>Long Schedule SE</b> (Schedule SE, page 2) . . . . ►	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> Chapter 11 bankruptcy <b>net</b> profit or loss for Schedule SE, line 3 . . .		
<b>D QuickZoom</b> to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). . . . .		
<b>Part I Farm Profit or (Loss)</b> Schedule SE, line 1		
1 Total Schedules F . . . . .		
2 Farm partnerships, Schedules K-1 . . . . .		
3 Other SE farm profit or (loss) (See Help) . . . . .		
4 Less SE exempt farm profit or (loss) (See Help) . . . . .		
5 <b>Total for Schedule SE, line 1</b> . . . . .		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
<b>a</b> Schedule F, line 4b . . . . .		
<b>b</b> Schedule K-1 (Form 1065), box 20, code Z . . . . .		
<b>c</b> Total CRP payments not subject to SE tax . . . . .		
<b>Part II Nonfarm Profit or (Loss)</b> Schedule SE, line 2		
1 <b>a</b> Total Schedules C . . . . .	-519.	
<b>b</b> Less SE exempt Schedules C (approved Form 4361) . . . . .		
2 Nonfarm partnerships, Schedules K-1 . . . . .		
3 Forms 6781 . . . . .		
4 Other SE income reported as income on Form 1040, line 7 . . . . .		
5 <b>a</b> Clergy Form W-2 wages . . . . .		
<b>b</b> Clergy housing allowance . . . . .		
<b>c</b> Less clergy business deductions . . . . .		
<b>d QuickZoom</b> to the Explanation statement for entry on line 5c. . . . .		
6 Other SE nonfarm profit or (loss) (See Help) . . . . .		
7 Less other SE exempt nonfarm profit or (loss) (See Help) . . . . .		
8 <b>Total for Schedule SE, line 2</b> . . . . .	-519.	
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
<b>Part III Farm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F . . . . .		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income . . . . .		
5 <b>Total</b> gross income for Farm Optional Method . . . . .		
<b>Part IV Nonfarm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C . . . . .		
3 Gross nonfarm income from partnership Schedules K-1 . . . . .		
4 Other gross nonfarm self-employment income . . . . .		
5 <b>Total</b> gross income for Nonfarm Optional Method . . . . .		

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

**2016**

► Keep for your records

Name(s) Shown on Return kathryn J harris		Social Security Number 410-19-5568	
	<b>(a)</b> Before Allocation of Capital Gain Excess *	<b>(b)</b> Allocation of Capital Gain Excess *	<b>(c)</b> After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . .			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c . . . . .		0.	0.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	0.		0.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . .	0.		
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	0.		0.
<b>A</b> Enter the amount from Form 6251, line 30. . . . .	0.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37. . . . .			0.

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

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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**Taxable Income – Line 1**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.) . . . . .	1	-15,523.
2	Additions to income . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	-15,523.
4	Subtractions from income . . . . .	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	5	-15,523.

**Taxes – Line 3**

1	Generation skipping transfer taxes included on Schedule A, line 8 . . . . .	1	
---	---	---	--

**Home Mortgage Interest Adjustment – Line 4**

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1	<b>Attributable to mortgage used to purchase, build, or improve:</b>		
a	Main home or second home that is house, apartment, condominium or non-transient mobile home . . . . .		
b	Second home that is transient mobile home or boat . . . . .		
c	Total . . . . .		
2	<b>Attributable to mortgage used to refinance:</b>		
a	To pay off mortgage . . . . .		
b	For other purposes . . . . .		
c	Total . . . . .		
3	<b>Attributable to other mortgage deductible for AMT:</b>		
a	Pre-July 1, 1982 mortgage . . . . .		
4	Total column (a) . . . . .		
5	Total column (b). Enter result on Form 6251, line 4. . . . .		
6	Total mortgage interest from Schedule A . . . . .		

**Refund of Taxes – Line 7**

1	Taxable refund of state and local income tax . . . . .	1	447.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 . . . . .	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7 . . . . .	3	447.

**Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11**

1	Alternative minimum taxable income (AMTI) without ATNOLD . . . . .	1	-4,742.
2	Enter adjustments . . . . .	2	
3	Adjustment for domestic production activities deduction . . . . .	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	4	-4,742.
5	ATNOLD limitation. Multiply line 4 by 90%. . . . .	5	0.
6	Enter ATNOL carried to 2015 from other year(s) . . . . .	6	
7	Enter ATNOL included above attributable to qualified disaster losses . . . . .	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 . . . . .	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 . . . . .	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) . . . . .	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg. . . . .	11	

**Incentive Stock Options – Line 14**

1	Incentive stock options adjustment from Schedule K-1 worksheets . . . . .	1	
2	Incentive stock options from Employer Stock Transaction Worksheets . . . . .	2	
3	Incentive stock options from Exercise of Stock Options Worksheets . . . . .	3	
4	Other incentive stock options . . . . .	4	
5	Total incentive stock options. Enter on Form 6251, line 14 . . . . .	5	

**Alternative Minimum Taxable Income – Line 28**

If married filing separately and Form 6251, line 28, is more than \$247,450:		
<b>1</b>	Alternative minimum taxable income, Form 6251 . . . . .	<b>1</b> _____
<b>2</b>	Threshold amount . . . . .	<b>2</b> _____
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b> _____
<b>4</b>	Multiply line 3 by 25% (.25) . . . . .	<b>4</b> _____
<b>5</b>	<b>Smaller</b> of line 4 or \$41,900 . . . . .	<b>5</b> _____
<b>6</b>	Add line 1 and line 5. Enter on Form 6251, line 28. . . . .	<b>6</b> _____

**Exemption – Line 29**

<b>1</b>	Enter \$53,900 if single or head of household, \$83,800 if married filing jointly or qualifying widow(er), \$41,900 if married filing separately . . . . .	<b>1</b>	53,900.
<b>2</b>	Enter your alternative minimum taxable income from Form 6251, line 28. . . . .	<b>2</b>	-4,988.
<b>3</b>	Enter \$119,700 if single or head of household, \$159,700 if married filing jointly or qualifying widow(er), \$79,850 if married filing separately . . . . .	<b>3</b>	119,700.
<b>4</b>	Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	0.
<b>5</b>	Multiply line 4 by 25% (.25) . . . . .	<b>5</b>	0.
<b>6</b>	Subtract line 5 from line 1. If zero or less, enter -0- . . . . .	<b>6</b>	53,900.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
<b>7</b>	Minimum exemption amount for certain children under age 24 . . . . .	<b>7</b>	_____
<b>8 a</b>	Enter the <b>child's earned income</b> , if any . . . . .	<b>8 a</b>	_____
<b>b</b>	Enter any adjustments. . . . .	<b>b</b>	_____
<b>9</b>	Add lines 7, 8a and 8b. If zero or less, enter -0-. . . . .	<b>9</b>	_____
<b>10</b>	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29. . . . .	<b>10</b>	_____

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

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

**2016**

► Keep for your records

Name(s) Shown on Return kathryn J harris		Social Security Number 410-19-5568
<b>1</b>	Enter amount from Form 6251, line 30. . . . .	<b>1</b>
<b>2 a</b>	Enter amount from Form(s) 2555, lines 45 and 50 . . . . .	<b>2a</b>
<b>b</b>	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income . . . . .	<b>2b</b>
<b>c</b>	Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b>
<b>3</b>	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 . . . . .	<b>3</b>
<b>4</b>	<b>Tax on amount on line 3.</b> . . . . . <ul style="list-style-type: none"> <li>• If you reported capital gain distributions directly on Form 1040, line 13; <b>or</b> you reported qualified dividends on Form 1040, line 9b; <b>or</b> you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here.</li> <li>• <b>All Others:</b> If line 3 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result. . . . .</li> </ul>	<b>4</b>
<b>5</b>	<b>Tax on amount on line 2c.</b> If line 2c is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result . . . . .	<b>5</b>
<b>6</b>	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0 . . . . .	<b>6</b>



# Federal Carryover Worksheet

2016

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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## 2015 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
CA			132.		119.	
GA			340.		328.	
<b>Totals . .</b>			472.		447.	

## Other Tax and Income Information

			2015	2016
1	Filing status . . . . .	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3	14,671.	25,381.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	19,875.	9,858.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	1,509.	0.
7	Alternative minimum tax . . . . .	7		
8	Federal overpayment applied to next year estimated tax . . . . .	8		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

## Excess Contributions

			2015	2016
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b		

## Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2015	2016
12 a	Short-term capital loss . . . . .	12 a		
b	AMT Short-term capital loss . . . . .	b		
13 a	Long-term capital loss . . . . .	13 a		
b	AMT Long-term capital loss . . . . .	b		
14 a	Net operating loss available to carry forward . . . . .	14 a		
b	AMT Net operating loss available to carry forward . . . . .	b		
15 a	Investment interest expense disallowed . . . . .	15 a		
b	AMT Investment interest expense disallowed . . . . .	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2016 . . . . .	b		
	b 2015 . . . . .	c		
	c 2014 . . . . .	d		
	d 2013 . . . . .	e		
	e 2012 . . . . .	f		
	f 2011 . . . . .			

kathryn J harris

410-19-5568

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

**Charitable Contribution Carryovers**

26 2015 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2015 . . . . .				
b	2014 . . . . .				
c	2013 . . . . .				
d	2012 . . . . .				
e	2011 . . . . .				
27 2016 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2016 . . . . .				
b	2015 . . . . .				
c	2014 . . . . .				
d	2013 . . . . .				
e	2012 . . . . .				
28 Amount overpaid less earned income credit . . . . . 0.					

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

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

# IRA Information Worksheet

2016

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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Part I Traditional IRA		Taxpayer	Spouse
<b>Basis and Value</b>			
1	Total basis in traditional IRAs . . . . .		
2	Year-end value on 12/31/2016. . . . .		
3	Basis carryover as of 12/31/2016 . . . . .		
<b>Excess Contributions</b>			
4	Excess contributions as of 12/31/2015 . . . . .		
5	Carryover of excess contributions to 2017 . . . . .		
Part II Roth IRA		Taxpayer	Spouse
<b>Basis (Contribution and Conversion History)</b>			
6	Basis in Roth IRA contributions . . . . .		
7	Basis in Roth IRA conversions. . . . .		
8	Contribution basis carryover as of 12/31/2016 . . . . .		
9	Conversion basis carryover as of 12/31/2016 . . . . .		
<b>Excess Contributions</b>			
10	Excess contributions as of 12/31/2015 . . . . .		
11	Carryover of excess contributions to 2017 . . . . .		
Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2015 and earlier years . . . . .		
13	Adjustment due to return of excess contributions . . . . .		
14	Rollover of nontaxable portion of a qualified retirement plan . . . .		
15	Basis received from former spouse due to divorce or inherited. . .		
16	Basis transferred to former spouse due to divorce . . . . .		
17	Adjusted total basis in Traditional IRAs. . . . .		
Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SIMPLE IRAs) on 12/31/2016 ( <i>See Help</i> ) . . . . .		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2016. qualified charitable distributions (QCD) made in Jan. 2017 to be treated as made in December 2016 ( <i>See Help</i> ).		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2016 . . . .		
21	Check this box if you converted <b>all</b> of the traditional IRAs you had in 2016 to Roth IRAs in 2016. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

# IRA Information Worksheet

► Keep for your records

2016

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Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2012 . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2015 Balances (Basis - Before 2016 Transactions)</b>			
23	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
24	Cumulative pre 2012 conversions - taxable and nontaxable . . . . .		
25	2012 conversion contributions taxable at conversion . . . . .		
26	2012 conversion contributions not taxable at conversion . . . . .		
27	2013 conversion contributions taxable at conversion . . . . .		
28	2013 conversion contributions not taxable at conversion . . . . .		
29	2014 conversion contributions taxable at conversion . . . . .		
30	2014 conversion contributions not taxable at conversion . . . . .		
31	2015 conversion contributions taxable at conversion . . . . .		
32	2015 conversion contributions not taxable at conversion . . . . .		
<b>2016 Transactions - Contributions</b>		<b>Taxpayer</b>	<b>Spouse</b>
33	Regular <b>Roth</b> IRA contributions . . . . .		
34	Rollover from Roth 401(k) and Roth 403(b) . . . . .		
35	Conversion contributions taxable at conversion . . . . .		
36	Conversion contributions not taxable at conversion . . . . .		
37	Repayments of qualified Roth reservist distributions . . . . .		
<b>2016 Transactions - Distributions</b>			
38	Distributions from regular <b>Roth</b> IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2012 conversions		
40	Distributions from 2012 conversions taxable at conversion . . . . .		
41	Distribs. from 2012 conversions not taxable at conversion . . . . .		
42	Distributions from 2013 conversions taxable at conversion . . . . .		
43	Distribs. from 2013 conversions not taxable at conversion . . . . .		
44	Distributions from 2014 conversions taxable at conversion . . . . .		
45	Distribs. from 2014 conversions not taxable at conversion . . . . .		
46	Distributions from 2015 conversions taxable at conversion . . . . .		
47	Distribs. from 2015 conversions not taxable at conversion . . . . .		
48	Distributions from 2016 conversions taxable at conversion . . . . .		
49	Distribs. from 2016 conversions not taxable at conversion . . . . .		
50	Did you have any open Roth IRA accounts on 12/31/2016? . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Balance c/over to 2017 (Basis - After 2016 Transactions)</b>			
51	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
52	Cumulative pre 2013 conversions - taxable and nontaxable		
53	2013 conversion contributions taxable at conversion . . . . .		
54	2013 conversion contributions not taxable at conversion . . . . .		
55	2014 conversion contributions taxable at conversion . . . . .		
56	2014 conversion contributions not taxable at conversion . . . . .		
57	2015 conversion contributions taxable at conversion . . . . .		
58	2015 conversion contributions not taxable at conversion . . . . .		
59	2016 conversion contributions taxable at conversion . . . . .		
60	2016 conversion contributions not taxable at conversion . . . . .		

# IRA Information Worksheet

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2016

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Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

Part VI Roth IRA Basis Adjustments		Taxpayer	Spouse
<b>Received From Former Spouse due to Divorce or Inheritance</b>			
	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
61			
62	Cumulative pre 2012 conversions - taxable and nontaxable . . . .		
63	2012 conversion contributions taxable at conversion . . . . .		
64	2012 conversion contributions not taxable at conversion . . . . .		
65	2013 conversion contributions taxable at conversion . . . . .		
66	2013 conversion contributions not taxable at conversion . . . . .		
67	2014 conversion contributions taxable at conversion . . . . .		
68	2014 conversion contributions not taxable at conversion . . . . .		
69	2015 conversion contributions taxable at conversion . . . . .		
70	2015 conversion contributions not taxable at conversion . . . . .		
71	2016 conversion contributions taxable at conversion . . . . .		
72	2016 conversion contributions not taxable at conversion . . . . .		
<b>Transferred To Former Spouse due to Divorce</b>			
	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
73			
74	Cumulative pre 2012 conversions - taxable and nontaxable . . . .		
75	2012 conversion contributions taxable at conversion . . . . .		
76	2012 conversion contributions not taxable at conversion . . . . .		
77	2013 conversion contributions taxable at conversion . . . . .		
78	2013 conversion contributions not taxable at conversion . . . . .		
79	2014 conversion contributions taxable at conversion . . . . .		
80	2014 conversion contributions not taxable at conversion . . . . .		
81	2015 conversion contributions taxable at conversion . . . . .		
82	2015 conversion contributions not taxable at conversion . . . . .		
83	2016 conversion contributions taxable at conversion . . . . .		
84	2016 conversion contributions not taxable at conversion . . . . .		

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

**Modified Adjusted Gross Income Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

Description	Amount
<b>Income</b>	
Wages . . . . .	15,065.
Interest income before Series EE bond exclusion . . . . .	
Dividend income . . . . .	
Tax refund . . . . .	447.
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	-519.
Royalty and nonpassive rental activities income or loss . . . . .	
Nonpassive partnership income or loss . . . . .	
Nonpassive S corporation income or loss . . . . .	
Nonpassive farm rental income or loss . . . . .	
Nonpassive farm income or loss . . . . .	
Nonpassive estate and trust income or loss . . . . .	
Real estate mortgage investment conduits . . . . .	
Business gains and losses from nonpassive activities . . . . .	
Capital gains and losses . . . . .	
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
Total income . . . . .	14,993.
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	2,985.
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	1,050.
Penalty on early withdrawals of savings . . . . .	
Alimony paid . . . . .	
Other adjustments . . . . .	
Total adjustments . . . . .	4,035.
<b>Modified adjusted gross income . . . . .</b>	<b>10,958.</b>

## Depreciation Options

2016

Name(s) Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

### MACRS Convention and Computation

☒ Compute convention (result shown below).

When 'Compute convention' is checked, the program automatically determines which convention applies to MACRS personal property assets placed in service in 2016, and checks the appropriate box below. If 'Compute Convention' is unchecked, the program uses the 'Half-year convention' unless you check 'Mid-quarter convention.'

1 ☒ Half-year convention

2 ☐ Mid-quarter convention

3 Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

### Federal Section 179 Information

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of Form 4562, per the IRS instructions. This is the copy that appears on the menu as Form 4562:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Form 4562 for that activity.

1 a Elect to treat Qualified Real Property as "Section 179 Property" . . . . .	1 a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Calculated "Total cost of Section 179 property placed in service" . . . . .	b	0.
c Additions or subtractions to calculated total on line 1a . . . . .	c	
2 If Married Filing Separately, enter:		
a Total cost of eligible property placed in service this year by spouse. . . . .	2 a	
b Allocation percentage elected for your return, if other than 50%. . . . .	b	%
c Section 179 elected on Qualified Real Property this year by spouse . . . . .	c	
3 a Taxable income computed for the Section 179 limitation . . . . .	3 a	14,546.
b Additions or subtractions to taxable income . . . . .	b	

### State Depreciation

Enter the State ID of all states for which you want depreciation computed. A corresponding state record will be created on all assets and vehicles in the Federal return.

Note: Only supported states may be selected. Not applicable to California. California depreciation data must be entered in the state return.

#### To delete or change a state:

- Check the "Yes" box for "Delete this state's depreciation data from the Federal file now"
- Delete the entry in the "State" field, or change it to the desired state
- Check the "No" box for "Delete this state's depreciation data from the Federal file now"

States currently entered: GA

State . . . . .	GA	
Delete this state's depreciation data from Federal file when transferring to 2017 . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Delete this state's depreciation data from the Federal file now . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State . . . . .		
Delete this state's depreciation data from Federal file when transferring to 2017 . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delete this state's depreciation data from the Federal file now . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**State Section 179 Dollar Limitation**

1	State . . . . .	1	GA
2 a	Married Filing Separately for state? If Yes, enter:	2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Total cost of state eligible property placed in service this year by spouse . . .	b	
c	Allocation percentage elected for state return . . . . .	c	%
d	State Section 179 elected on Qualified Real Property this year by spouse . .	d	
3 a	Elect to treat state Qualified Real Property as "Section 179 Property" . . . .	3 a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Calculated "Total cost of state Section 179 property placed in service" . . . .	b	
c	Additions or subtractions to state calculated value . . . . .	c	
4	State maximum amount . . . . .	4	500,000.
5	State threshold cost of Section 179 property . . . . .	5	2,010,000.
6	Reduction in state limitation (Line 3b less line 5, not less than 0) . . . . .	6	0.
7	State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d) . . .	7	500,000.
8	Total state Section 179 elected (Cannot exceed line 7) . . . . .	8	
9	Total state Section 179 elected on Qualified Real Property . . . . .	9	

**State Defaults for Economic Stimulus Depreciation Allowance and 2016 Section 179**

Note: Only supported states are shown

Check box to reset all state Economic Stimulus defaults shown below . . . . . ☐

STATE CALC		STIMULUS BONUS DEPRECIATION			2016 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
AL	State	Full	12/31/2008	12/31/2020	Full	500,000.	2,010,000.
AZ	State	55%	12/31/2012	12/31/2020	Part	500,000.	2,010,000.
AR	State	N/A	N/A	N/A	Full	25,000.	200,000.
						See State 2009 Economic Stimulus Default Statement	

**State Defaults for Qualified Disaster Area Depreciation Allowance and Section 179**Check box to reset all state Qualified Disaster Area defaults shown below . . . . . ☐

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	12/31/2007	12/31/2013	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State Qualified Disaster Area Default Statement	

**State Defaults for Kansas Disaster Zone Depreciation Allowance and Section 179**Check box to reset all state Kansas Disaster Zone defaults shown below . . . . . ☐

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	05/04/2007	12/31/2009	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State Kansas Disaster Zone Default Statement	

**State Defaults for Cellulosic Biomass Ethanol Plant Property (CBEPP)**Check box to reset all state CBEPP defaults shown below . . . . . ☐

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
AL	Federal	Full	12/20/2006	12/31/2016
AZ	Federal	Full	12/20/2006	12/31/2016
AR	None	N/A	N/A	N/A
			See State CBEPP Default Statement	



**State Defaults for GO Zone Depreciation Allowance and GO Zone Section 179**Check box to reset all state GO Zone defaults shown below . . . . . ☐

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
AL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
AZ	State	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State GO Zone Default Statement	

**State Defaults for Pre-2006 Special Depreciation Allowance (SDA), and Trucks/Vans**Check box to reset all state SDA & Truck/Van defaults shown below . . . . . ☐

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck /Van
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	
AL	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
AZ	State	None	N/A	N/A	N/A	N/A	N/A	Y
AR	State	None	N/A	N/A	N/A	N/A	N/A	N
				See State Pre-2006 SDA Default Statement				

**State Defaults for Sec 179 on Computer Software & Qualified Real Property**Check box to reset all state Sec 179 defaults shown below . . . . . ☐

STATE CALC		COMPUTER SOFTWARE		STATE CALC	QUALIFIED REAL PROPERTY	
State	F/S conformity	Start	End	F/S conformity	Start	End
AL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
AZ	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
AR	Federal	TY2003	PERMANENT	None	N/A	N/A
		See State Software/Real Property Sec 179 Default Statement				

**State Defaults for Asset Class on Qualified Real Property & Farm Machinery/Equipment**Check box to reset all state Asset Class defaults shown below . . . . . ☐

STATE CALC		FARM & RETAIL		STATE CALC	RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End
AL	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
AZ	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
AR	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
		See State Asset Class Default Statement				

# Two-Year Comparison

2016

Name(s) Shown on Return kathryn J harris			Social Security Number	
Income	2015	2016	Difference	%
Wages, salaries, tips, etc . . . . .	467.	15,065.	14,598.	999.00
Interest and dividend income . . . . .				
State tax refund . . . . .	0.	447.	447.	
Business income (loss) . . . . .	7,347.	-519.	-7,866.	-107.06
Capital and other gains (losses) . . . . .	0.		0.	
IRA distributions . . . . .	9,750.		-9,750.	-100.00
Pensions and annuities . . . . .				
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .	3,280.		-3,280.	-100.00
<b>Total Income</b> . . . . .	20,844.	14,993.	-5,851.	-28.07
<b>Adjustments to Income</b> . . . . .	969.	5,135.	4,166.	429.93
<b>Adjusted Gross Income</b> . . . . .	19,875.	9,858.	-10,017.	-50.40
<b>Itemized Deductions</b>				
Medical and dental . . . . .	11,089.	13,197.	2,108.	19.01
Income or sales tax . . . . .	473.	547.	74.	15.64
Real estate taxes . . . . .				
Personal property and other taxes . . . . .	150.	192.	42.	28.00
Interest paid . . . . .				
Gifts to charity . . . . .	2,249.	1,202.	-1,047.	-46.55
Casualty and theft losses . . . . .				
Miscellaneous . . . . .	710.	10,243.	9,533.	999.00
Phaseout of itemized deductions . . . . .				
<b>Total Itemized Deductions</b> . . . . .	14,671.	25,381.	10,710.	73.00
<b>Standard or Itemized Deduction</b> . . . . .	14,671.	25,381.	10,710.	73.00
<b>Exemption Amount</b> . . . . .	4,000.	4,050.	50.	1.25
<b>Taxable Income</b> . . . . .	1,204.	0.	-1,204.	-100.00
Income tax . . . . .	121.	0.	-121.	-100.00
Additional income taxes . . . . .	300.		-300.	-100.00
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	421.	0.	-421.	-100.00
Nonbusiness credits . . . . .				
Business credits . . . . .				
<b>Total Credits</b> . . . . .				
Self-employment tax . . . . .	1,038.		-1,038.	-100.00
Other taxes . . . . .	50.	0.	-50.	-100.00
<b>Total Tax After Credits</b> . . . . .	1,509.	0.	-1,509.	-100.00
Withholding . . . . .	1,352.	491.	-861.	-63.68
Estimated and extension payments . . . . .				
Earned income credit . . . . .		27.	27.	
Additional child tax credit . . . . .				
Other payments . . . . .		185.	185.	
<b>Total Payments</b> . . . . .	1,352.	703.	-649.	-48.00
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .		703.	703.	
<b>Balance Due</b> . . . . .	157.		-157.	-100.00

Current year effective tax rate . . . . . -2.15 %

**Tax Summary**  
► Keep for your records

**2016**

Name (s)

kathryn J harris

<b>Total income</b> .....	14,993.
<b>Adjustments to income</b> .....	5,135.
<b>Adjusted gross income</b> .....	9,858.
<b>Itemized/standard deduction</b> .....	25,381.
<b>Exemption amount</b> .....	4,050.
<b>Taxable income</b> .....	0.
<b>Tentative tax</b> .....	0.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	
<b>Other taxes</b> .....	0.
<b>Total tax</b> .....	0.
<b>Total payments</b> .....	703.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	703.
<b>Refund</b> .....	703.
<b>Amount Applied to Estimate</b> .....	
<b>Balance due</b> .....	0.

**Which Form 1040 to file?**

You must use Form 1040 because  
you had taxable state or local income tax refunds.

# Compare to U. S. Averages

► Keep for your records

2016

Name(s) Shown on Return kathryn J harris	Social Security No 410-19-5568
---	-----------------------------------

Your 2016 adjusted gross income (AGI) . . . . . 9,858.  
National adjusted gross income range used below . . . . . from 0. to 14,999.

**Note:** National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages . . . . .	15,065.	8,413.
Taxable interest . . . . .		956.
Tax-exempt interest . . . . .		5,790.
Dividends . . . . .		2,248.
Business net income . . . . .		7,725.
Business net loss . . . . .	-519.	26,063.
Net capital gain . . . . .		8,052.
Net capital loss . . . . .		2,376.
Taxable IRA . . . . .		5,266.
Taxable pensions and annuities . . . . .		6,811.
Rent and royalty net income . . . . .		7,629.
Rent and royalty net loss . . . . .		14,607.
Partnership and S corporation net income . . . . .		21,356.
Partnership and S corporation net loss . . . . .		90,515.
Taxable social security benefits . . . . .		2,448.
Medical and dental expenses deduction . . . . .	13,197.	8,875.
Taxes paid deduction . . . . .	739.	3,602.
Interest paid deduction . . . . .		7,200.
Charitable contributions deduction . . . . .	1,202.	1,441.
Total itemized deductions . . . . .	25,381.	15,717.
Child care credit . . . . .		83.
Education tax credits . . . . .		241.
Child tax credit . . . . .		153.
Retirement savings contributions credit . . . . .		159.
Earned income credit . . . . .	27.	1,904.
<b>Other Information</b>	<b>Actual Per Return</b>	<b>National Average</b>
Adjusted gross income . . . . .	9,858.	2,535.
Taxable income . . . . .	0.	2,623.
Income tax . . . . .	0.	291.
Alternative minimum tax . . . . .		15,803.
Total tax liability . . . . .	0.	496.

## Estimated Taxes and Form W-4 Worksheet

<b>Name:</b>	kathryn J harris
<b>SSN:</b>	410-19-5568

**Choose the Method You Will Use to Pay Your 2017 Federal Income Taxes**

☐ By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)

☒ By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2017 withholding will be \_\_\_\_\_

Overpayment from my 2016 return. . . . . 703.

Amount of my 2016 overpayment to apply to 2017 instead of refunding it . . . . . \_\_\_\_\_

**Enter Your Filing Status and Other Information for Your 2017 Tax Return**

Choose your filing status . . . . . 1 - Single

Taxpayer age as of the end of 2017 . . . . . 48

Spouse age as of the end of 2017 . . . . . \_\_\_\_\_

Do you qualify for an additional standard deduction?

**Taxpayer:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_ **Total** . . . . . 0

☐ Check if you must itemize in 2017. (See Tax Help.)

**Enter the Number of Dependent Exemptions You Will Claim on Your 2017 Tax Return**

☐ Check if you will be the dependent of another person (but not if married filing jointly).

Enter the number of **dependents** you will claim, do not include yourself or your spouse . . . 0

Total exemptions . . . . . 1

Enter Your 2017 Income and Deductions in 2nd column	2016 Actual	2017 Expected
<b>Compensation:</b>		
Annual wages and salary for taxpayer . . . . .	15,065.	
Medicare wages for taxpayer (W-2 box 5) . . . . .	15,065.	
Annual wages and salary for spouse . . . . .		0.
Medicare wages for spouse (W-2 box 5) . . . . .		0.
Annual net income from self-employment for taxpayer . . . . .	-519.	
Annual net income from self-employment for spouse . . . . .		0.
<b>Other Tax Information:</b>		
<b>Note:</b> Include this income in the Other Income section below.		
Net Investment Income for 3.8% tax . . . . .	0.	
Qualified dividends . . . . .		
<b>Maximum Capital Gains Rate Tax Information:</b>		
Net short-term capital gains or losses . . . . .		
Net long-term capital gains or losses . . . . .		
Net 28%-rate capital gains included in long-term . . . . .		
Unrecap'd Sec 1250 gains incl in long-term (see Tax Help) . . . . .		
Investment income election (see Tax Help) . . . . .		
<b>Other Income:</b>		
Total of your other taxable income and losses (see Tax Help) . . . . .	447.	
Foreign income or housing exclusions . . . . .		
<b>Adjustments:</b>		
Deductible IRA contributions, alimony, etc . . . . .	5,135.	
<b>Itemized Deductions:</b>		
Total medical expenses . . . . .	14,183.	
Real estate tax . . . . .		
Other deductible taxes . . . . .	739.	
Deductible mortgage interest . . . . .		
Charitable contributions . . . . .	1,202.	
Deductible investment interest expense, casualty or theft losses (see Tax Help) . . . . .		
Miscellaneous itemized deductions subject to 2% of AGI . . . . .	10,440.	
Deductible gambling losses . . . . .		
Other misc itemized deductions <b>not</b> subject to 2% of AGI . . . . .		

Income Tax Calculation for Your 2017 Tax Return	2016 Actual	2017 Expected
Taxable income . . . . .	0.	0.
Income tax . . . . .	0.	
Alternative minimum tax ( <b>Enter</b> Alt Min tax expected in 2017) . . .		
Premium tax credit repayment ( <b>Enter</b> amt expected for 2017) . . .		
Total credits ( <b>Enter</b> credits expected in 2017) . . . . .		
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%) . . . . .		0.
Other taxes ( <b>Enter</b> other taxes expected in 2017) . . . . .	0.	
Total federal income tax . . . . .	0.	0.

### Enter the Tax Payments You've Already Made for Your 2017 Tax Return

The federal income tax actually withheld from your paychecks to date	
Taxpayer . . . . .	
Spouse . . . . .	
Federal estimated tax payments you've already made	
Payment number 1 (April 18, <b>2017</b> ) . . . . .	
Payment number 2 (June 15, <b>2017</b> ) . . . . .	
Payment number 3 (September 15, <b>2017</b> ) . . . . .	
<b>2016</b> federal overpayment credited to <b>2017</b> (from page 1 above) . . . . .	
Total taxes paid to date . . . . .	
Balance of payments needed or (expected refund) . . . . .	0.

### Summary of Taxes to be Paid for 2017

Federal income taxes to be withheld from your paychecks . . . . .	
Your 2016 federal overpayment you applied to 2017 . . . . .	
Your 2017 federal estimated taxes,	
based on . . . . . <u>100% of your 2016 actual tax</u>	
Estimate of total payments you will need to make for 2017 . . . . .	

## Estimated Tax Payment Options

Name: kathryn J harris

SSN: 410-19-5568

Prepare My 2017 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2017 estimated taxable income . . . . .	<u>0.</u>
<input type="checkbox"/> 100% of tax on your 2017 estimated taxable income . . . . .	<u>0.</u>
<input type="checkbox"/> 66-2/3% of tax on your 2017 estimated taxable income (for farmers and fishermen only, see Tax Help) . . . . .	<u>0.</u>
<input checked="" type="checkbox"/> 100% (110%) of your 2016 taxes (prior-year exception) <b>Note:</b> If your 2016 taxes were less than \$1000, see Tax Help . . . . .	<u>0.</u>

Amount of Estimated Taxes to Pay in 2017	
Taxes based on method above . . . . .	<u>0.</u>
Expected withholding for 2017 . . . (.2016 actual withholding) . . . . .	<u>491.</u>
Taxes due after withholding . . . . .	<u>0.</u>
Estimates you've already paid . . . . .	<u></u>
Last year's overpayment you applied to this year . . . . .	<u></u>
Balance of estimated taxes due . . . . .	<u>0.</u>

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2017	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 18, 2017 . . . . .	<u></u>
<input type="checkbox"/> Payment number 2, due June 15, 2017 . . . . .	<u></u>
<input type="checkbox"/> Payment number 3, due September 15, 2017 . . . . .	<u></u>
<input type="checkbox"/> Payment number 4, due January 16, 2018 . . . . .	<u></u>

Total estimated tax payments for 2017 . . . . .	<u></u>
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Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

## Additional Information for Form W-4

<b>Name:</b>	<u>kathryn J harris</u>
<b>SSN:</b>	<u>410-19-5568</u>

<input type="checkbox"/> This box will be checked if your entries on the <b>Estimated Taxes and Form W-4 Worksheet</b> indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
<b>Enter Salary and Pay Periods for 2017</b>	<b>Taxpayer</b>	<b>Spouse</b>
Your annual salary for this year . . . . .	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Salary you have already received in 2017 . . . . .	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Your remaining salary for this year . . . . .	0.	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Number of paychecks you have remaining this year . . . . .	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
How often you are paid . . . . .	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Your gross salary per pay period . . . . .	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>

<b>Form W-4 Personal Allowances and Withholding</b>	<b>Taxpayer</b>	<b>Spouse</b>
Withholding status . . . . .	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Personal allowances (see Tax Help if more than 10) . . . . .	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Additional withholding per pay period . . . . .	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Estimated future withholding per pay period . . . . .	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Estimated future withholding through remainder of year . . . . .	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Top tax rate being withheld . . . . .	%	%

<b>Change in Federal Income Tax Withholding per Pay Period</b>	<b>Taxpayer</b>	<b>Spouse</b>
See tax help for more information.		
Current withholding per pay period . . . . .	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Estimated future withholding per pay period . . . . .	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Increase/(decrease) in net pay per pay period . . . . .	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>

<b>Summary of Federal Income Taxes to be Withheld in 2017:</b> Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding . . . . .	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Spouse's withholding . . . . .	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Total withholding . . . . .	<div style="border-bottom: 1px solid black; height: 15px;"></div>



## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** kathryn J harris

**Primary SSN:** 410-19-5568

**Federal Return Submitted:** April 15, 2017 01:20 PM PDT

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

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Your return was electronically transmitted on 04/15/2017

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

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

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

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2017. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 18, 2017, your Intuit electronic postmark will indicate April 18, 2017, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2017, and a corrected return is submitted and accepted before April 23, 2017. If your return is submitted after April 23, 2017, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 16, 2017. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 17, 2017, and the corrected return is submitted and accepted by October 20, 2017.

### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

## We need your consent - Early Access

This is an IRS requirement

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IRS regulations require the following statements:

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

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

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

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

<hr/> <hr/> <hr/> <hr/>
-------------------------

First Name

Last Name

Please type the date below:

Date

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F7216U01 SBIA5001

## Read and accept this Disclosure Consent

This is an IRS requirement

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### IRS regulations require the following statements:

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

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

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

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

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Sign this agreement by entering your name:

Please type the date below:

Date

## Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:  
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

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### IRS regulations require the following statements:

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

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

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date

## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://irs.gov)) for information about tax refund processing.

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

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

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

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

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

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

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

<sup>3</sup> However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

Questions? Call 1-877-908-7228

## We need your consent - IRA Eligibility

This is an IRS requirement

TurboTax will use information from your tax return (your age, income, filing status and whether you're already covered by a retirement plan) so you can find IRA contribution options that help you get a tax break.

If you would like Intuit TurboTax to use your tax return information to determine whether these services are relevant to you while we are preparing your tax return, provide the information requested above, and sign and date this consent to the use of your tax return information.

If you are requesting use of personal information from a joint return, we need consent from both you and your spouse on the return.

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IRS regulations require the following statements:

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

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

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

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To agree, enter your name and date in the boxes below.

kathryn  
First Name

harris  
Last Name

Please type the date below:

04/15/2017

Date

First Name - Spouse

Last Name - Spouse

Please type the date below:

Date

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## Smart Worksheets from your 2016 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>		
<b>A</b>	Tax . . . . .	0.
	Check if from:	
1	Tax table . . . . .	X
2	Tax Computation Worksheet (see instructions) . . . . .	
3	Schedule D Tax Worksheet . . . . .	
4	Qualified Dividends and Capital Gain Tax Worksheet . . . . .	
5	Schedule J . . . . .	
6	Form 8615 . . . . .	
7	Foreign Earned Income Tax Worksheet . . . . .	
<b>B</b>	Additional tax from Form 8814 . . . . .	
<b>C</b>	Additional tax from Form 4972 . . . . .	
<b>D</b>	Tax from additional Form(s) 4972 . . . . .	
<b>E</b>	Recapture tax from Form 8863 . . . . .	
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . .	
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . .	
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . .	0.

SMART WORKSHEET FOR: Schedule C (Actor submissions and representation for Daily Talent Agency): Profit or Loss from Business

Business Address Information Smart Worksheet		
Business street address .	<u>8000 waters ave 197</u>	
City, State and Zip Code (do not enter State and Zip Code if foreign address)		
<u>savannah</u>	<u>GA</u>	<u>31405</u>
Or, foreign country information:		
_____		

## SMART WORKSHEET FOR: Schedule C (Actor submissions and representation for Daily Talent Agency): Profit or Loss from Business

**Domestic Production Activities Smart Worksheet**

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column and the Oil-Related Production column (if applicable). For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

	Total	Domestic Production	Oil-Related Production
<b>A</b> Gross receipts . . . . .	9,925.		
<b>B</b> Cost of goods sold . . . . .			
<b>C</b> Directly allocable deductions, expenses, or losses . . . . .			
<b>D</b> Indirectly allocable deductions, expenses, or losses . . . . .	6,796.		
<b>E</b> W-2 wages (adjust for wages from COGS, if necessary) . . . . .			

**QuickZoom** to Form 8903, Domestic Production Activities Deduction . . . ►

## SMART WORKSHEET FOR: Schedule C (Actor submissions and representation for Daily Talent Agency): Profit or Loss from Business

**Activity Summary Smart Worksheet**

Supporting information provided by program. NO ENTRIES ARE NEEDED.

	Regular Tax	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer	
<b>B</b> At risk status . . . . .	All	
<b>C</b> Passive status . . . . .	Nonpassive	
<b>Schedule C</b>		
<b>D</b> Tentative profit (loss) . . . . .	3,129.	3,129.
<b>E</b> Other preferences and adjustments . . . . .		
<b>F</b> At risk disallowed loss . . . . .		
<b>G</b> Passive carryover loss . . . . .		
<b>H</b> Passive disallowed loss . . . . .		
<b>I</b> Net profit (loss) allowed . . . . .	3,129.	3,129.
<b>Related Dispositions</b>		
<b>J</b> Tentative profit (loss) . . . . .		
<b>K</b> At risk disallowed loss . . . . .		
<b>L</b> Passive carryover loss . . . . .		
<b>M</b> Passive disallowed loss . . . . .		
<b>N</b> Net profit (loss) allowed . . . . .		

## SMART WORKSHEET FOR: Schedule C (Airbnb rentals): Profit or Loss from Business

**Business Address Information Smart Worksheet**Business street address . 5110 garrard ave, Apt. 914

City, State and Zip Code (do not enter State and Zip Code if foreign address)

savannah GA 31405Or, foreign country information:  
\_\_\_\_\_

## SMART WORKSHEET FOR: Schedule C (Airbnb rentals): Profit or Loss from Business

**Domestic Production Activities Smart Worksheet**

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column and the Oil-Related Production column (if applicable). For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

	Total	Domestic Production	Oil-Related Production
<b>A</b> Gross receipts . . . . .	3,315.		
<b>B</b> Cost of goods sold . . . . .			
<b>C</b> Directly allocable deductions, expenses, or losses . . . . .			
<b>D</b> Indirectly allocable deductions, expenses, or losses . . . . .	6,963.		
<b>E</b> W-2 wages (adjust for wages from COGS, if necessary) . . . . .			

**QuickZoom** to Form 8903, Domestic Production Activities Deduction . . . ►

## SMART WORKSHEET FOR: Schedule C (Airbnb rentals): Profit or Loss from Business

Carryovers to 2016 Smart Worksheet		
Enter carryovers from prior year below.		
	Regular Tax	Alternative Minimum Tax
<b>A</b> Section 179 carryover (enter as a positive amount) . . . . .		
<b>At-Risk Losses Carryover</b> (enter as negative amts)		
<b>B</b> Schedule C suspended loss . . . . .	-1,762.	
<b>C</b> Schedule D short-term suspended loss . . . . .		
<b>D</b> Schedule D long-term suspended loss . . . . .		
<b>E</b> Form 4797 ordinary suspended loss . . . . .		
<b>F</b> Form 4797 long-term suspended loss . . . . .		
<b>Passive Losses Carryover</b> (enter as negative amts)		
<b>G</b> Schedule C suspended loss . . . . .		
<b>H</b> Schedule D short-term suspended loss . . . . .		
<b>I</b> Schedule D long-term suspended loss . . . . .		
<b>J</b> Form 4797 ordinary suspended loss . . . . .		
<b>K</b> Form 4797 long-term suspended loss . . . . .		

## SMART WORKSHEET FOR: Schedule C (Airbnb rentals): Profit or Loss from Business

Activity Summary Smart Worksheet		
Supporting information provided by program. NO ENTRIES ARE NEEDED.		
	Regular Tax	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer	
<b>B</b> At risk status . . . . .	All	
<b>C</b> Passive status . . . . .	Nonpassive	
<b>Schedule C</b>		
<b>D</b> Tentative profit (loss) . . . . .	-3,648.	-3,648.
<b>E</b> Other preferences and adjustments . . . . .		
<b>F</b> At risk disallowed loss . . . . .		
<b>G</b> Passive carryover loss . . . . .		
<b>H</b> Passive disallowed loss . . . . .		
<b>I</b> Net profit (loss) allowed . . . . .	-3,648.	-3,648.
<b>Related Dispositions</b>		
<b>J</b> Tentative profit (loss) . . . . .		
<b>K</b> At risk disallowed loss . . . . .		
<b>L</b> Passive carryover loss . . . . .		
<b>M</b> Passive disallowed loss . . . . .		
<b>N</b> Net profit (loss) allowed . . . . .		

## SMART WORKSHEET FOR: Form 2106: Employee Business Expense

Form 2106, Part I Smart Worksheet	
<b>A</b>	Check this box to use this form for spouse's employee expenses. If blank, taxpayer assumed . . . . . <input type="checkbox"/>
<b>B</b>	For entry of business expenses (incl non-auto depreciation), employer reimbursement information and qualified performing artist, Armed Forces reserve-related travel, or impairment-related work expenses, <b>QuickZoom</b> to Form 2106 Adjustments Wks . . . ▶
<b>C</b>	Check this box to file Form 2106 even if you qualify to file Form 2106-EZ . . . . . <input type="checkbox"/>
<b>D</b>	<b>QuickZoom</b> to Form 2106-EZ for these employee business expenses . . . . . ▶
<b>E</b>	Check this box if a fee basis state or local government official . . . . . <input type="checkbox"/>
<b>F</b>	Check this box if subject to Department of Transportation (DOT) hours of service limits . . . . <input type="checkbox"/>
<b>G</b>	<b>QuickZoom</b> to another copy of Form 2106 . . . . . ▶
<b>H</b>	Treat all MACRS assets for activity as qualified Indian reservation property? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>I</b>	Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property? . . . . . <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No
<b>J</b>	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>K</b>	Was this activity located in a Qualified Disaster Area? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>L</b>	Employee home office used for daycare? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SMART WORKSHEET FOR: Form 3903 (savannah): Moving Expenses

General Information Smart Worksheet	
<b>A</b>	Enter the new principal place of work for this move . . . <u>savannah</u>
<b>B</b>	If you are NOT in the military, enter the total amount your employer paid for your move (Enter <b>ONLY</b> if your Form W-2 does not show an amount in Box 12 with code <b>P</b> ) . . . <u>0.</u>
<b>C</b>	Enter the number of miles from your <b>old home</b> to your <b>new workplace</b> . . . . . <u>450 miles</u>
<b>D</b>	Enter the number of miles from your <b>old home</b> to your <b>old workplace</b> . . . . . <u>0 miles</u>
<b>E</b>	Subtract line D from line C. If zero or less, enter -0- . . . . . <u>450 miles</u>
<b>Is line E at least 50 miles?</b>	
<b>Yes</b>	▶ You meet this test.
<b>No</b>	▶ You do not meet this test. You <b>cannot</b> deduct your moving expenses. <b>Do Not</b> complete Form 3903.
<b>F</b>	For <b>foreign</b> moves check here <b>only</b> if <b>all</b> the following apply . . . . . ▶ <input type="checkbox"/>
<ul style="list-style-type: none"> <li>● You moved in an earlier year</li> <li>● You are claiming <b>only</b> storage fees while you are <b>away</b> from the United States</li> <li>● Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2</li> </ul>	

## SMART WORKSHEET FOR: Form 3903 (savannah): Moving Expenses

Moving Expenses Smart Worksheet	
Enter your moving expenses:	
<b>A</b>	Transportation expenses for this move . . . . . <u>2,000.</u>
<b>B</b>	Storage of household goods and personal effects . . . . . <u>75.</u>
<b>C</b>	Travel expenses for this move (See Tax Help for new mileage rates) . . . . . <u>610.</u>
<b>D</b>	Lodging expenses for this move . . . . . <u>300.</u>

SMART WORKSHEET FOR: Schedule C (Airbnb rentals): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (2271 lake park drive)

**Simple Method Smart Worksheet**

Simplified method election for Home Office expenses:

Do you elect to use the simplified method in **2016**? . . . . . ☐ Yes ☒ No  
 Did you elect to use the simplified method in **2015**? . . . . . ☐ Yes ☒ No

- A** Gross income limitation . . . . . \_\_\_\_\_  
**B** Enter the square footage of your office . . . . . \_\_\_\_\_  
**C** The lesser of the square footage of your office or 300 . . . . . \_\_\_\_\_  
**D** Number of months in 2016 this home office was used at least 15 days  
     during the month . . . . . \_\_\_\_\_  
**E** Business percentage for daycare facilities (if applicable, or 100.00 if not) \_\_\_\_\_ %  
**F** Line C times line D divided by 12 times \$5.00 times line E . . . . . \_\_\_\_\_  
**G** Allowable Simple Method deduction. Enter the lesser of line A or line F . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Schedule C (Airbnb rentals): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (2271 lake park drive)

**Line 8 Calculation Smart Worksheet**

- A** Enter the date you began using this home office for this business. . . . . 08/01/2015  
**B** Enter the percent of gross income on line 7 of Schedule C that  
     is from the business use of this home . . . . . 0.00 %  
**C 1** Calculated gain from business use of this home on Schedule D or Form 4797. . . . . \_\_\_\_\_  
**2** Adjustments to calculated gain . . . . . \_\_\_\_\_  
**3** Net gain . . . . . \_\_\_\_\_  
**D 1** Calculated loss from this business not derived from business use of home  
     and shown on Schedule D or Form 4797 . . . . . \_\_\_\_\_  
**2** Adjustments to calculated loss (enter additional losses as a negative number) . . . . . \_\_\_\_\_  
**3** Net loss . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

**Line 5 Smart Worksheet**

- A** Line 3 times line 4 . . . . . 0.  
**B** Amount deducted in prior year attributable to item recovered . . . . . \_\_\_\_\_  
**C** Lesser of line A or line B. . . . . 0.

SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

**Line 9 - Recalculated Prior Year Net Investment Income Tax Smart Worksheet**

- A** Prior year Form 8960, line 13, modified adjusted gross income . . . . . 19,875.  
**B** Prior year Form 8960, line 14, threshold based on filing status . . . . . 200,000.  
**C** Prior year Form 8960, line 15, Subtract line B from A, not less than zero . . . . . 0.  
**D** Smaller of line 8 or line C . . . . . -154.  
**E** Recomputed net investment income tax. Multiply line D by 3.8% (.038) . . . . . -6.

## SMART WORKSHEET FOR: Form W-2 : Wage &amp; Tax Statement (Copy 1)

<b>Substitute Form W-2 Smart Worksheet</b>	
<b>A</b>	Treat as substitute W-2 and generate a form 4852 . . . . . <input style="float: right;" type="checkbox"/>
<b>B</b>	Linked substitute W-2 Form 4852 . . . . . ▶ _____
<b>C</b>	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
<b>D</b>	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
<b>E</b>	<b>QuickZoom</b> to completed Form 4852 for reference . . . . . ▶ _____

## SMART WORKSHEET FOR: Form W-2 : Wage &amp; Tax Statement (Copy 2)

<b>Substitute Form W-2 Smart Worksheet</b>	
<b>A</b>	Treat as substitute W-2 and generate a form 4852 . . . . . <input style="float: right;" type="checkbox"/>
<b>B</b>	Linked substitute W-2 Form 4852 . . . . . ▶ _____
<b>C</b>	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
<b>D</b>	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
<b>E</b>	<b>QuickZoom</b> to completed Form 4852 for reference . . . . . ▶ _____

## SMART WORKSHEET FOR: Form 1095-A (36635774): Health Care Subsidy Received

<b>Business Related Premiums Information Smart Worksheet</b>											
<b>Required:</b> If these health insurance premiums are associated with a business activity, double-click on the appropriate field to link these premiums with the activity and select the months for the associated activity.											
<i>The Link Field was set in Step-by-Step. Return to the Step-by-Step Interview to change it</i>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Link Field</th> <th style="text-align: left; padding: 2px;">Activity Type</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Actor submissions and representation for Daily Talent Agency</td> <td style="padding: 2px;">Schedule C</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">Schedule F</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">Schedule K-1, Partnership</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">Schedule K-1, S-Corp</td> </tr> </tbody> </table>	Link Field	Activity Type	Actor submissions and representation for Daily Talent Agency	Schedule C		Schedule F		Schedule K-1, Partnership		Schedule K-1, S-Corp	
Link Field	Activity Type										
Actor submissions and representation for Daily Talent Agency	Schedule C										
	Schedule F										
	Schedule K-1, Partnership										
	Schedule K-1, S-Corp										
Months for related activity. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%; padding: 2px;">Start Month</th> <th style="width: 50%; padding: 2px;">End Month</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">01</td> <td style="padding: 2px;">12</td> </tr> </tbody> </table>		Start Month	End Month	01	12						
Start Month	End Month										
01	12										

## SMART WORKSHEET FOR: Form 1095-A (23427947): Health Care Subsidy Received

**Business Related Premiums Information Smart Worksheet**

**Required:** If these health insurance premiums are associated with a business activity, double-click on the appropriate field to link these premiums with the activity and select the months for the associated activity.

The Link Field was set in Step-by-Step. Return to the Step-by-Step Interview to change it

Link Field	Activity Type
Actor submissions and representation for Daily Talent Agency	Schedule C
	Schedule F
	Schedule K-1, Partnership
	Schedule K-1, S-Corp

Months for related activity.

Start Month	End Month
01	12

## SMART WORKSHEET FOR: Form 1095-A (37164570): Health Care Subsidy Received

**Business Related Premiums Information Smart Worksheet**

**Required:** If these health insurance premiums are associated with a business activity, double-click on the appropriate field to link these premiums with the activity and select the months for the associated activity.

The Link Field was set in Step-by-Step. Return to the Step-by-Step Interview to change it

Link Field	Activity Type
Actor submissions and representation for Daily Talent Agency	Schedule C
	Schedule F
	Schedule K-1, Partnership
	Schedule K-1, S-Corp

Months for related activity.

Start Month	End Month
05	12

## SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

**Qualified Disaster Distribution Smart Worksheet**

- A** If this is a **Qualified Disaster** distribution, indicate which year the distribution qualifies under  
2016 Disaster Distribution . . . ▶ ☐
- B** Amount of Qualified Disaster distribution Entire distribution is qualified . . . ▶ ☐  
or amount that is qualified . . . . . \_\_\_\_\_
- C** Indicate amount, if any, of this Qualified Disaster distribution that was repaid before  
filing the 2016 tax return Entire distribution repaid . . . . . ▶ ☐  
or amount of partial repayment . . . \_\_\_\_\_



## SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

**Nonstandard or Substitute Form 1099-R Smart Worksheet**

- A** If substitute Form 1099-R needed, double-click to link to Form 4852 . . . . . ► \_\_\_\_\_
- B** and then **QuickZoom** to complete Form 4852 . . . . . ► \_\_\_\_\_
- C** Check box if this 1099-R is 'non-standard' (handwritten, typewritten, or altered in any way) . . . ☐

## SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

**Explanation Statement Smart Worksheet**

	<b>Taxpayer</b>	<b>Spouse</b>
<p>If a box is checked on a line below, an explanation statement is required for the situation described on that line. Highlight the checkbox and select the help to see the required information. Then <b>QuickZoom</b> to the appropriate explanation statement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recharacterization of a Roth IRA conversion . . . . . ►		
<input type="checkbox"/> Return of IRA contribution before due date of tax return . . . . . ►		
<input type="checkbox"/> Return of prior year excess traditional IRA contributions . . . . . ►		

## SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

**Simplified Method Smart Worksheet**

- A** If the annuity starting date is **after** December 31, 1997, is the annuity payable based on the life of **more than** one individual? . . . . . Yes ☐ No ☐
- B** If line A is 'No', enter the age of the annuitant at the annuity starting date. If line A is 'Yes', enter the age of the primary annuitant at the annuity starting date. (If there is no primary annuitant, enter the age of the **oldest** survivor annuitant) . . . . . \_\_\_\_\_
- C** If line A is "Yes", enter the age of the **youngest** survivor annuitant at the annuity starting date . . . . . \_\_\_\_\_
- Note:** If the annuity starting date is **before** January 1, 1998, enter the age of the recipient at the annuity starting date on line B above.

## SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

**Mortgage Interest Limited Smart Worksheet**

When mortgage interest is limited because the principal amount of the mortgage is over one million dollars or the home equity debt amount is over one-hundred-thousand dollars, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below.

**QuickZoom** to Deductible Home Mortgage Interest Worksheet . . . . . ▶

**Does your mortgage interest need to be limited:** Yes . . . ☐ No . . . ☐

**A Home mortgage interest and points reported on Form 1098:**

- 1 Sum of lines 5a through 5d below \_\_\_\_\_
- 2 Limited amount to report on Sch A, line 10 \_\_\_\_\_

**B Home mortgage interest not reported on Form 1098:**

- 1 Sum of lines 6a and 6b below \_\_\_\_\_
- 2 Limited amount to report on Sch A, line 11 \_\_\_\_\_

**C Points not reported on Form 1098:**

- 1 Sum of lines 7a through 7c below \_\_\_\_\_
- 2 Limited amount to report on Sch A, line 12 \_\_\_\_\_

## SMART WORKSHEET FOR: Misc Itemized Deductions Wks

**Depreciation Smart Worksheet**

- A** Enter Section 179 carryover from prior year . . . . . \_\_\_\_\_
- B** **QuickZoom** to the Asset Entry Worksheet . . . . . ▶
- C** **QuickZoom** to the Depreciation/Amortization Reports . . . . . ▶
- D** **QuickZoom** to Form 4562 for Schedule A . . . . . ▶
- E** Treat all MACRS assets for activity as qualified Indian reservation property? . . . ☐ Yes ☒ No
- F** Treat all assets acquired after Aug. 27, 2005 as  
qualified GO Zone property? . . . . . ☐ Regular ☐ Extension ☒ No
- G** Treat all assets acquired after May 4, 2007 as  
qualified Kansas Disaster Zone property? . . . . . ☐ Yes ☒ No
- H** Was this property located in a Qualified Disaster Area? . . . . . ☐ Yes ☒ No

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Nontaxable Combat Pay Election Smart Worksheet**

**QuickZoom** to enter nontaxable combat pay on Form W-2 . . . . . ►

**A Taxpayer:**

1 Taxpayer, nontaxable combat pay . . . . . \_\_\_\_\_

**2 Election for earned income credit (EIC):**

Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . . ► ☐ Yes ☐ No

**3 Election for dependent care benefits (DCB):**

Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . . ► ☐ Yes ☐ No

**4 Election for child and dependent care credit:**

Elect taxpayer's nontaxable combat pay as earned income  
for child and dependent care credit? . . . . . ► ☐ Yes ☐ No

**B Spouse:**

1 Spouse, nontaxable combat pay . . . . . \_\_\_\_\_

**2 Election for earned income credit (EIC):**

Elect spouse's nontaxable combat pay as earned income for EIC? . . . . ► ☐ Yes ☐ No

**3 Election for dependent care benefits (DCB):**

Elect spouse's nontaxable combat pay as earned income for DCB? . . . . ► ☐ Yes ☐ No

**4 Election for child and dependent care credit:**

Elect spouse's nontaxable combat pay as earned income  
for child and dependent care credit? . . . . . ► ☐ Yes ☐ No

**C** You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment \_\_\_\_\_ 703. Amount due \_\_\_\_\_

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Investment Income Smart Worksheet**

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

**B** Dividend income . . . . . \_\_\_\_\_

**C** Capital gain net **income** . . . . . \_\_\_\_\_

**D** Royalty and rental of personal property net **income** . . . . . \_\_\_\_\_

**E Passive activity net income:**

1 Rental real estate net income or loss . . . . . \_\_\_\_\_

2 Farm rental net income or loss . . . . . \_\_\_\_\_

3 Partnerships and S corporations net income or loss . . . . . \_\_\_\_\_

4 Estates and trusts net income or loss . . . . . \_\_\_\_\_

5 Total of lines 1 through 4 . . . . . \_\_\_\_\_

6 Total passive activity net **income**, line 5 if greater than zero . . . . . \_\_\_\_\_

**F** Interest and dividends from Forms 8814 . . . . . \_\_\_\_\_

**G** Adjustments . . . . . \_\_\_\_\_

**H Total investment income**, add lines A through G . . . . . 0.

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

☒ **No.** You may take the credit.

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

## SMART WORKSHEET FOR: Estimated Tax Payment Options

**For Residents of Guam or the U.S. Virgin Islands Only**☐  
☐

Permanent resident of Guam or U.S. Virgin Islands

Nonpermanent resident of Guam or U.S. Virgin Islands

**Additional information from your 2016 Federal Tax Return****Schedule A: Itemized Deductions****Line 23 - Miscellaneous Expenses Subject to 2% Limitation****Continuation Statement**

Type Of Other Miscellaneous Expenses	Amount
Depreciation and amortization deductions	92.
Attorney and Accounting Fees	354.
<b>Total</b>	<b>446.</b>

**Schedule C (Actor submissions and representation for Daily Talent Agency): Profit or Loss from Business****Additional Vehicle Info****Continuation Statement**

Date Placed in Service	Business Miles	Other Miles	Available for Off Duty Hours?	Other Vehicle Available?	Evidence to Support Dedn?	Is Evidence Written?
06/04/2015	6,200	3,300	Yes	No	Yes	Yes
06/06/2015	1	0	Yes	No	Yes	No

**Charitable Organization (Pooch Heaven)****Detail of Item Donations - Continued****Continuation Statement**

**Note:** Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value
1	06/14/2016	1	Bed Spread: Set: Full	29.00	3	20.00	0	87.00
1	06/14/2016	1	Bed Spread: Set: Queen	28.00	0	19.00	4	76.00
1	06/14/2016	1	Blanket: Down	41.00	2	29.00	0	82.00
1	06/14/2016	1	Blanket: Flannel	12.00	3	9.00	0	36.00
Total								281.00

**Charitable Organization (Good Will)****Detail of Item Donations - Continued****Continuation Statement**

**Note:** Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value
1	02/15/2016	1	Women's Pants: Dress Slacks	11.00	5	7.00	0	55.00
1	02/15/2016	1	Women's Pants: Overalls/Coveralls	20.00	1	11.00	0	20.00
1	02/15/2016	1	Women's Shirt: Jersey	15.00	7	8.00	0	105.00
1	02/15/2016	1	Women's Shirt: Polo	15.00	5	7.00	0	75.00
1	02/15/2016	1	Women's Shirt: T-Shirt	11.00	15	6.00	0	165.00
1	02/15/2016	1	Women's Skirt: Knee-Length	11.00	6	8.00	0	66.00
1	02/15/2016	1	Women's Sleepwear: Robe	14.00	1	8.00	0	14.00
1	02/15/2016	1	Women's Undergarments: Socks	4.00	20	1.50	0	80.00
Total								580.00

**Form 4562 Depreciation Options****State 2009 Economic Stimulus Default Statement****Continuation Statement**

STATE CALC		STIMULUS BONUS DEPRECIATION			2016 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
CO	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
CT	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
DE	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
DC	State	N/A	N/A	N/A	Full	25,000.	200,000.
GA	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
HI	State	N/A	N/A	N/A	Full	25,000.	200,000.
ID	State	Full	12/31/2007	12/31/2009	Full	500,000.	2,010,000.
IL	Federal	Part	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
IN	State	N/A	N/A	N/A	Full	25,000.	2,010,000.
IA	State	N/A	N/A	N/A	Full	25,000.	200,000.
KS	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
KY	State	N/A	N/A	N/A	Full	25,000.	200,000.
LA	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
ME	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
MD	State	N/A	N/A	N/A	Full	25,000.	200,000.
MA	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
MI	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
MN	Federal	Part	12/31/2007	12/31/2020	Part	500,000.	2,010,000.
MS	State	N/A	N/A	N/A	Full	500,000.	2,010,000.

**Form 4562 Depreciation Options****State 2009 Economic Stimulus Default Statement****Continuation Statement**

STATE CALC		STIMULUS BONUS DEPRECIATION			2016 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
MO	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
MT	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
NE	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
NH	State	N/A	N/A	N/A	Full	25,000.	200,000.
NJ	State	N/A	N/A	N/A	Full	25,000.	200,000.
NM	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
NY	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
NC	Federal	Part	12/31/2007	12/31/2020	Part	500,000.	2,010,000.
ND	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
OH	Federal	Part	12/31/2007	12/31/2020	Part	500,000.	2,010,000.
OK	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
OR	State	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
PA	State	N/A	N/A	N/A	Full	25,000.	200,000.
RI	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
SC	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
UT	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
VT	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
VA	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
WV	State	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
WI	State	Full	12/31/2007	12/31/2013	Full	500,000.	2,010,000.

**Form 4562 Depreciation Options****State Qualified Disaster Area Default Statement****Continuation Statement**

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
CT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2013	Full	100,000.	600,000.
IL	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
ME	State	N/A	12/31/2010	12/31/2013	Full	100,000.	600,000.
MD	State	Full	12/31/2007	12/31/2013	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MN	Federal	Part	12/31/2007	12/31/2013	Part	100,000.	600,000.
MS	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
MO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NY	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.

**Form 4562 Depreciation Options****State Qualified Disaster Area Default Statement****Continuation Statement**

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
NC	Federal	Part	12/31/2007	12/31/2013	Full	100,000.	600,000.
ND	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OH	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OK	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OR	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
UT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WV	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.

**Form 4562 Depreciation Options****State Kansas Disaster Zone Default Statement****Continuation Statement**

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
CT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2009	Full	100,000.	600,000.
IL	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
ME	None	N/A	N/A	N/A	N/A	0.	0.
MD	State	Full	05/04/2007	12/31/2009	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MN	Federal	Part	05/04/2007	12/31/2009	Part	100,000.	600,000.
MS	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
MO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NY	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
NC	Federal	Part	05/04/2007	12/31/2009	Full	100,000.	600,000.
ND	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OH	Federal	Full	05/04/2007	12/31/2009	Part	100,000.	600,000.
OK	State	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OR	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.



**Form 4562 Depreciation Options****State Kansas Disaster Zone Default Statement****Continuation Statement**

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
SC	None	N/A	N/A	N/A	N/A	0.	0.
UT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
WI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.

**Form 4562 Depreciation Options****State CBEPP Default Statement****Continuation Statement**

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
CO	Federal	Full	12/20/2006	12/31/2016
CT	Federal	Full	12/20/2006	12/31/2016
DE	Federal	Full	12/20/2006	12/31/2016
DC	None	N/A	N/A	N/A
GA	Federal	Full	12/20/2006	12/31/2016
HI	Federal	Full	12/20/2006	12/31/2016
ID	Federal	Full	12/20/2006	12/31/2016
IL	Federal	Full	12/20/2006	12/31/2016
IN	Federal	Full	12/20/2006	12/31/2016
IA	Federal	Full	12/20/2006	12/31/2016
KS	Federal	Full	12/20/2006	12/31/2016
KY	None	N/A	N/A	N/A
LA	Federal	Full	12/20/2006	12/31/2016
ME	State	Full	12/20/2006	12/31/2007
MD	Federal	Full	12/20/2006	12/31/2016
MA	Federal	Full	12/20/2006	12/31/2016
MI	Federal	Full	12/20/2006	12/31/2016
MN	Federal	Full	12/20/2006	12/31/2016
MS	None	N/A	N/A	N/A
MO	Federal	Full	12/20/2006	12/31/2016
MT	Federal	Full	12/20/2006	12/31/2016
NE	None	N/A	N/A	N/A
NH	None	N/A	N/A	N/A
NJ	None	N/A	N/A	N/A
NM	Federal	Full	12/20/2006	12/31/2016
NY	None	N/A	N/A	N/A
NC	Federal	Full	12/20/2006	12/31/2016
ND	Federal	Full	12/20/2006	12/31/2016
OH	Federal	Full	12/20/2006	12/31/2016
OK	Federal	Full	12/20/2006	12/31/2016
OR	Federal	Full	12/20/2006	12/31/2016
PA	None	N/A	N/A	N/A
RI	None	N/A	N/A	N/A
SC	None	N/A	N/A	N/A
UT	Federal	Full	12/20/2006	12/31/2016
VT	Federal	Full	12/20/2006	12/31/2016
VA	None	N/A	N/A	N/A
WV	None	N/A	N/A	N/A
WI	State	Full	12/20/2006	12/31/2013

**Form 4562 Depreciation Options**  
**State GO Zone Default Statement**
**Continuation Statement**

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
CT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KS	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ME	State	Full	08/28/2005	12/31/2007	N/A	0.	0.
MD	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MN	Federal	Part	08/28/2005	03/30/2012	Part	100,000.	600,000.
MS	State	N/A	08/28/2005	03/30/2012	Full	100,000.	600,000.
MO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NY	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ND	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OH	Federal	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
OK	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OR	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	Full	08/28/2005	05/06/2009	Full	100,000.	600,000.
UT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
WI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

**Form 4562 Depreciation Options**  
**State Pre-2005 SDA Default Statement**
**Continuation Statement**

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
CO	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
CT	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DC	State	None	N/A	N/A	N/A	N/A	N/A	Y
GA	State	None	N/A	N/A	N/A	N/A	N/A	Y
HI	State	None	N/A	N/A	N/A	N/A	N/A	Y
ID	State	None	N/A	N/A	N/A	N/A	N/A	Y

**Form 4562 Depreciation Options**  
**State Pre-2005 SDA Default Statement**
**Continuation Statement**

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
IL	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
IN	State	None	N/A	N/A	N/A	N/A	N/A	Y
IA	Both	50	Full	N/A	N/A	05/06/2003	12/31/2004	Y
KS	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
KY	State	None	N/A	N/A	N/A	N/A	N/A	Y
LA	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ME	Both	50, 30	Full	09/11/2001	12/31/2001	01/01/2006	12/31/2006	Y
MD	State	None	N/A	N/A	N/A	N/A	N/A	Y
MA	State	None	N/A	N/A	N/A	N/A	N/A	Y
MI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MN	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MS	State	None	N/A	N/A	N/A	N/A	N/A	Y
MO	Both	50, 30	Full	09/11/2001	06/30/2002	05/06/2003	12/31/2006	Y
MT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NH	State	None	N/A	N/A	N/A	N/A	N/A	N
NJ	Both	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2003	Y
NM	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NY	Both	50, 30	Full	09/11/2001	05/31/2003	05/06/2003	05/31/2003	Y
NC	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ND	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OH	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OK	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OR	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
PA	State	None	N/A	N/A	N/A	N/A	N/A	Y
RI	State	None	N/A	N/A	N/A	N/A	N/A	Y
SC	State	None	N/A	N/A	N/A	N/A	N/A	Y
UT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VA	State	None	N/A	N/A	N/A	N/A	N/A	Y
WV	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
WI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y

**Form 4562 Depreciation Options**  
**State Software/Real Property Sec 179 Default Statement**
**Continuation Statement**

STATE CALC		COMPUTER SOFTWARE		STATE CALC	QUALIFIED REAL PROPERTY	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
CT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
GA	Federal	TY2003	PERMANENT	None	N/A	N/A
HI	None	N/A	N/A	None	N/A	N/A
ID	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
IN	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IA	None	N/A	N/A	None	N/A	N/A
KS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ME	State	TY2011	PERMANENT	State	TY2011	PERMANENT

**Form 4562 Depreciation Options****State Software/Real Property Sec 179 Default Statement****Continuation Statement**

STATE CALC		COMPUTER SOFTWARE		STATE CALC		QUALIFIED REAL PROPERTY	
State	F/S conformity	Start	End	F/S conformity	Start	End	
MD	None	N/A	N/A	None	N/A	N/A	
MA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
MI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
MN	None	N/A	N/A	None	N/A	N/A	
MS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
MO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
MT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
NE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
NH	None	N/A	N/A	None	N/A	N/A	
NJ	None	N/A	N/A	None	N/A	N/A	
NM	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
NY	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
NC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
ND	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
OH	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
OK	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
OR	Federal	TY2003	PERMANENT	State	TY2011	PERMANENT	
PA	None	N/A	N/A	None	N/A	N/A	
RI	State	TY2014	PERMANENT	State	TY2014	PERMANENT	
SC	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT	
UT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
VT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
VA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
WV	Federal	TY2003	PERMANENT	State	TY2010	TY2011	
WI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	

**Form 4562 Depreciation Options****State Asset Class Default Statement****Continuation Statement**

STATE CALC		FARM & RETAIL		STATE CALC		RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End	
CO	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
CT	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
DE	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
DC	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
GA	None	N/A	N/A	Federal	10/22/2004	PERMANENT	
HI	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
ID	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
IL	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
IN	Federal	12/31/2008	PERMANENT	State	12/31/2011	PERMANENT	
IA	None	N/A	N/A	None	N/A	N/A	
KS	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
KY	None	N/A	N/A	None	N/A	N/A	
LA	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
ME	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
MD	None	N/A	N/A	None	N/A	N/A	
MA	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
MI	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
MN	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
MS	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
MO	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	
MT	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT	

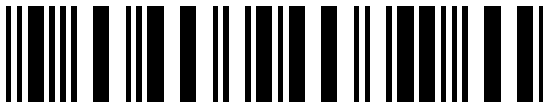
## Form 4562 Depreciation Options

## State Asset Class Default Statement

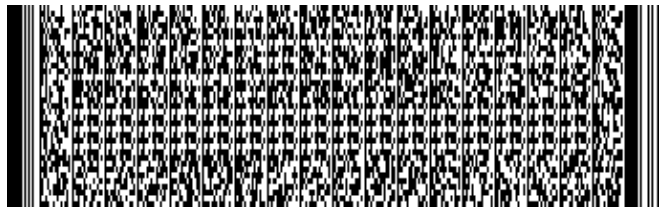
## Continuation Statement

STATE CALC		FARM & RETAIL		STATE CALC	RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End
NE	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
NY	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
NC	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
ND	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
OH	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
OK	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
OR	State	12/31/2008	PERMANENT	State	10/22/2004	PERMANENT
PA	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
RI	State	12/31/2013	PERMANENT	State	12/31/2013	PERMANENT
SC	State	12/31/2008	12/31/2009	State	10/22/2004	12/31/2009
UT	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
VT	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
VA	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
WV	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
WI	State	12/31/2008	12/31/2013	State	10/22/2004	12/31/2013





1700411517

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

Individual Income Tax Return

Georgia Department of Revenue

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

DRIVER'S LICENSE/STATE ID 059978924

STATE ISSUED GA

YOUR FIRST NAME

1. KATHRYN

MI

J

YOUR SOCIAL SECURITY NUMBER

410-19-5568

LAST NAME

HARRIS

SUFFIX

Special Program Code

See IT-511 Tax Booklet

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

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

2. 5110 GARRARD AVE

APT NO 914

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

3. SAVANNAH

STATE

GA

ZIP CODE

31405

500 UET Exception  
Attached

(COUNTRY IF FOREIGN)

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

Residency Status

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

TO

3. NONRESIDENT

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

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

Filing Status

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

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



YOUR SOCIAL SECURITY NUMBER  
410-19-5568

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

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

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

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

#### INCOME COMPUTATIONS

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

8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040 EZ).....▶ 8. 9858

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

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet ).....▶ 9. -211

10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....▶ 10. 9647





YOUR SOCIAL SECURITY NUMBER  
410-19-5568

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	▶ 11a.	
<b>(See IT-511 Tax Booklet)</b>		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>	Total x 1,300=.....	▶ 11b.
c. Total Standard Deduction (Line 11a + Line 11b).....	▶ 11c.	
<b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, <b>you must enclose Federal Schedule A</b>		
a. Federal Itemized Deductions (Schedule A-Form 1040) .....	▶ 12a.	25381
b. Less adjustments: (See IT-511 Tax Booklet) .....	▶ 12b.	7
c. Georgia Total Itemized Deductions.....	▶ 12c.	25374
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	▶ 13.	-15727
14a. Number on Line 6c. <sup>1</sup> multiply by \$2,700 for filing status A or D <del>OR</del> multiply by \$3,700 for filing status B or C	▶ 14a.	2700
14b. Number on Line 7a. multiply by \$3,000.....	▶ 14b.	
14c. Add Lines 14a. and 14b. Enter total.....	▶ 14c.	2700
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	▶ 15.	-18427
16. Tax (Use Tax Table in the IT-511 Tax Booklet).....	▶ 16.	
17. Low Income Credit 17a. 1 17b. 14 .....	▶ 17c.	0
18. Other State(s) Tax Credit.....	▶ 18.	
19. Credits used from IND-CR Summary Worksheet .....	▶ 19.	
20. Total Credits from Schedule 2 Georgia Tax Credits (Sum of all Schedule 2s).	▶ 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....	▶ 21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....	▶ 22.	0
23. <b>Georgia Income Tax Withheld on Wages and 1099s</b> .....	▶ 23.	540
(Enter Tax Withheld Only and enclose W-2s and/or 1099s)		
24. <b>Other Georgia Income Tax Withheld</b> .....	▶ 24.	
(Must enclose G2-A, G2-FL, G2-LP and/or G2-RP)		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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

**Pages (1-5) are Required for Processing**



YOUR SOCIAL SECURITY NUMBER  
410-19-5568

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

**(INCOME STATEMENT A)**

1. WITHHOLDING TYPE:  
☒ W-2s ☐ G2-A ☐ G2-LP  
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) ☒ SSN ☐  
263496193
3. EMPLOYER/PAYER STATE WITHHOLDING ID  
2407889QS
4. GA WAGES / INCOME  
14958
5. GA TAX WITHHELD  
540

**(INCOME STATEMENT B)**

1. WITHHOLDING TYPE:  
☐ W-2s ☐ G2-A ☐ G2-LP  
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) ☐ SSN ☐
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

**(INCOME STATEMENT C)**

1. WITHHOLDING TYPE:  
☐ W-2s ☐ G2-A ☐ G2-LP  
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) ☐ SSN ☐
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

**(INCOME STATEMENT D)**

1. WITHHOLDING TYPE:  
☐ W-2s ☐ G2-A ☐ G2-LP  
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) ☐ SSN ☐
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

**(INCOME STATEMENT E)**

1. WITHHOLDING TYPE:  
☐ W-2s ☐ G2-A ☐ G2-LP  
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) ☐ SSN ☐
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

**(INCOME STATEMENT F)**

1. WITHHOLDING TYPE:  
☐ W-2s ☐ G2-A ☐ G2-LP  
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) ☐ SSN ☐
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

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

25. Estimated tax for 2016 and Form IT-560 ..... ► 25.
26. Total prepayment credits (Add Lines 23, 24 and 25)..... ► 26. 540
27. If Line 22 exceeds Line 26 enter BALANCE DUE STATE ..... ► 27.
28. If Line 26 exceeds Line 22 enter OVERPAYMENT amount ..... ► 28. 540
29. Amount to be credited to 2017 ESTIMATED TAX ..... ► 29. 0



YOUR SOCIAL SECURITY NUMBER  
410-19-5568

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

540

40a. Direct Deposit (For U.S. Accounts Only) Type: Checking ☒ Savings ☐ Routing Number 314074269

Account Number 196429552

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

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

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

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

Taxpayer's Signature ☐ (Check box if deceased)

PHONE NUMBER  
323-791-3221

DATE

Spouse's Signature ☐ (Check box if deceased)

DATE

NAME OF PREPARER OTHER THAN TAXPAYER  
SELF-PREPARED

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

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

PREPARER'S FIRM NAME

Signature of Preparer

PREPARER'S FEIN

PREPARER'S SSN/PTIN/SIDN

PHONE NUMBER

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

TAXPAYER'S EMAIL ADDRESS



1707211517

YOUR SOCIAL SECURITY NUMBER

**SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW** (See IT-511 Tax Booklet)

**ADDITIONS to INCOME**

1. Interest on Non-Georgia Municipal and State Bonds.....▶ 1.
2. Lump Sum Distributions.....▶ 2.
3. Federal deduction for income attributable to domestic production activities .....▶ 3.  
(IRC Section 199)
4. Net operating loss carryover deducted on Federal return.....▶ 4.
5. Other (Specify) ▶ 5.
6. Total Additions (Enter sum of Lines 1-5 here).....▶ 6.

**SUBTRACTION from INCOME**

7. Retirement Income Exclusion (See IT-511 Tax Booklet)

a. Self: Date of Birth                      Date of Disability:                      Type of Disability:

7a.

b. Spouse: Date of Birth                      Date of Disability:                      Type of Disability:

7b.

8. Social Security Benefits (Taxable portion from Federal return).....▶ 8.
9. Path2College 529 Plan .....▶ 9.
10. Interest on United States Obligations (See IT-511 Tax Booklet ) .....▶ 10.
11. Georgia Net Operating loss carryover from previous years  
(See IT-511 Tax Booklet ) .....▶ 11.

- |  |             |                      |        |      |
|--|-------------|----------------------|--------|------|
| 12. Other Adjustments (Specify)  | Adjustment  | TAX REFUND OTH STATE | Amount | 119  |
|  | Adjustment  | DEPRECIATION ADJMT   | Amount | 92   |
|  | Adjustment  |                      | Amount |      |
|  | Adjustment  |                      | Amount |      |
|  | Total.....▶ | 12.                  |        | 211  |
| 13. Total Subtractions (Enter sum of Lines 7-12 here).....▶  | 13.         |                      |        | 211  |
| 14. Net Adjustments (Line 6 less Line 13).<br>Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or Form 500X.....▶ | 14.         |                      |        | -211 |

# Federal/State Adjustment Summary

2016

Name as Shown on Return  
KATHRYN J HARRIS

Social Security Number  
410-19-5568

Schedule C	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) . . . . .

Schedule E	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) . . . . .

Schedule F	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) . . . . .

Form 4835	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) . . . . .

# Federal/State Adjustment Summary

2016

Name as Shown on Return

KATHRYN J HARRIS

Social Security Number

410-19-5568

Schedule K-1 Partnership	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F) . . . . .

Schedule K-1 S Corporation	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F) . . . . .

Schedule K-1 Estates & Trusts	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F) . . . . .

Form 2106	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) . . . . .

Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income. . . . .

Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation. . . . .

Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation . . . . .

# Federal/State Adjustment Summary

2016

Name as Shown on Return  
KATHRYN J HARRIS

Social Security Number  
410-19-5568

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
SCHEDULE A		-92.		-92.
Total Schedule A Depreciation Adjustment (Sum of Column E) . . . . .				-92.

## Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income . . . . .  
 Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation . . . . .  
 Depreciation Adjustment Included in Schedule A Subject to 2% Limitation . . . . . -92.

## Asset Dispositions

(A) Description of Asset Sold		(B) If reported on, Ck Box:	(C) Federal Gain/Loss	(D) Accumulated Depreciation	(E) Gain Adjustment	(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
		Form 6252		(1) State	(F) Other Adjustments	
Date Acq	Date Sold	Form 8824		(2) Federal		
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				

Passive/At-Risk/Other Adjustments . . . . .  
 Total Sale of Asset Adjustment . . . . .

# Georgia Information Worksheet

2016

► Keep for your records

## Part I – Personal Information

### Taxpayer:

First Name . . . . . kathryn  
Middle Initial . . . . . J Suffix . . . . . \_\_\_\_\_  
Last Name . . . . . harris  
Social Security No. . . 410-19-5568  
Occupation . . . . . Talent Agent  
Date of Birth . . . . . 01/02/1969  
Date of Death . . . . . \_\_\_\_\_  
Daytime Phone . . . . . (323) 791-3221  
Home Phone . . . . . \_\_\_\_\_  
Print phone number on Form 500 ☐ Home

### Spouse:

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

Street Address . . . 5110 garrard ave Apartment No. . . 914  
City . . . . . savannah State . GA ZIP Code . . . 31405  
Country, if foreign . . . \_\_\_\_\_  
Taxpayer email address \_\_\_\_\_

## Part II – Main Form

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

## Part III – Filing Status

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

## Part IV – Other Information

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

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

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



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

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

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

Name of Financial Institution (optional) . . . . . usaa federal savings bank  
Account type . . . . . Checking ☒ Savings ☐  
Routing number . . . . . 314074269  
Account number . . . . . 196429552  
Payment date to withdraw from the account above . . . . .  
State balance-due amount from this return . . . . .

**International ACH Transactions**

**Yes** **No**  
☐ ☒ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

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

**Part VI – Extension Status**

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

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

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

**Part VII – Amended Return**

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

**QuickZoom** to Form 500X. . . . . ▶

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

# Income and Retirement Worksheets

2016

► Keep for your records

Name  
kathryn J harris

Social Security Number  
410-19-5568

Income		Georgia Amounts		Other State Amounts	
		Column A Taxpayer	Column B Spouse	Column C Taxpayer	Column D Spouse
1	Wages . . . . .	14,958.		107.	
2	Federal Interest . . . . .				
	- Georgia Adjustments to federal taxable Interest				
3	Dividends . . . . .				
	- Georgia Adjustments to federal taxable Dividends				
4	Capital/other gains or (losses) . . . . .				
5	Income from federal Schedules C and F . . . . .	-519.			
6 a	Rental/K-1 etc. income . . . .				
b	- income above subject to FICA or S.E. tax, or S corp income in which you materially participated . . .				
7 a	Pension/Annuity and IRA/SEP distributions . . . . .				
b	Lump-sum distributions . . . .				
c	RRB-1099-R				
d	Other Subtraction #2, withdrawals with GA/Fed tax difference				
e	Other Subtraction #7, income exempt from state tax				
f	Other Subtraction # 8, teachers retirement contributions already taxed by Georgia				
8	Alimony received. . . . .				
9	Social security . . . . .				
10 a	State income tax refund . . . .	328.		119.	
b	Unemployment compensation . . . . .				
11	Other income				
	- Gambling winnings . . . . .				
	- Home mortgage debt forgiveness relief				
	- NOL Carryover				
	- Other . . . . .				
	Federal Form 8814 income included in other income . . .				
	<b>Adjustments</b>				
12	IRA deductions. . . . .	1,100.			
13	Educator expenses . . . . .				
14	Tuition and fees deduction . .				
15	Other federal adjustments. . .	4,035.			

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

**2016**

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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**Part I 2016 Credits without a carryforward provision**

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

Description	(a) Full 2016 credit	(b) Amount used	(c) Remaining tax liability
Total 2016 Income Tax Liability . . . . .			0
1 Child and Dependent Care Expense Credit (IND-CR 202)			
2 Qualified Caregiving Expense Credit (IND-CR 204)			
3 Driver Education Credit (IND-CR 205)			
4 Rural Physicians Credit (IND-CR 207)			
5 Other state(s) tax credit			
6 Low Income Credit	14	0	0
Total . . . . .	14		
Remaining balance of 2016 tax liability available to enable credits below			0

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

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

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

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

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

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

Total 2016 credits after all prior year carryforwards and tax liability limitations . . . . . ► 0

# Low Income Credit Worksheet

2016

► Keep for your records

Name as Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

**Important:** Do not fill out this worksheet if your federal adjusted gross income is over \$19,999 or if you are claimed or eligible to be claimed as a dependent by another taxpayer on their federal or Georgia individual income tax return. A part-year resident can only claim the credit if they are a resident of Georgia at the end of the tax year. **You cannot claim this credit if you are an inmate in a correctional facility.**

## \*Disable Low Income Credit calculations

Were you (and your spouse if Married filing joint) an inmate in a correctional facility?

If so, you cannot claim this credit. . . . . Yes ☐ No ☒

## \*Married filing separate only

Enter your spouse's income from line 8 of GA Form 500 (If zero or less enter zero) . . . . .

1	Enter your income from line 8 of GA Form 500 or line 1 of Form 500EZ. (If zero or less enter zero) . . . . .	1	9,858.
2	Enter the number of exemptions. Exemptions are self, spouse and natural or legally adopted children (Adjust if necessary) . . . . .	2	1.
3	Enter 1 if you or your spouse is 65 or older; enter 2 if you and your spouse are 65 or older . . . . .	3	
4	Add lines 2 and 3; enter on line 17a of Form 500, or Line 5a of Form 500EZ . . . .	4	1.
5	Find the credit that corresponds to your income in the table below and enter on line 17b of Form 500, or Line 5b of Form 500EZ . . . . .	5	14.
6	Multiply Line 4 by Line 5; enter the total on line 17c of Form 500 or Line 5c of Form 500EZ . . . . .	6	14.

## Base Credit Table

Federal Adjusted Gross Income	Base Credit
Under \$6,000.00 . . . . .	\$26.00
\$ 6,000.00 but not more than 7,999.00 . . . . .	\$20.00
\$ 8,000.00 but not more than 9,999.00 . . . . .	\$14.00
\$10,000.00 but not more than 14,999.00 . . . . .	\$8.00
\$15,000.00 but not more than 19,999.00 . . . . .	\$5.00

Name as Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

1	Salaries and wages reduced from federal taxable income because of the federal jobs tax credit . . . . .	1	
2	Individual Retirement Account, Keogh, SEP and SUB-S plan withdrawals where tax has been paid to Georgia because of the difference between Georgia and federal law for tax years 1981 through 1986. . . . .	2	
3	Depreciation because of differences in Georgia and federal law for tax years 1981 through 1986 . . . . .	3	
4	Income taxed at corporate level by other states because of non-recognition of S corporation status . . . . .	4	
5	Dependents' unearned income included in parent's federal adjusted gross income . . . . .	5	
6	Income tax refunds from other states included in federal adjusted gross income. Identify state: CA . . . . .	6	119.
7	Income from any fund, program or system which is exempted from state tax by federal law or treaty . . . . .	7	
8	Teachers retirement contributions already taxed by the state of Georgia . . . . .	8	
9	Payments to certified minority subcontractors from state contracts (10% of payments or \$100,000, whichever is less) . . . . .	9	
10	Depreciation Adjustment (if negative) for differences in federal and Georgia law . . . . .	10	92.
11	Combat Zone Pay exclusion . . . . .	11	
12	Expenses Related to Organ Donation . . . . .	12	
13	Deduction of high deductible health plans . . . . .	13	
14	Federally taxable interest received on Georgia municipal bonds designated as or considered "Build America Bonds" . . . . .	14	
15	Other federally taxable interest exempt from Georgia tax . . . . .	15	
16	Subtraction for physicians classified as "community based faculty physicians" (non-compensated physicians providing 3 or more core clerkships within the calendar year). Enter the number of qualifying clerkships provided . ▶ _____ times \$1,000 . . . . .	16	
17	Amount claimed by employers in food and beverage establishments who took a credit instead of a deduction on the Federal return for FICA tax paid on employee cash tips . . . . .	17	
18	Federal mortgage interest reduction on Form 8396. . . . .	18	
19	Other: a _____ . . . . . b _____ . . . . . c _____ . . . . .	19	
20	Total other subtractions from federal adjusted gross income . . . . .	20	211.

## Section 179 Worksheet

**2016**

Name as Shown on Return <u>kathryn J harris</u>	Social Security Number <u>410-19-5568</u>
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### Section 179 Limitation

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

1 Federal taxable income computed for the Section 179 limitation . . . . .	<b>1</b>	14,546.
<b>State adjustments:</b>		
2 Depreciation adjustment (without Section 179) . . . . .	<b>2</b>	
3 Section 1231 gain adjustment . . . . .	<b>3</b>	
4 Other additions or subtractions to taxable income . . . . .	<b>4</b>	
5 <b>State taxable income</b> for the Section 179 limitation (line 1 plus lines 2 - 4) . . . . .	<b>5</b>	14,546.
6 Total Section 179 before limitation . . . . .	<b>6</b>	
7 Section 179 allowable, if different . . . . .	<b>7</b>	
8 Federal Section 179 allowed . . . . .	<b>8</b>	
9 <b>State Section 179 adjustment</b> . . . . .	<b>9</b>	
10 Carryover to next year . . . . .	<b>10</b>	

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

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation
<u>Theatrical Agent</u>	1					

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover
<u>Theatrical Agent</u>			

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

### Schedule A

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

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

# Activity Worksheet

2016

Name as Shown on Return <u>kathryn J harris</u>	Social Security Number <u>410-19-5568</u>
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Activity Description . . . . . Actor submissions and representation for Daily Talent Agency  
Form or Worksheet Type. . . Sch C Copy number. . . 1

- A** If this activity was operated by spouse, check this box . . . . . ☐
- B** If this activity was operated jointly by taxpayer and spouse, check this box . . . . . ☐
- C** Check this box if you completely disposed of the property in the current year . . . . . ☒
- D** Check this box if all investment is at risk (Not for K-1 Estates and Trusts) . . . . . ☐
- E** Check this box if some of the investment is **not** at risk (Not for K-1 Estates and Trusts) . . . . . ☐
- F** Did you materially participate in this activity? (Not for K-1's) . . . . . Yes ☒ No ☐
- G** Check this box if you actively participate in the operation of this activity (Not for Schedule C or Schedule F) . . . . . ☐
- H** Check this box if rental property is subject to recharacterization rules (Sch E/Sch K-1 Ptrshp) . . . . . ☐
- I** Check if rental real estate (or other rental) activity is a trade or business (Not for Schedule C or Schedule F) . . . . . ☐

**If this is a Schedule E, check the appropriate boxes:**

- J** Rental property. . . . . ☐ **L** Commercial property . . . . . ☐
- K** Royalty property . . . . . ☐ **M** Other passive exceptions . . . . . ☐

**If this is a K-1, check the appropriate boxes:**

- N** This is a K-1 with ordinary income with material participation . . . . . ☐
- O** This is a K-1 with rental real estate with material participation . . . . . ☐
- P** This is a publicly traded partnership . . . . . ☐
- Q** If this is a K-1 Estates and Trusts, check the box if this is a final K-1 . . . . . ☐
- R** Check if "working interest" in oil or gas well (Schedule K-1 Partnership) . . . . . ☐

- S** At-risk status . . . . . All
- T** Passive status . . . . . Nonpassive

## Part I - Section 179 Adjustments

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

## Part II - Regular Income/Loss

	Income/Loss
1 Federal income/loss . . . . .	3,129.
2 Adjustments:	
a 30%/50% Special Depreciation Allowance (Bonus Depreciation) . . . . .	
b Other depreciation adjustment(s) . . . . .	
c Section 179 adjustment . . . . .	
d Other adjustments . . . . .	
3 Total . . . . .	3,129.
4 At-Risk adjustment. . . . . a Adjust amount . . . . . b	
5 Total . . . . .	3,129.
6 Passive carryover loss . . . . .	
7 Passive disallowed loss (carryover to next year) . . . . .	
8 Net profit or (loss) allowed . . . . .	3,129.
9 Net federal profit or (loss) allowed . . . . .	3,129.
10 Federal/State adjustment . . . . .	0.

Activity Description . . . . . Actor submissions and representation for Daily Talent Agency

<b>Part III - Schedule K-1 Partnership and S Corporations</b>		<b>Section 179 Expense</b>	<b>Misc Income</b>	<b>Commercial Revitalization</b>
<b>1</b>	Federal income/loss . . . . .			
<b>2</b>	Adjustments . . . . .			
<b>3</b>	Total . . . . .			
<b>4 a</b>	At-Risk adjustment amount . . . . .			
<b>b</b>	At-Risk adjustment. . . . .			
<b>5</b>	Total . . . . .			
<b>6</b>	Passive carryover loss . . . . .			
<b>7</b>	Passive disallowed loss (carryover to next year) . . . .			
<b>8</b>	Net profit or (loss) allowed . . . . .			
<b>9</b>	Net federal profit or (loss) allowed . . . . .			
<b>10</b>	Federal/State adjustment . . . . .			

<b>Part IV - Dispositions</b>	<b>Schedule D Short-Term</b>	<b>Schedule D Long-Term</b>	<b>Form 4797 Short-Term</b>	<b>Form 4797 Long-Term</b>
<b>1</b> Federal income/loss . . . . .				
<b>2</b> Adjustments:				
<b>a</b> Adjustments transferred from the federal return . . . . .				
<b>b</b> Other adjustments . . . . .				
<b>c</b> Total adjustments . . . . .				
<b>3</b> Total . . . . .				
<b>4 a</b> At-Risk adjustment amount . . . . .				
<b>b</b> At-Risk adjustment. . . . .				
<b>5</b> Total . . . . .				
<b>6</b> Passive carryover loss . . . . .				
<b>7</b> Passive disallowed loss . . . . .				
<b>8</b> Net profit or (loss) allowed . . . . .				
<b>9</b> Net federal profit or (loss) allowed . . . . .				
<b>10</b> Federal/State adjustment . . . . .				



# Activity Worksheet

2016

Name as Shown on Return <u>kathryn J harris</u>	Social Security Number <u>410-19-5568</u>
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Activity Description . . . . . Airbnb rentals

Form or Worksheet Type. . . Sch C Copy number. . . 2

<b>A</b>	If this activity was operated by spouse, check this box . . . . .	<input type="checkbox"/>
<b>B</b>	If this activity was operated jointly by taxpayer and spouse, check this box . . . . .	<input type="checkbox"/>
<b>C</b>	Check this box if you completely disposed of the property in the current year . . . . .	<input checked="" type="checkbox"/>
<b>D</b>	Check this box if all investment is at risk (Not for K-1 Estates and Trusts) . . . . .	<input checked="" type="checkbox"/>
<b>E</b>	Check this box if some of the investment is <b>not</b> at risk (Not for K-1 Estates and Trusts) . . . . .	<input type="checkbox"/>
<b>F</b>	Did you materially participate in this activity? (Not for K-1's) . . . . . Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>G</b>	Check this box if you actively participate in the operation of this activity (Not for Schedule C or Schedule F) . . . . .	<input type="checkbox"/>
<b>H</b>	Check this box if rental property is subject to recharacterization rules (Sch E/Sch K-1 Ptrshp) . . . . .	<input type="checkbox"/>
<b>I</b>	Check if rental real estate (or other rental) activity is a trade or business (Not for Schedule C or Schedule F) . . . . .	<input type="checkbox"/>

**If this is a Schedule E, check the appropriate boxes:**

<b>J</b>	Rental property. . . . .	<input type="checkbox"/>	<b>L</b>	Commercial property . . . . .	<input type="checkbox"/>
<b>K</b>	Royalty property . . . . .	<input type="checkbox"/>	<b>M</b>	Other passive exceptions . . . . .	<input type="checkbox"/>

**If this is a K-1, check the appropriate boxes:**

<b>N</b>	This is a K-1 with ordinary income with material participation . . . . .	<input type="checkbox"/>
<b>O</b>	This is a K-1 with rental real estate with material participation . . . . .	<input type="checkbox"/>
<b>P</b>	This is a publicly traded partnership . . . . .	<input type="checkbox"/>
<b>Q</b>	If this is a K-1 Estates and Trusts, check the box if this is a final K-1 . . . . .	<input type="checkbox"/>
<b>R</b>	Check if "working interest" in oil or gas well (Schedule K-1 Partnership) . . . . .	<input type="checkbox"/>
<b>S</b>	At-risk status . . . . .	<u>All</u>
<b>T</b>	Passive status . . . . .	<u>Nonpassive</u>

**Part I - Section 179 Adjustments**

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

**Part II - Regular Income/Loss**

	Income/Loss
1 Federal income/loss . . . . .	-3,648.
2 Adjustments:	
a 30%/50% Special Depreciation Allowance (Bonus Depreciation) . . . . .	
b Other depreciation adjustment(s) . . . . .	
c Section 179 adjustment . . . . .	
d Other adjustments . . . . .	
3 Total . . . . .	-3,648.
4 At-Risk adjustment. . . . . a Adjust amount . . . . . b	
5 Total . . . . .	-3,648.
6 Passive carryover loss . . . . .	
7 Passive disallowed loss (carryover to next year) . . . . .	
8 Net profit or (loss) allowed . . . . .	-3,648.
9 Net federal profit or (loss) allowed . . . . .	-3,648.
10 Federal/State adjustment . . . . .	0.

Activity Description . . . . . Airbnb rentals

<b>Part III - Schedule K-1 Partnership and S Corporations</b>		<b>Section 179 Expense</b>	<b>Misc Income</b>	<b>Commercial Revitalization</b>
<b>1</b>	Federal income/loss . . . . .			
<b>2</b>	Adjustments . . . . .			
<b>3</b>	Total . . . . .			
<b>4 a</b>	At-Risk adjustment amount . . . . .			
<b>b</b>	At-Risk adjustment. . . . .			
<b>5</b>	Total . . . . .			
<b>6</b>	Passive carryover loss . . . . .			
<b>7</b>	Passive disallowed loss (carryover to next year) . . . .			
<b>8</b>	Net profit or (loss) allowed . . . . .			
<b>9</b>	Net federal profit or (loss) allowed . . . . .			
<b>10</b>	Federal/State adjustment . . . . .			

<b>Part IV - Dispositions</b>	<b>Schedule D Short-Term</b>	<b>Schedule D Long-Term</b>	<b>Form 4797 Short-Term</b>	<b>Form 4797 Long-Term</b>
<b>1</b> Federal income/loss . . . . .				
<b>2</b> Adjustments:				
<b>a</b> Adjustments transferred from the federal return . . . . .				
<b>b</b> Other adjustments . . . . .				
<b>c</b> Total adjustments . . . . .				
<b>3</b> Total . . . . .				
<b>4 a</b> At-Risk adjustment amount . . . . .				
<b>b</b> At-Risk adjustment. . . . .				
<b>5</b> Total . . . . .				
<b>6</b> Passive carryover loss . . . . .				
<b>7</b> Passive disallowed loss . . . . .				
<b>8</b> Net profit or (loss) allowed . . . . .				
<b>9</b> Net federal profit or (loss) allowed . . . . .				
<b>10</b> Federal/State adjustment . . . . .				

# Activity Worksheet

2016

Name as Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

Activity Description . . . . .

Form or Worksheet Type. . . . . Copy number. . . . .

- A** If this activity was operated by spouse, check this box . . . . . ☐
- B** If this activity was operated jointly by taxpayer and spouse, check this box . . . . . ☐
- C** Check this box if you completely disposed of the property in the current year . . . . . ☐
- D** Check this box if all investment is at risk (Not for K-1 Estates and Trusts) . . . . . ☐
- E** Check this box if some of the investment is **not** at risk (Not for K-1 Estates and Trusts) . . . . . ☐
- F** Did you materially participate in this activity? (Not for K-1's) . . . . . Yes ☐ No ☐
- G** Check this box if you actively participate in the operation of this activity (Not for Schedule C or Schedule F) . . . . . ☐
- H** Check this box if rental property is subject to recharacterization rules (Sch E/Sch K-1 Ptrshp) . . . . . ☐
- I** Check if rental real estate (or other rental) activity is a trade or business (Not for Schedule C or Schedule F) . . . . . ☐

If this is a Schedule E, check the appropriate boxes:

- J** Rental property. . . . . ☐ **L** Commercial property . . . . . ☐
- K** Royalty property . . . . . ☐ **M** Other passive exceptions . . . . . ☐

If this is a K-1, check the appropriate boxes:

- N** This is a K-1 with ordinary income with material participation . . . . . ☐
- O** This is a K-1 with rental real estate with material participation . . . . . ☐
- P** This is a publicly traded partnership . . . . . ☐
- Q** If this is a K-1 Estates and Trusts, check the box if this is a final K-1 . . . . . ☐
- R** Check if "working interest" in oil or gas well (Schedule K-1 Partnership) . . . . . ☐

- S** At-risk status . . . . .
- T** Passive status . . . . . Nonpassive

## Part I - Section 179 Adjustments

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

## Part II - Regular Income/Loss

	Income/Loss
1 Federal income/loss . . . . .	
2 Adjustments:	
a 30%/50% Special Depreciation Allowance (Bonus Depreciation) . . . . .	
b Other depreciation adjustment(s) . . . . .	
c Section 179 adjustment . . . . .	
d Other adjustments . . . . .	
3 Total . . . . .	
4 At-Risk adjustment. . . . . a Adjust amount . . . . . b	
5 Total . . . . .	
6 Passive carryover loss . . . . .	
7 Passive disallowed loss (carryover to next year) . . . . .	
8 Net profit or (loss) allowed . . . . .	
9 Net federal profit or (loss) allowed . . . . .	
10 Federal/State adjustment . . . . .	

Activity Description . . . . .

<b>Part III - Schedule K-1 Partnership and S Corporations</b>		<b>Section 179 Expense</b>	<b>Misc Income</b>	<b>Commercial Revitalization</b>
<b>1</b>	Federal income/loss . . . . .			
<b>2</b>	Adjustments . . . . .			
<b>3</b>	Total . . . . .			
<b>4 a</b>	At-Risk adjustment amount . . . . .			
<b>b</b>	At-Risk adjustment. . . . .			
<b>5</b>	Total . . . . .			
<b>6</b>	Passive carryover loss . . . . .			
<b>7</b>	Passive disallowed loss (carryover to next year) . . . .			
<b>8</b>	Net profit or (loss) allowed . . . . .			
<b>9</b>	Net federal profit or (loss) allowed . . . . .			
<b>10</b>	Federal/State adjustment . . . . .			

<b>Part IV - Dispositions</b>	<b>Schedule D Short-Term</b>	<b>Schedule D Long-Term</b>	<b>Form 4797 Short-Term</b>	<b>Form 4797 Long-Term</b>
<b>1</b> Federal income/loss . . . . .				
<b>2</b> Adjustments:				
<b>a</b> Adjustments transferred from the federal return . . . . .				
<b>b</b> Other adjustments . . . . .				
<b>c</b> Total adjustments . . . . .				
<b>3</b> Total . . . . .				
<b>4 a</b> At-Risk adjustment amount . . . . .				
<b>b</b> At-Risk adjustment. . . . .				
<b>5</b> Total . . . . .				
<b>6</b> Passive carryover loss . . . . .				
<b>7</b> Passive disallowed loss . . . . .				
<b>8</b> Net profit or (loss) allowed . . . . .				
<b>9</b> Net federal profit or (loss) allowed . . . . .				
<b>10</b> Federal/State adjustment . . . . .				

Name(s) Shown on Return

kathryn J harris

Your Social Security Number

410-19-5568

**Part I 2017 Estimated Tax Amount Options****1 Select One of Six Ways to Calculate the Required Annual Payment for 2017 Estimates:**

- a 100% of **2016** taxes (default, see Tax Help) . . . . . ☒ \_\_\_\_\_
- b 100% of tax on **2017** estimated taxable income . . . . . ☐ \_\_\_\_\_
- c 90% of tax on **2017** estimated taxable income . . . . . ☐ \_\_\_\_\_
- d 66-2/3% of tax on **2017** estimated taxable income (farmers and fishermen) . . . . . ☐ \_\_\_\_\_
- e Equal to 100% of overpayment (no vouchers) . . . . . ☐ 540 .
- f Enter total amount you want to use for estimates and check box . . . . . ☐ \_\_\_\_\_

**2 Selected estimated tax amount:**

- a 2017 Required Annual Payment based on your choice above . . . . . \_\_\_\_\_
- b Estimated amount of 2017 state income tax withholding . . . . . 540 .
- c **Total of estimated tax payments required for 2017** (line 2a less line 2b) . . . . . \_\_\_\_\_

**3 Select Estimated Tax Payment option:**

- a Calculate estimates if \$500 or more (default) . . . . . ☒ \_\_\_\_\_
- b Calculate estimates if \_\_\_\_\_ (specify amount) or more . . . . . ☐ \_\_\_\_\_
- c Calculate estimates regardless of amount . . . . . ☐ \_\_\_\_\_
- d Do **not** calculate estimates . . . . . ☐ \_\_\_\_\_

**Part II Overpayment Application Options**

- 1 Amount of overpayment available (Form 500, line 24 less lines 26-34) . . . . . 540 .

**2 Select Overpayment Application Amount Option:**

- a Apply none (refund entire overpayment) . . . . . ☒ \_\_\_\_\_
- b Apply all (increase estimate if required) . . . . . ☐ \_\_\_\_\_
- c Apply to extent of total estimated tax and refund excess . . . . . ☐ \_\_\_\_\_
- d Apply to extent of first quarter amount and refund excess . . . . . ☐ \_\_\_\_\_
- e Enter amount you want to apply . . . . . ☐ \_\_\_\_\_
- f Amount applied to 2017 estimated tax . . . . . 0 .
- g Overpayment to be refunded (line 1 less line 2f) . . . . . 540 .

**3 Select Overpayment Application Sequence:**

- a ☒ ◀ Consecutively    b ☐ ◀ Evenly

**Part III Rounding and Printing Options****1 Select Rounding Option:**

- a ☒ ◀ Round up to next \$1    b ☐ ◀ Round up to next \$10    c ☐ ◀ Round up to next \$100    d ☐ ◀ Round to nearest \$1

**2 Select Voucher Printing Option:**

- a ☒ ◀ Print (per Part I, lines 3a - c)    b ☐ ◀ Print only name, etc.    c ☐ ◀ Do **not** print vouchers

**Part IV Estimated Tax Payment Summary**

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

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

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

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

	2016 Actual	*2017 Estimated
1 Adjusted gross income . . . . .	9,858.	
2 Adjustments and Deductions . . . . .	25,585.	
3 Applicable retirement exclusion (See Tax Help) . . . . .		
4 Georgia tax withholding . . . . .	540.	
5 Other credits . . . . .		

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

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

☒

Single

☐

Married filing jointly

☐

Married filing separately

☐

Head of household

☐

Qualifying Widow(er)

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

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

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

1	Adjusted gross income expected during the current year . . . . .	1	9,858.
2	Less: Adjustments and Deductions . . . . .	2	25,585.
3	Balance (line 1 less line 2) . . . . .	3	-15,727.
4	Less: Deduction for exemptions/dependents . . . . .	4	2,700.
5	Balance (line 3 less line 4) . . . . .	5	-18,427.
6	Applicable retirement exclusion (see worksheet) . . . . .	6	
7	Taxable income (line 5 less line 6) . . . . .	7	
8	Tax on amount on line 7 (see tax rate schedule) . . . . .	8	
9	Less: Credits . . . . .	9	
10	Line 8 less line 9. <b>This is your 2017 tax based on your estimate of 2017 income</b> . . . . .	10	

# Tax Payments Worksheet

2016

► Keep for your records

Name kathryn J harris	Social Security Number 410-19-5568
--------------------------	---------------------------------------

## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	540.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld . . . . .</b>	14	540.
15	Date return will be filed and balance paid . . . . .	15	

**Tax Summary**  
► Keep for your records

**2016**

Name(s)	
kathryn J harris	
<b>Federal adjusted gross income</b> . . . . .	9,858.
<b>Adjustments to income</b> . . . . .	-211.
<b>Georgia adjusted gross income</b> . . . . .	9,647.
<b>Deductions and exemptions</b> . . . . .	28,074.
<b>Taxable income</b> . . . . .	-18,427.
<b>Total Georgia tax</b> . . . . .	
<b>Total prepayments and credits</b> . . . . .	540.
<b>Amount due</b> . . . . .	
<b>Amount of overpayment</b> . . . . .	540.
<b>Amount applied to ES</b> . . . . .	0.
<b>Contributions</b> . . . . .	
<b>Amount of penalty</b> . . . . .	
<b>Balance due</b> . . . . .	
<b>Refund</b> . . . . .	540.



Smart Worksheets from your 2016 Georgia Tax Return

SMART WORKSHEET FOR: Form 500: Individual Income Tax Return (Copy 1)

Georgia Itemized Deduction Smart Worksheet	
The following are Georgia adjustments to Federal Itemized Deduction:	
Income taxes from states other than Georgia . . . . .	7
Investment interest for the production of income exempt from Georgia income tax . . . . .	
Other adjustments . . . . .	

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20		See separate instructions.
Your first name and initial kathryn J	Last name harris	<b>Your social security number</b> 410-19-5568
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. 5110 garrard ave		Apt. no. 914
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). savannah GA 31405		<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

1 ☒ Single

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

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

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

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b ☐ Spouse . . . . .

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

Add numbers on lines above ▶ 1

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 . . . . .

<b>Income</b>  <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>  If you did not get a W-2, see instructions.	7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	15,065.		
	8a	Taxable interest. Attach Schedule B if required . . . . .	8a			
	b	Tax-exempt interest. Do not include on line 8a . . . . .	8b			
	9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a			
	b	Qualified dividends . . . . .	9b			
	10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	447.		
	11	Alimony received . . . . .	11			
	12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	-519.		
	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 <b>total income</b> ▶	22	14,993.			

<b>Adjusted Gross Income</b>	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	2,985.
	27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	
	28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
	29	Self-employed health insurance deduction . . . . .	29	1,050.
	30	Penalty on early withdrawal of savings . . . . .	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction . . . . .	32	1,100.
	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	5,135.
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	9,858.	

**Tax and Credits****Standard Deduction for—**

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

• All others:  
Single or Married filing separately, \$6,300  
Married filing jointly or Qualifying widow(er), \$12,600  
Head of household, \$9,300

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	9,858.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked ▶ 39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	25,381.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	-15,523.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	4,050.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	0.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	0.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	0.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	0.

**Other Taxes**

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

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	491.
<b>65</b>	2016 estimated tax payments and amount applied from 2015 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>	27.
<b>b</b>	Nontaxable combat pay election <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	185.
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	703.

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	703.
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	703.
<b>b</b>	Routing number 3 1 4 0 7 4 2 6 9 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 1 9 6 4 2 9 5 5 2		
<b>77</b>	Amount of line 75 you want <b>applied to your 2017 estimated tax</b>	<b>77</b>	
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**Third Party Designee**

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

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

**Sign Here**

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

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

Your signature	Date	Your occupation Talent Agent	Daytime phone number (323) 791-3221
Spouse's signature. If a joint return, <b>both</b> 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 A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
► Attach to Form 1040.

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

kathryn J harris

Your social security number

410-19-5568

<b>Medical and Dental Expenses</b>		<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions) . . . . .	1	14,183.		
2	Enter amount from Form 1040, line 38 <b>2</b> 9,858.				
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	986.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			13,197.
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5	547.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions) . . . . .	6			
7	Personal property taxes . . . . .	7	192.		
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8 . . . . .	9			739.
<b>Interest You Paid</b>		<b>10 Home mortgage interest and points reported to you on Form 1098</b>		10	
<b>Note:</b> Your mortgage interest deduction may be limited (see instructions).		<b>11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►</b>		11	
		<b>12 Points not reported to you on Form 1098. See instructions for special rules . . . . .</b>		12	
		<b>13 Mortgage insurance premiums (see instructions) . . . . .</b>		13	
		<b>14 Investment interest. Attach Form 4952 if required. (See instructions.)</b>		14	
		<b>15 Add lines 10 through 14 . . . . .</b>		15	
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .</b>		16	75.
If you made a gift and got a benefit for it, see instructions.		<b>17 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .</b>		17	1,127.
		<b>18 Carryover from prior year . . . . .</b>		18	
		<b>19 Add lines 16 through 18 . . . . .</b>		19	1,202.
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .</b>		20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► Employee business expenses</b>		21	9,925.
		<b>22 Tax preparation fees . . . . .</b>		22	69.
		<b>23 Other expenses—investment, safe deposit box, etc. List type and amount ► See Schedule A, Line 23 Statement</b>		23	446.
		<b>24 Add lines 21 through 23 . . . . .</b>		24	10,440.
		<b>25 Enter amount from Form 1040, line 38 <b>25</b> 9,858.</b>		25	
		<b>26 Multiply line 25 by 2% (0.02) . . . . .</b>		26	197.
		<b>27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .</b>		27	10,243.
<b>Other Miscellaneous Deductions</b>		<b>28 Other—from list in instructions. List type and amount ►</b>		28	
<b>Total Itemized Deductions</b>		<b>29 Is Form 1040, line 38, over \$155,650?</b>		29	25,381.
		<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		<b>30 If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .</b>			

## Smart Worksheets from your 2016 Georgia Tax Return Attachment

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
<b>A</b>	Tax . . . . . 0.
	Check if from:
<b>1</b>	Tax table . . . . . <input checked="checked" type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . .
<b>C</b>	Additional tax from Form 4972 . . . . .
<b>D</b>	Tax from additional Form(s) 4972 . . . . .
<b>E</b>	Recapture tax from Form 8863 . . . . .
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . .
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . .
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . 0.

**Additional information from your 2016 Georgia Tax Return Attachment****Schedule A: Itemized Deductions****Line 23 - Miscellaneous Expenses Subject to 2% Limitation****Continuation Statement**

Type Of Other Miscellaneous Expenses	Amount
Depreciation and amortization deductions	92.
Attorney and Accounting Fees	354.
<b>Total</b>	<b>446.</b>

TAXABLE YEAR

2016

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

FORM

8453-OL

Your first name and initial KATHRYN J		Last name HARRIS		Suffix	Your SSN or ITIN 410-19-5568
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 5110 GARRARD AVE		Apt. no. APT 914	PMB/private mailbox		Daytime telephone number ( 323 ) 791-3221
City SAVANNAH				State GA	ZIP code 31405
Foreign country name		Foreign province/state/county			Foreign postal code

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

- 1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32). . . . . **1** 107.
- 2 Refund or no amount due. (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125; or Short Form 540NR, line 125). . . . . **2** 7.
- 3 Amount you owe. (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121). . . . . **3**

**Part II Settle Your Account Electronically for Taxable Year 2016** (Payment due 4/18/2017)

- 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 2017** These are not installment payments for the current amount you owe.

	First Payment Due 4/18/2017	Second Payment Due 6/15/2017	Third Payment Due 9/15/2017	Fourth Payment Due 1/16/2018
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 **7**. **12** The remaining amount of my refund for direct deposit \_\_\_\_\_
- 9 Routing number 314074269 **13** Routing number \_\_\_\_\_
- 10 Account number 196429552 **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 2016 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.

Date

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

2016

California Nonresident or Part-Year  
Resident Income Tax Return

Long Form

540NR

APE

410-19-5568 HARR  
KATHRYN J HARRIS

16 PBA 711410

A  
R  
RP5110 GARRARD AVE APT 914  
SAVANNAH GA 31405

01-02-1969

- Filing Status**
- 1 ☒ Single  
 2 ☐ Married/RDP filing jointly. See inst.  
 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here \_\_\_\_\_  
 4 ☐ Head of household (with qualifying person). See instructions.  
 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse/RDP died \_\_\_\_\_  
 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. ☐ 6 ☐► 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. If you checked the box on line 6, see instructions. ☒ 7 ☐ 1 X \$111 = ☒ \$ 1118 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☒ 8 ☐ X \$111 = ☒ \$9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☒ 9 ☐ X \$111 = ☒ \$10 **Dependents: Do not include yourself or your spouse/RDP.**

Exemptions

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

Total dependent exemptions ☒ 10 ☐ X \$344 = ☒ \$11 **Exemption amount:** Add line 7 through line 10 ☒ 11 ☐ \$ 11112 Total California wages from your Form(s) W-2, box 16 ☒ 12 107 0013 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 ☒ 13 9858 0014 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B ☒ 14 447 0015 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ☒ 15 9411 0016 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C ☒ 16 0017 Adjusted gross income from all sources. Combine line 15 and line 16 ☒ 17 9411 0018 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), line 44; **OR** Your California **standard deduction**. See instructions ☒ 18 25173 0019 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- ☒ 19 0 00

Total Taxable Income



Your name: HARRISYour SSN or ITIN: 410-19-5568

CA Taxable Income	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	0	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	32	107	00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	35	0	00
	36	CA Tax Rate. Divide line 31 by line 19	36	0	00
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	0	00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38	0	00
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$182,459, see instructions	39	0	00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	0	00
Special Credits	41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		00
	42	Add line 40 and line 41	42	0	00
	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50		00
	51	Credit for joint custody head of household. See instructions	51		00
	52	Credit for dependent parent. See instructions	52		00
	53	Credit for senior head of household. See instructions	53		00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
	55	Credit amount. See instructions	55		00
	58	Enter credit name _____ code _____ and amount	58		00
	59	Enter credit name _____ code _____ and amount	59		00
Other Taxes	60	To claim more than two credits. See instructions	60		00
	61	Nonrefundable renter's credit. See instructions	61		00
	62	Add line 50 and line 55 through 61. These are your total credits	62		00
	63	Subtract line 62 from line 42. If less than zero, enter -0-	63	0	00
	71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
Payments	72	Mental Health Services Tax. See instructions	72		00
	73	Other taxes and credit recapture. See instructions	73		00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	74	0	00
	81	California income tax withheld. See instructions	81	7	00
	82	2016 CA estimated tax and other payments. See instructions	82		00
Overpaid Tax/Due	83	Withholding (Form 592-B and/or 593). See instructions	83		00
	84	Excess SDI (or VPD) withheld. See instructions	84		00
	85	Earned Income Tax Credit (EITC)	85		00
	86	Add lines 81 through 85. These are your total payments. See instructions	86	7	00
	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101	7	00
	102	Amount of line 101 you want applied to your 2017 estimated tax	102		00
	103	Overpaid tax available this year. Subtract line 102 from line 101	103	7	00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00

Your name: HARRIS Your SSN or ITIN: 410-19-5568

Contributions

	Code	Amount
California Seniors Special Fund. See instructions . . . . .	● 400	00
Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	00
Rare and Endangered Species Preservation Program . . . . .	● 403	00
California Breast Cancer Research Fund . . . . .	● 405	00
California Firefighters' Memorial Fund . . . . .	● 406	00
Emergency Food for Families Fund . . . . .	● 407	00
California Peace Officer Memorial Foundation Fund . . . . .	● 408	00
California Sea Otter Fund . . . . .	● 410	00
California Cancer Research Fund . . . . .	● 413	00
RESERVED (DO NOT USE) . . . . .		
School Supplies for Homeless Children Fund . . . . .	● 422	00
State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	00
Protect Our Coast and Oceans Fund . . . . .	● 424	00
Keep Arts in Schools Fund . . . . .	● 425	00
State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 430	00
Prevention of Animal Homelessness and Cruelty Fund . . . . .	● 431	00
Revive the Salton Sea Fund . . . . .	● 432	00
California Domestic Violence Victims Fund . . . . .	● 433	00
Special Olympics Fund . . . . .	● 434	00
Type 1 Diabetes Research Fund . . . . .	● 435	00
<b>120</b> Add code 400 through code 435. This is your total contribution . . . . .	● 120	00



Interest and Penalties	<b>122</b> Interest, late return penalties, and late payment penalties. . . . .	<b>122</b>	00
	<b>123</b> Underpayment of estimated tax. Check the box: <input type="radio"/> <b>FTB 5805 attached</b> <input type="radio"/> <b>FTB 5805F attached</b> . . . . .	<b>123</b>	00
	<b>124</b> Total amount due. See instructions. Enclose, but <b>do not</b> staple, any payment . . . . .	<b>124</b>	00

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ..... ● 125 7.00

All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

☐ Checking  
☐ Savings  
 ● Routing number    ● Type    ● Account number    ● 127 Direct deposit amount

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

**Sign**  $(3, 2, 3) \ 7, 9, 1, -3, 2, 2, 1$

● FEIN

Telephone Number

2016

# California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

**Important:** Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

K A T H R Y N J H A R R I S

4 1 0 1 9 5 5 6 8

## Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2016.

### During 2016:

#### 1 My California (CA) Residency (Check one)

a Myself: ☒ Nonresident ☐ Part-Year Resident ☐ Resident

b Spouse: ☐ Nonresident ☐ Part-Year Resident ☐ Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions) . . . . .	<input checked="" type="radio"/> GA	<input type="radio"/> _____
b I was in the military and stationed in (enter two letter code). . . . .	<input type="radio"/> _____	<input type="radio"/> _____
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . . . .	<input type="radio"/> _____	<input type="radio"/> _____
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . . . .	<input type="radio"/> _____	<input type="radio"/> _____
5 I was a CA nonresident the entire year (enter state of residence). . . . .	<input type="radio"/> GA	<input type="radio"/> _____
6 The number of days I spent in CA for any purpose was: . . . . .	<input type="radio"/> 0	<input type="radio"/> _____
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input type="radio"/> N	<input type="radio"/> _____
8 Before 2016: I was a CA resident for the period of . . . . .	<input type="radio"/> 01/05/1992 - <input type="radio"/> _____	<input type="radio"/> _____ - <input type="radio"/> _____
	<input type="radio"/> 06/01/2015 - <input type="radio"/> _____	<input type="radio"/> _____ - <input type="radio"/> _____

## Part II Income Adjustment Schedule

### Section A — Income

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . . 7	<input checked="" type="radio"/> 15,065.	<input type="radio"/> _____	<input type="radio"/> _____	<input checked="" type="radio"/> 15,065.	<input checked="" type="radio"/> 107.
8 Taxable interest. (b) _____ . . . . . 8(a)	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
9 Ordinary dividends. See instructions. (b) <input checked="" type="radio"/> _____ . . . . . 9(a)	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
10 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 10	<input type="radio"/> 447.	<input type="radio"/> 447.	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
11 Alimony received. See instructions. . . . . 11	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
12 Business income or (loss) . . . . . 12	<input type="radio"/> -519.	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> -519.	<input type="radio"/> 0.
13 Capital gain or (loss). See instructions . . . . . 13	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
14 Other gains or (losses) . . . . . 14	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
15 IRA distributions. See instructions. (a) <input checked="" type="radio"/> _____ . . . . . 15(b)	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
16 Pensions and annuities. See instructions. (a) <input checked="" type="radio"/> _____ . . . . . 16(b)	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 17	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
18 Farm income or (loss) . . . . . 18	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
19 Unemployment compensation . . . . . 19	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
20 Social security benefits. (a) <input checked="" type="radio"/> _____ 20(b)	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
21 Other income.					
a California lottery winnings	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
b Disaster loss deduction from FTB 3805V	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
c Federal NOL (Form 1040, line 21)	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
d NOL deduction from FTB 3805V 21	<input checked="" type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input checked="" type="radio"/> 21	<input checked="" type="radio"/> 21
e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
f Other (describe): _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 . . . . . 22a	<input checked="" type="radio"/> 14,993.	<input type="radio"/> 447.	<input type="radio"/> _____	<input checked="" type="radio"/> 14,546.	<input checked="" type="radio"/> 107.

Income Adjustment Schedule		A	B	C	D	E
Section B — Adjustments to Income		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22	b Enter totals from Side 1, line 22a, col. A through col. E. . . . . 22b	14,993.	447.		14,546.	107.
23	Educator expenses. . . . . 23					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24					
25	Health savings account deduction . . . . . 25					
26	Moving expenses. . . . . 26	2,985.			2,985.	0.
27	Deductible part of self-employment tax . . . 27					
28	Self-employed SEP, SIMPLE, and qualified plans . . . . . 28					
29	Self-employed health insurance deduction 29	1,050.			1,050.	0.
30	Penalty on early withdrawal of savings . . . 30					
31a	Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ Last name <input type="radio"/> _____ . 31a					
32	IRA deduction . . . . . 32	1,100.			1,100.	0.
33	Student loan interest deduction . . . . . 33					
34	Tuition and fees . . . . . 34					
35	Domestic production activities deduction . 35					
36	Add line 23 through line 35 in each column, A through E . . . . . 36	5,135.			5,135.	0.
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . 37	9,858.	447.		9,411.	107.

### Part III Adjustments to Federal Itemized Deductions

**38 Federal Itemized Deductions.** Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14). . . . . ☐ **38** 25,381.

**39** Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes **only**) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . ☐ **39** 547.

**40** Subtract line 39 from line 38. . . . . ☐ **40** 24,834.

**41** Other adjustments including California lottery losses. See instructions. Specify SEE STMT . . . . . ☐ **41** 339.

**42** Combine line 40 and line 41. . . . . ☐ **42** 25,173.

**43 Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately . . . . . \$182,459

Head of household . . . . . \$273,692

Married/RDP filing jointly or qualifying widow(er) . . . . . \$364,923

**No.** Transfer the amount on line 42 to line 43.

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . ☐ **43** 25,173.

**44 Enter the larger of the amount on line 43 or your standard deduction. See instructions.** . . . . . ☐ **44** 25,173.

### Part IV California Taxable Income

**45 California AGI.** Enter your California AGI from line 37, column E. . . . . ☐ **45** 107.

**46** Enter your deductions from line 44 . . . . . ☐ **46** 25,173.

**47 Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . ☐ **47** 0.0114

**48 California Itemized/Standard Deductions.** Multiply line 46 by the percentage on line 47 . . . . . ☐ **48** 287.

**49 California Taxable Income.** Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . ☐ **49** 0.

**2016****Depreciation and  
Amortization Adjustments****3885A**

Do not complete this form if your California depreciation amounts are the same as federal amounts.

Name(s) as shown on tax return

K A T H R Y N J H A R R I S

SSN or ITIN

4 1 0 1 9 5 5 6 8

**Part I Identify the Activity as Passive or Nonpassive.** (See instructions.)

Business or activity to which form FTB 3885A relates

- 1** ☐ This form is being completed for a passive activity.  
☒ This form is being completed for a nonpassive activity.

S C H A M I S C D E D U C T I O

**Part II Election to Expense Certain Tangible Property (IRC Section 179).**

- 2** Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions ..... **2**

**Part III Depreciation**

	(a) Description of property placed in service	(b) Date placed in service mm/dd/yyyy	(c) California basis for depreciation	(d) Method	(e) Life or rate	(f) California depreciation deduction
<b>3</b>						

- 4** Add the amounts on line 3, column (f) ..... **4**
- 5** California depreciation for assets placed in service prior to 2016 ..... **5** 184.
- 6** Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5 ..... **6** 184.
- 7** Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22 ..... **7** 92.
- 8 a** If line 6 is **more** than line 7, enter the difference here and see instructions ..... **8a** 92.
- b** If line 6 is **less** than line 7, enter the difference here and see instructions ..... **8b**

**Part IV Amortization**

	(a) Description of cost	(b) Date amortization begins mm/dd/yyyy	(c) California basis for amortization	(d) Code section	(e) Period or percentage	(f) California amortization deduction
<b>9</b>						

- 10** Total California amortization from this activity. Add the amounts on line 9, column (f) ..... **10**
- 11** California amortization of costs that began before 2016 ..... **11**
- 12** Total California amortization from this activity. Add the amounts on line 10 and line 11 ..... **12**
- 13** Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44 ..... **13**
- 14 a** If line 12 is **more** than line 13, enter the difference here and see instructions ..... **14a**
- b** If line 12 is **less** than line 13, enter the difference here and see instructions ..... **14b**

**Instructions for Form FTB 3885A****Depreciation and Amortization Adjustments**References in these instructions are to the Internal Revenue Code (IRC) as of **January 1, 2015**, and to the California Revenue and Taxation Code (R&TC).**General Information**

In general, for taxable years beginning on or after January 1, 2015, California law conforms to the Internal Revenue Code (IRC) as of January 1, 2015. However, there are continuing differences between California and federal law. When California conforms to federal tax law changes, we do not always adopt all of the changes made at the federal level. For more information, go to [ftb.ca.gov](http://ftb.ca.gov) and search for **conformity**. Additional information can be found in FTB Pub. 1001, Supplemental Guidelines to California Adjustments, the instructions for California Schedule CA (540 or 540NR), and the Business Entity tax booklets.

The instructions provided with California tax forms are a summary of California tax law and are only intended to aid taxpayers in preparing their state income tax returns. We include information that is most useful to the greatest number of taxpayers in the limited space available. It is not possible to include all requirements of the California Revenue and Taxation Code (R&TC) in the instructions. Taxpayers should not consider the instructions as authoritative law.

**Purpose**

Use form FTB 3885A, Depreciation and Amortization Adjustments, **only** if there is a difference between the amount of depreciation and amortization allowed as a deduction using California law and the amount allowed using federal law. California law and federal law have not always allowed the same depreciation methods, special credits, or accelerated write-offs. As a result, the recovery periods or the basis on which the depreciation is figured for California may be different from the amounts used for federal purposes. You will probably have reportable differences if all or part of your assets were placed in service:

- **Before January 1, 1987.** California disallowed depreciation under the federal accelerated cost recovery system. Continue to figure California depreciation for those assets in the same manner as in prior years for those assets.
- **On or after January 1, 1987.** California provides special credits and accelerated write-offs that affect the California basis of qualifying assets. California did not conform to all changes to federal law enacted in 1993; therefore, the California basis or recovery periods may be different for some assets.

Schedule CA  
Line 41California  
Miscellaneous Itemized Deductions Statement

2016

Name as Shown on Return  
KATHRYN J HARRISSocial Security Number  
410-19-5568**Part I – Itemized Deductions (Not Subject to 2% Limitation)**

1	Adoption-related expenses (Enter as negative) . . . . .	1	
2	Mortgage interest credit, from federal Form 8396, line 3 . . . . .	2	
3	Investment interest expense . . . . .	3	
4	California lottery losses (Enter as negative) . . . . .	4	
5	Federal estate tax (Enter as negative) . . . . .	5	
6	Generation skipping transfer tax (Enter as negative) . . . . .	6	
7	Impairment-related expenses of a handicapped employee, from Form 2106 . . . . .	7	
8	Casualty/theft losses adjustments . . . . .	8	
9	California adjustments from K-1s - other taxes . . . . .	9	
10	Interest paid on loans from a utility company to purchase energy efficient equipment or products for California residences . . . . .	10	
11 a	Charitable contribution carryover deduction . . . . .	11 a	
b	Charitable contribution carryover of appreciated stock donated to a private foundation prior to 1/1/02 (Enter as negative) . . . . .	b	
c	Charitable contributions limitation for registered domestic partner (RDP) . . . . .	c	
d	Charitable contribution to the College Access Tax Credit Fund for which a credit is being taken in the current year (Enter as negative) . . . . .	d	
12	Medical and Dental Expense Deduction . . . . .	12	247.
13	Private Mortgage Insurance (PMI) (Enter as negative) . . . . .	13	
14	Other (itemize):		
a		14 a	
b		b	
c		c	
d		d	
15	Total adjustments <b>not</b> subject to 2% limitation . . . . . ▶	15	247.

**Part II – Itemized Deductions (Subject to 2% Limitation)**

1	Total federal itemized deductions subject to the 2% limit of federal AGI . . . . .	1	10,440.
2	Depreciation subject to the 2% limitation of federal adjusted gross income. . . . .	2	92.
3	Nontaxable income expenses . . . . .	3	
4	Employee business expenses . . . . .	4	0.
5	State legislator's travel expenses (Enter as negative). . . . .	5	
6	Casualty/theft losses . . . . .	6	
7	REMIC expenses, from Schedule E . . . . .	7	
8	California adjustments from K-1s:		
a	Excess deductions on termination . . . . .	8 a	
b	Deductions related to portfolio income . . . . .	b	
c	Miscellaneous deductions limited to 2% of adjusted gross income . . . . .	c	
9	Educator expenses from Schedule CA or Schedule CA(NR) not deducted elsewhere on the California return . . . . .	9	
10	Other (itemize):		
a		10 a	
b		b	
c		c	
d		d	
11	Total California itemized deductions subject to 2% of federal adjusted gross income. Add Part II, lines 1 through 10 . . . . .	11	10,532.
12	Enter amount from federal Schedule A, line 26 . . . . .	12	197.
13	Subtract line 12 from line 11. If line 12 is more than line 11, enter 0 . . . . .	13	10,335.
14	Enter amount from federal Schedule A, line 27 . . . . .	14	10,243.
15	Total adjustment subject to 2% limitation. Subtract line 14 from line 13. . . . .	15	92.

**Part III – Total California Miscellaneous Itemized Deductions Adjustment**

1	Adjustment for Schedule CA/CA(NR) line 41. Add the totals from Parts I and II . . .	1	339.
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Schedule CA  
Line 41California  
Miscellaneous Itemized Deductions Statement

2016

Name as Shown on Return  
KATHRYN J HARRISSocial Security Number  
410-19-5568

## Part I – Itemized Deductions (Not Subject to 2% Limitation)

1	Adoption-related expenses (Enter as negative) . . . . .	1	
2	Mortgage interest credit, from federal Form 8396, line 3 . . . . .	2	
3	Investment interest expense . . . . .	3	
4	California lottery losses (Enter as negative) . . . . .	4	
5	Federal estate tax (Enter as negative) . . . . .	5	
6	Generation skipping transfer tax (Enter as negative) . . . . .	6	
7	Impairment-related expenses of a handicapped employee, from Form 2106 . . . . .	7	
8	Casualty/theft losses adjustments . . . . .	8	
9	California adjustments from K-1s - other taxes . . . . .	9	
10	Interest paid on loans from a utility company to purchase energy efficient equipment or products for California residences . . . . .	10	
11 a	Charitable contribution carryover deduction . . . . .	11 a	
b	Charitable contribution carryover of appreciated stock donated to a private foundation prior to 1/1/02 (Enter as negative) . . . . .	b	
c	Charitable contributions limitation for registered domestic partner (RDP) . . . . .	c	
d	Charitable contribution to the College Access Tax Credit Fund for which a credit is being taken in the current year (Enter as negative) . . . . .	d	
12	Medical and Dental Expense Deduction . . . . .	12	247.
13	Private Mortgage Insurance (PMI) (Enter as negative) . . . . .	13	
14	Other (itemize):		
a		14 a	
b		b	
c		c	
d		d	
15	Total adjustments not subject to 2% limitation . . . . . ▶	15	247.

## Part II – Itemized Deductions (Subject to 2% Limitation)

1	Total federal itemized deductions subject to the 2% limit of federal AGI . . . . .	1	10,440.
2	Depreciation subject to the 2% limitation of federal adjusted gross income. . . . .	2	92.
3	Nontaxable income expenses . . . . .	3	
4	Employee business expenses . . . . .	4	0.
5	State legislator's travel expenses (Enter as negative). . . . .	5	
6	Casualty/theft losses . . . . .	6	
7	REMIC expenses, from Schedule E . . . . .	7	
8	California adjustments from K-1s:		
a	Excess deductions on termination . . . . .	8 a	
b	Deductions related to portfolio income . . . . .	b	
c	Miscellaneous deductions limited to 2% of adjusted gross income . . . . .	c	
9	Educator expenses from Schedule CA or Schedule CA(NR) not deducted elsewhere on the California return . . . . .	9	
10	Other (itemize):		
a		10 a	
b		b	
c		c	
d		d	
11	Total California itemized deductions subject to 2% of federal adjusted gross income. Add Part II, lines 1 through 10 . . . . .	11	10,532.
12	Enter amount from federal Schedule A, line 26 . . . . .	12	197.
13	Subtract line 12 from line 11. If line 12 is more than line 11, enter 0 . . . . .	13	10,335.
14	Enter amount from federal Schedule A, line 27 . . . . .	14	10,243.
15	Total adjustment subject to 2% limitation. Subtract line 14 from line 13. . . . .	15	92.

## Part III – Total California Miscellaneous Itemized Deductions Adjustment

1	Adjustment for Schedule CA/CA(NR) line 41. Add the totals from Parts I and II . . .	1	339.
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**Employee Business Expenses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at [www.irs.gov/form2106](http://www.irs.gov/form2106).

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **129**

Your name

KATHRYN J HARRIS

Occupation in which you incurred expenses

THEATRICAL AGENT

Social security number

410-19-5568

**Part I Employee Business Expenses and Reimbursements****Step 1 Enter Your Expenses**

	<b>Column A</b> Other Than Meals and Entertainment	<b>Column B</b> Meals and Entertainment
<b>1</b> Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) . . . . .	<b>1</b> 1,640.	
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b> 57.	
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment. . . . .	<b>3</b>	
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	<b>4</b> 8,228.	
<b>5</b> Meals and entertainment expenses (see instructions) . . . . .	<b>5</b>	
<b>6 Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 . . . . .	<b>6</b> 9,925.	

**Note:** If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.**Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

<b>7</b> Enter reimbursements received from your employer that <b>weren't</b> reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions). . . . .	<b>7</b>	
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**Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)**

<b>8</b> Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8) . . . . .	<b>8</b> 9,925.	
<b>Note:</b> If <b>both columns</b> of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.		
<b>9</b> In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.) . . . . .	<b>9</b> 9,925.	
<b>10</b> Add the amounts on line 9 of both columns and enter the total here. <b>Also, enter the total on Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) . ▶	<b>10</b>	9,925.

For Paperwork Reduction Act Notice, see your tax return instructions. **175**

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

Form **2106** (2016)

**Part II Vehicle Expenses****Section A—General Information** (You must complete this section if you are claiming vehicle expenses.)

		(a) Vehicle 1	(b) Vehicle 2
<b>11</b>	Enter the date the vehicle was placed in service . . . . .	<b>11</b> 12/14/2015	
<b>12</b>	Total miles the vehicle was driven during 2016 . . . . .	<b>12</b> 3,000 miles	miles
<b>13</b>	Business miles included on line 12 . . . . .	<b>13</b> 2,000 miles	miles
<b>14</b>	Percent of business use. Divide line 13 by line 12 . . . . .	<b>14</b> %	%
<b>15</b>	Average daily roundtrip commuting distance . . . . .	<b>15</b> 10 miles	miles
<b>16</b>	Commuting miles included on line 12 . . . . .	<b>16</b> 0 miles	miles
<b>17</b>	Other miles. Add lines 13 and 16 and subtract the total from line 12 . . . . .	<b>17</b> 1,000 miles	miles
<b>18</b>	Was your vehicle available for personal use during off-duty hours? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>19</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>20</b>	Do you have evidence to support your deduction? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21</b>	If "Yes," is the evidence written? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Section B—Standard Mileage Rate** (See the instructions for Part II to find out whether to complete this section or Section C.)

<b>22</b>	Multiply line 13 by 54¢ (0.54). Enter the result here and on line 1 . . . . .	<b>22</b>
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**Section C—Actual Expenses**

		(a) Vehicle 1	(b) Vehicle 2
<b>23</b>	Gasoline, oil, repairs, vehicle insurance, etc. . . . .	<b>23</b>	2,045.
<b>24a</b>	Vehicle rentals . . . . .	<b>24a</b>	
<b>b</b>	Inclusion amount (see instructions) . . . . .	<b>24b</b>	
<b>c</b>	Subtract line 24b from line 24a . . . . .	<b>24c</b>	
<b>25</b>	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions) . . . . .	<b>25</b>	
<b>26</b>	Add lines 23, 24c, and 25. . . . .	<b>26</b>	2,045.
<b>27</b>	Multiply line 26 by the percentage on line 14 . . . . .	<b>27</b>	1,363.
<b>28</b>	Depreciation (see instructions) . . . . .	<b>28</b>	277.
<b>29</b>	Add lines 27 and 28. Enter total here and on line 1 . . . . .	<b>29</b>	1,640.

**Section D—Depreciation of Vehicles** (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle 1	(b) Vehicle 2
<b>30</b>	Enter cost or other basis (see instructions) . . . . .	<b>30</b> 4,000.	
<b>31</b>	Enter section 179 deduction and special allowance (see instructions) . . . . .	<b>31</b>	
<b>32</b>	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance). . . . .	<b>32</b> 2,667.	
<b>33</b>	Enter depreciation method and percentage (see instructions) . . . . .	<b>33</b> SL	
<b>34</b>	Multiply line 32 by the percentage on line 33 (see instructions) . . . . .	<b>34</b> 533.	
<b>35</b>	Add lines 31 and 34 . . . . .	<b>35</b> 533.	
<b>36</b>	Enter the applicable limit explained in the line 36 instructions . . . . .	<b>36</b> 5,100.	
<b>37</b>	Multiply line 36 by the percentage on line 14 . . . . .	<b>37</b> 3,400.	
<b>38</b>	Enter the <b>smaller</b> of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above . . . . .	<b>38</b> 277.	

Form **8829****Expenses for Business Use of Your Home**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**► **Information about Form 8829 and its separate instructions is at [www.irs.gov/form8829](http://www.irs.gov/form8829).****2016**  
Attachment  
Sequence No. **176**

Name(s) of proprietor(s)

KATHRYN J HARRIS

Your social security number

410-19-5568

**Part I Part of Your Home Used for Business**

## AIRBNB RENTALS

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	200
2	Total area of home	2	550
3	Divide line 1 by line 2. Enter the result as a percentage	3	36.36%
<b>For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.</b>			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (366 days x 24 hours) (see instructions)	5	8,784 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	36.36%

**Part II Figure Your Allowable Deduction**

8	Enter the amount from Schedule C, line 29, <b>plus</b> any gain derived from the business use of your home, <b>minus</b> any loss from the trade or business not derived from the business use of your home (see instructions)	8	-6,963.
<b>See instructions for columns (a) and (b) before completing lines 9-21.</b>			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b) by line 7	13	
14	Add line 12, column (a) and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	0.
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	
23	Multiply line 22, column (b) by line 7	23	
24	Carryover of prior year operating expenses (see instructions)	24	3,909.
25	Add line 22, column (a), line 23, and line 24	25	3,909.
26	Allowable operating expenses. Enter the <b>smaller</b> of line 15 or line 25	26	0.
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	0.
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	
30	Carryover of prior year excess casualty losses and depreciation (see instructions)	30	
31	Add lines 28 through 30	31	
32	Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 27 or line 31	32	
33	Add lines 14, 26, and 32	33	0.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to <b>Form 4684</b> (see instructions)	34	
35	<b>Allowable expenses for business use of your home.</b> Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	0.

**Part III Depreciation of Your Home**

36	Enter the <b>smaller</b> of your home's adjusted basis or its fair market value (see instructions)	36	
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	
39	Business basis of building. Multiply line 38 by line 7	39	
40	Depreciation percentage (see instructions)	40	%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	

**Part IV Carryover of Unallowed Expenses to 2017**

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	3,909.
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	

Name(s) of Proprietor(s) KATHRYN J HARRIS	Your SSN 410-19-5568
--	-------------------------

Business name . . . . . ACTOR SUBMISSIONS AND REPRESENTATION FOR DAILY TALENT AGENCY  
8000 WATERS AVE , APT. 197

**Part I – Calculation of Line 7**

*Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:*

1	Area used exclusively for daycare . . . . .	1	
2	Total area of home. . . . .	2	
3	Business % for area used exclusively for daycare. Divide Line 1 by line 2 . . . . .	3	%
4	Area used only partly for daycare . . . . .	4	
5	Divide line 4 by line 2 . . . . .	5	%
6	Multiply days used for daycare during year by hours used per day . . . . .	6	hr
7	Total hours available for use during the year (365 x 24 hours). . . . .	7	hr
8	Divide line 6 by line 7. Enter result as a decimal amount. Carries to Simple Worksheet, line E . . . . .	8	
9	Business % for area used only partly for daycare. Multiply line 8 by line 5 . . . . .	9	%
10	Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7 . . . . .	10	%

**Part II – Calculation of Business Income Limit for Form 8829, Line 8 or Simple Method, line A**

*Calculation of business income limit when part of gross income is from a place of business other than this home office:*

1	Gross income from Schedule C, line 7. . . . .	1	9,925.
2	Percent of gross income from business use of home reported on Schedule C. . . . .	2	50.00 %
3	Gross income from business use of home. Multiply line 1 by line 2 . . . . .	3	4,963.
4	Gain from business use of your home shown on Schedule D or Form 4797 . . . . .	4	
5	Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4 . . . . .	5	4,963.
6	Total expenses from Schedule C, line 28. . . . .	6	5,796.
7	If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office. <i>Enter the expenses as a positive number</i> . . . . .	7	0.
8	Any losses from this business shown on Schedule D or Form 4797. <i>Enter the losses as a positive number</i> . . . . .	8	
9	Line 5 less lines 6 or 7, and 8. Carries to Form 8829, ln 8, or Simple Wks, ln A . . .	9	4,963.

**Part III – Calculation of Line 41**

1	Depreciation attributable to business use of home . . . . .	1	
2	Depreciation for additions and improvements attributable to business use of home . . . . .	2	
3	Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 41. . . . .	3	

Name(s) of Proprietor(s) KATHRYN J HARRIS	Your SSN 410-19-5568
--	-------------------------

Business name . . . . . AIRBNB RENTALS  
2271 LAKE PARK DRIVE

**Part I – Calculation of Line 7**

*Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:*

1	Area used exclusively for daycare . . . . .	1	
2	Total area of home. . . . .	2	
3	Business % for area used exclusively for daycare. Divide Line 1 by line 2 . . . . .	3	%
4	Area used only partly for daycare . . . . .	4	
5	Divide line 4 by line 2 . . . . .	5	%
6	Multiply days used for daycare during year by hours used per day . . . . .	6	hr
7	Total hours available for use during the year (365 x 24 hours). . . . .	7	hr
8	Divide line 6 by line 7. Enter result as a decimal amount. Carries to Simple Worksheet, line E . . . . .	8	
9	Business % for area used only partly for daycare. Multiply line 8 by line 5 . . . . .	9	%
10	Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7 . . . . .	10	%

**Part II – Calculation of Business Income Limit for Form 8829, Line 8 or Simple Method, line A**

*Calculation of business income limit when part of gross income is from a place of business other than this home office:*

1	Gross income from Schedule C, line 7. . . . .	1	3,315.
2	Percent of gross income from business use of home reported on Schedule C. . . . .	2	0.00 %
3	Gross income from business use of home. Multiply line 1 by line 2 . . . . .	3	0.
4	Gain from business use of your home shown on Schedule D or Form 4797 . . . . .	4	
5	Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4 . . . . .	5	0.
6	Total expenses from Schedule C, line 28. . . . .	6	6,963.
7	If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office. <i>Enter the expenses as a positive number</i> . . . . .	7	6,963.
8	Any losses from this business shown on Schedule D or Form 4797. <i>Enter the losses as a positive number</i> . . . . .	8	
9	Line 5 less lines 6 or 7, and 8. Carries to Form 8829, ln 8, or Simple Wks, ln A . . .	9	-6,963.

**Part III – Calculation of Line 41**

1	Depreciation attributable to business use of home . . . . .	1	
2	Depreciation for additions and improvements attributable to business use of home . . . . .	2	
3	Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 41. . . . .	3	

## Schedule P

## Credits That Reduce Tax Statement

2016

Name kathryn J harris		Social Security Number 410-19-5568		
	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
<b>I</b> Schedule P/P(540NR), Part III, Section A, line 5, column (c) . . . . .			0.	
<b>II Credits that reduce excess tax and have carryover provisions.</b>				
<b>Code Credit Name</b>				
<b>223</b> Motion Picture and Television Production . . . . .			0.	
<b>209</b> Community Development Financial Institution Deposits Credit . . . . .			0.	
<b>205</b> Disabled Access . . . . .			0.	
<b>204</b> Donated Agricultural Products Transportation . . . . .			0.	
<b>224</b> Donated Fresh Fruits or Vegetables Credit . . . . .			0.	
<b>190</b> Employer Childcare Contribution			0.	
<b>189</b> Employer Child Care Program . . . . .			0.	
<b>203</b> Enhanced Oil Recovery . . . . .			0.	
<b>218</b> Environmental Tax . . . . .			0.	
<b>207</b> Farmworker Housing . . . . .			0.	
<b>198</b> Local Agency Military Base Recovery Area Hiring			0.	
<b>198</b> Local Agency Military Base Recovery Area Sales or Use Tax			0.	
<b>211</b> Manufacturing Enhancement Area Hiring . . . . .			0.	
<b>220</b> New Jobs . . . . .			0.	
<b>237</b> New Motion Picture & Television			0.	
<b>234</b> New Employment . . . . .			0.	
<b>175</b> Agricultural Products . . . . .			0.	
<b>194</b> Employee Ridesharing . . . . .			0.	
<b>191</b> Employer Ridesharing (Large) . . . . .			0.	
<b>192</b> Employer Ridesharing (Small) . . . . .			0.	
<b>193</b> Employer Ridesharing (Transit Passes) . . . . .			0.	
<b>182</b> Energy Conservation . . . . .			0.	
<b>160</b> Low Emission Vehicles . . . . .			0.	
<b>184</b> Political Contributions . . . . .			0.	
<b>174</b> Recycling Equipment . . . . .			0.	
<b>186</b> Residential Rental and Farm Sales . .			0.	
<b>206</b> Rice Straw . . . . .			0.	
<b>171</b> Ridesharing . . . . .			0.	
<b>200</b> Salmon and Steelhead Trout Habitat Restoration . . . . .			0.	
<b>179</b> Solar Pump . . . . .			0.	
<b>178</b> Water Conservation . . . . .			0.	
<b>161</b> Young Infant . . . . .			0.	

	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
<b>III</b> Schedule P/P(540NR), Part III, Section B, line 15, column (c) . . . . .			0.	
<b>IV Credits that reduce net tax and have carryover provisions.</b>				
<b>Code                      Credit Name</b>				
<b>233</b> California Competes . . . . .			0.	
<b>235</b> College Access . . . . .			0.	
<b>197</b> Child Adoption . . . . .			0.	
<b>176</b> Enterprise Zone Hiring			0.	
<b>176</b> Enterprise Zone Sales or Use Tax . .			0.	
<b>172</b> Low-Income Housing . . . . .			0.	
<b>213</b> Natural Heritage Preservation . . . . .			0.	
<b>183</b> Research . . . . .			0.	
<b>210</b> Targeted Tax Area Hiring . . . . .			0.	
<b>210</b> Targeted Tax Area Sales or Use Tax .			0.	
<b>196</b> Commercial Solar Electric System . .			0.	
<b>181</b> Commercial Solar Energy . . . . .			0.	
<b>185</b> Orphan Drug . . . . .			0.	
<b>180</b> Solar Energy . . . . .			0.	

# California Information Worksheet

► Keep for your records

2016

## Part I — Personal Information

### Taxpayer:

First Name . . . . . kathryn  
 Middle Initial . . . . . J Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . harris  
 Social Security No. . . . . 410-19-5568  
 Date of Birth . . . . . 01/02/1969 (mm/dd/yyyy)  
 or age as of 1-1-2017 . . . . . 47  
 Date of Death . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Legally blind . . . . . ☐  
 Daytime Phone . . . . . (323) 791-3221 Ext \_\_\_\_\_  
 Home phone . . . . . \_\_\_\_\_

### Spouse/RDP:

First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 or age as of 1-1-2017 . . . . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Legally blind . . . . . ☐  
 Daytime Phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_

Your email address to print on Form 540, 540NR or 540X (optional) . . . . . \_\_\_\_\_  
 Check to print phone number on Form 540. . . . . ☒ Taxpayer daytime ☐ Spouse/RDP day ☐ Home

c/o Address . . . . . \_\_\_\_\_  
 Street Address . . . . . 5110 garrard ave  
 Unit Description . . . . . APT Unit Number 914 Private Mailbox (PMB) . . . . . \_\_\_\_\_  
 City . . . . . savannah State . . . . . GA ZIP Code . . . . . 31405  
 Foreign province/county . . . . . \_\_\_\_\_ Foreign postal code . . . . . \_\_\_\_\_  
 Foreign country . . . . . \_\_\_\_\_

### Military Filers:

☐ APO ☐ FPO  
 For Military Extension:  
 Military indicator . . . . . ► Taxpayer \_\_\_\_\_ Spouse/RDP \_\_\_\_\_

## Part II — Main Form

☐ Form 540: Resident Income Tax Return. . . . . ►  
☒ Form 540NR: Nonresident or Part-Year Resident Income Tax Return . . . . . ►  
 Enter your state of residence as of December 31, 2016 . . . . . GA  
☒ Resident entire year  
☐ Resident part of year  
 Date you established residence in state above . . . . . \_\_\_\_\_  
 In which state (or foreign country) did you reside before this change? . . . . . \_\_\_\_\_  
**QuickZoom** to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . . . . ► \_\_\_\_\_

## Part III — Filing Status

☒ Single  
☐ Married/RDP filing joint return  
☐ Married/RDP filing separate return  
☐ You **did not** live with spouse at any time during the year  
**Yes No**  
☐ ☐ If filing electronically, is spouse a CA Nonresident?  
☐ ☐ If filing electronically, is spouse Active Duty Military?  
☐ Head of household (with qualifying person) **Stop.** See instructions.  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's name . . . . . \_\_\_\_\_  
 Child's social security number . . . . . \_\_\_\_\_  
☐ Qualifying widow(er)  
 Year spouse/RDP died . . . . . ☐ 2014 ☐ 2015  
☐ Check the box if your California filing status is different from your federal filing status.

## Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship



**Part V – Standard Deduction/Itemized Deductions**

- ☐ Calculate California itemized deductions even if itemized deductions are less than the standard deduction
- ☐ You are married filing separately and your spouse itemized deductions
- ☐ Take the standard deduction even if less than itemized deductions

**Part VI – Other Information****Prior Name:**

If you filed your 2015 return under a different last name, enter the last name **only** from the 2015 return . . . . ▶ Taxpayer . \_\_\_\_\_ Spouse/RDP \_\_\_\_\_

**Dependent of Someone Else:**

**Taxpayer** **Spouse**

- ☐ ☐ Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

**Interest and Penalties:**

Returns filed late: Enter interest, late return and late payment penalties . . . . . \_\_\_\_\_

**Farmers and Fishermen:**

- ☐ At least two-thirds of your 2015 or 2016 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2017

**Mandatory Electronic Payments**

- ☐ You are required to make California tax payments electronically
- ☐ A waiver is or will be in effect for the current year
- ☐ Force print all payment vouchers even if required to pay electronically

**Schedule W-2:**

- ☐ You do **not** want to complete Schedule W-2

**Executor/Guardian Information:**

	First Name	MI	Last Name	Suf.
Executor/Guardian . . . . .	_____	_____	_____	_____
Executor type (if filing electronically) . . . . .	_____			

**Third Party Designee:**

**Yes** **No**

- ☐ ☐ Do you want to allow another person to discuss your return with the Franchise Tax Board?

If yes, enter the person's name . . . . . Telephone . . . . .

First . \_\_\_\_\_ Middle init . \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

**Disasters:**

- ☐ Claiming a disaster loss (see FTB Publication 1034)

**QuickZoom** to enter disaster explanation . . . . . ▶ \_\_\_\_\_

**Outside of the USA:**

- ☐ You were living or travelling outside the United States on April 15, 2017

**Special Condition Text** (prints at the top of Form 540 or 540NR)**Part VII – Direct Deposit Information or Direct Debit Information**

**Yes** **No**

- ☒ ☐ Do you want to elect direct deposit of state tax refund?
- ☐ ☐ Do you want direct debit of state tax payment (Electronic Filing Only)?

**Bank Information:**

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:

Name of Financial Institution (optional) . . . . . usaa federal savings bank

Account type . . . . . Checking . ☒ Savings . ☐

Routing number . . . . . 314074269

Account number . . . . . 196429552

**Enter the following information only if you are requesting direct debit of balance due:**

Enter the payment date to debit the account above . . . . . \_\_\_\_\_

State balance-due amount from this return . . . . . \_\_\_\_\_

**International ACH Transactions**

Yes No

☐☒

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part VIII – California Contributions**

1	California Seniors Special Fund (Taxpayer) . . . . .	1	
2	California Seniors Special Fund (Spouse/RDP) . . . . .	2	
3	Alzheimer's Disease and Related Disorders Fund . . . . .	3	
4	Rare and Endangered Species Preservation Program . . . . .	4	
5	California Breast Cancer Research Fund . . . . .	5	
6	California Firefighters' Memorial Fund . . . . .	6	
7	Emergency Food For Families Fund . . . . .	7	
8	California Peace Officer Memorial Foundation Fund . . . . .	8	
9	California Sea Otter Fund . . . . .	9	
10	California Cancer Research Fund . . . . .	10	
11	School Supplies for Homeless Children Fund . . . . .	11	
12	State Parks Protection Fund/Parks Pass Purchase . . . . .	12	
13	Protect Our Coast and Oceans Fund . . . . .	13	
14	Keep Arts in Schools Fund . . . . .	14	
15	State Children's Trust Fund for the Prevention of Child Abuse . . . . .	15	
16	Prevention of Animal Homelessness & Cruelty Fund . . . . .	16	
17	Revive the Salton Sea Fund . . . . .	17	
18	California Domestic Violence Victims Fund . . . . .	18	
19	Special Olympics Fund . . . . .	19	
20	Type 1 Diabetes Research Fund . . . . .	20	

**Part IX – Extension Status**

Yes No

☐☒

Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return? . . . . .

If Yes, enter the extended due date . . . . .

**QuickZoom** to Form 3519: Payment voucher for automatic extension . . . . . ▶**Automatic extension information for military filers (Electronic Filing Only):**

	Taxpayer	Spouse
Beginning Military Date . . . . .		
Ending Military Date . . . . .		
Combat zone/QHDA Operation or Area Served . . . . .		

**Part X – Amended Return**☐

Are you filing a California amended return?

Enter the tax year you are amending . . . . .

Previous California payment made . . . . .

Previous California refund received . . . . .

**QuickZoom** here to Form 540X. . . . . ▶**QuickZoom** to Form 540 . . . . . ▶**QuickZoom** to Form 540NR. . . . . ▶

# Interest and Dividend Adjustments Worksheet

2016

Name as Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

Interest Income Adjustments	(B) Subtractions	(C) Additions
1 Bonds or obligations of the United States or any of its territories* . . . . .		
2 Loans made in an enterprise zone . . . . .		
3 Interest on obligations of District of Columbia issued after December 27, 1973 . . . . .		
4 Additional interest on state, county, city, town or other local government bonds issued by or in a state other than California . . . .		
5 California interest adjustments from K-1's . . . . .		
6 Interest earned from Health Savings Account . . . . .		
7 Interest from Ottoman Turkish Empire Settlement Payments . . . . .		
8 Other interest income subtraction . . . . .		
9 Tax exempt interest from other states or that do not meet 50% rule . . . . .		
10 a Canadian RRSP undistributed interest income from Form 8891 . . . .		
b RRSP total interest income for the year . . . . .		
11 Interest from Build America Bond . . . . .		
12 Other adjustments (itemize):		
a ----- . . . . .		
b ----- . . . . .		
c ----- . . . . .		
d ----- . . . . .		
Total adjustments from taxable interest income. Enter here and on Schedule CA (540/540NR), line 8. . . . .		

Dividend Income Adjustments	(B) Subtractions	(C) Additions
13 Controlled foreign corporation dividends . . . . .		
14 Regulated investment company (RIC) capital gains . . . . .		
15 Distributions of pre-1987 earnings from S Corporations . . . . .		
16 U.S. obligations dividends adjustment . . . . .		
17 California dividend adjustments from K-1's . . . . .		
18 a Canadian RRSP undistributed dividend income from Form 8891 . . . .		
b RRSP total interest dividend for the year . . . . .		
19 Other adjustments (itemize):		
a ----- . . . . .		
b ----- . . . . .		
c ----- . . . . .		
d ----- . . . . .		
e Dividend earned from Health Savings Account . . . . .		
Total adjustments from taxable dividend income. Enter here and on Schedule CA (540/540NR), line 9. . . . .		

\* Do not make adjustments in either column B or column C for the amount of interest you earned on Federal National Mortgage Association (Fannie Mae) Bonds, Government National Mortgage Association (Ginnie Mae) Bonds, and Federal Home Loan Mortgage Corporations (FHLMC) securities. California law is the same as federal law for these types of interest income.

**Schedule CA**  
**Line 21**

**California Other Income Statement**

► Attach to return (after all other FTB forms)

**2016**

Name as Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

	(B) Subtractions	(C) Additions
1 Olympic medals and prize money . . . . .		
2 Native American income, Form 3504 . . . . .		
3 Reward from a crime hotline . . . . .		
4 Federal foreign earned income or housing exclusion, from Form 2555 . . . . .		
5 Beverage container recycling income . . . . .		
6 Rebates or vouchers from a local water agency, energy agency or energy supplier . . . . .		
7 Financial incentive for turf removal . . . . .		
8 Financial incentive for seismic improvement . . . . .		
9 Original issue discount (OID) for debt instruments issued in 1985 and 1986 . . . . .		
10 Foreign income of nonresident aliens . . . . .		
11 Cost-share payments received by forest landowners . . . . .		
12 Compensation for false imprisonment . . . . .		
13 Coverdell (ESA) distributions . . . . .		
14 HSA distributions for unqualified medical expense . . . . .		
15 Distributions rolled over from MSA to HSA account (Form 3805P) . .		
16 Grants paid to low-income individuals . . . . .		
17 California National Guard Surviving Spouse & Children Relief Act of 2004 . . . . .		
18 Ottoman Turkish Empire Settlement Payments . . . . .		
19 Federal form 8814/California form 3803 adjustment . . . . .		
20 Other income, from Schedule(s) K-1 . . . . .		
21 Canceled debt income. . . . .		
22 a Canadian RRSP undistributed other income from Form 8891 . . . . .		
b RRSP total other income for the year . . . . .		
Other taxable income:		
23 a		
b		
c		
d		
e		
f		
g		
24 <b>Total.</b> Add lines 1 through 23. Enter here and on Schedule CA or Schedule CA(NR), line 21f. . . . .		

# California Asset Entry Worksheet

2016

QuickZoom to another copy of Asset Entry Worksheet . . . . .

Name as Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

Activity: Sch A Misc Deductions

## Asset Information

1	Description of asset . . . . .	<u>computer</u>	Example: Laser printer
2	Date placed in service . . . . .	<u>02/14/2014</u>	Example: 06/15/2016
3	Enter the total cost when asset was acquired . .	<u>960.</u>	Include land for asset type I or J
4	Type of asset. . . . .	<u>A - Computer</u>	
5	Percentage of business use . . . . .	<u>100.00 %</u>	Range: 1.00 to 100.00 If blank, 100.00% is used
6	Enter the amount of Sec 179 expense elected .	<u></u>	Applicable for asset type A-G, P, Q. Subject to limitation. See Tax Help.
7	Total amount of land included in the cost . . .	<u></u>	Applicable for asset type I or J If blank, prior depreciation from Asset Life History is used.
8	Prior depreciation . . . . .	<u>499.</u>	Required if asset was sold.
9	<b>Depreciation deduction</b> . . . . . ▶	<u>184.</u>	If blank, prior depreciation from Asset Life History is used.
10	AMT prior depreciation . . . . .	<u>389.</u>	Required if asset was sold.
11	AMT depreciation deduction . . . . .	<u>171.</u>	
12	AMT adjustment/preference . . . . .	<u>13.</u>	See Tax Help for computation
13	<b>QuickZoom</b> to Asset Life History . . . . . ▶		
14	If a computer or peripheral equipment (asset type A), was asset used exclusively at your regular business establishment? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15	If video, photo, or phono equipment (asset type B), was asset used exclusively at your regular business establishment, or in connection with your principal trade or business? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
16	If rental appliances, carpeting, or furniture (asset type F), have you amended a prior year tax return to change the recovery period to 5 years? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
17	Enter the IRC section under which you amortize the cost of intangibles (asset type L) . . . . . <u></u>		

**Dispositions** — Complete this part only if you sold or otherwise disposed of this asset in 2016

18	Date sold, given away, or abandoned in 2016 . . . . .	_____	Example: 12/01/2016
19	Date acquired, if different from line 2. . . . .	02/14/2014	If converted from personal use
20	Asset sales price . . . . .	_____	Enter business portion only
21	Asset expense of sale . . . . .	_____	Enter business portion only
22	Property type . . . . .	_____	
23	Land sales price . . . . .	_____	Enter business portion only
24	Land expense of sale . . . . .	_____	Enter business portion only
25	Section 179 deduction allowed . . . . .	_____	
26	If Section 1250:		
a	Additional depreciation after 12/31/76 . . . . .	_____	
b	Applicable percentage . . . . .	_____ %	
c	Additional depreciation after 12/31/70 and before 1/1/77 . . . . .	_____	
27 a	Double click to link sale to Form 3805E . . . . .	► _____	
b	Double click to link sale to Home Sale Wks . . . . .	► _____	
28	Basis for gain or loss, if different from line 3 . . . . .	_____	Enter 100% of basis
29	Basis for AMT gain or loss, if diff from line 50 . . . . .	_____	Enter 100% of basis
30	Gain or loss . . . . .	_____	
31	AMT gain or loss . . . . .	_____	
32	Part of Schedule D-1 that gain or loss carries to . . . . .	_____	
33	Land gain or loss (if separate) . . . . .	_____	Only applies if line 23 is entered
34	Part of Schedule D-1 that land gain or loss carries to (if separate) . . . . .	_____	
35	Check to compute personal residence depreciation after May 6, 1997 . . . . .	<input type="checkbox"/>	
	Regular tax after 5/6/97 . . . . .	_____	AMT after 5/6/97 . . . . .

**Detail Asset Information** — This section is calculated for most assets from the data above.  
Use Find Next Error feature to check for any required entries.

36	Listed property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	See Tax Help
37	Subject to automobile limitations? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
38	Truck or van? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
39	Electric passenger vehicle? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
40	Heavy SUV? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
41	Eligible Section 179 property? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Applies to current year assets only.
42	Use IRS tables for MACRS property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	

**Regular Depreciation**

43	Depreciation Type . . . . .	MACRS	
44	Asset class . . . . .	5	
45	Depreciation Method . . . . .	200DB	
46	MACRS convention . . . . .	HY	
47	QuickZoom to set 2016 convention . . . . .	►	
48	Recovery period . . . . .	5.0	
49	Year of depreciation . . . . .	3	
50	Depreciable basis . . . . .	960.	See Tax Help for computation

**Alternative Minimum Tax Depreciation**

51	AMT basis, if different from line 3. . . . .	_____	
52	If placed in service before 1987, is asset . . . . .	_____	
53	AMT depreciation method . . . . .	150DB	
54	AMT recovery period . . . . .	5.0	
55	AMT depreciable basis . . . . .	960.	

**MACRS Property Involved in a Like-kind Exchange or Involuntary Conversion**

- 56 Elect OUT of regs under Sec 1.168(i)-6T(i) . . . . . ☐ Yes ☐ No ☒ N/A
- 57 Asset ID (Enter same ID on all related assets) . . . . . \_\_\_\_\_
- 58 If this asset represents entire basis of replacement property, enter excess basis . . . . \_\_\_\_\_
- 59 If this asset represents exchanged basis of replacement property, enter:
- a Date placed in service of relinquished property . . . . . \_\_\_\_\_
  - b Date of disposition of relinquished property . . . . . \_\_\_\_\_
  - c MACRS convention for relinquished property . . . . . \_\_\_\_\_
  - d Depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_
  - e AMT depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_

# California Asset Life History

2016

Yearly Allowable Depreciation

Name as Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

Description: computer Depreciation type: MACRS Asset class: 5  
 Cost/  
 Basis: 960. Depreciable Basis: 960. Method: 200DB Life: 5.00  
 AMT Cost/ AMT Depreciable AMT AMT  
 Basis: 960. Basis: 960. Method: 150DB Life: 5.00

Tax Year	Prior Depreciation	Deduction for the Year	AMT Prior Depreciation	AMT Deduction for the Year
1 2014	0.	192.	0.	144.
2 2015	192.	307.	144.	245.
3 2016	499.	184.	389.	171.
4 2017	683.	111.	560.	160.
5 2018	794.	111.	720.	160.
6 2019	905.	55.	880.	80.
7				
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- Keep for your records

410-19-5568

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office

410-19-5568

[illegible]

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office

# California Asset Entry Worksheet

2016

QuickZoom to another copy of Asset Entry Worksheet . . . . .

Name as Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

Activity: Sch A Misc Deductions

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4	Type of asset. . . . .	<u>A - Computer</u>	
5	Percentage of business use . . . . .	<u>100.00 %</u>	Range: 1.00 to 100.00 If blank, 100.00% is used
6	Enter the amount of Sec 179 expense elected .	<u></u>	Applicable for asset type A-G, P, Q. Subject to limitation. See Tax Help.
7	Total amount of land included in the cost . . .	<u></u>	Applicable for asset type I or J If blank, prior depreciation from Asset Life History is used.
8	Prior depreciation . . . . .	<u>499.</u>	Required if asset was sold.
9	<b>Depreciation deduction</b> . . . . . ▶	<u>184.</u>	If blank, prior depreciation from Asset Life History is used.
10	AMT prior depreciation . . . . .	<u>389.</u>	Required if asset was sold.
11	AMT depreciation deduction . . . . .	<u>171.</u>	
12	AMT adjustment/preference . . . . .	<u>13.</u>	See Tax Help for computation
13	<b>QuickZoom</b> to Asset Life History . . . . . ▶		
14	If a computer or peripheral equipment (asset type A), was asset used exclusively at your regular business establishment? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15	If video, photo, or phono equipment (asset type B), was asset used exclusively at your regular business establishment, or in connection with your principal trade or business? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
16	If rental appliances, carpeting, or furniture (asset type F), have you amended a prior year tax return to change the recovery period to 5 years? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
17	Enter the IRC section under which you amortize the cost of intangibles (asset type L) . . . . . <u></u>		

**Dispositions** — Complete this part only if you sold or otherwise disposed of this asset in 2016

18	Date sold, given away, or abandoned in 2016 . . . . .	_____	Example: 12/01/2016
19	Date acquired, if different from line 2. . . . .	02/14/2014	If converted from personal use
20	Asset sales price . . . . .	_____	Enter business portion only
21	Asset expense of sale . . . . .	_____	Enter business portion only
22	Property type . . . . .	_____	
23	Land sales price . . . . .	_____	Enter business portion only
24	Land expense of sale . . . . .	_____	Enter business portion only
25	Section 179 deduction allowed . . . . .	_____	
26	If Section 1250:		
a	Additional depreciation after 12/31/76 . . . . .	_____	
b	Applicable percentage . . . . .	_____ %	
c	Additional depreciation after 12/31/70 and before 1/1/77 . . . . .	_____	
27 a	Double click to link sale to Form 3805E . . . . .	► _____	
b	Double click to link sale to Home Sale Wks . . . . .	► _____	
28	Basis for gain or loss, if different from line 3 . . . . .	_____	Enter 100% of basis
29	Basis for AMT gain or loss, if diff from line 50 . . . . .	_____	Enter 100% of basis
30	Gain or loss . . . . .	_____	
31	AMT gain or loss . . . . .	_____	
32	Part of Schedule D-1 that gain or loss carries to . . . . .	_____	
33	Land gain or loss (if separate) . . . . .	_____	Only applies if line 23 is entered
34	Part of Schedule D-1 that land gain or loss carries to (if separate) . . . . .	_____	
35	Check to compute personal residence depreciation after May 6, 1997 . . . . .	<input type="checkbox"/>	
	Regular tax after 5/6/97 . . . . .	_____	AMT after 5/6/97 . . . . .

**Detail Asset Information** — This section is calculated for most assets from the data above.  
Use Find Next Error feature to check for any required entries.

36	Listed property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	See Tax Help
37	Subject to automobile limitations? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
38	Truck or van? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
39	Electric passenger vehicle? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
40	Heavy SUV? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
41	Eligible Section 179 property? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Applies to current year assets only.
42	Use IRS tables for MACRS property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	

**Regular Depreciation**

43	Depreciation Type . . . . .	MACRS	
44	Asset class . . . . .	5	
45	Depreciation Method . . . . .	200DB	
46	MACRS convention . . . . .	HY	
47	QuickZoom to set 2016 convention . . . . .	►	
48	Recovery period . . . . .	5.0	
49	Year of depreciation . . . . .	3	
50	Depreciable basis . . . . .	960.	See Tax Help for computation

**Alternative Minimum Tax Depreciation**

51	AMT basis, if different from line 3. . . . .	_____	
52	If placed in service before 1987, is asset . . . . .	_____	
53	AMT depreciation method . . . . .	150DB	
54	AMT recovery period . . . . .	5.0	
55	AMT depreciable basis . . . . .	960.	

**MACRS Property Involved in a Like-kind Exchange or Involuntary Conversion**

- 56 Elect OUT of regs under Sec 1.168(i)-6T(i) . . . . . ☐ Yes ☐ No ☒ N/A
- 57 Asset ID (Enter same ID on all related assets) . . . . . \_\_\_\_\_
- 58 If this asset represents entire basis of replacement property, enter excess basis . . . . \_\_\_\_\_
- 59 If this asset represents exchanged basis of replacement property, enter:
- a Date placed in service of relinquished property . . . . . \_\_\_\_\_
  - b Date of disposition of relinquished property . . . . . \_\_\_\_\_
  - c MACRS convention for relinquished property . . . . . \_\_\_\_\_
  - d Depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_
  - e AMT depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_

# California Asset Life History

2016

Yearly Allowable Depreciation

Name as Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

Description: computer Depreciation type: MACRS Asset class: 5  
 Cost/  
 Basis: 960. Depreciable Basis: 960. Method: 200DB Life: 5.00  
 AMT Cost/ AMT Depreciable AMT AMT  
 Basis: 960. Basis: 960. Method: 150DB Life: 5.00

Tax Year	Prior Depreciation	Deduction for the Year	AMT Prior Depreciation	AMT Deduction for the Year
1 2014	0.	192.	0.	144.
2 2015	192.	307.	144.	245.
3 2016	499.	184.	389.	171.
4 2017	683.	111.	560.	160.
5 2018	794.	111.	720.	160.
6 2019	905.	55.	880.	80.
7				
8				
9				
10				
11				
12				
13				
14				
15				
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42				
43				

- Keep for your records

410-19-5568

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office





# Tax Payments Worksheet

**2016**

► Keep for your records

Name <u>kathryn J harris</u>	Social Security Number <u>410-19-5568</u>
---------------------------------	--

## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	<b>9</b>	7.
10	State withholding on Forms W-2G . . . . .	<b>10</b>	
11	State withholding on Forms 1099-R . . . . .	<b>11</b>	
12 a	State withholding on Forms 1099-MISC . . . . .	<b>12 a</b>	
b	State withholding on Forms 1099-G . . . . .	<b>b</b>	
c	State withholding on Forms 1099-K . . . . .	<b>c</b>	
13	Other state tax withholding . . . . .	<b>13</b>	
14	<b>Total income tax withheld . . . . .</b>	<b>14</b>	7.
15	Date return will be filed and balance paid . . . . .	<b>15</b>	

# California Carryover Worksheet

2016

Use this worksheet to enter information from your 2015 tax return  
which will be used on your 2016 tax return

► Keep for your records

Name as Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

## 2015 Tax and Income Information

1	Filing status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate	
		<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)		
2	Tax liability (Form 540, lines 48, 61, 62; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72; plus any IRC Section 453A interest from Form 540 line 63 or Form 540NR line 73) . . . . .	2		0.	
3	Tax on lump-sum distributions (Schedule G-1) . . . . .	3			
4	California income tax withheld (Form 540, lines 71 and 73; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83) . . . . .	4		132.	
5	Excess California SDI withheld (Form 540, line 74; or Form 540NR, line 84) . . . . .	5			
6	California adjusted gross income (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32) . . . . .	6		467.	
7	Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125) . . . . .	7		119.	
8	Balance Due (Form 540, line 114; Form 540 2EZ, line 27; or Form 540NR, line 124) . . . . .	8			

## Loss Carryovers (Non-passive)

		Regular Tax	AMT
9 a	Capital loss carryover . . . . .	9 a	
b	Capital loss carryover (nonresidents) . . . . .	b	
10	Schedule D-1 - Nonrecaptured net section 1231 losses from:		
a	2015 . . . . .	10 a	
b	2014 . . . . .	b	
c	2013 . . . . .	c	
d	2012 . . . . .	d	
e	2011 . . . . .	e	

## Other Carryovers

11	Disallowed investment interest expense carryforward (Form 3526, line 7) . . . . .	11	
12	Disallowed alternative minimum tax investment interest expense carryforward (Form 3526-AMT, line 7) . . . . .	12	
13	Net operating loss carryforward from Form 3805V . . . . .	13	
14	Disaster loss carryforward from Form 3805V . . . . .	14	

**Form 3510 (Credit for Prior Year Alternative Minimum Tax)**

<b>15</b>	<b>Form 3510 information - 2015 Resident filers</b>	
<b>a</b>	Schedule P, Part I, line 15 through line 18 . . . . .	<b>15 a</b> _____
<b>b</b>	Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions on a line other than those listed . . . . .	<b>b</b> _____
<b>c</b>	Schedule P, Part II, line 25 . . . . .	<b>c</b> _____
<b>d</b>	Schedule P, Part II, line 26 . . . . .	<b>d</b> _____
<b>e</b>	Schedule P, Part III, Section C, lines 22 and 23, column b. . . . .	<b>e</b> _____
<b>16</b>	<b>Form 3510 information - 2015 Nonresident or Part-year residents</b>	
<b>a</b>	Schedule P(NR), Part I, line 15 through line 18 . . . . .	<b>16 a</b> _____
<b>b</b>	Schedule P(NR), Part I, line 1 through line 7, 13b, 13i and any other exclusions on a line other than those listed . . . . .	<b>b</b> _____
<b>c</b>	Schedule P(NR), Part II, line 35 . . . . .	<b>c</b> _____
<b>d</b>	Schedule P(NR), Part II, line 28 . . . . .	<b>d</b> _____
<b>e</b>	Schedule P(NR), Part II, line 29a and 29h . . . . .	<b>e</b> _____
<b>f</b>	Schedule P(NR), Part II, line 44 . . . . .	<b>f</b> _____
<b>g</b>	Schedule P(NR), Part II, line 45 . . . . .	<b>g</b> _____
<b>h</b>	Schedule P(NR), Part III, Section C, lines 22 and 23, column b . . . . .	<b>h</b> _____

**Schedule P/P(NR)**  
**Line 17**

**AMT Exclusion Worksheet**

► Keep for your records

**2016**

Name as Shown on Return kathryn J harris		Social Security Number 410-19-5568	
	<b>(A)</b> Gross Receipts Less Returns and Allowances	<b>(B)</b> AMT Exclusion	
1	Schedule C . . . . .	13,240.	-519.
2	Schedule D . . . . .		
3	Schedule D-1 . . . . .		
4	Schedule E . . . . .		
5	Schedule F . . . . .		
6	Schedule K-1 (Partnerships) . . . . .		
7	Schedule K-1 (S Corporations) . . . . .		
8	Form 3805E . . . . .		
9	Form 4684 . . . . .		
10	Form 4835 . . . . .		
11	Form 8824 . . . . .		
12	One-half self-employment tax and Keogh/SEP deduction . . . . .		
13	Other . . . . .		
14	Total . . . . .	13,240.	0.

# Credits Worksheet

► Keep for your records

2016

Name kathryn J harris	Social Security Number 410-19-5568
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Code	Current Credits	Carryover Amount	Available Credit
233	California Competes, FTB 3531 . . . . .		
223	Motion Picture and Television Production, FTB 3541 . . . . .		
197	Child Adoption . . . . .		
232	Child and Dependent Care Expenses Credit, FTB 3506 . . . . .		
235	College Access, FTB 3592. . . . .		
209	Community Development Financial Institutions Investment . . . . .		
173	Dependent Parent . . . . .		
205	Disabled Access Credit current year amount from Form 3548 line 6 . . . . .		
205	Disabled Access for Eligible Small Businesses, FTB 3548 . . . . .		
204	Donated Agricultural Products Transportation, FTB 3547 . . . . .		
224	Donated Fresh Fruits or Vegetables Credit, FTB 3811 . . . . .		
203	Enhanced Oil Recovery, FTB 3546 . . . . .		
176	Enterprise Zone Hiring, FTB 3805Z . . . . .		
218	Environmental Tax, FTB 3511 . . . . .		
170	Joint Custody Head of Household . . . . .		
198	Local Agency Military Base Recovery Area Hiring, FTB 3807 . . . . .		
172	Low-Income Housing, FTB 3521 . . . . .		
211	Manufacturing Enhancement Area Hiring, FTB 3808 . . . . .		
213	Natural Heritage Preservation, FTB 3503 . . . . .		
237	New California Motion Picture and Television Production, FTB 3541 . . . . .		
234	New Employment, FTB 3554 . . . . .		
None	Nonrefundable Renter's Credit . . . . .		
187	Other State Tax, Schedule S . . . . .		
188	Prior Year Alternative Minimum Tax, FTB 3510 . . . . .		
162	Prison Inmate Labor, FTB 3507 . . . . .		
183	Research, FTB 3523 . . . . .		
163	Senior Head of Household . . . . .		
210	Targeted Tax Area Hiring, FTB 3809 . . . . .		
<b>Repealed Credits with Carryover Provision — FTB 3540</b>			
175	Agricultural Products . . . . .		
196	Commercial Solar Electric System . . . . .		
181	Commercial Solar Energy . . . . .		
194	Employee Ridesharing . . . . .		
190	Employer Childcare Contribution . . . . .		
189	Employer Childcare Program . . . . .		
191	Employer Ridesharing (Large Employer) . . . . .		
192	Employer Ridesharing (Small Employer) . . . . .		
193	Employer Ridesharing (Public Transit Passes) . . . . .		
182	Energy Conservation . . . . .		
176	Enterprise Zone Sales or Use Tax, FTB 3805Z . . . . .		
207	Farmworker Housing . . . . .		
198	Local Agency Military Base Recovery Area Sales or Use Tax, 3807 . . . . .		
160	Low-Emission Vehicles. . . . .		
220	New Jobs . . . . .		
185	Orphan Drug . . . . .		
184	Political Contributions . . . . .		
174	Recycling Equipment. . . . .		
186	Residential Rental and Farm Sales . . . . .		
206	Rice Straw. . . . .		
171	Ridesharing . . . . .		
200	Salmon and Steelhead Trout Habitat Restoration . . . . .		
180	Solar Energy . . . . .		
179	Solar Pump . . . . .		
210	Targeted Tax Area Sales or Use Tax . . . . .		
178	Water Conservation . . . . .		
161	Young Infant . . . . .		

## Schedule C

# California Profit or Loss from Business Worksheet

2016

► Keep for your records

Name of Proprietor  
kathryn J harris

Social Security Number  
410-19-5568

**A** Principal business or profession, including product or service:

Actor submissions and representation for Daily Talent Agency

**B** Principal business code . . . . . ► 711410

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

**D** If this business was operated by spouse, check this box . . . . . ☐  
**E** If this business was operated jointly by taxpayer and spouse, check this box . . . . . ☐  
**F** Check this box if you completely disposed of this business during 2016 . . . . . ☒  
**G** Did you 'materially participate' in the operation of this business during 2016? . . . . . Yes ☒ No ☐  
**H** Check this box if all investment is at risk . . . . . ☐  
**I** Check this box if some of your investment is **not** at risk . . . . . ☐  
**J** Single member limited liability company . . . . . ☐  
**K** Federal profit (loss) before passive loss limitation, if any . . . . . 3,129.  
**L** If this activity is a passive activity, enter the current year net income or the current year net loss recorded on the federal Passive Activities Worksheet 1 **or** Passive Activities Worksheet 3, column A or column B, whichever is applicable . . . . .  
**M** Gross receipts less returns and allowances . . . . . 9,925.

<b>1</b> Federal tentative profit (loss) . . . . .	<b>1</b>	4,129.
<b>2</b> Depreciation:		
<b>a</b> Federal . . . . . <b>2 a</b>		
<b>b</b> California . . . . . <b>b</b>		
<b>c</b> Federal/California adjustment . . . . .	<b>2 c</b>	
<b>3</b> Amortization:		
<b>a</b> Federal . . . . . <b>3 a</b>		
<b>b</b> California . . . . . <b>b</b>		
<b>c</b> Federal/California adjustment . . . . .	<b>3 c</b>	
<b>4</b> Car and truck expenses:		
<b>a</b> Federal . . . . . <b>4 a</b> 3,396.		
<b>b</b> California . . . . . <b>b</b> 3,396.		
<b>c</b> Federal/California adjustment . . . . .	<b>4 c</b>	0.
<b>5</b> Other federal/California adjustments:		
<b>a</b> Reduction in federal wages due to work credits . . . . .	<b>5 a</b>	
<b>b</b> Reduction in federal qualified pension plan startup costs due to Form 8881 credit . . . . .	<b>b</b>	
<b>c</b> Reduction in federal employee benefits due to health insurance credit . . . . .	<b>c</b>	
<b>d</b> At-risk suspended loss carryover (Section 465(d)) . . . . .	<b>d</b>	
<b>e</b> . . . . .	<b>e</b>	
<b>f</b> . . . . .	<b>f</b>	
<b>g</b> . . . . .	<b>g</b>	
<b>h</b> . . . . .	<b>h</b>	
<b>i</b> . . . . .	<b>i</b>	
<b>6</b> California tentative profit (loss). Add lines 1, 2c, 3c, 4c and 5a through 5i . . . . .	<b>6</b>	4,129.
<b>7</b> Expenses for business use of your home . . . . .	<b>7</b>	1,000.
<b>8</b> At-risk adjustment . . . . .	<b>8</b>	
<b>9</b> Prior year suspended loss . . . . .	<b>9</b>	
<b>10</b> Current year unallowed passive loss . . . . .	<b>10</b>	
<b>11</b> Net California profit or (loss) allowed. Line 6 minus line 7, plus lines 8 - 10 . . . . .	<b>11</b>	3,129.
<b>12</b> Net federal profit or (loss) allowed . . . . .	<b>12</b>	3,129.
<b>13</b> Federal/California adjustment. Subtract line 12 from line 11 . . . . .	<b>13</b>	0.



## Depreciation and Amortization Report

Tax Year 2016

- Keep for your records

## 2016

kathryn J harris

Sch C - Actor submissions and representation for Daily Talent Agency

410-19-5568

[illegible]

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office



- Keep for your records

410-19-5568

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office

# California Car and Truck Expenses Worksheet

**2016**

► Keep for your records

Name as Shown on Return <u>kathryn J harris</u>	Social Security Number <u>410-19-5568</u>
--	--

Activity: Sch C Actor submissions and representation for Daily Talent Agency

## Part I – Vehicle Information

1	Make and model of vehicle . . . . .	<u>toyota rav 4</u>	Example: Ford F-150 SVT Raptor
2	Date placed in service . . . . .	<u>06/04/2015</u>	Example: 06/15/2016
3	Type of vehicle . . . . .	<u>A1 - Auto</u>	
4 a	Ending mileage reading . . . . .	_____	Enter mileage readings, or
b	Beginning mileage reading . . . . .	_____	enter total miles on line 4c
c	<b>Total miles</b> vehicle was driven during 2016. . . . .	<u>9,500</u>	Line 4a less line 4b
5	Number of miles driven for business . . . . .	<u>6,200</u>	
6	Number of miles driven for commuting . . . . .	_____	Travel between home and work
7	Number of miles driven for personal purposes . . . . .	<u>3,300</u>	Line 4c less lines 5 and 6
8	Percent of business use . . . . .	<u>65.26 %</u>	Line 5 divided by line 4c
9	Months for special allocation. . . . .	_____	See Tax Help
10	Do you have another vehicle available for personal use? . . . . .	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No
11	Was the vehicle available for personal use during off duty hours? . . . . .	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No
12	Was the vehicle used primarily by a more than 5% owner of the business or related person? . . . . .	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No
13 a	Do you have evidence to support the business use claimed? . . . . .	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No
b	If <b>Yes</b> , is the evidence written? . . . . .	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No

## Part II – Standard Mileage Rate

14	Did you own this vehicle, lease this vehicle, or was it not your vehicle? . . . . .	<input checked="" type="checkbox"/>	Own	<input type="checkbox"/>	Lease	
		<input type="checkbox"/>	Not my vehicle			
15	Did you use this vehicle for hire? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Example: taxicab
16	Did you use less than 5 vehicles for business at a time? . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
17	If you <b>owned</b> this vehicle, did you use the standard mileage rate for this vehicle's first year, OR if you <b>leased</b> this vehicle, did you use the standard mileage rate for the portion of the lease period after 1997? . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Only applies to vehicles placed in service in prior years

**If you answered Own or Lease to line 14, No to line 15, and Yes to lines 16 and 17 you can take standard mileage for this vehicle:**

18	Standard mileage deduction . . . . .	<u>3,348</u>	line 5 times .54
----	--------------------------------------	--------------	------------------

## Part III – Actual Expenses

19 a	Gasoline . . . . .	_____	h Vehicle lease or rental fees:
b	Oil . . . . .	_____	1 30 days or more . . . . .
c	Tires. . . . .	_____	2 29 days or less . . . . .
d	Repairs . . . . .	_____	3 Total vehicle lease/rental fees. . . . .
e	Vehicle insurance . . . . .	_____	i Leased vehicle inclusion amount:
f	Vehicle registration, license (excluding property tax) . . . . .	_____	1 Year lease began. . . . .
g	Garage rent . . . . .	_____	2 FMV of leased vehicle . . . . .
			3 Number of lease days in year . . . . .
			4 Inclusion amount . . . . .
			j Other . . . . .
20	Expenses subtotal . . . . .	_____	Sum of lines 19a thru 19j
21	Expenses applicable to business . . . . .	_____	Line 20 times line 8
22	Vehicle depreciation and Section 179 . . . . .	_____	From Part VI
23	<b>Total actual expenses</b> . . . . .	_____	Line 21 plus line 22

Vehicle: toyota rav 4Activity: Sch C Actor submissions and representation for Daily Talent Agency**Part IV – Standard Mileage versus Actual Expenses**

- 24 ☒ Standard mileage . . . . 3,348. The program automatically chooses the method  
 25 ☐ Actual expenses . . . . \_\_\_\_\_ that gives you the largest deduction. Check the  
 other method if you want to use it instead.

**Part V – Total Car and Truck Expenses**

- 26 Line 24 or line 25 . . . . . 3,348.  
 27 Additional expenses:  
   a Parking fees . . . . . 47.  
   b Tolls . . . . . \_\_\_\_\_  
   c Local transportation . . . . . \_\_\_\_\_  
   d Property taxes (include property tax  
     portion of registration) . . . . . \_\_\_\_\_  
   e Less: personal portion of property taxes . . . . . ( \_\_\_\_\_ )  
   f Interest on vehicle . . . . . \_\_\_\_\_  
   g Less: personal portion of vehicle interest . . . . . ( \_\_\_\_\_ )  
 28 Total expenses . . . . . 3,395. Sum of lines 26 & 27a thru 27g.  
 29 Less: business portion of lease or rental fees Line 19h - 19i times line 8.  
     less inclusion amount (if using actual expenses) . . . . . ( \_\_\_\_\_ ) Reported separately.  
 30 Less: depreciation and Section 179 (if using From line 22.  
     actual expenses) . . . . . ( \_\_\_\_\_ ) Reported separately.  
 31 **Total car and truck expenses** . . . . . 3,395.

**Part VI – Vehicle Depreciation Information**

- 32 Enter the total cost when vehicle Include sales tax. For trade-in or vehicle  
     was acquired . . . . . \_\_\_\_\_ converted from personal use, see Tax Help.  
 33 Enter the amount of Section 179 Cannot be greater than  
     expense elected . . . . . \_\_\_\_\_ limit shown below.  
 34 Depreciation and Section 179 See Tax Help for computation  
     limit for luxury cars . . . . . \_\_\_\_\_

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

- 35 Prior depreciation . . . . . \_\_\_\_\_  
 36 **Depreciation deduction** . . . . . ☐ Limited to luxury car maximum

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

- 37 AMT prior depreciation . . . . . \_\_\_\_\_  
 38 AMT depreciation deduction . . . . . ☐ Limited to luxury car maximum  
 39 AMT adjustment/preference . . . . . \_\_\_\_\_ See Tax Help for computation.  
 40 **QuickZoom** to Asset Life History . . . . . ☐

Vehicle: toyota rav 4Activity: Sch C Actor submissions and representation for Daily Talent Agency**Part VII – Disposition of Vehicle** – Complete this part only if you sold, abandoned, or otherwise disposed of this vehicle, or removed it from business use in 2016.

- 41 Date vehicle sold, given away or abandoned in 2016 . . . . .                      Example: 10/23/2016
- 42 Date vehicle acquired, if different from line 2 . . . . . 06/04/2015 If converted from personal use
- 43 Sales price . . . . .                      Enter business portion only
- 44 Expense of sale . . . . .                      Enter business portion only
- 45 Sec 179 deduction allowed . . . . .
- 46 Double click to link sale to Form 3805E . . . . . ▶
- 47 a Double click to link sale to Form 8824 . . . . . ▶
- b Form 8824: Depreciation at 100% business use . . . . .
- c Form 8824: AMT depr at 100% business use . . . . .
- 48 Gain/loss basis, if different from line 32 . . . . .                      Enter 100% of basis
- 49 AMT gain/loss basis, if different from line 70 . . . . .                      Enter 100% of basis
- 50 Depreciation allowed or allowable . . . . .
- 51 AMT depreciation allowed or allowable . . . . .
- 52 Gain or loss . . . . .
- 53 AMT gain or loss . . . . .
- 54 Part of Schedule D-1 to which gain/loss carries . . . . .

**Part VIII – Detail Vehicle Depreciation Information** – This section is calculated for most vehicles from the data entered above. Use Find Next Error feature to check for any required entries.

- |    |  |                                     |     |                                     |    |                                      |
|----|--|-------------------------------------|-----|-------------------------------------|----|--------------------------------------|
| 55 | Subject to automobile limitations? . . .     | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No |                                      |
| 56 | Truck or van? . . . . .                      | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No |                                      |
| 57 | Electric passenger vehicle? . . . . .        | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |                                      |
| 58 | Heavy SUV? . . . . .                         | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No |                                      |
| 59 | Listed property? . . . . .                   | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No | See Tax Help.                        |
| 60 | Eligible Section 179 property? . . . . .     | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No | Applies to current year assets only. |
| 61 | Use IRS tables for MACRS property? . . . . . | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No |                                      |

**Regular Depreciation**

- 62 Depreciation type . . . . .
- 63 Asset class . . . . .
- 64 Depreciation method . . . . .
- 65 MACRS convention . . . . .
- 66 **QuickZoom** to set 2016 convention . . . . . ▶
- 67 Recovery period . . . . .
- 68 Year of depreciation . . . . .
- 69 Depreciable basis . . . . .

**Alternative Minimum Tax Depreciation**

- 70 AMT basis, if different from line 32 . . . . .
- 71 AMT depreciation method . . . . .
- 72 AMT recovery period . . . . .
- 73 AMT depreciable basis . . . . .

Vehicle:

Activity:

Sch CActor submissions and representation for Daily Talent Agency**MACRS Property Involved in a Like-Kind Exchange or Involuntary Conversion**

- 74** Elect OUT of regs under Sec 1.168(i)-6T(i) . . . . . ☐ Yes ☐ N/A Only election out supported
- 75** If asset represents entire basis of replacement property, enter excess basis . . . . . \_\_\_\_\_ Excess basis is not eligible for Section 179
- Pre-02/28/04 transactions only (See Tax Help):
- 76** Asset ID (Enter same ID on all related assets) . . . \_\_\_\_\_
- 77** Does asset represent exchanged basis of replacement property . . . . . ☐ Yes ☐ No "Yes" if exchanged basis, "No" if excess basis
- 78** Total basis of all related parts. . . . . \_\_\_\_\_ Only required if line 55 is "Yes"

# California Car and Truck Expenses Worksheet

2016

► Keep for your records

Name as Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

Activity: Sch C Actor submissions and representation for Daily Talent Agency

## Part I – Vehicle Information

- 1 Make and model of vehicle . . . . . toyota rav 4 Example: Ford F-150 SVT Raptor
- 2 Date placed in service . . . . . 06/06/2015 Example: 06/15/2016
- 3 Type of vehicle . . . . . A2 - Lt truck/van/SUV
- 4 a Ending mileage reading . . . . . \_\_\_\_\_ Enter mileage readings, or  
b Beginning mileage reading . . . . . \_\_\_\_\_ enter total miles on line 4c  
c **Total miles** vehicle was driven during 2016 . . . . . 1 Line 4a less line 4b
- 5 Number of miles driven for business . . . . . 1
- 6 Number of miles driven for commuting . . . . . \_\_\_\_\_ Travel between home and work
- 7 Number of miles driven for personal purposes . . . . . 0 Line 4c less lines 5 and 6
- 8 Percent of business use . . . . . 100.00 % Line 5 divided by line 4c
- 9 Months for special allocation . . . . . \_\_\_\_\_ See Tax Help
- 10 Do you have another vehicle available for personal use? . . . . . ☐ Yes ☒ No
- 11 Was the vehicle available for personal use during off duty hours? . . . . . ☒ Yes ☐ No
- 12 Was the vehicle used primarily by a more than 5% owner of the business or related person? . . . . . ☐ Yes ☒ No
- 13 a Do you have evidence to support the business use claimed? . . . . . ☒ Yes ☐ No  
b If **Yes**, is the evidence written? . . . . . ☐ Yes ☒ No

## Part II – Standard Mileage Rate

- 14 Did you own this vehicle, lease this vehicle, or was it not your vehicle? . . . . . ☒ Own ☐ Lease  
Not my vehicle
  - 15 Did you use this vehicle for hire? . . . . . ☐ Yes ☒ No Example: taxicab
  - 16 Did you use less than 5 vehicles for business at a time? . . . . . ☒ Yes ☐ No
  - 17 If you **owned** this vehicle, did you use the standard mileage rate for this vehicle's first year, OR if you **leased** this vehicle, did you use the standard mileage rate for the portion of the lease period after 1997? . . . . . ☒ Yes ☐ No Only applies to vehicles placed in service in prior years
- If you answered Own or Lease to line 14, No to line 15, and Yes to lines 16 and 17 you can take standard mileage for this vehicle:**
- 18 **Standard mileage deduction** . . . . . 1 line 5 times .54

## Part III – Actual Expenses

- 19 a Gasoline . . . . . \_\_\_\_\_  
b Oil . . . . . \_\_\_\_\_  
c Tires . . . . . \_\_\_\_\_  
d Repairs . . . . . \_\_\_\_\_  
e Vehicle insurance . . . . . \_\_\_\_\_  
f Vehicle registration, license (excluding property tax) . . . . . \_\_\_\_\_  
g Garage rent . . . . . \_\_\_\_\_
- h Vehicle lease or rental fees:  
1 30 days or more . . . . . \_\_\_\_\_  
2 29 days or less . . . . . \_\_\_\_\_  
3 Total vehicle lease/rental fees . . . . . \_\_\_\_\_
- i Leased vehicle inclusion amount:  
1 Year lease began . . . . . \_\_\_\_\_  
2 FMV of leased vehicle . . . . . \_\_\_\_\_  
3 Number of lease days in year . . . . . \_\_\_\_\_  
4 Inclusion amount . . . . . \_\_\_\_\_
- j Other . . . . . \_\_\_\_\_
- 20 Expenses subtotal . . . . . \_\_\_\_\_ Sum of lines 19a thru 19j
- 21 Expenses applicable to business . . . . . \_\_\_\_\_ Line 20 times line 8
- 22 Vehicle depreciation and Section 179 . . . . . \_\_\_\_\_ From Part VI
- 23 **Total actual expenses** . . . . . \_\_\_\_\_ Line 21 plus line 22

Vehicle: toyota rav 4Activity: Sch C Actor submissions and representation for Daily Talent Agency**Part IV – Standard Mileage versus Actual Expenses**

- 24 ☐ Standard mileage . . . . 1. The program automatically chooses the method  
 25 ☐ Actual expenses . . . . \_\_\_\_\_ that gives you the largest deduction. Check the  
 other method if you want to use it instead.

**Part V – Total Car and Truck Expenses**

- 26 Line 24 or line 25 . . . . . 1.  
 27 Additional expenses:  
   a Parking fees . . . . . \_\_\_\_\_  
   b Tolls . . . . . \_\_\_\_\_  
   c Local transportation . . . . . \_\_\_\_\_  
   d Property taxes (include property tax  
     portion of registration) . . . . . \_\_\_\_\_  
   e Less: personal portion of property taxes . . . . . ( \_\_\_\_\_ )  
   f Interest on vehicle . . . . . \_\_\_\_\_  
   g Less: personal portion of vehicle interest . . . . . ( \_\_\_\_\_ )  
 28 Total expenses . . . . . 1. Sum of lines 26 & 27a thru 27g.  
 29 Less: business portion of lease or rental fees Line 19h - 19i times line 8.  
     less inclusion amount (if using actual expenses) . . . . . ( \_\_\_\_\_ ) Reported separately.  
 30 Less: depreciation and Section 179 (if using From line 22.  
     actual expenses) . . . . . ( \_\_\_\_\_ ) Reported separately.  
 31 **Total car and truck expenses** . . . . . 1.

**Part VI – Vehicle Depreciation Information**

- 32 Enter the total cost when vehicle Include sales tax. For trade-in or vehicle  
     was acquired . . . . . \_\_\_\_\_ converted from personal use, see Tax Help.  
 33 Enter the amount of Section 179 Cannot be greater than  
     expense elected . . . . . \_\_\_\_\_ limit shown below.  
 34 Depreciation and Section 179 See Tax Help for computation  
     limit for luxury cars . . . . . \_\_\_\_\_

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

- 35 Prior depreciation . . . . . \_\_\_\_\_  
 36 **Depreciation deduction** . . . . . ☐ Limited to luxury car maximum

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

- 37 AMT prior depreciation . . . . . \_\_\_\_\_  
 38 AMT depreciation deduction . . . . . ☐ Limited to luxury car maximum  
 39 AMT adjustment/preference . . . . . \_\_\_\_\_ See Tax Help for computation.  
 40 **QuickZoom** to Asset Life History . . . . . ☐

Vehicle: toyota rav 4Activity: Sch C Actor submissions and representation for Daily Talent Agency**Part VII – Disposition of Vehicle** – Complete this part only if you sold, abandoned, or otherwise disposed of this vehicle, or removed it from business use in 2016.

- 41 Date vehicle sold, given away or abandoned in 2016 . . . . .                      Example: 10/23/2016
- 42 Date vehicle acquired, if different from line 2 . . . . .                      If converted from personal use
- 43 Sales price . . . . .                      Enter business portion only
- 44 Expense of sale . . . . .                      Enter business portion only
- 45 Sec 179 deduction allowed . . . . .
- 46 Double click to link sale to Form 3805E . . . . . ▶
- 47 a Double click to link sale to Form 8824 . . . . . ▶
- b Form 8824: Depreciation at 100% business use . . . . .
- c Form 8824: AMT depr at 100% business use . . . . .
- 48 Gain/loss basis, if different from line 32 . . . . .                      Enter 100% of basis
- 49 AMT gain/loss basis, if different from line 70 . . . . .                      Enter 100% of basis
- 50 Depreciation allowed or allowable . . . . .
- 51 AMT depreciation allowed or allowable . . . . .
- 52 Gain or loss . . . . .
- 53 AMT gain or loss . . . . .
- 54 Part of Schedule D-1 to which gain/loss carries . . . . .

**Part VIII – Detail Vehicle Depreciation Information** – This section is calculated for most vehicles from the data entered above. Use Find Next Error feature to check for any required entries.

- |    |  |                                     |     |                          |    |                                      |
|----|--|-------------------------------------|-----|--------------------------|----|--------------------------------------|
| 55 | Subject to automobile limitations? . . | <input type="checkbox"/>            | Yes | <input type="checkbox"/> | No |                                      |
| 56 | Truck or van? . . . . .                | <input type="checkbox"/>            | Yes | <input type="checkbox"/> | No |                                      |
| 57 | Electric passenger vehicle? . . . . .  | <input type="checkbox"/>            | Yes | <input type="checkbox"/> | No |                                      |
| 58 | Heavy SUV? . . . . .                   | <input type="checkbox"/>            | Yes | <input type="checkbox"/> | No |                                      |
| 59 | Listed property? . . . . .             | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | See Tax Help.                        |
| 60 | Eligible Section 179 property? . . . . | <input type="checkbox"/>            | Yes | <input type="checkbox"/> | No | Applies to current year assets only. |
| 61 | Use IRS tables for MACRS property? .   | <input type="checkbox"/>            | Yes | <input type="checkbox"/> | No |                                      |

**Regular Depreciation**

- 62 Depreciation type . . . . .
- 63 Asset class . . . . .
- 64 Depreciation method . . . . .
- 65 MACRS convention . . . . .
- 66 **QuickZoom** to set 2016 convention . . . . . ▶
- 67 Recovery period . . . . .
- 68 Year of depreciation . . . . .
- 69 Depreciable basis . . . . .

**Alternative Minimum Tax Depreciation**

- 70 AMT basis, if different from line 32 . . . . .
- 71 AMT depreciation method . . . . .
- 72 AMT recovery period . . . . .
- 73 AMT depreciable basis . . . . .



Vehicle:

Activity:

Sch CActor submissions and representation for Daily Talent Agency**MACRS Property Involved in a Like-Kind Exchange or Involuntary Conversion**

- 74** Elect OUT of regs under Sec 1.168(i)-6T(i) . . . . . ☐ Yes ☐ N/A Only election out supported
- 75** If asset represents entire basis of replacement property, enter excess basis . . . . . \_\_\_\_\_ Excess basis is not eligible for Section 179
- Pre-02/28/04 transactions only (See Tax Help):
- 76** Asset ID (Enter same ID on all related assets) . . . \_\_\_\_\_
- 77** Does asset represent exchanged basis of replacement property . . . . . ☐ Yes ☐ No "Yes" if exchanged basis, "No" if excess basis
- 78** Total basis of all related parts. . . . . \_\_\_\_\_ Only required if line 55 is "Yes"

► Keep for your records

Name of Proprietor kathryn J harris	Social Security Number 410-19-5568
--	---------------------------------------

**A** Principal business or profession, including product or service:  
Airbnb rentals

**B** Principal business code . . . . . ▶ 721100

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

D	If this business was operated by spouse, check this box . . . . .	
E	If this business was operated jointly by taxpayer and spouse, check this box . . . . .	
F	Check this box if you completely disposed of this business during 2016 . . . . .	X
G	Did you 'materially participate' in the operation of this business during 2016? . . . . . Yes <input checked="" type="checkbox"/> No	
H	Check this box if all investment is at risk. . . . .	X
I	Check this box if some of your investment is <b>not</b> at risk . . . . .	
J	Single member limited liability company . . . . .	
K	Federal profit (loss) before passive loss limitation, if any . . . . .	-3,648.
L	If this activity is a passive activity, enter the current year net income or the current year net loss recorded on the federal Passive Activities Worksheet 1 <b>or</b> Passive Activities Worksheet 3, column A or column B, whichever is applicable . . . . .	
M	Gross receipts less returns and allowances . . . . .	3,315.

1	Federal tentative profit (loss) . . . . .	1	-3,648.
2	Depreciation:		
a	Federal . . . . .	2 a	
b	California . . . . .	b	
c	Federal/California adjustment. . . . .	2 c	
3	Amortization:		
a	Federal . . . . .	3 a	100.
b	California . . . . .	b	100.
c	Federal/California adjustment. . . . .	3 c	0.
4	Car and truck expenses:		
a	Federal . . . . .	4 a	
b	California . . . . .	b	
c	Federal/California adjustment. . . . .	4 c	
5	Other federal/California adjustments:		
a	Reduction in federal wages due to work credits . . . . .	5 a	
b	Reduction in federal qualified pension plan startup costs due to Form 8881 credit . . . . .	b	
c	Reduction in federal employee benefits due to health insurance credit . . . . .	c	
d	At-risk suspended loss carryover (Section 465(d)) . . . . .	d	
e		e	
f		f	
g		g	
h		h	
i		i	
6	California tentative profit (loss). Add lines 1, 2c, 3c, 4c and 5a through 5i . . . . .	6	-3,648.
7	Expenses for business use of your home. . . . .	7	0.
8	At-risk adjustment . . . . .	8	
9	Prior year suspended loss . . . . .	9	
10	Current year unallowed passive loss . . . . .	10	
11	Net California profit or (loss) allowed. Line 6 minus line 7, plus lines, 8 - 10 . . . . .	11	-3,648.
12	Net federal profit or (loss) allowed . . . . .	12	-3,648.
13	Federal/California adjustment. Subtract line 12 from line 11 . . . . .	13	0.

► Keep for your records

Name as Shown on Return  
kathryn J harrisSocial Security Number  
410-19-5568Description of Activity  
Sch C Airbnb rentals**Part I – Current Year Profit (Loss) from the Activity, Including Prior Year  
Nondeductible Amounts**

<b>1</b>	Ordinary income (loss) from the activity . . . . .	<b>1</b>	-3,648.
<b>2</b>	Gain (loss) from the sale or other disposition of assets used in the activity (or your interest in the activity) that you initially will be reporting on:		
<b>a</b>	Schedule D . . . . .	<b>2 a</b>	
<b>b</b>	Schedule D-1 . . . . .	<b>b</b>	
<b>c</b>	Other form or schedule . . . . .	<b>c</b>	
<b>3</b>	Other income or gains from the activity from Schedule K-1 of Form 565 or Form 100S, that were not included on above lines 1 through 2c. . . . .	<b>3</b>	
<b>4</b>	Other deductions or losses from the activity, including investment interest expense allowed from Form 3526, that were not used in figuring amounts on lines 1 through 3 . . . . .	<b>4</b>	
<b>5</b>	Current year profit (loss) from the activity. Combine lines 1 through 4 . . . . .	<b>5</b>	-3,648.

**Part IV – Deductible Loss**

<b>20</b>	Amount at risk from federal Form 6198, using California amounts, line 10b or 19b, whichever is larger. Do not enter less than zero. . . . .	<b>20</b>	
<b>21</b>	<b>Deductible loss.</b> If line 20 is zero, enter -0-. You do not have a deductible loss this year. Otherwise, enter the <b>smaller</b> of the line 5 loss (treated as a positive number) or line 20. See the instructions for how to report any deductible loss and any carryover . . . . .	<b>21</b>	

Disallowed Losses Summary		Total Loss	Disallowed Loss	Allowed Loss
<b>A</b>	Line 1, ordinary loss . . . . .			
<b>B</b>	Line 2a, Schedule D loss . . . . .			
<b>C</b>	Line 2b, Schedule D-1 loss . . . . .			
<b>D</b>	Line 2c, other loss . . . . .			
<b>E</b>	Line 3, other loss from K-1 . . . . .			
<b>F</b>	Line 4, other deductions or losses . . . . .			
<b>G</b>	Total . . . . .			
<b>H</b>	Income . . . . .			
<b>I</b>	Deductible loss from line 21 . . . . .			
<b>J</b>	Disallowed percentage. . . . .			



# California Asset Entry Worksheet

2016

QuickZoom to another copy of Asset Entry Worksheet . . . . .

Name as Shown on Return kathryn J harris	Social Security Number 410-19-5568
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Activity: Sch C Airbnb rentals

**Asset Information** ● For vehicles, use the Car and Truck Expenses Worksheet  
● For home office assets, use the Form 829 Asset Entry Worksheet

1	Description of asset . . . . .	<u>Amortized Startup Costs</u>	Example: Laser printer
2	Date placed in service . . . . .	<u>08/01/2015</u>	Example: 06/15/2016
3	Enter the total cost when asset was acquired . .	<u>1,500.</u>	Include land for asset type I or J
4	Type of asset. . . . .	<u>L - Intangibles</u>	
5	Percentage of business use . . . . .	<u>100.00 %</u>	Range: 1.00 to 100.00 If blank, 100.00% is used Applicable for asset type A-G, P, Q.
6	Enter the amount of Sec 179 expense elected .	<u></u>	Subject to limitation. See Tax Help.
7	Total amount of land included in the cost . . .	<u></u>	Applicable for asset type I or J If blank, prior depreciation from Asset Life History is used.
8	Prior depreciation . . . . .	<u>42.</u>	Required if asset was sold.
9	<b>Depreciation deduction</b> . . . . . ▶	<u>100.</u>	If blank, prior depreciation from Asset Life History is used.
10	AMT prior depreciation . . . . .	<u></u>	Required if asset was sold.
11	AMT depreciation deduction . . . . .	<u></u>	
12	AMT adjustment/preference . . . . .	<u></u>	See Tax Help for computation
13	<b>QuickZoom</b> to Asset Life History . . . . . ▶		
14	If a computer or peripheral equipment (asset type A), was asset used exclusively at your regular business establishment? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
15	If video, photo, or phono equipment (asset type B), was asset used exclusively at your regular business establishment, or in connection with your principal trade or business? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
16	If rental appliances, carpeting, or furniture (asset type F), have you amended a prior year tax return to change the recovery period to 5 years? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
17	Enter the IRC section under which you amortize the cost of intangibles (asset type L) . . . . . <u>195</u>		

## Amortized Startup Costs

**Dispositions** — Complete this part only if you sold or otherwise disposed of this asset in 2016

<b>18</b>	Date sold, given away, or abandoned in 2016 . . . . .	_____	Example: 12/01/2016
<b>19</b>	Date acquired, if different from line 2. . . . .	08/01/2015	If converted from personal use
<b>20</b>	Asset sales price . . . . .	_____	Enter business portion only
<b>21</b>	Asset expense of sale . . . . .	_____	Enter business portion only
<b>22</b>	Property type . . . . .	_____	
<b>23</b>	Land sales price . . . . .	_____	Enter business portion only
<b>24</b>	Land expense of sale . . . . .	_____	Enter business portion only
<b>25</b>	Section 179 deduction allowed . . . . .	_____	
<b>26</b>	If Section 1250:		
<b>a</b>	Additional depreciation after 12/31/76 . . . . .	_____	
<b>b</b>	Applicable percentage . . . . .	_____ %	
<b>c</b>	Additional depreciation after 12/31/70 and before 1/1/77 . . . . .	_____	
<b>27 a</b>	Double click to link sale to Form 3805E . . . . .	▶ _____	
<b>b</b>	Double click to link sale to Home Sale Wks . . . . .	▶ _____	
<b>28</b>	Basis for gain or loss, if different from line 3 . . . . .	_____	Enter 100% of basis
<b>29</b>	Basis for AMT gain or loss, if diff from line 50 . . . . .	_____	Enter 100% of basis
<b>30</b>	Gain or loss . . . . .	_____	
<b>31</b>	AMT gain or loss . . . . .	_____	
<b>32</b>	Part of Schedule D-1 that gain or loss carries to . . . . .	_____	
<b>33</b>	Land gain or loss (if separate) . . . . .	_____	Only applies if line 23 is entered
<b>34</b>	Part of Schedule D-1 that land gain or loss carries to (if separate) . . . . .	_____	
<b>35</b>	Check to compute personal residence depreciation after May 6, 1997 . . . . .	<input type="checkbox"/>	
	Regular tax after 5/6/97 . . . . .	_____	AMT after 5/6/97 . . . . .
	If claiming a <b>Home Office</b> deduction for this business, was the asset used in your home office? . . . . .	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Home Office 1 <input type="checkbox"/> Home Office 2	

**Detail Asset Information** — This section is calculated for most assets from the data above.  
Use Find Next Error feature to check for any required entries.

<b>36</b>	Listed property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	See Tax Help
<b>37</b>	Subject to automobile limitations? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
<b>38</b>	Truck or van? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
<b>39</b>	Electric passenger vehicle? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
<b>40</b>	Heavy SUV? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Applies to current year assets only.
<b>41</b>	Eligible Section 179 property? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<b>42</b>	Use IRS tables for MACRS property? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

**Regular Depreciation**

<b>43</b>	Depreciation Type . . . . .	AMORT	
<b>44</b>	Asset class . . . . .	_____	
<b>45</b>	Depreciation Method . . . . .	_____	
<b>46</b>	MACRS convention . . . . .	NA	
<b>47</b>	<b>QuickZoom</b> to set 2016 convention . . . . .	▶	
<b>48</b>	Recovery period . . . . .	15.0	
<b>49</b>	Year of depreciation . . . . .	2	
<b>50</b>	Depreciable basis . . . . .	1,500.	See Tax Help for computation

**Alternative Minimum Tax Depreciation**

<b>51</b>	AMT basis, if different from line 3. . . . .	_____
<b>52</b>	If placed in service before 1987, is asset . . . . .	_____
<b>53</b>	AMT depreciation method . . . . .	_____
<b>54</b>	AMT recovery period . . . . .	_____
<b>55</b>	AMT depreciable basis . . . . .	_____

**MACRS Property Involved in a Like-kind Exchange or Involuntary Conversion**

- 56 Elect OUT of regs under Sec 1.168(i)-6T(i) . . . . . ☐ Yes ☐ No ☒ N/A
- 57 Asset ID (Enter same ID on all related assets) . . . . . \_\_\_\_\_
- 58 If this asset represents entire basis of replacement property, enter excess basis . . . . \_\_\_\_\_
- 59 If this asset represents exchanged basis of replacement property, enter:
- a Date placed in service of relinquished property . . . . . \_\_\_\_\_
  - b Date of disposition of relinquished property . . . . . \_\_\_\_\_
  - c MACRS convention for relinquished property . . . . . \_\_\_\_\_
  - d Depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_
  - e AMT depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_
-

# California Asset Life History

2016

Yearly Allowable Depreciation

Name as Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

Description: Amortized Startup Costs Depreciation type: AMORT Asset class: \_\_\_\_\_  
 Cost/  
 Basis: 1,500. Depreciable Basis: 1,500. Method: \_\_\_\_\_ Life: 15.00  
 AMT Cost/ AMT Depreciable AMT AMT  
 Basis: 1,500. Basis: 1,500. Method: NA Life: \_\_\_\_\_

Tax Year	Prior Depreciation	Deduction for the Year	AMT Prior Depreciation	AMT Deduction for the Year
1 2015	0.	42.		
2 2016	42.	100.		
3 2017	142.	100.		
4 2018	242.	100.		
5 2019	342.	100.		
6 2020	442.	100.		
7 2021	542.	100.		
8 2022	642.	100.		
9 2023	742.	100.		
10 2024	842.	100.		
11 2025	942.	100.		
12 2026	1,042.	100.		
13 2027	1,142.	100.		
14 2028	1,242.	100.		
15 2029	1,342.	100.		
16 2030	1,442.	58.		
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				



## Depreciation and Amortization Report

Tax Year 2016

- Keep for your records

## 2016

kathryn J harris

Sch C - Airbnb rentals

410-19-5568

[illegible]

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office

► Keep for your records

Name as Shown on Return  
kathryn J harrisSocial Security Number  
410-19-5568

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any

**Investment Interest Expense** (Form 3526, line 1)

<b>1</b>	Investment interest expense from Schedule K-1 . . . . .		
<b>2</b>	Investment interest expense from royalties . . . . .		
<b>3</b>	Other investment interest expense:		
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>4</b>	<b>Total investment interest expense.</b> Add lines 1 through 3 . . . . .		

**Gross Income from Property Held for Investment** (Form 3526, line 4a)

<b>5</b>	Taxable investment income from Schedule B, K-1s and Form 3803. . . . .		
<b>6</b>	Royalty income from Schedule E . . . . .		
<b>7</b>	Net passive income from publicly traded partnerships . . . . .		
<b>8</b>	Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .		
<b>9</b>	Other investment income:		
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>10</b>	<b>Total investment income.</b> Add lines 5 through 9 . . . . .		

**Net Gain from the Disposition of Property Held for Investment** (Form 3526, line 4b)

<b>11 a</b>	Net gains from Schedule D, line 8 . . . . .		
<b>b</b>	Less net gains from property not held for investment . . . . .		
<b>c</b>	<b>Net gains from property held for investment.</b> Line 11a less line 11b . . . . .		

**Net Capital Gain from the Disposition of Property Held for Investment** (Form 3526, line 4c)

<b>12</b>	Net capital gain from the disposition of property held for investment . . . . .		
-----------	--	--	--

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any
--	--	--

**Investment Expenses** (Form 3526, line 5)

<b>13</b>	Royalty expenses . . . . .		
<b>14 a</b>	Investment expenses included as itemized deductions (after the 2% limitation) . . . . .	446 .	
<b>b</b>	Investment expenses included as itemized deductions (not 2% limitation) . . . . .		
<b>15</b>	Expenses from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .		
<b>16</b>	Other investment expenses:		
<b>a</b>	_____		
<b>b</b>	_____		
<b>c</b>	_____		
<b>d</b>	_____		
<b>17</b>	<b>Total investment expenses.</b> Add lines 13 through 16. . . . .		446 .

	(a) Regular Tax	(b) Alternative Minimum Tax
--	-----------------------	-----------------------------------

**Allocation of Investment Interest Expense**

<b>18</b>	Allowed investment interest expense, from Form 3526, line 8 . . . . .	0 .	0 .
<b>19</b>	Less interest expense deducted on other forms and schedules:		
<b>a</b>	Deducted on Schedule E, page 2 for passthru entities . . . . .		
<b>b</b>	Deducted on Schedule E, page 1 for royalties . . . . .		
<b>c</b>	Other amounts deducted on other forms and schedules . . . . .		
<b>d</b>	Total amount deducted on other forms and schedules . . . . .		
<b>20</b>	California investment interest expense. . . . .	0 .	0 .
<b>21</b>	Allowed federal investment interest expense deducted elsewhere . .		
<b>22</b>	Allowed federal Schedule A investment interest expense . . . . .		
<b>23</b>	Adjustment for interest expense deducted on other forms and schedules. Subtract line 21 from line 19 . . . . .		
<b>24</b>	Adjustment for itemized deductions. Subtract line 22 from line 20. Enter here and on Schedule CA, line 41 . . . . .	0 .	

# California Depreciation Options

2016

Name as Shown on Return  
kathryn J harris

Social Security Number  
410-19-5568

## MACRS Convention

The program uses the half-year convention for all MACRS personal property assets placed in service in 2016 unless you check 'Mid-quarter convention' below.

- 1 ☒ Half-year convention  
2 ☐ Mid-quarter convention

## MACRS Computation

Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

## Section 179 Limitation

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of the Section 179 Worksheet. This is the copy that appears on the menu as Form 3885A:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Section 179 Worksheet for that activity.

## Section 179 Information

1 a	Calculated "Total cost of Section 179 property placed in service" . . . . .	1 a	0.
b	Additions or subtractions to calculated value . . . . .	b	
2	If Married Filing Separately, enter:		
a	Total cost of eligible property placed in service this year by spouse. . . . .	2 a	
b	Allocation percentage elected for your return, if other than 50%. . . . .	b	%
3	Taxable Income for the Section 179 Limitation		
a	Federal taxable income for the Section 179 limitation . . . . .	3 a	14,546.
b	California Adjustments (calculated) . . . . .	b	0.
c	Other additions or subtractions to taxable income . . . . .	c	
d	California Taxable Income for the Section 179 Limitation . . . . .	d	14,546.

## Two-Year Comparison

2016

kathryn J harris

Income	2015	2016	Difference	%
<b>Federal AGI and California Adjustments:</b>				
Federal adjusted gross income . . . . .	19,875.	9,858.	-10,017.	-50.40
California adjustments . . . . .	0.	-447.	-447.	
<b>Adjusted Gross Income . . . . .</b>	<b>19,875.</b>	<b>9,411.</b>	<b>-10,464.</b>	<b>-52.65</b>
<b>Standard or Itemized Deduction . . .</b>	<b>14,848.</b>	<b>25,173.</b>	<b>10,325.</b>	<b>69.54</b>
<b>Taxable Income . . . . .</b>	<b>5,027.</b>	<b>0.</b>	<b>-5,027.</b>	<b>-100.00</b>
Tax . . . . .	1.	0.	-1.	-100.00
Exemption credits . . . . .	3.	0.	-3.	-100.00
Tax less exemption credits . . . . .	0.	0.	0.	
Schedule G-1 and Form 5870A tax . . .				
Tax before credits . . . . .	0.	0.	0.	
Credits . . . . .				
Tax after credits . . . . .	0.	0.	0.	
Alternative minimum tax . . . . .				
Other taxes and IRC interest . . . . .	13.		-13.	-100.00
<b>Total Tax After Credits . . . . .</b>	<b>13.</b>	<b>0.</b>	<b>-13.</b>	<b>-100.00</b>
Withholding . . . . .	132.	7.	-125.	-94.70
Estimated payments . . . . .				
Other payments . . . . .				
<b>Total Payments . . . . .</b>	<b>132.</b>	<b>7.</b>	<b>-125.</b>	<b>-94.70</b>
Use tax . . . . .				
Contributions . . . . .				
Form 5805/5805F penalty . . . . .				
Other penalties and interest . . . . .				
Applied to next year's estimated tax . . .	0.		0.	
<b>Amount Refund . . . . .</b>	<b>119.</b>	<b>7.</b>	<b>-112.</b>	<b>-94.12</b>
<b>Amount Due . . . . .</b>				
Current year effective tax rate . . . . .				0.00 %

**Tax Summary**  
 ► Keep for your records

**2016**

Name(s)	
kathryn J harris	
<b>Federal adjusted gross income</b> . . . . .	9,858.
<b>Net California adjustments</b> . . . . .	-447.
<b>California adjusted gross income</b> . . . . .	9,411.
<b>Itemized/standard deduction</b> . . . . .	25,173.
<b>California taxable income</b> . . . . .	0.
<b>Tax</b> . . . . .	0.
<b>Exemption credits</b> . . . . .	0.
<b>Tax less exemptions</b> . . . . .	0.
<b>Tax from Schedule G-1/FTB 5870A</b> . . . . .	
<b>Credits</b> . . . . .	
<b>Other taxes</b> . . . . .	
<b>Total tax</b> . . . . .	0.
<b>Total payments</b> . . . . .	7.
<b>Use tax</b> . . . . .	
<b>Contributions</b> . . . . .	
<b>Underpayment penalty</b> . . . . .	
<b>Interest, late filing and late payment penalties</b> . . . . .	
<b>Refund</b> . . . . .	7.
<b>Balance due</b> . . . . .	
<b>Tax bracket</b> . . . . .	_____%

## Smart Worksheets from your 2016 California Tax Return

SMART WORKSHEET FOR: Form 540NR: Nonresident or Part-Year Resident Income Tax Return

Form 540NR California Income Tax Withheld Smart Worksheet	
<b>A</b>	California income tax withheld from the Tax Payments Worksheet . . . . . <u>7.</u>
<b>B</b>	Real estate and nonresident withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A . . . . . <b>Note:</b> Make sure that the amount on line B is reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.
<b>C</b>	California income tax withheld for line 81. Subtract line B from line A . . . . . <u>7.</u>

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet	
<b>1</b>	Total wages from box 16 of the W-2 Worksheets included in the federal program where the state entered is 'CA' and statutory wage information is <b>not</b> entered . . . . . <u>107.</u>

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

Schedule CA(NR) Business Income Smart Worksheet			
Business Name	State Business was Located	Col D Total Amounts	Col E CA Source Amounts
ACTOR SUBMISSIONS AND REPRESENTATION FOR DAILY TALENT AGENCY	GA	3,129.	
AIRBNB RENTALS	GA	-3,648.	

**QuickZoom** to Schedule C Worksheet . . . . . ►

## SMART WORKSHEET FOR: Miscellaneous Itemized Deductions Statement (Copy 1)

Medical & Dental Expenses and HSA Distributions Smart Worksheet	
<b>A</b>	Federal Schedule A total medical and dental expenses . . . . . 14,183.
<b>B</b>	HSA distributions for qualified medical expenses, from Fed Form 8889, line 15 . . . . TP _____ SP/RDP _____
<b>C</b>	Federal Form 8885 health coverage insurance not included in total medical . . . .
<b>D</b>	Add lines A, B and C. . . . . 14,183.
<b>E</b>	7.5% of Federal adjusted gross income . . . . . 739.
<b>F</b>	California medical and dental expenses deduction. Subtract line E from line D. If line E is more than line D, enter -0- (zero) . . . . . 13,444.
<b>G</b>	Medical and dental expenses deduction from federal Schedule A, line 4 . . . . . 13,197.
<b>H</b>	Subtract line G from line F. (line 12 below) . . . . . 247.

## SMART WORKSHEET FOR: Miscellaneous Itemized Deductions Statement (Copy 1)

Smart Worksheet for Depreciation Subject to 2% Limitation	
Enter Section 179 carryover from prior year . . . . .	
Is depreciation expense an investment expense? . . . . . Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>QuickZoom</b> to the Asset Entry Worksheet . . . . . ➡	
<b>QuickZoom</b> to the Depreciation/Amortization Report. . . . . ➡	
<b>QuickZoom</b> to Form 3885A for Schedule A . . . . . ➡	
<b>QuickZoom</b> to the Section 179 worksheet for Schedule A. . . . . ➡	
<b>A</b>	Depreciation:
1	Federal . . . . . 92.
2	California . . . . . 184.
3	Federal/California adjustment . . . . . 92.
<b>B</b>	Amortization:
1	Federal . . . . .
2	California . . . . .
3	Federal/California adjustment . . . . .



## SMART WORKSHEET FOR: Form 2106: Employee Business Expense

Form 2106 Federal/State Adjustment Summary			
<b>1</b> Form 2106 expense reported on Schedule A, Line 20:			
<b>a</b> Federal . . . . .	<b>1 a</b>	9,925.	<b>1 c</b>
<b>b</b> State . . . . .	<b>b</b>	9,925.	
<b>c</b> Federal/State adjustment . . . . .			
<b>2</b> Impairment-related expenses of a handicapped employee:			
<b>a</b> Federal . . . . .	<b>2 a</b>		<b>2 c</b>
<b>b</b> State . . . . .	<b>b</b>		
<b>c</b> Federal/State adjustment . . . . .			
<b>3</b> Excess reimbursements included in wage income:			
<b>a</b> Federal . . . . .	<b>3 a</b>		<b>3 c</b>
<b>b</b> State . . . . .	<b>b</b>		
<b>c</b> Federal/State adjustment . . . . .			
<b>4</b> Qualified performing artist:			
<b>a</b> Federal . . . . .	<b>4 a</b>		<b>4 c</b>
<b>b</b> State . . . . .	<b>b</b>		
<b>c</b> Federal/State adjustment . . . . .			
<b>5</b> Armed Forces Reservists related travel expenses:			
<b>a</b> Federal . . . . .	<b>5 a</b>		<b>5 c</b>
<b>b</b> State . . . . .	<b>b</b>		
<b>c</b> Federal/State adjustment . . . . .			
<b>6</b> Fee-basis state or local government official:			
<b>a</b> Federal . . . . .	<b>6 a</b>		<b>6 c</b>
<b>b</b> State . . . . .	<b>b</b>		
<b>c</b> Federal/State adjustment . . . . .			

## SMART WORKSHEET FOR: Form 8829: Exp for Business Use of Home (2271 lake park drive)

Simple Method Smart Worksheet	
Simplified method election for Home Office expenses:	
Do you elect to use the simplified method in <b>2016</b> ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Did you elect to use the simplified method in <b>2015</b> ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>A</b> Gross income limitation . . . . .	_____
<b>B</b> Enter the square footage of your office . . . . .	_____
<b>C</b> The lesser of the square footage of your office or 300 . . . . .	_____
<b>D</b> Number of months in 2016 this home office was used at least 15 days during the month . . . . .	_____
<b>E</b> Business percentage for daycare facilities (if applicable, or 100.00 if not)	_____ %
<b>F</b> Line C times line D divided by 12 times \$5.00 times line E . . . . .	_____
<b>G</b> Allowable Simple Method deduction. Enter the lesser of line A or line F . . . . .	_____

## SMART WORKSHEET FOR: Form 8829: Exp for Business Use of Home (2271 lake park drive)

**Line 8 Calculation Smart Worksheet**

- A** Enter the date you began using this home office for this business. . . . . 08/01/2015
- B** Enter the percent of gross income on line 7 of Schedule C that  
is from the business use of this home . . . . . 0.00 %
- C** **1** Calculated gain from business use of this home on Schedule D or Form 4797. . . . . \_\_\_\_\_  
**2** Adjustments to calculated gain . . . . . \_\_\_\_\_  
**3** Net gain . . . . . \_\_\_\_\_
- D** **1** Calculated loss from this business not derived from business use of home  
and shown on Schedule D or Form 4797 . . . . . \_\_\_\_\_  
**2** Adjustments to calculated loss (enter additional losses as a negative number) . . . . . \_\_\_\_\_  
**3** Net loss . . . . . \_\_\_\_\_

## SMART WORKSHEET FOR: California Credits Worksheet

**Credit Information Smart Worksheet**

Review FTB instructions and check the corresponding box if you qualify for any of the following credits:

- A** Credit for Joint Custody Head of Household (**Code: 170**) . . . . . ☐
- B** Credit for Dependent Parent (**Code: 173**) . . . . . ☐
- C** Credit for Senior Head of Household (**Code: 163**) . . . . . ☐
- D** Credit for Adoption Costs (**Code: 197**):

Child's Name	Qualifying Costs for Each Child	Credit	Allowable Credit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total. . . . .			_____

SMART WORKSHEET FOR: Sch C Wks (Actor submissions and representation for Daily Talent Agency): Profit or Loss from Business

<b>Activity Summary Smart Worksheet</b> <b>Supporting information provided by program. NO ENTRIES ARE NEEDED.</b>		
	Regular Tax	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer	
<b>B</b> At risk status . . . . .	All	
<b>C</b> Passive status . . . . .	Nonpassive	
<b>Schedule C</b>		
<b>D</b> Tentative profit (loss) . . . . .	3,129.	3,129.
<b>E</b> Other preferences and adjustments . . . . .		
<b>F</b> At risk disallowed loss . . . . .		
<b>G</b> Passive carryover loss . . . . .		
<b>H</b> Passive disallowed loss . . . . .		
<b>I</b> Net profit (loss) allowed . . . . .	3,129.	3,129.
<b>Related Dispositions</b>		
<b>J</b> Tentative profit (loss) . . . . .		
<b>K</b> At risk disallowed loss . . . . .		
<b>L</b> Passive carryover loss . . . . .		
<b>M</b> Passive disallowed loss . . . . .		
<b>N</b> Net profit (loss) allowed . . . . .		
<b>AMT Exclusion</b>		
<b>O</b> Schedule C income/loss . . . . .	3,129.	

SMART WORKSHEET FOR: Sch C Wks (Airbnb rentals): Profit or Loss from Business

<b>Carryovers to 2016 Smart Worksheet</b> <i>Enter carryovers from prior year below.</i>		
	Regular Tax	Alternative Minimum Tax
<b>A</b> Section 179 carryover ( <i>enter as a positive amount</i> ) . . . . .		
<b>At-Risk Losses Carryover</b> ( <i>enter as negative amounts</i> )		
<b>B</b> Schedule C suspended loss . . . . .	-1,762.	
<b>C</b> Schedule D short-term suspended loss . . . . .		
<b>D</b> Schedule D long-term suspended loss . . . . .		
<b>E</b> Schedule D-1 ordinary suspended loss . . . . .		
<b>F</b> Schedule D-1 long-term suspended loss . . . . .		
<b>Passive Losses Carryover</b> ( <i>enter as negative amts</i> )		
<b>G</b> Schedule C suspended loss . . . . .		
<b>H</b> Schedule D short-term suspended loss . . . . .		
<b>I</b> Schedule D long-term suspended loss . . . . .		
<b>J</b> Schedule D-1 ordinary suspended loss . . . . .		
<b>K</b> Schedule D-1 long-term suspended loss . . . . .		

SMART WORKSHEET FOR: Sch C Wks (Airbnb rentals): Profit or Loss from Business

<b>Activity Summary Smart Worksheet</b> <b>Supporting information provided by program. NO ENTRIES ARE NEEDED.</b>		
	<b>Regular Tax</b>	<b>Alternative Minimum Tax</b>
<b>A</b> Ownership . . . . .	<u>Taxpayer</u>	
<b>B</b> At risk status . . . . .	<u>All</u>	
<b>C</b> Passive status . . . . .	<u>Nonpassive</u>	
<b>Schedule C</b>		
<b>D</b> Tentative profit (loss) . . . . .	-3,648.	-3,648.
<b>E</b> Other preferences and adjustments . . . . .		
<b>F</b> At risk disallowed loss . . . . .		
<b>G</b> Passive carryover loss . . . . .		
<b>H</b> Passive disallowed loss . . . . .		
<b>I</b> Net profit (loss) allowed . . . . .	-3,648.	-3,648.
<b>Related Dispositions</b>		
<b>J</b> Tentative profit (loss) . . . . .		
<b>K</b> At risk disallowed loss . . . . .		
<b>L</b> Passive carryover loss . . . . .		
<b>M</b> Passive disallowed loss . . . . .		
<b>N</b> Net profit (loss) allowed . . . . .		
<b>AMT Exclusion</b>		
<b>O</b> Schedule C income/loss . . . . .	-3,648.	

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning		, 2016, ending	, 20	See separate instructions.
Your first name and initial		Last name		<b>Your social security number</b>
kathryn J		harris		410-19-5568
If a joint return, spouse's first name and initial		Last name		<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.
5110 garrard ave				914
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>
savannah GA 31405				Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign postal code

Filing Status

1 ☒ Single

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

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

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

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b ☐ Spouse . . . . .

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

Add numbers on lines above ▶ 1

c Dependents:		(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)
(1) First name	Last name			
				<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 . . . . .

Income

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

8a **Taxable** interest. Attach Schedule B if required . . . . .

b **Tax-exempt** interest. Do not include on line 8a . . . . . 8b

9a Ordinary dividends. Attach Schedule B if required . . . . .

b Qualified dividends . . . . . 9b

10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .

11 Alimony received . . . . .

12 Business income or (loss). Attach Schedule C or C-EZ . . . . .

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797 . . . . .

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

18 Farm income or (loss). Attach Schedule F . . . . .

19 Unemployment compensation . . . . .

20a Social security benefits . . . . . 20a

b Taxable amount . . . . . 20b

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶

7	15,065.
8a	
9a	
10	447.
11	
12	-519.
13	
14	
15b	
16b	
17	
18	
19	
20b	
21	
22	14,993.

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.

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 2,985.

27 Deductible part of self-employment tax. Attach Schedule SE . . . . . 27

28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28

29 Self-employed health insurance deduction . . . . . 29 1,050.

30 Penalty on early withdrawal of savings . . . . . 30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction . . . . . 32 1,100.

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 5,135.

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶

23	
24	
25	
26	2,985.
27	
28	
29	1,050.
30	
31a	
32	1,100.
33	
34	
35	
36	5,135.
37	9,858.

**Tax and Credits****Standard Deduction for—**

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

• All others:  
Single or Married filing separately, \$6,300  
Married filing jointly or Qualifying widow(er), \$12,600  
Head of household, \$9,300

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	9,858.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked ▶ 39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	25,381.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	-15,523.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	4,050.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	0.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	0.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	0.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	0.

**Other Taxes**

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

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	491.
<b>65</b>	2016 estimated tax payments and amount applied from 2015 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>	27.
<b>b</b>	Nontaxable combat pay election <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	185.
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	703.

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	703.
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	703.
<b>b</b>	Routing number 3 1 4 0 7 4 2 6 9 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 1 9 6 4 2 9 5 5 2		

**Amount You Owe**

<b>77</b>	Amount of line 75 you want <b>applied to your 2017 estimated tax</b>	<b>77</b>	
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**Third Party Designee**

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

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

**Sign Here**

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

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

Your signature	Date	Your occupation Talent Agent	Daytime phone number (323) 791-3221
Spouse's signature. If a joint return, <b>both</b> 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 A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
► Attach to Form 1040.

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

kathryn J harris

Your social security number

410-19-5568

<b>Medical and Dental Expenses</b>		<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	14,183.		
2	Enter amount from Form 1040, line 38 <b>2</b>		9,858.		
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	986.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			13,197.
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5	547.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7	192.		
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8	9			739.
<b>Interest You Paid</b>		<b>10 Home mortgage interest and points reported to you on Form 1098</b>		10	
<b>Note:</b> Your mortgage interest deduction may be limited (see instructions).		<b>11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►</b>		11	
		<b>12 Points not reported to you on Form 1098. See instructions for special rules</b>		12	
		<b>13 Mortgage insurance premiums (see instructions)</b>		13	
		<b>14 Investment interest. Attach Form 4952 if required. (See instructions.)</b>		14	
		<b>15 Add lines 10 through 14</b>		15	
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.</b>		16	75.
If you made a gift and got a benefit for it, see instructions.		<b>17 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500</b>		17	1,127.
		<b>18 Carryover from prior year</b>		18	
		<b>19 Add lines 16 through 18</b>		19	1,202.
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)</b>		20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► Employee business expenses</b>		21	9,925.
		<b>22 Tax preparation fees</b>		22	69.
		<b>23 Other expenses—investment, safe deposit box, etc. List type and amount ► See Schedule A, Line 23 Statement</b>		23	446.
		<b>24 Add lines 21 through 23</b>		24	10,440.
		<b>25 Enter amount from Form 1040, line 38 <b>25</b></b>			9,858.
		<b>26 Multiply line 25 by 2% (0.02)</b>		26	197.
		<b>27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-</b>		27	10,243.
<b>Other Miscellaneous Deductions</b>		<b>28 Other—from list in instructions. List type and amount ►</b>		28	
<b>Total Itemized Deductions</b>		<b>29 Is Form 1040, line 38, over \$155,650?</b>		29	25,381.
		<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		<b>30 If you elect to itemize deductions even though they are less than your standard deduction, check here</b>			

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

► **Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).**  
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **09**

Name of proprietor <b>kathryn J harris</b>		Social security number (SSN) <b>410-19-5568</b>
A	Principal business or profession, including product or service (see instructions) <b>Actor submissions and representation for Daily Talent Agency</b>	<b>B Enter code from instructions</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             7   1   1   4   1   0           </div>
C	Business name. If no separate business name, leave blank.	<b>D Employer ID number (EIN), (see instr.)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
E	Business address (including suite or room no.) ► <b>8000 waters ave 197</b> City, town or post office, state, and ZIP code <b>savannah, GA 31405</b>	
F	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►	
G	Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
H	If you started or acquired this business during 2016, check here <input type="checkbox"/>	
I	Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>	
J	If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	<b>1</b>	9,925.
2	Returns and allowances	<b>2</b>	
3	Subtract line 2 from line 1	<b>3</b>	9,925.
4	Cost of goods sold (from line 42)	<b>4</b>	
5	<b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	9,925.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
7	<b>Gross income.</b> Add lines 5 and 6	<b>7</b>	9,925.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8	Advertising	<b>8</b>		18	Office expense (see instructions)	<b>18</b>	
9	Car and truck expenses (see instructions)	<b>9</b>	3,396.	19	Pension and profit-sharing plans	<b>19</b>	
10	Commissions and fees	<b>10</b>		20	Rent or lease (see instructions):	<b>20</b>	
11	Contract labor (see instructions)	<b>11</b>		a	Vehicles, machinery, and equipment	<b>20a</b>	
12	Depletion	<b>12</b>		b	Other business property	<b>20b</b>	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		21	Repairs and maintenance	<b>21</b>	
14	Employee benefit programs (other than on line 19)	<b>14</b>		22	Supplies (not included in Part III)	<b>22</b>	
15	Insurance (other than health)	<b>15</b>		23	Taxes and licenses	<b>23</b>	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	<b>16a</b>		a	Travel	<b>24a</b>	
b	Other	<b>16b</b>		b	Deductible meals and entertainment (see instructions)	<b>24b</b>	
17	Legal and professional services	<b>17</b>		25	Utilities	<b>25</b>	2,400.
26				26	Wages (less employment credits)	<b>26</b>	
27a				27a	Other expenses (from line 48)	<b>27a</b>	
27b				b	<b>Reserved for future use</b>	<b>27b</b>	
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a			<b>28</b>		5,796.	
29	Tentative profit or (loss). Subtract line 28 from line 7			<b>29</b>		4,129.	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: <u>550</u> and (b) the part of your home used for business: <u>300</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			<b>30</b>		1,000.	
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.			<b>31</b>		3,129.	
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.				<b>32a</b> <input type="checkbox"/> All investment is at risk. <b>32b</b> <input type="checkbox"/> Some investment is not at risk.		



**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . <b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . . <b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . . <b>37</b>
<b>38</b>	Materials and supplies . . . . . <b>38</b>
<b>39</b>	Other costs . . . . . <b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . . <b>40</b>
<b>41</b>	Inventory at end of year . . . . . <b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . . <b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

See Additional Vehicle Information

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶ .....
<b>44</b>	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
<b>a</b>	Business .....
<b>b</b>	Commuting (see instructions) .....
<b>c</b>	Other .....
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," is the evidence written? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
<b>48</b>	<b>Total other expenses.</b> Enter here and on line 27a . . . . . <b>48</b>

Name(s) of Proprietor(s)  
kathryn J harris

Your SSN  
410-19-5568

Business name . . . . . Actor submissions and representation for Daily Talent Agency  
8000 waters ave , Apt. 197

**Part I – Calculation of Line 7**

*Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:*

<b>1</b>	Area used exclusively for daycare . . . . .	<b>1</b>	
<b>2</b>	Total area of home. . . . .	<b>2</b>	
<b>3</b>	Business % for area used exclusively for daycare. Divide Line 1 by line 2 . . . . .	<b>3</b>	%
<b>4</b>	Area used only partly for daycare . . . . .	<b>4</b>	
<b>5</b>	Divide line 4 by line 2 . . . . .	<b>5</b>	%
<b>6</b>	Multiply days used for daycare during year by hours used per day . . . . .	<b>6</b>	hr
<b>7</b>	Total hours available for use during the year (365 x 24 hours). . . . .	<b>7</b>	hr
<b>8</b>	Divide line 6 by line 7. Enter result as a decimal amount. Carries to Simple Worksheet, line E . . . . .	<b>8</b>	
<b>9</b>	Business % for area used only partly for daycare. Multiply line 8 by line 5 . . . . .	<b>9</b>	%
<b>10</b>	Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7 . . . . .	<b>10</b>	%

**Part II – Calculation of Business Income Limit for Form 8829, Line 8 or Simple Method, line A**

*Calculation of business income limit when part of gross income is from a place of business other than this home office:*

<b>1</b>	Gross income from Schedule C, line 7. . . . .	<b>1</b>	9,925.
<b>2</b>	Percent of gross income from business use of home reported on Schedule C. . . . .	<b>2</b>	50.00 %
<b>3</b>	Gross income from business use of home. Multiply line 1 by line 2 . . . . .	<b>3</b>	4,963.
<b>4</b>	Gain from business use of your home shown on Schedule D or Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4 . . . . .	<b>5</b>	4,963.
<b>6</b>	Total expenses from Schedule C, line 28. . . . .	<b>6</b>	5,796.
<b>7</b>	If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office. <i>Enter the expenses as a positive number</i> . . . . .	<b>7</b>	0.
<b>8</b>	Any losses from this business shown on Schedule D or Form 4797. <i>Enter the losses as a positive number</i> . . . . .	<b>8</b>	
<b>9</b>	Line 5 less lines 6 or 7, and 8. Carries to Form 8829, ln 8, or Simple Wks, ln A . . .	<b>9</b>	4,963.

**Part III – Calculation of Line 41**

<b>1</b>	Depreciation attributable to business use of home . . . . .	<b>1</b>	
<b>2</b>	Depreciation for additions and improvements attributable to business use of home . . . . .	<b>2</b>	
<b>3</b>	Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 41. . . . .	<b>3</b>	

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

► **Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).**  
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **09**

Name of proprietor <b>kathryn J harris</b>		Social security number (SSN) <b>410-19-5568</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Airbnb rentals</b>	<b>B</b> Enter code from instructions ► <b>7   2   1   1   0   0</b>	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN), (see instr.) 	
<b>E</b> Business address (including suite or room no.) ► <b>5110 garrard ave, Apt. 914</b> City, town or post office, state, and ZIP code <b>savannah, GA 31405</b>		
<b>F</b> Accounting method: <b>(1)</b> <input checked="" type="checkbox"/> <b>Cash</b> <b>(2)</b> <input type="checkbox"/> <b>Accrual</b> <b>(3)</b> <input type="checkbox"/> <b>Other (specify)</b> ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>H</b> If you started or acquired this business during 2016, check here . . . . . <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>J</b> If "Yes," did you or will you file required Forms 1099? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/>	<b>1</b>	3,315.
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	3,315.
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	3,315.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .	<b>7</b>	3,315.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>	<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>	<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions) . . . . .	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>	<b>b</b> Other business property . . . . .	<b>20b</b>	5,100.
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>	<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>	<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>	<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest:		<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>	<b>b</b> Deductible meals and entertainment (see instructions) . . . . .	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>	<b>25</b> Utilities . . . . .	<b>25</b>	
		<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
		<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	1,863.
		<b>b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .		<b>28</b>		6,963.
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .		<b>29</b>		-3,648.
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .		<b>30</b>		0.
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.		<b>31</b>		-3,648.
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.		<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk. <b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . <b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . . <b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . . <b>37</b>
<b>38</b>	Materials and supplies . . . . . <b>38</b>
<b>39</b>	Other costs . . . . . <b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . . <b>40</b>
<b>41</b>	Inventory at end of year . . . . . <b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . . <b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶ .....
<b>44</b>	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
<b>a</b>	Business .....
<b>b</b>	Commuting (see instructions) .....
<b>c</b>	Other .....
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," is the evidence written? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

Startup Costs .....	1.
AMORTIZATION .....	100.
SECTION 465(d) CARRYOVER .....	1,762.
.....	
.....	
.....	
.....	
<b>48 Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 1,863.

**Expenses for Business Use of Your Home**► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**► **Information about Form 8829 and its separate instructions is at [www.irs.gov/form8829](http://www.irs.gov/form8829).**

Name(s) of proprietor(s)

kathryn J harris

Your social security number

410-19-5568

**Part I Part of Your Home Used for Business**

Airbnb rentals

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	200
2	Total area of home	2	550
3	Divide line 1 by line 2. Enter the result as a percentage	3	36.36 %
<b>For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.</b>			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (366 days x 24 hours) (see instructions)	5	8,784 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	36.36 %

**Part II Figure Your Allowable Deduction**

8	Enter the amount from Schedule C, line 29, <b>plus</b> any gain derived from the business use of your home, <b>minus</b> any loss from the trade or business not derived from the business use of your home (see instructions)	8	-6,963.
<b>See instructions for columns (a) and (b) before completing lines 9-21.</b>			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b) by line 7	13	
14	Add line 12, column (a) and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	0.
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	
23	Multiply line 22, column (b) by line 7	23	
24	Carryover of prior year operating expenses (see instructions)	24	3,909.
25	Add line 22, column (a), line 23, and line 24	25	3,909.
26	Allowable operating expenses. Enter the <b>smaller</b> of line 15 or line 25	26	0.
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	0.
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	
30	Carryover of prior year excess casualty losses and depreciation (see instructions)	30	
31	Add lines 28 through 30	31	
32	Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 27 or line 31	32	
33	Add lines 14, 26, and 32	33	0.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to <b>Form 4684</b> (see instructions)	34	
35	<b>Allowable expenses for business use of your home.</b> Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	0.

**Part III Depreciation of Your Home**

36	Enter the <b>smaller</b> of your home's adjusted basis or its fair market value (see instructions)	36	
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	
39	Business basis of building. Multiply line 38 by line 7	39	
40	Depreciation percentage (see instructions)	40	%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	

**Part IV Carryover of Unallowed Expenses to 2017**

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	3,909.
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	

Name(s) of Proprietor(s) kathryn J harris	Your SSN 410-19-5568
--	-------------------------

Business name . . . . . Airbnb rentals  
2271 lake park drive

**Part I – Calculation of Line 7**

*Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:*

1	Area used exclusively for daycare . . . . .	1	
2	Total area of home. . . . .	2	
3	Business % for area used exclusively for daycare. Divide Line 1 by line 2 . . . . .	3	%
4	Area used only partly for daycare . . . . .	4	
5	Divide line 4 by line 2 . . . . .	5	%
6	Multiply days used for daycare during year by hours used per day . . . . .	6	hr
7	Total hours available for use during the year (365 x 24 hours). . . . .	7	hr
8	Divide line 6 by line 7. Enter result as a decimal amount. Carries to Simple Worksheet, line E . . . . .	8	
9	Business % for area used only partly for daycare. Multiply line 8 by line 5 . . . . .	9	%
10	Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7 . . . . .	10	%

**Part II – Calculation of Business Income Limit for Form 8829, Line 8 or Simple Method, line A**

*Calculation of business income limit when part of gross income is from a place of business other than this home office:*

1	Gross income from Schedule C, line 7. . . . .	1	3,315.
2	Percent of gross income from business use of home reported on Schedule C. . . . .	2	0.00 %
3	Gross income from business use of home. Multiply line 1 by line 2 . . . . .	3	0.
4	Gain from business use of your home shown on Schedule D or Form 4797 . . . . .	4	
5	Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4 . . . . .	5	0.
6	Total expenses from Schedule C, line 28. . . . .	6	6,963.
7	If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office. <i>Enter the expenses as a positive number</i> . . . . .	7	6,963.
8	Any losses from this business shown on Schedule D or Form 4797. <i>Enter the losses as a positive number</i> . . . . .	8	
9	Line 5 less lines 6 or 7, and 8. Carries to Form 8829, ln 8, or Simple Wks, ln A . . .	9	-6,963.

**Part III – Calculation of Line 41**

1	Depreciation attributable to business use of home . . . . .	1	
2	Depreciation for additions and improvements attributable to business use of home . . . . .	2	
3	Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 41. . . . .	3	

**Premium Tax Credit (PTC)**

▶ Attach to Form 1040, 1040A, or 1040NR.

▶ Information about Form 8962 and its separate instructions is at [www.irs.gov/form8962](http://www.irs.gov/form8962).

Name shown on your return

kathryn J harris

Your social security number

410-19-5568

You cannot claim the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box. ☐**Part I Annual and Monthly Contribution Amount**

<b>1</b> Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	<b>1</b>	1
<b>2a</b> Modified AGI. Enter your modified AGI (see instructions)	<b>2a</b>	9,858.
<b>b</b> Enter the total of your dependents' modified AGI (see instructions)	<b>2b</b>	
<b>3</b> Household income. Add the amounts on lines 2a and 2b	<b>3</b>	9,858.
<b>4</b> Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. <b>a</b> <input type="checkbox"/> Alaska <b>b</b> <input type="checkbox"/> Hawaii <b>c</b> <input checked="" type="checkbox"/> Other 48 states and DC	<b>4</b>	11,770.
<b>5</b> Household income as a percentage of federal poverty line (see instructions)	<b>5</b>	83 %
<b>6</b> Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input checked="" type="checkbox"/> <b>No.</b> Continue to line 7. <input type="checkbox"/> <b>Yes.</b> You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
<b>7</b> Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	<b>7</b>	0.0203
<b>8a</b> Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	<b>8a</b>	200.
<b>b</b> Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	<b>8b</b>	17.

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?  
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  
☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
<b>11</b> Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
<b>12</b> January	392.	360.	17.	343.	343.	335.
<b>13</b> February	392.	360.	17.	343.	343.	335.
<b>14</b> March	392.	360.	17.	343.	343.	335.
<b>15</b> April	392.	360.	17.	343.	343.	335.
<b>16</b> May	389.	909.	17.	892.	389.	292.
<b>17</b> June	385.	280.	17.	263.	263.	255.
<b>18</b> July	385.	280.	17.	263.	263.	255.
<b>19</b> August	385.	280.	17.	263.	263.	255.
<b>20</b> September	385.	280.	17.	263.	263.	255.
<b>21</b> October	385.	280.	17.	263.	263.	255.
<b>22</b> November	385.	280.	17.	263.	263.	255.
<b>23</b> December	385.	280.	17.	263.	263.	255.
<b>24</b> Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					<b>24</b>	3,602.
<b>25</b> Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					<b>25</b>	3,417.
<b>26</b> Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					<b>26</b>	185.

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

<b>27</b> Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	<b>27</b>	
<b>28</b> Repayment limitation (see instructions)	<b>28</b>	
<b>29</b> Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44	<b>29</b>	

**Part IV Allocation of Policy Amounts**

Complete the following information for up to four shared policy allocations. See instructions for allocation details.

**Allocation 1**

<b>30</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 2**

<b>31</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 3**

<b>32</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 4**

<b>33</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**34** Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

<b>35</b>	<b>Alternative entries for your SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month
<b>36</b>	<b>Alternative entries for your spouse's SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month



**Employee Business Expenses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at [www.irs.gov/form2106](http://www.irs.gov/form2106).

Your name

kathryn J harris

Occupation in which you incurred expenses

Theatrical Agent

Social security number

410-19-5568

**Part I Employee Business Expenses and Reimbursements****Step 1 Enter Your Expenses**

	<b>Column A</b> Other Than Meals and Entertainment	<b>Column B</b> Meals and Entertainment
<b>1</b> Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) . . . . .	<b>1</b> 1,640.	
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b> 57.	
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment. . . . .	<b>3</b>	
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	<b>4</b> 8,228.	
<b>5</b> Meals and entertainment expenses (see instructions) . . . . .	<b>5</b>	
<b>6 Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 . . . . .	<b>6</b> 9,925.	

**Note:** If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.**Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

<b>7</b> Enter reimbursements received from your employer that <b>weren't</b> reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions). . . . .	<b>7</b>		
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**Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)**

<b>8</b> Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8) . . . . .	<b>8</b> 9,925.	
<b>Note:</b> If <b>both columns</b> of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.		
<b>9</b> In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.) . . . . .	<b>9</b> 9,925.	
<b>10</b> Add the amounts on line 9 of both columns and enter the total here. <b>Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7).</b> (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) . ▶	<b>10</b>	9,925.

**Part II Vehicle Expenses****Section A—General Information** (You must complete this section if you are claiming vehicle expenses.)

		(a) Vehicle 1	(b) Vehicle 2
<b>11</b>	Enter the date the vehicle was placed in service . . . . .	<b>11</b> 12/14/2015	
<b>12</b>	Total miles the vehicle was driven during 2016 . . . . .	<b>12</b> 3,000 miles	miles
<b>13</b>	Business miles included on line 12 . . . . .	<b>13</b> 2,000 miles	miles
<b>14</b>	Percent of business use. Divide line 13 by line 12 . . . . .	<b>14</b> 66.67 %	%
<b>15</b>	Average daily roundtrip commuting distance . . . . .	<b>15</b> 10 miles	miles
<b>16</b>	Commuting miles included on line 12 . . . . .	<b>16</b> 0 miles	miles
<b>17</b>	Other miles. Add lines 13 and 16 and subtract the total from line 12 . . . . .	<b>17</b> 1,000 miles	miles
<b>18</b>	Was your vehicle available for personal use during off-duty hours? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>19</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>20</b>	Do you have evidence to support your deduction? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21</b>	If "Yes," is the evidence written? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Section B—Standard Mileage Rate** (See the instructions for Part II to find out whether to complete this section or Section C.)

<b>22</b>	Multiply line 13 by 54¢ (0.54). Enter the result here and on line 1 . . . . .	<b>22</b>
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**Section C—Actual Expenses**

		(a) Vehicle 1	(b) Vehicle 2
<b>23</b>	Gasoline, oil, repairs, vehicle insurance, etc. . . . .	<b>23</b>	2,045.
<b>24a</b>	Vehicle rentals . . . . .	<b>24a</b>	
<b>b</b>	Inclusion amount (see instructions) . . . . .	<b>24b</b>	
<b>c</b>	Subtract line 24b from line 24a . . . . .	<b>24c</b>	
<b>25</b>	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions) . . . . .	<b>25</b>	
<b>26</b>	Add lines 23, 24c, and 25. . . . .	<b>26</b>	2,045.
<b>27</b>	Multiply line 26 by the percentage on line 14 . . . . .	<b>27</b>	1,363.
<b>28</b>	Depreciation (see instructions) . . . . .	<b>28</b>	277.
<b>29</b>	Add lines 27 and 28. Enter total here and on line 1 . . . . .	<b>29</b>	1,640.

**Section D—Depreciation of Vehicles** (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle 1	(b) Vehicle 2
<b>30</b>	Enter cost or other basis (see instructions) . . . . .	<b>30</b> 4,000.	
<b>31</b>	Enter section 179 deduction and special allowance (see instructions) . . . . .	<b>31</b>	
<b>32</b>	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance). . . . .	<b>32</b> 2,667.	
<b>33</b>	Enter depreciation method and percentage (see instructions) . . . . .	<b>33</b> SL 20.00	
<b>34</b>	Multiply line 32 by the percentage on line 33 (see instructions) . . . . .	<b>34</b> 533.	
<b>35</b>	Add lines 31 and 34 . . . . .	<b>35</b> 533.	
<b>36</b>	Enter the applicable limit explained in the line 36 instructions . . . . .	<b>36</b> 5,100.	
<b>37</b>	Multiply line 36 by the percentage on line 14 . . . . .	<b>37</b> 3,400.	
<b>38</b>	Enter the <b>smaller</b> of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above . . . . .	<b>38</b> 277.	

## Noncash Charitable Contributions

OMB No. 1545-0908

▶ **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**

▶ **Information about Form 8283 and its separate instructions is at [www.irs.gov/form8283](http://www.irs.gov/form8283).**

Attachment  
Sequence No. **155**

Name(s) shown on your income tax return

kathryn J harris

Identifying number

410-19-5568

**Note.** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities**—List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

**Part I Information on Donated Property**—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	Pooch Heaven 17328 Ventura Blvd Los Angeles CA 91423	<input type="checkbox"/>	Clothing, Footwear, Accessories & Household items
B	Good Will 2449 cobb parkway smyrna GA 30080	<input type="checkbox"/>	Clothing, Footwear, Accessories & Household items
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

**Note.** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	06/14/2016				330.	Comparative sales
B	02/15/2016				797.	Comparative sales
C						
D						
E						

**Part II Partial Interests and Restricted Use Property**—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ \_\_\_\_\_  
If Part II applies to more than one property, attach a separate statement.
- b** Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶ \_\_\_\_\_  
**(2)** For any prior tax years ▶ \_\_\_\_\_
- c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):  
Name of charitable organization (donee) \_\_\_\_\_  
Address (number, street, and room or suite no.) \_\_\_\_\_  
City or town, state, and ZIP code \_\_\_\_\_
- d** For tangible property, enter the place where the property is located or kept ▶ \_\_\_\_\_
- e** Name of any person, other than the donee organization, having actual possession of the property ▶ \_\_\_\_\_

- 3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . . . 

Yes	No
- b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . . 

- c** Is there a restriction limiting the donated property for a particular use? . . . . . 


**Moving Expenses**

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **170**► Information about Form 3903 and its instructions is available at [www.irs.gov/form3903](http://www.irs.gov/form3903).

► Attach to Form 1040 or Form 1040NR.

Name(s) shown on return

kathryn J harris

Your social security number

410-19-5568

**Before you begin:**

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

<b>1</b>	Transportation and storage of household goods and personal effects (see instructions) . . . .	<b>1</b>	2,075.
<b>2</b>	Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .	<b>2</b>	910.
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	2,985.
<b>4</b>	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code <b>P</b> . . . . .	<b>4</b>	0.
<b>5</b>	Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . . . .	<b>5</b>	2,985.

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

REV 05/22/18 Intuit.cg.cfp.sp

Form **3903** (2016)

# Tax History Report

► Keep for your records

2016

Name(s) Shown on Return

kathryn J harris

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status . . . . .			Single	Single	Single
Total income . . . . .			19,107.	20,844.	14,993.
Adjustments to income			2,150.	969.	5,135.
Adjusted gross income			16,957.	19,875.	9,858.
Tax expense . . . . .			160.	623.	739.
Interest expense . . .					
Contributions . . . . .			743.	2,249.	1,202.
Miscellaneous deductions. . . . .			15,586.	710.	10,243.
Other Itemized Deductions . . . . .			2,358.	11,089.	13,197.
Total itemized/standard deduction . .			18,847.	14,671.	25,381.
Exemption amount . .			3,950.	4,000.	4,050.
Taxable income . . . .			0.	1,204.	0.
Tax. . . . .				421.	
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .			1,900.	1,088.	0.
Payments . . . . .			1,241.	1,352.	703.
Form 2210 penalty . .					
Amount owed . . . . .			659.	157.	
Applied to next year's estimated tax .					
Refund. . . . .					703.
Effective tax rate % . .			0.00	2.12	-2.15
**Tax bracket % . . .			10.0	10.0	10.0

\*\*Tax bracket % is based on Taxable income.

## Smart Worksheets from your 2016 California Tax Return Attachment

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . 0.
	Check if from:
<b>1</b>	Tax table . . . . . <input checked="checked" type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . .
<b>C</b>	Additional tax from Form 4972 . . . . .
<b>D</b>	Tax from additional Form(s) 4972 . . . . .
<b>E</b>	Recapture tax from Form 8863 . . . . .
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . .
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . .
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . 0.

SMART WORKSHEET FOR: Schedule C (Actor submissions and representation for Daily Talent Agency): Profit or Loss from Business

<b>Business Address Information Smart Worksheet</b>	
Business street address .	8000 waters ave 197
City, State and Zip Code (do not enter State and Zip Code if foreign address)	
savannah	GA 31405
<b>Or</b> , foreign country information:	

## SMART WORKSHEET FOR: Schedule C (Actor submissions and representation for Daily Talent Agency): Profit or Loss from Business

**Domestic Production Activities Smart Worksheet**

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column and the Oil-Related Production column (if applicable). For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

	Total	Domestic Production	Oil-Related Production
<b>A</b> Gross receipts . . . . .	9,925.		
<b>B</b> Cost of goods sold . . . . .			
<b>C</b> Directly allocable deductions, expenses, or losses . . . . .			
<b>D</b> Indirectly allocable deductions, expenses, or losses . . . . .	6,796.		
<b>E</b> W-2 wages (adjust for wages from COGS, if necessary) . . . . .			

**QuickZoom** to Form 8903, Domestic Production Activities Deduction . . . ►

## SMART WORKSHEET FOR: Schedule C (Actor submissions and representation for Daily Talent Agency): Profit or Loss from Business

**Activity Summary Smart Worksheet**

Supporting information provided by program. NO ENTRIES ARE NEEDED.

	Regular Tax	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer	
<b>B</b> At risk status . . . . .	All	
<b>C</b> Passive status . . . . .	Nonpassive	
<b>Schedule C</b>		
<b>D</b> Tentative profit (loss) . . . . .	3,129.	3,129.
<b>E</b> Other preferences and adjustments . . . . .		
<b>F</b> At risk disallowed loss . . . . .		
<b>G</b> Passive carryover loss . . . . .		
<b>H</b> Passive disallowed loss . . . . .		
<b>I</b> Net profit (loss) allowed . . . . .	3,129.	3,129.
<b>Related Dispositions</b>		
<b>J</b> Tentative profit (loss) . . . . .		
<b>K</b> At risk disallowed loss . . . . .		
<b>L</b> Passive carryover loss . . . . .		
<b>M</b> Passive disallowed loss . . . . .		
<b>N</b> Net profit (loss) allowed . . . . .		

## SMART WORKSHEET FOR: Schedule C (Airbnb rentals): Profit or Loss from Business

**Business Address Information Smart Worksheet**Business street address . 5110 garrard ave, Apt. 914

City, State and Zip Code (do not enter State and Zip Code if foreign address)

savannah GA 31405Or, foreign country information:  
\_\_\_\_\_

## SMART WORKSHEET FOR: Schedule C (Airbnb rentals): Profit or Loss from Business

**Domestic Production Activities Smart Worksheet**

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column and the Oil-Related Production column (if applicable). For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

	Total	Domestic Production	Oil-Related Production
<b>A</b> Gross receipts . . . . .	3,315.		
<b>B</b> Cost of goods sold . . . . .			
<b>C</b> Directly allocable deductions, expenses, or losses . . . . .			
<b>D</b> Indirectly allocable deductions, expenses, or losses . . . . .	6,963.		
<b>E</b> W-2 wages (adjust for wages from COGS, if necessary) . . . . .			

**QuickZoom** to Form 8903, Domestic Production Activities Deduction . . . ►



## SMART WORKSHEET FOR: Schedule C (Airbnb rentals): Profit or Loss from Business

Carryovers to 2016 Smart Worksheet		
Enter carryovers from prior year below.		
	Regular Tax	Alternative Minimum Tax
<b>A</b> Section 179 carryover (enter as a positive amount) . . . . .		
<b>At-Risk Losses Carryover</b> (enter as negative amts)		
<b>B</b> Schedule C suspended loss . . . . .	-1,762.	
<b>C</b> Schedule D short-term suspended loss . . . . .		
<b>D</b> Schedule D long-term suspended loss . . . . .		
<b>E</b> Form 4797 ordinary suspended loss . . . . .		
<b>F</b> Form 4797 long-term suspended loss . . . . .		
<b>Passive Losses Carryover</b> (enter as negative amts)		
<b>G</b> Schedule C suspended loss . . . . .		
<b>H</b> Schedule D short-term suspended loss . . . . .		
<b>I</b> Schedule D long-term suspended loss . . . . .		
<b>J</b> Form 4797 ordinary suspended loss . . . . .		
<b>K</b> Form 4797 long-term suspended loss . . . . .		

## SMART WORKSHEET FOR: Schedule C (Airbnb rentals): Profit or Loss from Business

Activity Summary Smart Worksheet		
Supporting information provided by program. NO ENTRIES ARE NEEDED.		
	Regular Tax	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer	
<b>B</b> At risk status . . . . .	All	
<b>C</b> Passive status . . . . .	Nonpassive	
<b>Schedule C</b>		
<b>D</b> Tentative profit (loss) . . . . .	-3,648.	-3,648.
<b>E</b> Other preferences and adjustments . . . . .		
<b>F</b> At risk disallowed loss . . . . .		
<b>G</b> Passive carryover loss . . . . .		
<b>H</b> Passive disallowed loss . . . . .		
<b>I</b> Net profit (loss) allowed . . . . .	-3,648.	-3,648.
<b>Related Dispositions</b>		
<b>J</b> Tentative profit (loss) . . . . .		
<b>K</b> At risk disallowed loss . . . . .		
<b>L</b> Passive carryover loss . . . . .		
<b>M</b> Passive disallowed loss . . . . .		
<b>N</b> Net profit (loss) allowed . . . . .		

SMART WORKSHEET FOR: Schedule C (Airbnb rentals): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (2271 lake park drive)

**Simple Method Smart Worksheet**

Simplified method election for Home Office expenses:

Do you elect to use the simplified method in **2016**? . . . . . ☐ Yes ☒ No

Did you elect to use the simplified method in **2015**? . . . . . ☐ Yes ☒ No

- A** Gross income limitation . . . . . \_\_\_\_\_
- B** Enter the square footage of your office . . . . . \_\_\_\_\_
- C** The lesser of the square footage of your office or 300 . . . . . \_\_\_\_\_
- D** Number of months in 2016 this home office was used at least 15 days  
during the month . . . . . \_\_\_\_\_
- E** Business percentage for daycare facilities (if applicable, or 100.00 if not) . . . . . \_\_\_\_\_ %
- F** Line C times line D divided by 12 times \$5.00 times line E . . . . . \_\_\_\_\_
- G** Allowable Simple Method deduction. Enter the lesser of line A or line F . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Schedule C (Airbnb rentals): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (2271 lake park drive)

**Line 8 Calculation Smart Worksheet**

- A** Enter the date you began using this home office for this business. . . . . 08/01/2015
- B** Enter the percent of gross income on line 7 of Schedule C that  
is from the business use of this home . . . . . 0.00 %
- C 1** Calculated gain from business use of this home on Schedule D or Form 4797. . . . . \_\_\_\_\_
- 2** Adjustments to calculated gain . . . . . \_\_\_\_\_
- 3** Net gain . . . . . \_\_\_\_\_
- D 1** Calculated loss from this business not derived from business use of home  
and shown on Schedule D or Form 4797 . . . . . \_\_\_\_\_
- 2** Adjustments to calculated loss (enter additional losses as a negative number) . . . . . \_\_\_\_\_
- 3** Net loss . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Form 2106: Employee Business Expense

**Form 2106, Part I Smart Worksheet**

- A** Check this box to use this form for spouse's employee expenses.  
If blank, taxpayer assumed . . . . . ☐
- B** For entry of business expenses (incl non-auto depreciation), employer reimbursement  
information and qualified performing artist, Armed Forces reserve-related travel, or  
impairment-related work expenses, **QuickZoom** to Form 2106 Adjustments Wks . . . ▶
- C** Check this box to file Form 2106 even if you qualify to file Form 2106-EZ . . . . . ☐
- D** **QuickZoom** to Form 2106-EZ for these employee business expenses . . . . . ▶
- E** Check this box if a fee basis state or local government official . . . . . ☐
- F** Check this box if subject to Department of Transportation (DOT) hours of service limits . . . . . ☐
- G** **QuickZoom** to another copy of Form 2106 . . . . . ▶
- H** Treat all MACRS assets for activity as qualified Indian reservation property? . . . ☐ Yes ☒ No
- I** Treat all assets acquired after Aug 27, 2005 as  
qualified GO Zone property? . . . . . ☐ Regular ☐ Extension ☒ No
- J** Treat all assets acquired after May 4, 2007 as  
qualified Kansas Disaster Zone property? . . . . . ☐ Yes ☒ No
- K** Was this activity located in a Qualified Disaster Area? . . . . . ☐ Yes ☒ No
- L** Employee home office used for daycare? . . . . . ☐ Yes ☒ No

## SMART WORKSHEET FOR: Form 3903 (savannah): Moving Expenses

**General Information Smart Worksheet**

<b>A</b>	Enter the new principal place of work for this move . . . <u>savannah</u>
<b>B</b>	If you are NOT in the military, enter the total amount your employer paid for your move (Enter <b>ONLY</b> if your Form W-2 does not show an amount in Box 12 with code <b>P</b> ) . . . <u>0.</u>
<b>C</b>	Enter the number of miles from your <b>old home</b> to your <b>new workplace</b> . . . . . <u>450 miles</u>
<b>D</b>	Enter the number of miles from your <b>old home</b> to your <b>old workplace</b> . . . . . <u>0 miles</u>
<b>E</b>	Subtract line D from line C. If zero or less, enter -0- . . . . . <u>450 miles</u>
<b>Is line E at least 50 miles?</b>	
<b>Yes</b>	▶ You meet this test.
<b>No</b>	▶ You do not meet this test. You <b>cannot</b> deduct your moving expenses. <b>Do Not</b> complete Form 3903.
<b>F</b>	For <b>foreign</b> moves check here <b>only</b> if <b>all</b> the following apply . . . . . ▶ <input type="checkbox"/>
	<ul style="list-style-type: none"> <li>● You moved in an earlier year</li> <li>● You are claiming <b>only</b> storage fees while you are <b>away</b> from the United States</li> <li>● Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2</li> </ul>

## SMART WORKSHEET FOR: Form 3903 (savannah): Moving Expenses

**Moving Expenses Smart Worksheet**

Enter your moving expenses:

<b>A</b>	Transportation expenses for this move . . . . .	<u>2,000.</u>
<b>B</b>	Storage of household goods and personal effects . . . . .	<u>75.</u>
<b>C</b>	Travel expenses for this move (See Tax Help for new mileage rates) . . . . .	<u>610.</u>
<b>D</b>	Lodging expenses for this move . . . . .	<u>300.</u>

**Additional information from your 2016 California Tax Return Attachment****Schedule A: Itemized Deductions****Line 23 - Miscellaneous Expenses Subject to 2% Limitation****Continuation Statement**

Type Of Other Miscellaneous Expenses	Amount
Depreciation and amortization deductions	92.
Attorney and Accounting Fees	354.
<b>Total</b>	<b>446.</b>

**Schedule C (Actor submissions and representation for Daily Talent Agency): Profit or Loss from Business****Additional Vehicle Info****Continuation Statement**

Date Placed in Service	Business Miles	Other Miles	Available for Off Duty Hours?	Other Vehicle Available?	Evidence to Support Dedn?	Is Evidence Written?
06/04/2015	6,200	3,300	Yes	No	Yes	Yes
06/06/2015	1	0	Yes	No	Yes	No