

## IRS e-file Signature Authorization

Department of the Treasury  
Internal Revenue Service

2016

► Don't send to the IRS. This isn't a tax return.

► Keep this form for your records.

► Information about Form 8879 and its instructions is at [www.irs.gov/form8879](http://www.irs.gov/form8879).

Submission Identification Number (SID) ►

Taxpayer's name

PETER P BUTTIGIEG

Spouse's name

Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2016 (Whole dollars only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) .....	1	110,039
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) .....	2	19,209
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a) .....	3	21,179
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) .....	4	1,970
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) .....	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

 I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_Enter five digits, but  
don't enter all zeros

as my signature on my tax year 2016 electronically filed income tax return.

 I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ► 03/31/17

Spouse's PIN: check one box only

 I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_Enter five digits, but  
don't enter all zeros

as my signature on my tax year 2016 electronically filed income tax return.

 I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

\_\_\_\_\_

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-File Providers of Individual Income Tax Returns.

ERO's signature ►

Date ►

4/8/17

**ERO Must Retain This Form — See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

**Form  
IT-8879**

State Form 53399  
(R12 / 9-16)

Indiana Individual Income Tax  
**DECLARATION OF ELECTRONIC FILING**  
Income Tax for the Tax Year January 1 - December 31, 2016

**Do Not Mail This  
Form To DOR**

Submission ID [REDACTED] - [REDACTED] - [REDACTED]

First Name(s) and Middle Initial(s) <b>PETER P</b>	Last Name <b>BUTTIGIEG</b>	Your Social Security Number [REDACTED]	Spouse's Social Security Number [REDACTED]
Spouse's First Name(s) and Middle Initial(s)	Spouse's Last Name	Street Address [REDACTED]	
City <b>SOUTH BEND</b>		State <b>IN</b>	Zip Code <b>4661</b>
Daytime Telephone Number [REDACTED]			

**Part I Tax Return Information (See Instructions on Next Page)**

1. Federal Adjusted Gross Income .....	1.	<b>110039.00</b>
2. Indiana Taxable Income .....	2.	<b>106862.00</b>
3. Total Indiana Tax .....	3.	<b>5396.00</b>
4. Total State Tax Withheld .....	4.	<b>3488.00</b>
5. Total County Tax Withheld .....	5.	<b>1876.00</b>
6. Total Indiana Tax Credits .....	6.	<b>5366.00</b>
7. Refund .....	7.	.00
8. Amount You Owe .....	8.	<b>30.00</b>

**Part II Direct Deposit**

9. Routing number [REDACTED] Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.

10. Account number [REDACTED]

11. Type of account:  Checking  Savings  Hoosier Works MC

12. Place an "X" in the box if refund will go to an account outside the United States.

**Do Not Mail  
This Form  
To DOR**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund is properly deposited.

**Part III Declaration of Taxpayer**

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2016 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Taxpayer's PIN: check one box only

I authorize [REDACTED] to enter my PIN [REDACTED] as my signature on my tax year 2016 electronically filed income tax return.  
do not enter all zeros

I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Taxpayer's signature ► Date **03/31/17**

Spouse's PIN: check one box only

I authorize [REDACTED] to enter my PIN [REDACTED] as my signature on my tax year 2016 electronically filed income tax return.  
do not enter all zeros

I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Spouse's signature ► Date \_\_\_\_\_

**Part IV Practitioner Certification and Authentication - Practitioner PIN Method ONLY**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN.

[REDACTED]  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's Signature ► [REDACTED] Date **9/8/17**

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**POST FILING COUPON**  
**INDIANA DEPARTMENT OF REVENUE**

PETER

P BUTTIGIEG

SOUTH BEND

IN 4661

Date: 04/07/2017

Taxpayer's SSN:

Spouse's SSN:

2016 Individual PFC Letter

Dear Taxpayer:

Your 2016 Indiana Individual Income Tax return indicates a total tax amount of \$ 30. is owed to the Indiana Department of Revenue.

As a reminder, you must pay this amount in full no later than April 18, 2017. Any portion not paid by that date will be subject to penalties and interest.

You can take care of this obligation by doing one of the following:

1. Pay online via eCheck or credit card by visiting [www.in.gov/dor/epay](http://www.in.gov/dor/epay). At this site you can either pay in full or partial payments by selecting "Individual" and "Tax Return Payment" options. Have your SSN ready for identification purposes. If paying by credit card, a fee will be charged by the credit card processor based on the amount you are paying. If paying by electronic check, a fee of \$1 will be charged by the bank. You can make partial payments, but must still pay the entire amount by April 18, 2017 to avoid penalties and interest.
2. Pay using a credit card by telephone by dialing toll-free 1-800-272-9829. Select option 2 and follow the instructions. A fee will be charged by the credit card processor based on the amount you are paying.
3. Pay by check or money order using the coupon at the bottom of this letter. If you did not electronically file your state return and will submit the payment with your tax return, then do not include the payment coupon below. If you are sending in your return separately from your payment, then mail your payment and the tear-off coupon at the bottom of this letter to: Indiana Department of Revenue, PO Box 1674, Indianapolis, IN 46206-1674. Make your check or money order payable to "Indiana Department of Revenue". DO NOT SEND CASH.

*Remember, you must take action on this debt no later than April 18, 2017, to avoid penalties and interest.*

Sincerely,

Indiana Department of Revenue  
317-232-2240

Cut on line before mailing

**POST FILING COUPON** CUT HERE **PFC**

"Electronic calculation, processing, and payment of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

\*SSN 1

\*SSN 2

Period End Date 12 31 2016

Date Due 04 18 2017

Tax Type IND

Mail and make check payable to  
INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 1674  
INDIANAPOLIS, IN 46206-1674

PETER P BUTTIGIEG

Amount Due:

30.00

SOUTH BEND

IN 4661



Form  
**1040**Department of the Treasury—Internal Revenue Service  
**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 <b>PETER P</b>	Last name <b>BUTTIGIEG</b>	Your social security number [REDACTED]																																																						
If a joint return, spouse's first name and initial [REDACTED]	Last name [REDACTED]	Spouse's social security number [REDACTED]																																																						
Home address (number and street). If you have a P.O. box, see instructions: <b>SOUTH BEND</b> IN      466 [REDACTED]		Apt. no. [REDACTED] ▲ Make sure the SSN(s) above and on line 6c are correct.																																																						
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions): <b>SOUTH BEND</b> IN      466 [REDACTED]		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. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse																																																						
<b>Filing Status</b> <table> <tr> <td>1 <input checked="" type="checkbox"/> Single</td> <td>4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ►</td> </tr> <tr> <td>2 <input type="checkbox"/> Married filing jointly (even if only one had income)</td> <td>5 <input type="checkbox"/> Qualifying widow(er) with dependent child</td> </tr> <tr> <td>3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here ►</td> <td></td> </tr> </table>			1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ►	2 <input type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here ►																																																	
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**PETER P BUTTIGIEG****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

110,039

39a Check  You were born before January 2, 1952,  Blind. Total boxes checked ► 39aif:  Spouse was born before January 2, 1952,  Blind. } 39b

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) .....

40

11,416

41 Subtract line 40 from line 38 .....

41

98,623

42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions .....

42

4,050

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- .....

43

94,573

44 Tax (see instr.). Check if any from: a  Form(s) 8814 b  Form 4972 c  \_\_\_\_\_

44

19,211

45 Alternative minimum tax (see instructions). Attach Form 6251 .....

45

46 Excess advance premium tax credit repayment. Attach Form 8962 .....

46

19,211

47 Add lines 44, 45, and 46 .....

47

48 Foreign tax credit. Attach Form 1116 if required .....

48

49 Credit for child and dependent care expenses. Attach Form 2441 .....

49

50 Education credits from Form 8863, line 19 .....

50

51 Retirement savings contributions credit. Attach Form 8880 .....

51

52 Child tax credit. Attach Schedule 8812, if required .....

52

53 Residential energy credits. Attach Form 5695 .....

53

54 Other credits from Form: a  3800 b  8801 c  \_\_\_\_\_

54

55 Add lines 48 through 54. These are your total credits .....

55

2

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- .....

56

19,209

57 Self-employment tax. Attach Schedule SE .....

57

58 Unreported social security and Medicare tax from Form: a  4137 b  8919 .....

58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .....

59

60a Household employment taxes from Schedule H .....

60a

b First-time homebuyer credit repayment. Attach Form 5405 if required .....

60b

61 Health care: individual responsibility (see instructions) Full-year coverage 

61

62 Taxes from: a  Form 8959 b  Form 8960 c  Instructions; enter code(s) .....

62

63 Add lines 56 through 62. This is your total tax .....

63

19,209

64 Federal income tax withheld from Forms W-2 and 1099 .....

64

21,179

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  2439 b  Reserved c  8885 d  .....

73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments .....

74

21,179

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid .....

75

1,970

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► 

76a

1,970

Direct deposit?  
See instructions.

► b Routing number [REDACTED] ► c Type:  Checking  Savings

► d Account number [REDACTED]

77 Amount of line 75 you want applied to your 2017 estimated tax ► 77

78

Amount  
You Owe

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

78

79 Estimated tax penalty (see instructions) .....

79

Third Party Designee

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

Designee's name ► [REDACTED]

Personal identification number (PIN) ► [REDACTED]

Daytime phone number

Your signature [REDACTED]

Phone no. ► [REDACTED]

Sign Here  
Joint return?  
See instr.  
Keep a copy  
for your  
records.

Under penalties of perjury, I declare that I prepared and am filing this return myself, and to the best of my knowledge and belief, they are true, correct, and accurate. I understand that any false statement or omission may subject me to penalties or criminal prosecution. I also understand that if I prepared this return for someone else, I must 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.

Date [REDACTED] Your occupation [REDACTED]

MAYOR OF SOUTH BEND

If the IRS sent you an Identity Protection PIN,  
enter it here (see instr.)

Spouse's signature. If a joint return, both must sign. [REDACTED]

Date [REDACTED] Spouse's occupation [REDACTED]

Paid  
Preparer  
Use Only

Firm's address ► [REDACTED]

Date 04/07/17 Check  if self-employed PTIN [REDACTED]

Firm's EIN ► [REDACTED]

Phone no. ► [REDACTED]

SOUTH BEND

IN 4661

**SCHEDULE A**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service  
(99)

Name(s) shown on Form 1040

**PETER P BUTTIGIEG**

**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**

<b>Medical and Dental Expenses</b>	Caution: Do not include expenses reimbursed or paid by others.		
	1 Medical and dental expenses (see instructions) .....	1	958
	2 Enter amount from Form 1040, line 38. <b>2</b> <b>110,039</b>	2	
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (.075) instead .....	3	11,004
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0
<b>Taxes You Paid</b>	5 State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or } b <input type="checkbox"/> General sales taxes }	5	5,364
	6 Real estate taxes (see instructions) .....	6	2,058
	7 Personal property taxes .....	7	
	8 Other taxes. List type and amount ►	8	398
	<b>SEE STATEMENT 1</b>		
	9 Add lines 5 through 8 .....	9	7,820
<b>Interest You Paid</b>  Note: Your mortgage interest deduction may be limited (see instructions).	10 Home mortgage interest and points reported to you on Form 1098 .....	10	3,107
	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	
	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	3,107
<b>Gifts to Charity</b>  If you made a gift and got a benefit for it, see instructions.	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....	16	489
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 .....	17	
	18 Carryover from prior year .....	18	
	19 Add lines 16 through 18 .....	19	489
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....	20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	
	22 Tax preparation fees .....	22	485
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23 .....	24	485
	25 Enter amount from Form 1040, line 38 <b>25</b> <b>110,039</b>	25	
	26 Multiply line 25 by 2% (.02) .....	26	2,201
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0
<b>Other Miscellaneous Deductions</b>	28 Other—from list in instructions. List type and amount ►	28	
<b>Total Itemized Deductions</b>	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	11,416
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>		

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR.  
► Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled).  
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

**2016**  
Attachment Sequence No. 12

Name(s) shown on return

**PETER P. BUTTIGIEG**

Your social security number [REDACTED]

**Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS, and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.	290	306		-16
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	-16

**Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.	15,384	15,187	0	197
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.	11,879	10,513	0	1,366
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	223
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back			15	1,786

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

Schedule D (Form 1040) 2016

**Part III Summary**

16	Combine lines 7 and 15 and enter the result	16	1,770
	<ul style="list-style-type: none"> <li>• If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
17	Are lines 15 and 16 both gains?		
	<input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions	18	
19	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions	19	
20	Are lines 18 and 19 both zero or blank?		
	<input checked="" type="checkbox"/> Yes. Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the <b>Schedule D Tax Worksheet</b> in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:	21	( )
	<ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>		
	<i>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</i>		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	<input type="checkbox"/> Yes. Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

**Social security number or taxpayer identification number**

PETER P BUTTIGIEG

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part II** Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)  
 (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS  
 (F) Long-term transactions not reported to you on Form 1099-B

**2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►

15,384

15,187

0

197

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side.

**Social security number or taxpayer identification number**

PETER P BUTTIGIEG

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part II** Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)  
 (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS  
 (F) Long-term transactions not reported to you on Form 1099-B

**2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►

11,879

10,513

6

1,366

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

## Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

2016

► Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Identifying number as shown on page 1 of your tax return.

Name

PETER P BUTTIGIEG

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Passive category income.      c  Section 901(j) income      e  Lump-sum distributions  
 b  General category income.      d  Certain income re-sourced by treaty

f Resident of (name of country) ► US UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

## Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	OC	B	
g Enter the name of the foreign country or U.S. possession ►	VARIOUS			
1a Gross income from sources within country shown above and of the type checked above (see instructions):	109			1a 109
PASSIVE INCOME				
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ►				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	2,058			
b Other debts (attach slmt.)				
c Add lines 3a and 3b	2,058			
d Gross foreign source income (see instructions)	109			
e Gross income from all sources (see instructions)	110,055			
f Divide line 3d by line 3e (see instructions)	0.0010			
g Multiply line 3c by line 3f	2			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	3			
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	5			6 5
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ►				7 104

## Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		(h) <input checked="" type="checkbox"/> Paid	Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued
	(l) <input type="checkbox"/> Accrued	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A 1099 TAX						2				2
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ►

8

2

For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2016)

**Part III Figuring the Credit**

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	2	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	2	
12 Reduction in foreign taxes (see instructions)	12		
13 Taxes reclassified under high tax kickout (see instructions)	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	2	
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	104	
16 Adjustments to line 15 (see instructions)	16		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	104	
18 Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption  Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	98,623	
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	0.0011	
20 Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39  Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.	20	19,211	
21 Multiply line 20 by line 19 (maximum amount of credit)	21	20	
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions). ►	22	2	
<b>Part IV Summary of Credits From Separate Parts III (see instructions)</b>			
23 Credit for taxes on passive category income	23		
24 Credit for taxes on general category income	24		
25 Credit for taxes on certain income re-sourced by treaty	25		
26 Credit for taxes on lump-sum distributions	26		
27 Add lines 23 through 26	27		
28 Enter the smaller of line 20 or line 27	28	2	
29 Reduction of credit for international boycott operations. See instructions for line 12	29		
30 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30	2	

# Federal Statements

## Statement 1 - Schedule A, Line 8 - Other Taxes

Description	Amount
INDIANA EXCISE TAX	\$ 139
INDIANA EXCISE	259
TOTAL	\$ 398

**2016 Indiana Full-Year Resident  
Individual Income Tax Return**

Due April 18, 2017

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from \_\_\_\_\_ to: \_\_\_\_\_

Your Social  
Security Number

Spouse's Social  
Security Number

Your first name:

Place "X" in box if applying for ITIN

Initial Last name

Place "X" in box if applying for ITIN

Suffix

PETER

P

BUTTIGIEG

If filing a joint return, spouse's first name

Initial

Last name

Suffix

Present address (number and street or rural route)

Place "X" in box if you are  
married filing separately.

City:

State:

Zip/Postal code

SOUTH BEND

IN

4661

Foreign country 2-character code (see instructions)

Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2016.

County where  
you lived

71

County where  
you worked

71

County where  
spouse lived

County where  
spouse worked

Round all entries

1.	Enter your federal adjusted gross income (AGI) from your federal tax return (from Form 1040, line 37; Form 1040A, line 21; or from Form 1040EZ, line 4)	Federal AGI	1	110039.00
2.	Enter amount from Schedule 1, line 8, and enclose Schedule 1	Indiana Add-Backs	2	.00
3.	Add line 1 and line 2		3	110039.00
4.	Enter amount from Schedule 2, line 12, and enclose Schedule 2	Indiana Deductions	4	2177.00
5.	Subtract line 4 from line 3	Indiana Adjusted Income	5	107862.00
6.	You must complete Schedule 3. Enter amount from Schedule 3, line 5, and enclose Schedule 3	Indiana Exemptions	6	1000.00
7.	Subtract line 6 from line 5	State Taxable Income	7	106862.00
8.	State adjusted gross income tax: multiply line 7 by 3.3% (.033) (if answer is less than zero, leave blank)	8		3526.00
9.	County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank)	9		1870.00
10.	Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.)	10		.00
11.	Add lines 8, 9 and 10. Enter total here and on line 15 on the back	Indiana Taxes	11	5396.00

12. Enter credits from Schedule 5, line 9 (enclose schedule)	12	5364 . 00		
13. Enter offset credits from Schedule 6, line 8 (enclose schedule)	13	2 . 00		
14. Add lines 12 and 13		Indiana Credits	14.	5366 . 00
15. Enter amount from line 11		Indiana Taxes	15	5396 . 00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16	. 00		
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17	. 00		
18. Subtract line 17 from line 16		Overpayment	18	. 00

19. Amount from line 18 to be applied to your 2017 estimated tax account (see instructions).

Enter your county code      county tax to be applied    \$    a      . 00

Spouse's county code      county tax to be applied    \$    b      . 00

Indiana adjusted gross income tax to be applied      \$    c      . 00

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)      19d      . 00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.)      20      . 00

21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23      Your Refund      21      . 00

**22. Direct Deposit (see instructions)**

a. Routing Number

b. Account Number

c. Type:      Checking      Savings      Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20.  
(see instructions)      23      30 . 00

24. Penalty if filed after due date (see instructions)      24      . 00

25. Interest if filed after due date (see instructions)      25      . 00

26. Amount Due: Add lines 23, 24 and 25      Amount You Owe      26      30 . 00

Do not send cash. Please make your check or money order payable to:  
Indiana Department of Revenue. Credit card payers must see instructions.

**Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.**

Your Signature	Date	Spouse's Signature	Date
----------------	------	--------------------	------

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG

1. Renter's deduction

Address where rented if different from the one on the front page (enter below)

Landlord's name and address (enter below)	\$	Amount of rent paid	.00
			Round all entries
Number of months rented		Enter the lesser of \$3,000 or amount of rent paid	1 .00
2. Homeowner's residential property tax deduction Address where property tax was paid if different from front page (enter below)			
<b>SAME</b>			
Number of months lived there	12	Amount of property tax paid \$	2058.00
Enter the lesser of \$2,500 or the amount of property tax paid			2 2058.00
3. State tax refund reported on federal return			3 119.00
4. Interest on U.S. government obligations			4 .00
5. Taxable Social Security benefits			5 .00
6. Taxable railroad retirement benefits			6 .00
7. Military service deduction: \$5,000 maximum for qualifying person			7 .00
8. Private school/homeschool deduction: \$1,000 per qualifying child (see instructions)			8 .00
9. Indiana net operating loss deduction			9 .00
10. Nontaxable portion of unemployment compensation (from line 7 of Unemployment Comp Worksheet)			10 .00
11. Other Deductions: See instructions (attach additional sheets if necessary)			
a. Enter deduction name		code no.	11a .00
b. Enter deduction name		code no.	11b .00
c. Enter deduction name		code no.	11c .00
12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40.		Total Deductions	12 2177.00

Name(s) shown on Form IT-40

Your Social Security Number  
[REDACTED]

PETER P BUTTIGIEG

Round all entries

1. Number of exemptions claimed on your federal return    1 x \$1,000    1    **1000.00**

- If you did not claim an exemption on your federal return, enter "1" in the box above.
- See instructions if you did not file a federal return.

2. Claim an additional exemption for each dependent child

- who is a son, stepson, daughter, stepdaughter and/or foster child;
- who was under the age of 19 by Dec. 31, 2016, or a full-time student
- who was under the age of 24 by Dec. 31, 2016, and
- who you are eligible to claim as a dependent on your federal tax return.

Enter number you are eligible to claim    x \$1500; you MUST enclose Schedule IN-DEP    2    .00

3. Place "X" in box(es) below if, by December 31, 2016

You were age 65 or older    and/or blind

Spouse was 65 or older    and/or blind

Total number of boxes with Xs    x \$1000    3    .00

4. If age 65 or older, enter amount from Form IT-40, line 1. \$

If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs    x \$500    4    .00

5. Add lines 1, 2, 3 and 4. Enter here and on Form IT-40, line 6.      Total Exemptions    5    **1000.00**

### **Schedule 4: Other Taxes**

1. Use tax on out-of-state purchases from line 4 of Sales/Use Tax Worksheet    1    .00

2. Household employment taxes. Enclose Schedule IN-H    2    .00

3. Recapture of Indiana's CollegeChoice 529 credit. Enclose Schedule IN-529R    3    .00

4. Add lines 1 through 3. Enter here and on Form IT-40, line 10    Total Other Taxes    4    **0.00**



Name(s) shown on Form IT-40

PETER P BUTTIGIEG

Your Social Security Number  
[REDACTED]

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts	1	3488.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts	2	1876.00
3. Estimated tax paid for 2016: include any extension payment made with Form IT-9	3	.00
4. Unified tax credit for the elderly	4	.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3	5	.00
6. Lake County residential income tax credit	6	.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule)	7	.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule)	8	.00
9. Add lines 1 through 8. Enter total here and on Form IT-40, line 12	9	5364.00

### Schedule IN-DONATE

Important: The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name	code no.	1a	.00
b. Enter fund name	code no.	1b	.00
c. Enter fund name	code no.	1c	.00
d. Enter fund name	code no.	1d	.00
2. Add lines 1a through 1d; Enter total here and on Form IT-40/IT-40PNR, line 17	Total Donations	2	.00

Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG

**1. Federal filing information**

Are you filing a federal income tax return for 2016? Place "X" in appropriate box. Yes  No

**2. Out-of-state income** Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked	Your income	State where spouse worked	Spouse's income
------------------------	-------------	---------------------------	-----------------

\$	.00	\$	.00
----	-----	----	-----

**3. Extension of time to file**

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or online via ePay.

**4. Farm / Fishing income**

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

**5. Date of death**

If any individual listed at the top of the IT-40 died during 2016, enter date of death (MM/DD).

Taxpayer's date of death	2016	Spouse's date of death	2016
--------------------------	------	------------------------	------

**Authorization** Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

**6. Your daytime  
telephone number**

Your  
email address

I authorize the Department to discuss my return with my personal representative.

Paid Preparer: Firm's Name (or yours if self-employed)

Yes  No      If yes, complete the information below.

Personal Representative's Name (please print)

IN-OPT on file with paid preparer if not filing electronically

Telephone  
number

PTIN

Address

Address

SOUTH BEND

City      SOUTH BEND

City

State      IN

State      TN      Zip Code      46611

Zip Code      46611

Preparer's  
signature

Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG

		Column A - Yourself	Column B - Spouse's	
1.	Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same country on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions	1A 106862.00	1B .00	
2.	Enter the resident rate from the county tax chart on the back of this schedule for the county where you lived on Jan. 1, 2016	2A .0175000	2B 	
3.	Multiply line 1 by the rate on line 2 (leave blank if less than zero)	3A 1870.00	3B .00	
4.	Add lines 3A and 3B. Enter the total here. Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6. Otherwise, enter the total here and on line 7 below (see instructions).	4 1870.00		
5.	Enter the amount of income that was taxed by any of the Kentucky counties listed on line 4 above	5 .00		
6.	Multiply line 5 by .0106 and enter total here	6 .00		
7.	Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40	7 1870.00		

Name

PETER P. BUTTIGIEGTaxpayer Identification Number  


State or Foreign Country \_\_\_\_\_

**Credit for Tax Paid to State with Regular Agreement**

Credit for tax paid to other states (other than AZ, CA, DC, or OR) or foreign country attributable to Indiana residency period

1. Tax paid to other state (or foreign country) on source income of other state (or foreign country) received during Indiana residency period .....
  2. Source income from other state (or foreign country) received during Indiana residency period (subject to Indiana tax) .....
  3. Multiply line 2 by 3.3% (.033) .....
  4. Tentative credit for taxes paid to other state (or foreign country). Lesser of line 1 or line 3 .....
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Credit for Tax Paid to State with Reverse Agreement**

Credit for tax paid on Indiana nonresident income taxable to Arizona, California, District of Columbia, or Oregon residency period

- A. Tax paid to other state on income attributable to residency period of other state .....
  - B. Other state equivalent of Indiana adjusted gross income received during residency period of other state .....
  - C. Indiana source income (subject to tax) attributable to residency period of other state .....
  - D. Proportion of other state income received during residency period of other state attributable to Indiana sources.  
Divide line C by line B. ....
  - E. Portion of tax paid to other state on income received during other state residency period attributable to Indiana sources.  
Multiply line A by line D. ....
  - F. Indiana state income tax attributable to Indiana source income received during residency period of other state .....
  - G. Tentative credit for taxes paid to other state. Lesser of line E or line F. ....
- A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_  
E. \_\_\_\_\_  
F. \_\_\_\_\_  
G. \_\_\_\_\_

**Summary**

Total Credit for Taxes Paid to Other States or Foreign Countries

- i. Sum of tentative credits for taxes paid to other states and foreign countries from line 4 and line G .....
  - ii. Sum of tentative credits for taxes paid to foreign countries from Indiana Foreign Tax Credit Worksheet, line D1 .....
  - iii. Total tentative credits for taxes paid to other states and foreign countries. Add line i and line ii. ....
  - iv. State adjusted gross income tax from Form IT-40, Line 8 or Form IT-40PNR, Line 8 .....
  - v. Credit from Schedule CC-40 .....
  - vi. Tentative net adjusted gross income tax. Subtract line v from line iv. ....
  - vii. Total credit. Lesser of line iii or line vi. Enter on Schedule 6, Line 5 or Schedule G, Line 5. ....
- i. \_\_\_\_\_  
ii. \_\_\_\_\_ 2  
iii. \_\_\_\_\_ 2  
iv. \_\_\_\_\_ 3,526  
v. \_\_\_\_\_  
vi. \_\_\_\_\_ 3,526  
vii. \_\_\_\_\_ 2

Name

PETER P BUTTIGIEGTaxpayer Identification Number  
Foreign Country VARIOUS

- |  |              |
|--|--------------|
| 1. Tax paid to foreign country on foreign income received during Indiana residency period .....  | 1. _____ 2   |
| 2. Income from foreign country received during Indiana residency period (subject to Indiana tax) .....   | 2. _____ 109 |
| 3. Multiply line 2 by 3.3% (.033) .....  | 3. _____ 4   |
| 4. Tentative credit for tax paid to foreign country. Lesser of line 1 or line 3 .....  | 4. _____ 2   |
| 5. Total tentative credit for taxes paid to foreign countries. Sum of the tentative credits for taxes paid to foreign countries from line 4. Report on Indiana Other State Credit Worksheet, line ii. .... | 5. _____ 2   |

## Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

2016

Attachment Sequence No. 19

► Attach to Form 1040, 1040NR, 1041, or 990-T.

► Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Identifying number as shown on page 1 of your tax return

Name

PETER P BUTTIGIEG

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Passive category income      c  Section 901(j) income      e  Lump-sum distributions.  
 b  General category income      d  Certain income re-sourced by treaty

f Resident of (name of country) ► US UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

g Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A OC	B	C	
1a Gross income from sources within country shown above and of the type checked above (see instructions):	VARIOUS			
PASSIVE INCOME	109			1a 109
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ► <input type="checkbox"/>				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	2,058			
b Other deds. (attach stmt.)				
c Add lines 3a and 3b	2,058			
d Gross foreign source income (see instructions)	109			
e Gross income from all sources (see instructions)	110,055			
f Divide line 3d by line 3e (see instructions)	0.0010			
g Multiply line 3c by line 3f	2			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	3			
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	5			6 5
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ► 7				104

**Part II Foreign Taxes Paid or Accrued (see instructions)**

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued									
		In foreign currency				In U.S. dollars					
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))	
	(a) Paid	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest			
A 1099 TAX	(b) Accrued					2					2
B											
C											

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ► 8

Form 1116 (2016)

For Paperwork Reduction Act Notice, see instructions.

**Part III Figuring the Credit**

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	2	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	2	
12 Reduction in foreign taxes (see instructions)	12		
13 Taxes reclassified under high tax kickout (see instructions)	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	2	
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	104	
16 Adjustments to line 15 (see instructions)	16		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	104	
18 Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption  Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	98,623	
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	0.0011	
20 Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39  Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.	20	19,211	
21 Multiply line 20 by line 19 (maximum amount of credit)	21	20	
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions).	22	2	

**Part IV Summary of Credits From Separate Parts III (see instructions)**

23 Credit for taxes on passive category income	23	
24 Credit for taxes on general category income	24	
25 Credit for taxes on certain income re-sourced by treaty	25	
26 Credit for taxes on lump-sum distributions	26	
27 Add lines 23 through 26	27	
28 Enter the smaller of line 20 or line 27	28	2
29 Reduction of credit for international boycott operations. See instructions for line 12	29	
30 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30	2