

Form
1040**U.S. Individual Income Tax Return**

(99)

2016

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning

, 2016, ending

, 20

See separate instructions.

Your first name and initial

TIMOTHY J.

Last name

RYAN

Your social security number

[REDACTED]

If a joint return, spouse's first name and initial

ANDREA M.

Last name

RYAN

Spouse's social security number

[REDACTED]

Home address (number and street). If you have a P.O. box, see instructions.

[REDACTED]

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.

[REDACTED]

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign
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. You Spouse**Filing Status**1 Single4 Head of household (with qualifying person). If the qualifying2 Married filing jointly (even if only one had income)

person is a child but not your dependent, enter this child's

3 Married filing separately. Enter spouse's SSN above

name here. ►

and full name here. ►

5 Qualifying widow(er) with dependent child**Exemptions**6a Yourself. If someone can claim you as a dependent, do not check box 6aBoxes checked
on 6a and 6b 2b SpouseNo. of children
on 6c who:

c Dependents:

(1) First name

Last name

(2) Dependent's social
security number(3) Dependent's
relationship to
you(4) if child
under age 17,
qualifying for child
tax credit

X

X

If more than four
dependents, see
instructions and
check here ►Dependents on 6c
not entered above

d Total number of exemptions claimed

Add numbers
on lines
above ► 4**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2

STMT 4

7 214,270.

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

STMT 1 STMT 2

10 644.

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►

13

14 Other gains or (losses). Attach Form 4797

14 -2,237.

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

-35,478.

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►

22

177,199.

Adjusted Gross Income

23 Educator expenses

23 250.

Certain business expenses of reservists, performing artists, and fee-basis government
officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ►

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35

36

250.

37 Subtract line 36 from line 22. This is your adjusted gross income ►

37

176,949.

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

38 Amount from line 37 (adjusted gross income)	38	176,949.
39a Check { <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. } <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. } Total boxes checked ► 39a <input type="checkbox"/>		
b If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b <input type="checkbox"/>		
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	27,889.
41 Subtract line 40 from line 38	41	149,060.
42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	16,200.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	132,860.
44 Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	24,758.
45 Alternative minimum tax. Attach Form 6251	45	
46 Excess advance premium tax credit repayment. Attach Form 8962	46	
47 Add lines 44, 45, and 46	47	24,758.
48 Foreign tax credit. Attach Form 1116 if required	48	
49 Credit for child and dependent care expenses. Attach Form 2441	49	80.
50 Education credits from Form 8863, line 19	50	
51 Retirement savings contributions credit. Attach Form 8880	51	
52 Child tax credit. Attach Schedule 8812, if required	52	
53 Residential energy credits. Attach Form 5695	53	
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55 Add lines 48 through 54. These are your total credits	55	80.
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	24,678.

Other Taxes

57 Self-employment tax. Attach Schedule SE	57	
58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a Household employment taxes from Schedule H	60a	1,635.
b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61 Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)	62	
63 Add lines 56 through 62. This is your total tax	63	26,313.

Payments

64 Federal income tax withheld from Forms W-2 and 1099	64	46,142.
65 2016 estimated tax payments and amount applied from 2015 return	65	
66a Earned income credit (EIC)	66a	
b Nontaxable combat pay election	66b	
67 Additional child tax credit. Attach Schedule 8812	67	
68 American opportunity credit from Form 8863, line 8	68	
69 Net premium tax credit. Attach Form 8962	69	
70 Amount paid with request for extension to file	70	
71 Excess social security and tier 1 RRTA tax withheld	71	
72 Credit for federal tax on fuels. Attach Form 4136	72	
73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	46,142.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	19,829.
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	76a	19,829.
b Routing number ► <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number <input type="checkbox"/>		
77 Amount of line 75 you want applied to your 2017 estimated tax	77	

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
---	----	--

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below.	<input type="checkbox"/> No
Designee's name ► <input type="checkbox"/>	

Sign Here

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

Paid Preparer Use Only

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

Child Tax Credit Worksheet (keep for your records)

Name(s): First TIMOTHY J. & ANDREA M.	Last RYAN	Your SSN [REDACTED]
Part 1		
1. Number of qualifying children: 2 X \$1,000. Enter the result. 1 2,000.		
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37. 2 176,949.		
3. 1040 filers: Enter the total of any- <ul style="list-style-type: none"> ● Exclusion of income from Puerto Rico, and ● Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040A and 1040NR filers: Enter -0-. } 3 0.		
4. Add lines 2 and 3. Enter the total. 4 176,949.		
5. Enter the amount shown below for your filing status. <ul style="list-style-type: none"> ● Married filing jointly - \$110,000 ● Single, head of household, or qualifying widow(er) - \$75,000 ● Married filing separately - \$55,000 } 5 110,000.		
6. Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> Yes. Subtract line 5 from line 4. 6 67,000. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.).		
7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 3,350.		
8. Is the amount on line 1 more than the amount on line 7? <input checked="" type="checkbox"/> No. STOP You cannot take the child tax credit on Form 1040, line 52, Form 1040A, line 35, or Form 1040NR, line 49. You also cannot take the additional child tax credit. <input type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. 8		
Part 2		
9. Enter the amount from Form 1040, line 47, Form 1040A, line 30, or Form 1040NR, line 45. 9		
10. 1040 filers: Enter the total of the amounts from lines 48 through 51.* } 10 1040A filers: Enter the total of the amounts from lines 31 through 34. } 1040NR filers: Enter the total of the amounts from lines 46 through 48.* }		
11. Are you claiming any of the following credits? <ul style="list-style-type: none"> ● Residential energy efficient property credit, Form 5695, Part I. ● Mortgage interest credit, Form 8396 ● Qualified adoption expenses, Form 8839 ● District of Columbia first-time homebuyer credit, Form 8859 <input type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, complete the Line 11 Worksheet to figure the amount to enter here. } 11		
12. Subtract line 11 from line 9. Enter the result. 12		
13. Is the amount on line 8 of this worksheet more than the amount on line 12? <input type="checkbox"/> No. Enter the amount from line 8. } This is your <input type="checkbox"/> Yes. Enter the amount from line 12. } child tax credit. 13		

* Also include amounts from:
 Form 5695, line 30
 Form 8910, line 15
 Form 8936, line 23
 Schedule R, line 22

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service
(99)
Name(s) shown on Form 1040

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2016

Attachment
Sequence No. 07

Your social security number

TIMOTHY J. & ANDREA M. RYAN

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38	2	
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	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes }	5	8 , 452 .
	6 Real estate taxes (see instructions)	6	6 , 827 .
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8	9	15 , 279 .
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	11 , 459 .
	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 ►	11	
Note: Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules	12	
	13 Mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15 Add lines 10 through 14	15	11 , 459 .
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	430 .
If you made a gift and got a benefit for it, see instructions.	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 SEE STATEMENT 6	17	490 .
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	920 .
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► UNION AND PROFESSIONAL DUES 520 . FROM FORM 2106-EZ 3 , 000 .	21	3 , 520 .
	22 Tax preparation fees	22	250 .
	23 Other expenses - investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23	24	3 , 770 .
	25 Enter amount from Form 1040, line 38	25	176 , 949 .
	26 Multiply line 25 by 2% (0.02)	26	3 , 539 .
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	231 .
Other Miscellaneous Deductions	28 Other - from list in instructions. List type and amount ►	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$155,650? <input checked="" type="checkbox"/> No. 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"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	27 , 889 .
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>		

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040NR, or Form 1041.

► Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2016

Attachment Sequence No. 13

Name(s) shown on return

TIMOTHY J. & ANDREA M. RYAN

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A [REDACTED]

B ROYALTIES

C

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
			A	B	C
A	1		366		
B	6				
C					

Type of Property:

1 Single Family Residence	3 Vacation/Short-Term Rental	5 Land	7 Self-Rental
2 Multi-Family Residence	4 Commercial	6 Royalties	8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4		921.	
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	476.		
8 Commissions	8			
9 Insurance	9	309.		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	2,317.		
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	2,936.		
17 Utilities	17			
18 Depreciation expense or depletion	18	848.		
19 Other (list) ►	19			
20 Total expenses. Add lines 5 through 19	20	6,886.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-6,886.	921.	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	ENTIRE DISP 36,399.))

23a Total of all amounts reported on line 3 for all rental properties	23a		
b Total of all amounts reported on line 4 for all royalty properties	23b	921.	
c Total of all amounts reported on line 12 for all properties	23c	2,317.	
d Total of all amounts reported on line 18 for all properties	23d	848.	
e Total of all amounts reported on line 20 for all properties	23e	6,886.	

24 Income. Add positive amounts shown on line 21. Do not include any losses	24	921.	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	36,399.	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	-35,478.	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2016

2016 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RENTAL - 1504 TAFT AVENUE,

SCHEDULE E- 1

Asset No.	Description	Date Acquired	Method	Life	C on v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	(D) [REDACTED]	01/01/14	SL	27.50	MM	17	112,000.				112,000.	11,109.		848.	11,957.
2	(D) [REDACTED]	01/01/14	L		HY		28,000.				28,000.			0.	0.
	TOTAL SCH E DEPRECIATION						140,000.				140,000.	11,109.		848.	11,957.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						140,000.	0.	0.	0.	140,000.	11,109.			11,957.
	ACQUISITIONS						0.	0.	0.	0.	0.	0.			0.
	DISPOSITIONS						140,000.	0.	0.	0.	140,000.	11,109.			11,957.
	ENDING BALANCE						0.	0.	0.	0.	0.	0.			0.

Child and Dependent Care Expenses

OMB No. 1545-0074

2016Attachment
Sequence No. 21

Name(s) shown on return

Your social security number

TIMOTHY J. & ANDREA M. RYAN

Part I Persons or Organizations Who Provided the Care - You must complete this part.
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
WEATHERSFIELD LOCAL SCHOOL			400.

Did you receive
dependent care benefits? No → Complete only Part II below.
 Yes → Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

First	Last	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2016 for the person listed in column (a)
BRADY	RYAN		400.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	400.
4 Enter your earned income . See instructions	165,300.
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	48,970.
6 Enter the smallest of line 3, 4, or 5	400.
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	176,949.
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	

If line 7 is:

Over	But not over	Decimal amount is
\$0 - 15,000	.35	
15,000 - 17,000	.34	
17,000 - 19,000	.33	
19,000 - 21,000	.32	
21,000 - 23,000	.31	
23,000 - 25,000	.30	
25,000 - 27,000	.29	
27,000 - 29,000	.28	

If line 7 is:

Over	But not over	Decimal amount is
\$29,000 - 31,000	.27	
31,000 - 33,000	.26	
33,000 - 35,000	.25	
35,000 - 37,000	.24	
37,000 - 39,000	.23	
39,000 - 41,000	.22	
41,000 - 43,000	.21	
43,000 - No limit	.20	

9 Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions	80.
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	STATEMENT 7 10 24,758.
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	80.

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

Form 2441 (2016)

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received in 2016. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	
13 Enter the amount, if any, you carried over from 2015 and used in 2016 during the grace period. See instructions	13	
14 Enter the amount, if any, you forfeited or carried forward to 2017. See instructions	14 ()	
15 Combine lines 12 through 14. See instructions	15	
16 Enter the total amount of qualified expenses incurred in 2016 for the care of the qualifying person(s)	16	
17 Enter the smaller of line 15 or 16	17	
18 Enter your earned income . See instructions	18	
19 Enter the amount shown below that applies to you.	19	
● If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). ● If married filing separately, see instructions. ● All others, enter the amount from line 18.	20	
20 Enter the smallest of line 17, 18, or 19	21	
21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	22	
22 Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input type="checkbox"/> No. Enter -0-. <input checked="" type="checkbox"/> Yes. Enter the amount here	23	
23 Subtract line 22 from line 15	24	
24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	25	
25 Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	26	
To claim the child and dependent care credit, complete lines 27 through 31 below.		

27 Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28 Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	
29 Subtract line 28 from line 27. If zero or less, stop . You cannot take the credit. Exception. If you paid 2015 expenses in 2016, see the instructions for line 9	29	
30 Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	
31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

Form **4797**

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
► Attach to your tax return.

OMB No. 1545-0184

2016

Attachment
Sequence No. **27**

► Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

TIMOTHY J. & ANDREA M. RYAN

1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

Identifying number

1

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From
Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2 *RENTAL PROPERTY	01/01/14	03/07/16	134,900.	11,957.	149,094.	-2,237.
3 Gain, if any, from Form 4684, line 39					3	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37					4	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824					5	
6 Gain, if any, from line 32, from other than casualty or theft					6	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:					7	-2,237.
Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.						
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
8 Nonrecaptured net section 1231 losses from prior years. See instructions					8	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions					9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7	11	(2,237,
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Combine lines 10 through 16	17	-2,237.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	-2,237.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797 (2016)**

* ENTIRE DISPOSITION OF ACTIVITY

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)				
A						
B						
C						
D						
These columns relate to the properties on lines 19A through 19D.		►	Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20					
21 Cost or other basis plus expense of sale	21					
22 Depreciation (or depletion) allowed or allowable	22					
23 Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20.....	24					
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b					
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions	26a					
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).						
a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
28 If section 1254 property:						
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b Enter the smaller of line 24 or 28a	28b					
29 If section 1255 property:						
a Applicable percentage of payments excluded from income under section 126. See instructions	29a					
b Enter the smaller of line 24 or 29a. See instructions	29b					

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

SCHEDULE H
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

- Attach to Form 1040, 1040NR, 1040-SS, or 1041.
 ► Information about Schedule H and its separate instructions is at www.irs.gov/scheduleh.

OMB No. 1545-1971

2016Attachment
Sequence No. 44

Name of employer

TIMOTHY J. & ANDREA M. RYANSocial security number
[REDACTED]Employer identification number
[REDACTED]

Calendar year taxpayers having no household employees in 2016 don't have to complete this form for 2016.

- A** Did you pay **any one** household employee cash wages of \$2,000 or more in 2016? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
 No. Go to line B.

- B** Did you withhold federal income tax during 2016 for any household employee?

- Yes.** Skip line C and go to line 7.
 No. Go to line C.

- C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2015 or 2016 to **all** household employees?
 (Don't count cash wages paid in 2015 or 2016 to your spouse, your child under age 21, or your parent.)

- No.** **Stop.** Don't file this schedule.
 Yes. Skip lines 1-9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1 Total cash wages subject to social security tax	1 6,500.	
2 Social security tax. Multiply line 1 by 12.4% (0.124)	2 806.	
3 Total cash wages subject to Medicare tax	3 6,500.	
4 Medicare tax. Multiply line 3 by 2.9% (0.029)	4 189.	
5 Total cash wages subject to Additional Medicare Tax withholding	5	
6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6	
7 Federal income tax withheld, if any	7 601.	
8 Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8 1,596.	

- 9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2015 or 2016 to **all** household employees?
 (Don't count cash wages paid in 2015 or 2016 to your spouse, your child under age 21, or your parent.)

- No.** **Stop.** Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form 1040, see the line 9 instructions.

- Yes.** Go to line 10.

Part II Federal Unemployment (FUTA) Tax

10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "Yes." **No**

11 Did you pay all state unemployment contributions for 2016 by April 18, 2017? Fiscal year filers see instructions

12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

Next: If you checked the "Yes" box on **all** the lines above, complete Section A.

If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

	Yes	No
10	X	
11	X	
12	X	

Section A

13 Name of the state where you paid unemployment contributions ► **OH**

14 Contributions paid to your state unemployment fund **14** **175.**

15 Total cash wages subject to FUTA tax **15** **6,500.**

16 **FUTA tax.** Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25 **16** **39.**

Section B

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund
		From	To					

18 Totals **18**

19 Add columns (g) and (h) of line 18 **19**

20 Total cash wages subject to FUTA tax (see the line 15 instructions) **20**

21 Multiply line 20 by 6.0% (0.060) **21**

22 Multiply line 20 by 5.4% (0.054) **22**

23 Enter the **smaller** of line 19 or line 22 **23**
(Employers in a credit reduction state must use the worksheet and check here)

24 **FUTA tax.** Subtract line 23 from line 21. Enter the result here and go to line 25 **24**

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- **25** **1,596.**

26 Add line 16 (or line 24) and line 25 **26** **1,635.**

27 Are you required to file Form 1040?

Yes. Stop. Include the amount from line 26 above on Form 1040, line 60a. Don't complete Part IV below.

No. You may have to complete Part IV. See instructions for details.

Part IV Address and Signature - Complete this part only if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail isn't delivered to street address	Apt., room, or suite no.
---	--------------------------

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

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

► Employer's signature	► Date
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN Firm's name ► Firm's EIN ► Firm's address ► Phone no.

Unreimbursed Employee Business Expenses

2016Attachment
Sequence No. **129A**

Your name

TIMOTHY J. RYAN

Occupation in which you incurred expenses

U.S. CONGRESSMAN

Social security number

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2016.

Caution: You can use the standard mileage rate for 2016 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1	Complete Part II. Multiply line 8a by 54¢ (0.54). Enter the result here	1	
2	Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	
4	Business expenses not included on lines 1 through 3. Don't include meals and entertainment	STATEMENT 8	3 , 000
5	Meals and entertainment expenses: \$ x 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.)	5	
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	3 , 000

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ► ____ / ____ / ____

8 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

9 Was your vehicle available for personal use during off-duty hours? _____ Yes No10 Do you (or your spouse) have another vehicle available for personal use? _____ Yes No11a Do you have evidence to support your deduction? _____ Yes Nob If "Yes," is the evidence written? _____ Yes No

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

Form 2106-EZ (2016)

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

2015

2014

2013

OHIO

GROSS STATE/LOCAL INC TAX REFUNDS 644.
LESS: TAX PAID IN FOLLOWING YEAR

NET TAX REFUNDS OHIO

644.

TOTAL NET TAX REFUNDS

644.

COPY

FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	2	
		2015	2014	2013
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	644.			
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION				
1 NET REFUNDS FOR RECALCULATION	644.			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	19,016.			
3 DEDUCTION NOT SUBJ TO PHASEOUT				
4 NET REFUNDS FROM LINE 1	644.			
5 LINE 2 MINUS LINES 3 AND 4	18,372.			
6 MULT LN 5 BY APPL SEC. 68 PCT	14,698.			
7 PRIOR YEAR AGI	217,502.			
8 ITEM. DED. PHASEOUT THRESHOLD	309,900.			
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	-92,398.			
10 MULT LN 9 BY APPL SEC. 68 PCT				
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)				
12 ITEM DED. NOT SUBJ TO PHASEOUT				
13A TOTAL ADJ. ITEMIZED DEDUCTIONS				
13B PRIOR YR. STD. DED. AVAILABLE				
14 PRIOR YR. ALLOWABLE ITEM. DED.				
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14				
16 TAXABLE REFUNDS	644.			
17 ALLOWABLE PRIOR YR. ITEM. DED.	19,016.			
18 PRIOR YEAR STD. DED. AVAILABLE	12,600.			
19 SUBTRACT LINE 18 FROM LINE 17	6,416.			
20 LESSER OF LINE 16 OR LINE 19	644.			
21 PRIOR YEAR TAXABLE INCOME	182,486.			
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21				644.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2013				
TOTAL TO FORM 1040, LINE 10				644.

FORM 1040

STUDENT LOAN INTEREST DEDUCTION

STATEMENT 3

1.	ENTER THE TOTAL INTEREST PAID IN 2016 ON QUALIFIED STUDENT LOANS. DO NOT ENTER MORE THAN \$2,500	2,044.
2.	ENTER THE AMOUNT FROM FORM 1040, LINE 22	177,199.
3.	ENTER THE TOTAL OF THE AMOUNTS FROM FORM 1040, LINES 23 THROUGH 32 PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36	250.
4.	SUBTRACT LINE 3 FROM LINE 2	176,949.
5.	ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS. * SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-\$65,000 * MARRIED FILING JOINTLY-\$130,000	130,000.
6.	IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5? [] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9 [X] YES. SUBTRACT LINE 5 FROM LINE 4	46,949.
7.	DIVIDE LINE 6 BY \$15,000 (\$30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000	1.000
8.	MULTIPLY LINE 1 BY LINE 7	2,044.
9.	STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1040, LINE 33	0.

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 4

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HOUSE OF REP - MEMBER SERVICES	165,300.	38,692.	7,101.		7,347.	2,523.
S WEATHERSFIELD LOCAL SCHOOL DISTRICT	48,970.	7,450.	1,351.			824.
TOTALS	214,270.	46,142.	8,452.		7,347.	3,347.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT	5
DESCRIPTION		AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
BLESSED SACRAMENT PARISH CATHOLIC CHURCH		430.	
SUBTOTALS		430.	
TOTAL TO SCHEDULE A, LINE 16			430.

SCHEDULE A	CONTRIBUTIONS OTHER THAN CASH OR CHECK	STATEMENT	6	
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
MISCELLANEOUS		490.		
SUBTOTALS		490.		
TOTAL TO SCHEDULE A, LINE 17				490.

FORM 2441

CREDIT LIMIT WORKSHEET

STATEMENT 7

- 1 ENTER THE AMOUNT FROM FORM 1040, LINE 47; FORM 1040A, LINE 30;
OR FORM 1040NR, LINE 45 24,758.
- 2 ENTER THE AMOUNT FROM FORM 1040, LINE 48, OR FORM 1040NR,
LINE 46; FORM 1040A FILERS, ENTER -0-

- 3 SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THE AMOUNT ON FORM 2441,
LINE 10. BUT IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT 24,758.

FORM 2106-EZ

OTHER BUSINESS EXPENSES

STATEMENT 8

U.S. CONGRESSMAN

DESCRIPTION	AMOUNT
TEMPORARY LIVING EXPENSES - MEMBERS OF CONGRESS	3,000.
TOTAL TO FORM 2106-EZ, PART I, LINE 4	3,000.

OhioDepartment of
Taxation
Rev. 9/16

Do not use staples. Use only black ink and UPPERCASE letters.

2016 Ohio IT 1040
Individual Income Tax Return

02 08 17

*Note: This form encompasses the IT 1040, IT 1040EZ and amended IT 1040X.*Is this an amended return? Yes No If yes, include Ohio IT RE (do not include a copy of the previously filed return)Is this a Net Operating Loss (NOL) carryback? Yes No If yes, include Schedule IT NOL
Taxpayer's SSN (required) ►► If deceased Spouse's SSN (if filing jointly)

►► If deceased

Enter school district # for
this return (see instructions).
SD # ►► 7808First name check box M.I. Last name
TIMOTHY J **RYAN**

check box

Spouse's first name (only if married filing jointly) M.I. Last name
ANDREA M **RYAN**Mailing address (for faster processing, use a street address)
[REDACTED]City State ZIP code Ohio county (first four letters)
[REDACTED]Home address (if different from mailing address) - do NOT include city or state ZIP code Ohio county (first four letters)
[REDACTED]

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Ohio Residency Status - Check applicable boxFull-year resident Part-year resident Nonresident
 X Indicate state ►►

Check applicable box for spouse (only if married filing jointly)

Full-year resident Part-year resident Nonresident
 X Indicate state ►►**Ohio Political Party Fund**Do you want \$1 to go to this fund? Yes NoIf joint return, does your spouse want \$1 to go to this fund? Note: Checking "Yes" will not increase your tax or decrease your refund.**Filing Status** - Check one (as reported on federal income tax return,

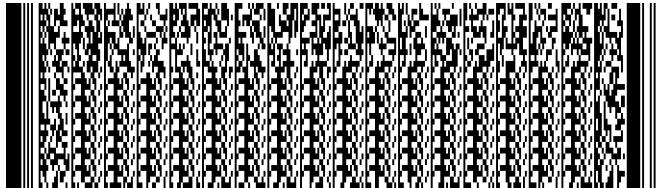
with limited exceptions - see instructions)

Single, head of household or qualifying widow(er)

 X Married filing jointly Married filing separately Yes NoDid you file the federal extension form 4868? XIs someone else claiming you or your spouse (if joint return)
as a dependent? If yes, enter "0" on line 4 Yes No X1. **Federal adjusted gross income** (from the federal 1040, line 37; 1040A, line 21;

1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10) 1. 176949 00

2a. Additions to federal adjusted gross income (include Ohio Schedule A, line 10)	2a. 0 00
2b. Deductions from federal adjusted gross income (include Ohio Schedule A, line 35)	2b. 844 00
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b)	3. 176105 00
4. Personal and dependent exemption deduction (if claiming dependent(s), include Schedule J).....	4. 7000 00
5. Ohio income tax base (line 3 minus line 4; if less than -0-, enter -0-)	5. 169105 00
6. Taxable business income (include Ohio Schedule IT BUS, line 13)	6. 0 00
7. Line 5 minus line 6 (if less than -0-, enter -0-)	7. 169105 00

Include your federal income tax return
if line 1 of this return is -0- or negative.
 / /
Postmark date Code

671001 11-22-16 CCH

2016 IT 1040
Individual Income Tax Return



SSN [REDACTED]

7a. Amount from line 7 on page 1	7a.	169105 00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	6165 00
8b. Business income tax liability (include Ohio Schedule IT BUS, line 14)	8b.	0 00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	6165 00
9. Ohio nonrefundable credits (include Ohio Schedule of Credits, line 34)	9.	308 00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than -0-, enter -0-)	10.	5857 00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	0 00
12. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions). If you certify that no sales or use tax is due, check the box to the right	X	0 00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	5857 00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return	14.	8452 00
15. Estimated and extension payments made (2016 Ohio IT 1040ES and/or IT 40P) and credit carryforward from previous year return	15.	0 00
16. Refundable credits (include Ohio Schedule of Credits, line 41)	16.	0 00
17. Amended return only - amount previously paid with original/amended return	17.	0 00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	8452 00
19. Amended return only - overpayment previously requested on original/amended return	19.	0 00
20. Line 18 minus line 19	20.	8452 00

If line 20 is **MORE THAN** line 13, skip to line 24. OTHERWISE, continue to line 21.

21. Tax liability (line 13 minus line 20)	21.	0 00
22. Interest and penalty due on late filing or late payment of tax (see instructions)	22.	0 00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ►	23.	0 00
24. Overpayment (line 20 minus line 13)	24.	2595 00
25. Original return only - amount of line 24 to be credited toward 2017 income tax liability	25.	0 00
26. Amount of line 24 to be donated: a. Wildlife species b. Military injury relief c. Ohio History Fund		
0 00	0 00	0 00
d. State nature preserves e. Breast / cervical cancer f. Wishes for Sick Children		
0 00	0 00	0 00
Total ... 26g.		0 00
27. YOUR REFUND (line 24 minus lines 25 and 26g)	YOUR REFUND ► 27.	2595 00

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

If your refund is \$1.00 or less, no refund will be issued.
If you owe \$1.00 or less, no payment is necessary.



Your signature _____ Date (MM/DD/YY) _____



Spouse's signature (see instructions) _____ Phone number _____

[REDACTED]

Preparer's printed name (see Instructions) _____ PTIN _____ Phone number _____

[REDACTED]

Do you authorize your preparer to contact us regarding this return? Yes No

NO Payment Included - Mail to:

Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included - Mail to:

Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

OhioDepartment of
Taxation
Rev. 9/16

Do not use staples. Use only black ink.

2016 Ohio Schedule A**Income Adjustments - Additions and Deductions**

02 08 17

SSN of primary filer
[REDACTED]

16000385

Additions

(add income items only to the extent not included on Ohio IT 1040, line 1)

1. Non-Ohio state or local government interest and dividends	1.	0 00
2. Certain Ohio pass-through entity and financial institutions taxes paid	2.	0 00
3. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from a college savings account	3.	0 00
4. Losses from sale or disposition of Ohio public obligations	4.	0 00
5. Nonmedical withdrawals from a medical savings account	5.	0 00
6. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income	6.	0 00

Federal

7. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	7.	0 00
8. Federal interest and dividends subject to state taxation	8.	0 00
9. Miscellaneous federal income tax additions	9.	0 00
10. Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a)	10.	0 00

Deductions

(deduct income items only to the extent included on Ohio IT 1040, line 1)

11. Business income deduction (include Ohio Schedule IT BUS, line 11)	11.	0 00
12. Employee compensation earned in Ohio by residents of neighboring states	12.	0 00
13. State or municipal income tax overpayments shown on the federal 1040, line 10	13.	6 44 00
14. Qualifying Social Security benefits and certain railroad retirement benefits	14.	0 00
15. Interest income from Ohio public obligations and from Ohio purchase obligations; gains from the sale or disposition of Ohio public obligations; public service payments received from the state of Ohio; or income from a transfer agreement	15.	0 00
16. Amounts contributed to an individual development account	16.	0 00
17. Amounts contributed to STABLE account: Ohio's ABLE plan	17.	0 00

Federal

18. Federal interest and dividends exempt from state taxation	18.	0 00
19. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	19.	0 00
20. Refund or reimbursements shown on the federal 1040, line 21 for itemized deductions claimed on a prior year federal income tax return	20.	0 00
21. Repayment of income reported in a prior year	21.	0 00
22. Wage expense not deducted due to claiming the federal work opportunity tax credit	22.	0 00
23. Miscellaneous federal income tax deductions	23.	0 00

OhioDepartment of
Taxation
Rev. 9/16**2016 Ohio Schedule A****Income Adjustments - Additions and Deductions**SSN of primary filer
[REDACTED]**Uniformed Services**

24. Military pay for Ohio residents received while the military member was stationed outside Ohio	24.	0 00
25. Certain income earned by military nonresidents and civilian nonresident spouses	25.	0 00
26. Uniformed services retirement income	26.	0 00
27. Military injury relief fund	27.	0 00
28. Certain Ohio National Guard reimbursements and benefits	28.	0 00

Education

29. Ohio 529 contributions, tuition credit purchases	SEE STATEMENT 1	29.	200 00
30. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board		30.	0 00

Medical

31. Disability and survivorship benefits (do not include pension continuation benefits)	31.	0 00
32. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see instructions for worksheet)	32.	0 00
33. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet)	33.	0 00
34. Qualified organ donor expenses (maximum \$10,000 per taxpayer)	34.	0 00
35. Total deductions (add lines 11 through 34 ONLY). Enter here and on Ohio IT 1040, line 2b	35.	844 00

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Do not use staples. Use only black ink.

2016 Ohio Schedule of Credits
Nonrefundable and Refundable

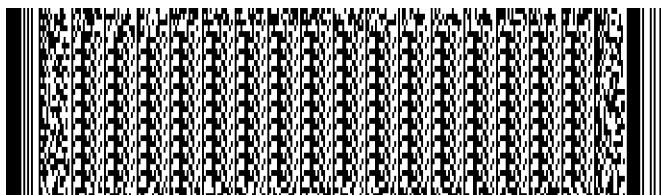
SSN of primary filer



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Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	6165 00
2. Retirement income credit (limit \$200 per return). See the table in the instructions	2.	0 00
3. Lump sum retirement credit (include Ohio LS WKS, line 6)	3.	0 00
4. Senior citizen credit (must be 65 or older to claim this credit; limit \$50 per return)	4.	0 00
5. Lump sum distribution credit (must be 65 or older to claim this credit; include Ohio LS WKS, line 3)	5.	0 00
6. Child care and dependent care credit (see the worksheet in the instructions)	6.	0 00
7. If Ohio IT 1040, line 5 is \$10,000 or less, enter \$88; otherwise, enter -0- (low income credit)	7.	0 00
8. Displaced worker training credit (see the worksheet in the instructions) (limit \$500 per taxpayer)	8.	0 00
9. Campaign contribution credit for Ohio statewide office or General Assembly (limit \$50 per taxpayer)	9.	0 00
10. Income-based exemption credit (\$20 personal/dependent exemption credit)	10.	0 00
11. Total (add lines 2 through 10)	11.	0 00
12. Tax less credits (line 1 minus line 11; if less than -0-, enter -0-)	12.	6165 00
13. Joint filing credit. See the instructions for eligibility and documentation requirements. This credit is for married filing jointly status only. <u>5</u> % times amount on line 12(limit \$650)	13.	STMT 2 308 00
14. Earned income credit	14.	0 00
15. Ohio adoption credit (limit \$10,000 per adopted child)	15.	0 00
16. Job retention credit, nonrefundable portion (include a copy of the credit certificate)	16.	0 00
17. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	17.	0 00
18. Credit for purchases of grape production property	18.	0 00
19. Invest Ohio credit (include a copy of the credit certificate)	19.	0 00
20. Technology investment credit carryforward (include a copy of the credit certificate)	20.	0 00
21. Enterprise zone day care and training credits (include a copy of the credit certificate)	21.	0 00
22. Research and development credit (include a copy of the credit certificate)	22.	0 00
23. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate)	23.	0 00
24. Total (add lines 13 through 23)	24.	308 00
25. Tax less additional credits (line 12 minus line 24; if less than -0-, enter -0-)	25.	5857 00



OhioDepartment of
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Rev. 11/16**Do not use staples. Use only black ink.**
2016 Ohio Schedule of Credits**Nonrefundable and Refundable**SSN of primary filer
[REDACTED]**Nonresident Credit**

Date of nonresidency	to	State of residency	
26. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in Ohio. Include Ohio IT NRC if required	26.	0 00	
27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)	27.	0 00	
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). .0000			
Multiply this factor by the amount on line 25 to calculate your nonresident credit	28.		0 00

Resident Credit

29. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident (limits apply)	29.	0 00
30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)	30.	0 00
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 and enter the result here	31.	.0000 0 00
32. Enter the 2016 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply)	32.	0 00
33. Enter the smaller of line 31 or line 32. This is your Ohio resident tax credit. If you filed a return for 2016 with a state(s) other than Ohio, enter the two-letter state abbreviation in the box(es) below	33.	0 00
34. Total nonrefundable credits (add lines 11, 24, 28 and 33; enter here and on Ohio IT 1040, line 9)	34.	308 00

Refundable Credits

35. Historic preservation credit (include a copy of the credit certificate)	35.	0 00
36. Business jobs credit (include a copy of the credit certificate)	36.	0 00
37. Pass-through entity credit (include a copy of the federal K-1)	37.	0 00
38. Motion picture production credit (include a copy of the credit certificate)	38.	0 00
39. Financial Institutions Tax (FIT) credit (include a copy of the federal K-1)	39.	0 00
40. Venture capital credit (include a copy of the credit certificate)	40.	0 00
41. Total refundable credits (add lines 35 through 40; enter here and on Ohio IT 1040, line 16)	41.	0 00

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Ohio | Department of
Taxation

Rev. 9/16

2016 Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return



SSN of primary filer

02 08 17

Do not list below the primary filer and/or spouse reported on Ohio IT 1040. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

1. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

2. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

3. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

4. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

5. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY) Dependent's relationship to you (required)

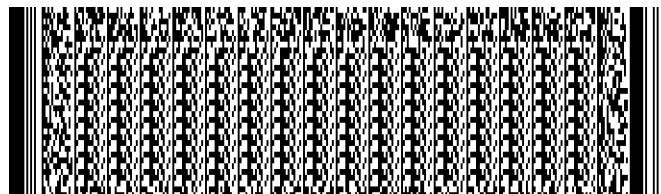
Dependent's first name (required) M.I. Last name (required)

6. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

7. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)



2016 Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return



SSN of primary filer
[REDACTED]

Do not list below the primary filer and/or spouse reported on Ohio IT 1040. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

8. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

9. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

10. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

11. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

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Dependent's first name (required) M.I. Last name (required)

13. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY) Dependent's relationship to you (required)

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Dependent's first name (required) M.I. Last name (required)

15. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Last name (required)

OH SCH A	CONTRIBUTIONS TO COLLEGEADVANTAGE 529 SAVINGS PLAN AND/OR PURCHASES OF TUITION CREDITS	STATEMENT	1
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BENEFICIARY'S NAME	CURRENT YEAR AMOUNT ALLOWED	AMOUNT CARRIED FORWARD TO NEXT YEAR
[REDACTED]	200.	0.
TOTAL TO SCHEDULE A, LINE 29	200.	0.

OH SCHEDULE OF CREDITS	QUALIFYING INCOME FOR JOINT FILING CREDIT	STATEMENT	2
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DESCRIPTION	TAXPAYER	SPOUSE
WAGES, SALARIES, TIPS, ETC.	165,300.	48,970.
SUPPLEMENTAL GAINS(LOSSES)	-1,119.	-1,118.
LESS: TOTAL FEDERAL ADJUSTMENTS	-250.	0.
TAXPAYER SCHEDULE A ADJUSTMENT	-100.	
SPOUSE SCHEDULE A ADJUSTMENT		-100.
 TOTAL QUALIFYING INCOME (IT-1040, LINE 3) (CREDIT APPLIES ONLY IF BOTH \$500 OR MORE)	 163,831.	 47,752.

STATE OF OHIO DISCLOSURE INFORMATION

BY SUBMITTING THIS RETURN ELECTRONICALLY, THE TAXPAYER ACCEPTS THE FOLLOWING STATEMENTS:

UNDER PENALTIES OF PERJURY, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE OHIO INCOME TAX RETURN AND IF APPLICABLE, THE OHIO SCHOOL DISTRICT INCOME TAX RETURN IS TRUE, CORRECT AND COMPLETE. I ALSO DECLARE UNDER PENALTIES OF PERJURY THAT IF I AM FILING A RETURN WITH MY SPOUSE, I AM AUTHORIZED TO MAKE THIS DECLARATION ON HIS/HER BEHALF AND TO FILE THE RETURN FOR BOTH OF US.

THE OHIO DEPARTMENT OF TAXATION IS NOT RESPONSIBLE FOR THE MISAPPLICATION OF A DIRECT DEPOSIT REFUND INTO A CHECKING, SAVINGS, IRA OR 529 COLLEGEADVANTAGE ACCOUNT THAT IS CAUSED BY ERROR, NEGLIGENCE OR MALFEASANCE ON THE PART OF THE TAXPAYER, ELECTRONIC FILER, FINANCIAL INSTITUTION, OR ANY OF THEIR AGENTS.

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