

Form 1040 U.S. Individual Income Tax Return (99) 2017 OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

| | | | | |
|--|--|---|--|---|
| For the year Jan. 1-Dec. 31, 2017, or other tax year beginning | | , 2017, 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. [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. [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. | | |
| Foreign country name | | Foreign province/state/county | Foreign postal code | <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Filing Status | | 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ► | 4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ► | |
| Check only one box. | | 5 <input type="checkbox"/> Qualifying widow(er) (see instructions) | (4) <input type="checkbox"/> if child under age 17, qualifying for child tax credit <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> X | Boxes checked on 6a and 6b 2 No. of children on 6c who: ● lived with you ● did not live with you due to divorce or separation (see instructions) 2 |
| Exemptions | | 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse | c Dependents: (1) First name _____ Last name _____ (2) Dependent's social security number _____ (3) Dependent's relationship to you _____ d Total number of exemptions claimed _____ | Dependents on 6c not entered above Add numbers on lines above ► 4 |
| Income | | 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a b Taxable amount 16a Pensions and annuities 16a b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ► | STMT 4 8b 9b STMT 1 STMT 2 10 11 12 13 14 15b 16b 17 18 19 20b 21 22 | 7 215,746. 8a 9a 10 2,595. 11 12 13 14 15b 16b 17 779. 18 19 20b 21 22 219,120. |
| Adjusted Gross Income | | 23 Educator expenses Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 Health savings account deduction. Attach Form 8889 25 Moving expenses. Attach Form 3903 26 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ► 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income ► | 23 250. 24 25 26 27 28 29 30 31a 32 33 34 35 36 37 | 250. 218,870. |

Tax and Credits

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

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

| | | | |
|-----|--|-----|----------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 218,870. |
| 39a | Check { <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked ► 39a <input type="checkbox"/> | 40 | 28,170. |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b <input type="checkbox"/> | 41 | 190,700. |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 42 | 16,200. |
| 41 | Subtract line 40 from line 38 | 43 | 174,500. |
| 42 | Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst. | 44 | 35,745. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 45 | |
| 44 | Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 46 | |
| 45 | Alternative minimum tax. Attach Form 6251 | 47 | 35,745. |
| 46 | Excess advance premium tax credit repayment. Attach Form 8962 | | |
| 47 | Add lines 44, 45, and 46 | | |
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | 180. |
| 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 | 180. |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 35,565. |
| 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 | 34. |
| 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 | 35,599. |

Payments

| | | | |
|-----|---|-----|---------|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 46,426. |
| 65 | 2017 estimated tax payments and amount applied from 2016 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 | 46,426. |

Refund

| | | | |
|-----|---|-----|---------|
| 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | 10,827. |
| 76a | Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/> | 76a | 10,827. |
| b | Routing number ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number ► | | |

Direct deposit? See instructions.

► b Routing number ► c Type: Checking Savings ► d Account number ►

77 Amount of line 75 you want applied to your 2018 estimated tax ► 77

Amount You Owe

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

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)? <input checked="" type="checkbox"/> Yes. Complete below. Designee's name ► | No Personal identification number (PIN) ► |
|----------------------|---|--|

Sign Here

Joint return? See instructions.

Keep a copy for your records.

| | | | | |
|--|------|---------------------|------------------|---|
| Your signature | Date | Your occupation | U.S. CONGRESSMAN | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | EDUCATOR | If the IRS sent you an Identity Protection PIN, enter it here |

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|--------------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | | | | Firm's EIN ► |

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. | | 2 218,870. |
| 3. 1040 filers: Enter the total of any- ● 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. | 3 0. | |
| 1040A and 1040NR filers: Enter -0-. | | |
| 4. Add lines 2 and 3. Enter the total. | 4 218,870. | |
| 5. Enter the amount shown below for your filing status. ● 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. | 6 109,000. | |
| 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 5,450. |
| 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.* 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.* | 10 | |
| 11. Are you claiming any of the following credits? ● 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. <input type="checkbox"/> Yes. Enter the amount from line 12. | This is your 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

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017

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 7.5% (0.075) | 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 8,493. |
| | 6 Real estate taxes (see instructions) | 6 7,002. |
| | 7 Personal property taxes | 7 |
| | 8 Other taxes. List type and amount ► | 8 |
| | 9 Add lines 5 through 8 | 9 15,495. |
| Interest You Paid | 10 Home mortgage interest and points reported to you on Form 1098 | 10 11,175. |
| | 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 11,175. |
| Gifts to Charity | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 1,004. |
| 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 | 17 496. |
| | 18 Carryover from prior year | 18 |
| | 19 Add lines 16 through 18 | 19 1,500. |
| Casualty and Theft Losses | 20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. 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 600. FROM FORM 2106-EZ 3,000. | 21 3,600. |
| | 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 3,850. |
| | 25 Enter amount from Form 1040, line 38 | 25 218,870. |
| | 26 Multiply line 25 by 2% (0.02) | 26 4,377. |
| | 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | 27 0. |
| Other Miscellaneous Deductions | 28 Other - from list in instructions. List type and amount ► | 28 |
| Total Itemized Deductions | 29 Is Form 1040, line 38, over \$156,900? <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 28,170. |
| | 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.

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2017

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 2017 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 ROYALTIES

B

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 | 6 | | A | | |
| B | | | B | | |
| C | | | 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 | 1,351. | | |
| 5 Advertising | | 5 | | | |
| 6 Auto and travel (see instructions) | | 6 | | | |
| 7 Cleaning and maintenance | | 7 | | | |
| 8 Commissions | | 8 | | | |
| 9 Insurance | | 9 | | | |
| 10 Legal and other professional fees | | 10 | | | |
| 11 Management fees | | 11 | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | | 12 | | | |
| 13 Other interest | | 13 | | | |
| 14 Repairs | | 14 | | | |
| 15 Supplies | | 15 | 69. | | |
| 16 Taxes | | 16 | | | |
| 17 Utilities | | 17 | | | |
| 18 Depreciation expense or depletion | | 18 | | | |
| 19 Other (list) ► STMT 7 | | 19 | 503. | | |
| 20 Total expenses. Add lines 5 through 19 | | 20 | 572. | | |
| 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 | 779. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | | 22 |) |) |) |

| | | | | |
|---|-----|--------|--|--|
| 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 | 1,351. | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | | |
| e Total of all amounts reported on line 20 for all properties | 23e | 572. | | |

| | | | | |
|--|----|------|--|--|
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | 779. | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | | |
| 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 | 779. | | |

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

Schedule E (Form 1040) 2017

Child and Dependent Care Expenses

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

► Go to www.irs.gov/Form2441 for instructions and the latest information.**2017**

Attachment 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 |
|----------------------------|--|--|-----------------|
| | | | 900. |
| | | | |

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 can't 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 | (a) Qualifying person's name | Last | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a) |
|-------|------------------------------|------|--|--|
| | | | | 900. |
| | | | | |

| | | |
|--|---|----------|
| 3 Add the amounts in column (c) of line 2. Don't 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 | 3 | 900. |
| 4 Enter your earned income . See instructions | 4 | 165,405. |
| 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 | 5 | 50,341. |
| 6 Enter the smallest of line 3, 4, or 5 | 6 | 900. |
| 7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 | 7 | 218,870. |
| 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7 | 8 | x .20 |

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 2016 expenses in 2017, see the instructions | 9 | 180. |
| 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions | 10 | 35,745. |
| 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 | 11 | 180. |

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

Form 2441 (2017)

Part III Dependent Care Benefits

| | | |
|--|----|-----|
| 12 Enter the total amount of dependent care benefits you received in 2017. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't 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 2016 and used in 2017 during the grace period. See instructions | 13 | |
| 14 Enter the amount, if any, you forfeited or carried forward to 2018. See instructions | 14 | () |
| 15 Combine lines 12 through 14. See instructions | 15 | |
| 16 Enter the total amount of qualified expenses incurred in 2017 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 | |
| 26 Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB" | | |

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 can't take the credit. Exception. If you paid 2016 expenses in 2017, see the instructions for line 9 | 29 | |
| 30 Complete line 2 on page 1 of this form. Don't 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 | |

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.
 ► Go to www.irs.gov/ScheduleH for instructions and the latest information.

OMB No. 1545-1971

2017Attachment
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 2017 don't have to complete this form for 2017.

- A** Did you pay **any one** household employee cash wages of \$2,000 or more in 2017? (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 2017 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 2016 or 2017 to **all** household employees?
 (Don't count cash wages paid in 2016 or 2017 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 | |
| 2 Social security tax. Multiply line 1 by 12.4% (0.124) | 2 | |
| 3 Total cash wages subject to Medicare tax | 3 | |
| 4 Medicare tax. Multiply line 3 by 2.9% (0.029) | 4 | |
| 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 | 32. |
| 8 Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7 | 8 | 32. |

- 9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2016 or 2017 to **all** household employees?
 (Don't count cash wages paid in 2016 or 2017 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 "No." **10** **Yes** **No**
- 11** Did you pay all state unemployment contributions for 2017 by April 17, 2018? Fiscal year filers, see instructions **11** **X**
- 12** Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? **12** **X**

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.**Section A**

| | | | | |
|---|-----------|-------------|--|--|
| 13 Name of the state where you paid unemployment contributions | ► | OH | | |
| 14 Contributions paid to your state unemployment fund | 14 | 11. | | |
| 15 Total cash wages subject to FUTA tax | 15 | 400. | | |
| 16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25 | 16 | 2. | | |

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.....**19** Add columns (g) and (h) of line 18**20** Total cash wages subject to FUTA tax (see the line 15 instructions)**21** Multiply line 20 by 6.0% (0.060)**22** Multiply line 20 by 5.4% (0.054)**23** Enter the **smaller** of line 19 or line 22(If you paid state unemployment contributions late or you're in a credit reduction state,
see instructions and check here)**24** **FUTA tax.** Subtract line 23 from line 21. Enter the result here and go to line 25**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-**26** Add line 16 (or line 24) and line 25**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. |

Shared Responsibility Payment

721636 12-26-17

To Figure Your Shared Responsibility Payment

- Follow Steps 1 through 5 next.
- Complete Worksheet A or Worksheet B if you are directed to them as you complete Steps 1 through 5.
- Complete the Shared Responsibility Payment Worksheet as directed by Steps 1 through 5 or Worksheets A and B.

Step 1 All Filers

1. Can someone claim you as a dependent?

- Yes.** Stop. You don't owe a shared responsibility payment. Don't check the box on line 6a of Form 1040 or Form 1040A. If you file Form 1040EZ, check the box on line 5
 No. Continue to line 2

2. Did you, and everyone else in your tax household (see Tax household under *Definitions*, earlier) have qualifying health coverage for every month of 2017*?

- Yes.** Stop. You don't owe a shared responsibility payment. Check the Full-year coverage box on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11
 No. Continue to line 3

*You can check the Full-year coverage box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that person had qualifying health care coverage for every month he or she was a member of your tax household.

3. Did you or anyone else in your tax household have qualifying health coverage or qualify for a coverage exemption for any month in 2017?

- Yes.** Stop. Claim any coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet A
 No. Continue to line 4

4. Did you, or anyone else in your tax household turn 18 during 2017?

- Yes.** Go to Worksheet A
 No. Go to Step 2

Step 2 Flat Dollar Amount

1. Multiply \$695 by the number of people in your tax household who were at least 18 years old* 1 _____

*For purposes of figuring the shared responsibility payment, an individual is considered under age 18 for an entire month if he or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born.

2. Multiply \$347.50 by the number of people in your tax household who were under age 18 2 _____

3. Add lines 1 and 2 3 _____

4. Enter the smaller of line 3 or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3 4 _____

Step 3 Household Income

1. Enter the amount from Form 1040, line 38; Form 1040A, line 21; or Form 1040EZ, line 4 1 _____

2. Did you receive any tax-exempt interest?

- Yes.** Enter the amount from Form 1040, line 8b; Form 1040A, line 8b; or the amount entered in the space to the left of Form 1040EZ, line 2 2 _____
 No. Continue to line 3

3. Did you attach Form 2555 or Form 2555-EZ?

- Yes.** Enter the amount from Form 2555, lines 45 and 50; or Form 2555-EZ, line 18 3 _____
 No. Continue to line 4

4. Did you claim any dependents?

- Yes.** Continue to line 5
 No. Stop. Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1

5. Were any of the dependents you claimed required to file a return?

- Yes.** Complete questions 1 through 3 for each dependent with a filing requirement for whom you didn't attach Form 8814. Enter the total here 5 _____
 No. Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1

6. Did you attach Form 8814?

- Yes.** Continue to line 7
 No. Stop. Add lines 1, 2, 3, and 5. **This is your household income.** Enter the result on Step 4, line 1

7. Is Form 8814, line 4, more than \$1,050?

- Yes.** Add the amount from Form 8814, line 1b, and the smaller of Form 8814, line 4 or 5 7 _____
 No. Enter -0. Continue to line 8

8. Add lines 1, 2, 3, 5, and 7. **This is your household income.** Enter the result on Step 4, line 1 8 _____

Shared Responsibility Payment continued

Step 4 Percentage Income Amount

1. Enter your household income from Step 3 1 _____
2. Were you or your spouse (if filing jointly) born before January 2, 1953?
 Yes. Skip question 3. Find your filing threshold on the **Filing Thresholds for Most People** chart and enter it both here and on line 4. 2 _____
 No. Go to question 3.
3. Enter the amount listed below for your filing status. 3 _____
 - Single - \$10,400
 - Head of household - \$13,400
 - Married filing jointly - \$20,800
 - Married filing separately - \$4,050
 - Qualifying widow(er) - \$16,750
4. Enter the amount from line 2 or 3. 4 _____
5. Subtract line 4 from line 1 5 _____
6. Is the amount on line 5 zero or less?
 Yes. Stop. You don't owe a shared responsibility payment. Complete Form 8965 by checking the box on line 7.
 No. Continue to line 7.
7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount 7 _____
8. Were you required to complete Worksheet A?
 Yes. Go to Worksheet B. Then continue to Step 5
 No. Enter the amount from line 7 above on line 2 of the Shared Responsibility Payment Worksheet and complete line 3 of that worksheet. Then continue to Step 5.

Step 5 National Average Bronze Plan Premium

1. Were you required to complete Worksheet A?
 Yes. Continue to line 2
 No. Skip question 2; Go to question 3.
2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet 2 _____
* \$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one individual for one month.
3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet.
 - 1 person - \$3,264
 - 2 people - \$6,528
 - 3 people - \$9,792
 - 4 people - \$13,056
 - 5 or more people - \$16,320

Shared Responsibility Payment Worksheet

Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2017, stop here. You don't owe a shared responsibility payment.

Complete Step 1

1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7) 1 _____

Complete Step 3

2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14) 2 _____

3. Enter the larger of line 1 or line 2 3 _____

Complete Step 5

4. Enter the National Average Bronze Plan Premium (From Step 5, question 2 or 3) 4 _____

5. Enter the smaller of line 3 or line 4 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11.

This is your shared responsibility payment 5 _____

Unreimbursed Employee Business Expenses

2017Attachment
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 2017.

Caution: You can use the standard mileage rate for 2017 **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 53.5¢ (0.535). 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 9** 4 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 2017, 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 (2017)

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

2016

2015

2014

OHIO

GROSS STATE/LOCAL INC TAX REFUNDS 2,595.
LESS: TAX PAID IN FOLLOWING YEAR

NET TAX REFUNDS OHIO

2,595.

TOTAL NET TAX REFUNDS

2,595.

COPY

| FORM 1040 | TAXABLE STATE AND LOCAL INCOME TAX REFUNDS | STATEMENT | 2 |
|--|--|-----------|--------|
| | | 2016 | 2015 |
| | | | 2014 |
| NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT. | 2,595. | | |
| LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION | | | |
| 1 NET REFUNDS FOR RECALCULATION | 2,595. | | |
| 2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT | 27,889. | | |
| 3 DEDUCTION NOT SUBJ TO PHASEOUT | | | |
| 4 NET REFUNDS FROM LINE 1 | 2,595. | | |
| 5 LINE 2 MINUS LINES 3 AND 4 | 25,294. | | |
| 6 MULT LN 5 BY APPL SEC. 68 PCT | 20,235. | | |
| 7 PRIOR YEAR AGI | 176,949. | | |
| 8 ITEM. DED. PHASEOUT THRESHOLD | 311,300. | | |
| 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) | -134,351. | | |
| 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 (LESSER OF LINE 15 OR LINE 1) | 2,595. | | |
| 17 ALLOWABLE PRIOR YR. ITEM. DED. | 27,889. | | |
| 18 PRIOR YEAR STD. DED. AVAILABLE | 12,600. | | |
| 19 SUBTRACT LINE 18 FROM LINE 17 | 15,289. | | |
| 20 LESSER OF LINE 16 OR LINE 19 | 2,595. | | |
| 21 PRIOR YEAR TAXABLE INCOME | 132,860. | | |
| 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 | | | 2,595. |
| STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2014 | | | |
| TOTAL TO FORM 1040, LINE 10 | | | 2,595. |

FORM 1040

STUDENT LOAN INTEREST DEDUCTION

STATEMENT 3

| | | |
|----|---|----------|
| 1. | ENTER THE TOTAL INTEREST PAID IN 2017 ON QUALIFIED STUDENT LOANS. DON'T ENTER MORE THAN \$2,500 | 1,735. |
| 2. | ENTER THE AMOUNT FROM FORM 1040, LINE 22 | 219,120. |
| 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 | 218,870. |
| 5. | ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS. * SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-\$65,000 * MARRIED FILING JOINTLY-\$135,000 | 135,000. |
| 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 | 83,870. |
| 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 | 1,735. |
| 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 | 165,405. | 38,651. | 7,088. | | 7,886. | 2,525. |
| S WEATHERSFIELD LOCAL SCHOOL DISTRICT | 50,341. | 7,775. | 1,405. | | | 854. |
| TOTALS | 215,746. | 46,426. | 8,493. | | 7,886. | 3,379. |

| SCHEDULE A | CASH CONTRIBUTIONS | STATEMENT | 5 |
|------------------------------|----------------------|---------------------|---------------------|
| DESCRIPTION | AMOUNT 100% LIMIT | AMOUNT 50% LIMIT | AMOUNT 30% LIMIT |
| BLESSED SACRAMENT PARISH | | | |
| CATHOLIC CHURCH | | 500. | |
| MISCELLANEOUS | | 504. | |
| SUBTOTALS | | 1,004. | |
| TOTAL TO SCHEDULE A, LINE 16 | | | 1,004. |

| SCHEDULE A | CONTRIBUTIONS OTHER THAN CASH OR CHECK | STATEMENT | 6 | |
|------------------------------|--|---------------------|---------------------|---------------------|
| DESCRIPTION | AMOUNT 100% LIMIT | AMOUNT 50% LIMIT | AMOUNT 30% LIMIT | AMOUNT 20% LIMIT |
| GOODWILL | | 496. | | |
| SUBTOTALS | | 496. | | |
| TOTAL TO SCHEDULE A, LINE 17 | | | 496. | |

| SCHEDULE E | OTHER EXPENSES | STATEMENT | 7 |
|--------------------------------------|----------------|-----------|------|
| DESCRIPTION | AMOUNT | | |
| TRAVEL | | | 339. |
| TRANSCRIBER FEES | | | 164. |
| TOTAL TO SCHEDULE E, PAGE 1, LINE 19 | | | 503. |

FORM 2441

CREDIT LIMIT WORKSHEET

STATEMENT 8

-
- 1 ENTER THE AMOUNT FROM FORM 1040, LINE 47; FORM 1040A, LINE 30;
OR FORM 1040NR, LINE 45 35,745.
- 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 35,745.
-

FORM 2106-EZ

OTHER BUSINESS EXPENSES

STATEMENT 9

U.S. CONGRESSMAN

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

Do not staple or paper clip.

Ohio

Department of
Taxation
Rev. 9/17

2017 Ohio IT 1040
Individual Income Tax Return



02 21 18

1

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer's SSN (required)



If deceased

Spouse's SSN (if filing jointly)



If deceased

17000185

1

check box

check box

Enter school district # for
this return (see instructions).
SD # ►► [REDACTED]

First name

TIMOTHY

M.I. Last name

J RYAN

Spouse's first name (only if married filing jointly)

ANDREA

M.I. Last name

M RYAN

Address line 1 (number and street) or P.O. Box

Address line 2 (apartment number, suite number, etc.)

City

State ZIP code

Ohio county (first four letters)

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

Foreign postal code

Ohio Residency Status - Check applicable box

Full-year Part-year Nonresident ►►
resident resident Indicate state

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

Full-year Part-year Nonresident ►►
resident resident Indicate state

Ohio Political Party Fund

Check here if you want \$1 to go to this fund.

Check here if your spouse wants \$1 to go to this fund (if filing jointly).

Note: Checking this box will not increase your tax or decrease your refund.

Filing Status - Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er)
 Married filing jointly
 Married filing separately

Check here if you filed the federal extension 4868.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Do not staple or paper clip.

1. **Federal adjusted gross income** (from the federal 1040, line 37; 1040A, line 21;

1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10). Include page 1 of your
federal return if the amount is zero or negative. Place a "-" in box at the right if negative

218870 00

2a. Additions - Ohio Schedule A, line 10 (include schedule) 2a. 0 00

2b. Deductions - Ohio Schedule A, line 35 (include schedule) 2b. 4595 00

3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b) 3. 214275 00

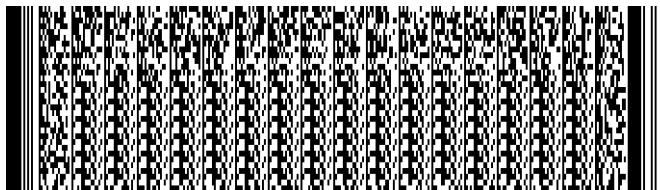
4. Exemption amount (if claiming dependent(s), include Schedule J) 4. 7200 00

Number of exemptions claimed on your federal return: **4**

5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero) 5. 207075 00

6. Taxable business income - Ohio Schedule IT BUS, line 13 (include schedule) 6. 0 00

7. Line 5 minus line 6 (if less than zero, enter zero) 7. 207075 00



□ / □ / □
Postmark date CCH Code

771001 11-03-17 CCH

2017 IT 1040 - page 1 of 2

2017 Ohio IT 1040
Individual Income Tax Return



SSN [REDACTED]

| | | |
|---|-------|-----------|
| 7a. Amount from line 7 on page 1 | 7a. | 207075 00 |
| 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables) | 8a. | 7890 00 |
| 8b. Business income tax liability - Ohio Schedule IT BUS, line 14 (include schedule) | 8b. | 0 00 |
| 8c. Income tax liability before credits (line 8a plus line 8b) | 8c. | 7890 00 |
| 9. Ohio nonrefundable credits - Ohio Schedule of Credits, line 33 (include schedule) | 9. | 395 00 |
| 10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero) | 10. | 7495 00 |
| 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210) | 11. | 0 00 |
| 12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due | X 12. | 0 00 |
| 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12) | 13. | 7495 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. | 8493 00 |
| 15. Estimated (2017 Ohio IT 1040ES) and extension (2017 Ohio IT 40P) payments and credit carryforward from previous year return | 15. | 0 00 |
| 16. Refundable credits - Ohio Schedule of Credits, line 40 (include schedule) | 16. | 0 00 |
| 17. <u>Amended return only</u> - amount previously paid with original and/or amended return | 17. | 0 00 |
| 18. Total Ohio tax payments (add lines 14, 15, 16 and 17) | 18. | 8493 00 |
| 19. <u>Amended return only</u> - overpayment previously requested on original and/or amended return | 19. | 0 00 |
| 20. Line 18 minus line 19 | 20. | 8493 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). If line 20 is negative, ignore the "-" and add line 20 to line 13 | 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. | 998 00 |
| 25. <u>Original return only</u> - amount of line 24 to be credited toward 2018 income tax liability | 25. | 0 00 |
| 26. <u>Original return only</u> - amount of line 24 to be donated: a. Wishes for Sick Children b. Wildlife species c. Military injury relief 0 00 0 00 0 00 | | |
| d. Ohio History Fund e. State nature preserves f. Breast / cervical cancer 0 00 0 00 0 00 | | |
| 0 00 0 00 0 00 | Total 26g. | 0 00 |

| | | |
|--|--------------------------|--------|
| 27. REFUND (line 24 minus lines 25 and 26g) | YOUR REFUND ► 27. | 998 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) _____ | | NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679 | |
| ► Spouse's signature _____ Phone number _____ | | Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057 | |
| X Check here to authorize your preparer to discuss this return with Taxation Preparer's printed name PATRICK O'CONNOR | | | |
| Phone number _____ | | Preparer's TIN (PTIN) _____ | |

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Ohio

Department of
Taxation
Rev. 8/17

2017 Ohio Schedule A

Income Adjustments - Additions and Deductions



02 21 18

SSN of primary filer

17000385

3

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 - 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. | 2595 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 |

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Department of
Taxation
Rev. 8/17

2017 Ohio Schedule A
Income Adjustments - Additions and Deductions
SSN of primary filer



17000485

4

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. | 2000 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. | 4595 00 |

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Rev. 08/17

2017 Ohio Schedule of Credits

Nonrefundable and Refundable



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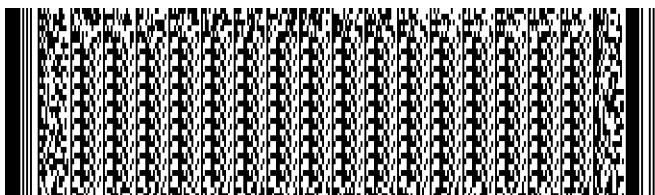
SSN of primary filer

02 21 18

7

Nonrefundable Credits

| | | |
|---|-----|---------|
| 1. Tax liability before credits (from Ohio IT 1040, line 8c) | 1. | 7890 00 |
| 2. Retirement income credit (limit \$200 per return) (see instructions for table) | 2. | 0 00 |
| 3. Lump sum retirement credit - Ohio LS WKS, Section III, line 6 (include worksheet) | 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 - Ohio LS WKS, Section IV, line 3 (include worksheet) | 5. | 0 00 |
| 6. Child care and dependent care credit (see instructions for worksheet) | 6. | 0 00 |
| 7. Displaced worker training credit (see instructions for worksheet) (limit \$500 per taxpayer) | 7. | 0 00 |
| 8. Campaign contribution credit for Ohio statewide office or General Assembly (limit \$50 per taxpayer) | 8. | 0 00 |
| 9. Income-based exemption credit (\$20 times the number of exemptions) | 9. | 0 00 |
| 10. Total (add lines 2 through 9) | 10. | 0 00 |
| 11. Tax less credits (line 1 minus line 10; if less than -0-, enter -0-) | 11. | 7890 00 |
| 12. Joint filing credit (see instructions). <u>5</u> % times the amount on line 11(limit \$650) STMT 2 | 12. | 395 00 |
| 13. Earned income credit | 13. | 0 00 |
| 14. Ohio adoption credit (limit \$10,000 per adopted child) | 14. | 0 00 |
| 15. Job retention credit, nonrefundable portion (include a copy of the credit certificate) | 15. | 0 00 |
| 16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) | 16. | 0 00 |
| 17. Credit for purchases of grape production property | 17. | 0 00 |
| 18. Invest Ohio credit (include a copy of the credit certificate) | 18. | 0 00 |
| 19. Technology investment credit carryforward (include a copy of the credit certificate) | 19. | 0 00 |
| 20. Enterprise zone day care and training credits (include a copy of the credit certificate) | 20. | 0 00 |
| 21. Research and development credit (include a copy of the credit certificate) | 21. | 0 00 |
| 22. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate) | 22. | 0 00 |
| 23. Total (add lines 12 through 22) | 23. | 395 00 |
| 24. Tax less additional credits (line 11 minus line 23; if less than -0-, enter -0-) | 24. | 7495 00 |



2017 Ohio Schedule of Credits

Nonrefundable and Refundable

SSN of primary filer
[REDACTED]**Nonresident Credit**

| Date of nonresidency | to | State of residency | |
|--|-----|--------------------|---------------|
| 25. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in Ohio. Include Ohio NRC if required | 25. | 0 00 | |
| 26. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) | 26. | 0 00 | |
| 27. Divide line 25 by line 26 and enter the result here (four digits; do not round). .0000 | | | |
| Multiply this factor by the amount on line 24 to calculate your nonresident credit | 27. | | 0 00 |
| Resident Credit | | | |
| 28. 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) | 28. | 0 00 | |
| 29. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) | 29. | 0 00 | |
| 30. Divide line 28 by line 29 and enter the result here (four digits; do not round). .0000 | | | |
| Multiply this factor by the amount on line 24 and enter the result here | 30. | 0 00 | |
| 31. Enter the 2017 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) | 31. | 0 00 | |
| 32. Enter the smaller of line 30 or line 31. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax | 32. | | 0 00 |
| 33. Total nonrefundable credits (add lines 10, 23, 27 and 32; enter here and on Ohio IT 1040, line 9) | 33. | | 395 00 |

Refundable Credits

| | | |
|---|-----|-------------|
| 34. Historic preservation credit (include a copy of the credit certificate) | 34. | 0 00 |
| 35. Job creation credit and job retention credit, refundable portion (include a copy of the credit certificate) | 35. | 0 00 |
| 36. Pass-through entity credit (include a copy of the Ohio K-1s) | 36. | 0 00 |
| 37. Motion picture production credit (include a copy of the credit certificate) | 37. | 0 00 |
| 38. Financial Institutions Tax (FIT) credit (include a copy of the Ohio K-1s) | 38. | 0 00 |
| 39. Venture capital credit (include a copy of the credit certificate) | 39. | 0 00 |
| 40. Total refundable credits (add lines 34 through 39; enter here and on Ohio IT 1040, line 16) | 40. | 0 00 |

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Ohio

Department of
Taxation
Rev. 8/17

Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return



02 21 18

Tax Year
2017

SSN of primary filer (required)

9

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 - Required) Dependent's relationship to you (required)

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

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

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

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

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

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

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

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

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

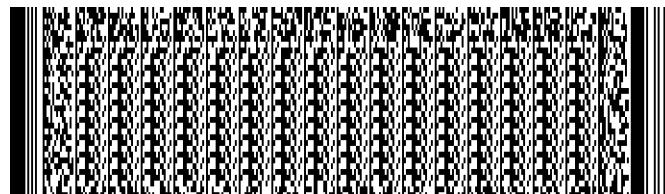
6. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY - Required) Dependent's relationship to you (required)

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

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

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

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Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return

Tax Year
2017SSN of primary filer (required)
[REDACTED]

17230285

10

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 - Required) | Dependent's relationship to you (required) |
| | Dependent's first name (required) | M.I. Dependent's Last name (required) | |
| 9. | Dependent's SSN (required) | Dependent's date of birth (MM DD YYYY - Required) | Dependent's relationship to you (required) |
| | Dependent's first name (required) | M.I. Dependent's Last name (required) | |
| 10. | Dependent's SSN (required) | Dependent's date of birth (MM DD YYYY - Required) | Dependent's relationship to you (required) |
| | Dependent's first name (required) | M.I. Dependent's Last name (required) | |
| 11. | Dependent's SSN (required) | Dependent's date of birth (MM DD YYYY - Required) | Dependent's relationship to you (required) |
| | Dependent's first name (required) | M.I. Dependent's Last name (required) | |
| 12. | Dependent's SSN (required) | Dependent's date of birth (MM DD YYYY - Required) | Dependent's relationship to you (required) |
| | Dependent's first name (required) | M.I. Dependent's Last name (required) | |
| 13. | Dependent's SSN (required) | Dependent's date of birth (MM DD YYYY - Required) | Dependent's relationship to you (required) |
| | Dependent's first name (required) | M.I. Dependent's Last name (required) | |
| 14. | Dependent's SSN (required) | Dependent's date of birth (MM DD YYYY- Required) | Dependent's relationship to you (required) |
| | Dependent's first name (required) | M.I. Dependent's Last name (required) | |
| 15. | Dependent's SSN (required) | Dependent's date of birth (MM DD YYYY- Required) | Dependent's relationship to you (required) |
| | Dependent's first name (required) | M.I. Dependent's Last name (required) | |



2017 Ohio IT/SD 2210

Interest Penalty on Underpayment of Ohio Individual Income, School District Income and Pass-Through Entity Tax

Include with your 2017 Ohio tax return.

IMPORTANT: This form has been updated due to the recent enactment of House Bill 133 by the Ohio General Assembly on 06/29/2018. Changes made to the law regarding this form are retroactive to tax years beginning on 01/01/2017 or later.

Use UPPERCASE letters.

Section 1: Complete this section if you are filing **Ohio IT 1040 or SD 100**.

Taxpayer's SSN (required)

Spouse's SSN (only if married filing jointly)

Taxpayer's first name

TIMOTHY

M.I. Last name

J RYAN

Spouse's first name (only if married filing jointly)

ANDREA

M.I. Last name

M RYAN

Section 2: Complete this section if you are filing **Ohio SD 100E, IT 1041, IT 1140 or IT 4708**.

FEIN

Decedent's SSN (estates)

Name of pass-through entity, trust or estate

Additional line, if necessary, for name of pass-through entity, trust or estate

Section 3:

Total interest penalty due (from page 2, line 8 or page 3, line 6)

Include pages 1 and 2 when you file your Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708 tax return.

Include pages 1 and 3 when you file your Ohio IT 1140 tax return.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

Taxpayer's name TIMOTHY J. & ANDREA M. RYANTaxpayer's FEIN/SSN

2017

**Part I - Calculating the Required Annual Payment
When Filing the Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708**

Use this form to calculate interest penalty on underpayment of taxes and to show the exceptions where no interest penalty is due.
See instructions.

Check here if you engage in farming or fishing activities and refer to Ohio Administrative Code Rule 5703-7-04 for options.

1. 2017 Ohio income taxes paid (timely paid* 2017 estimated payments plus withholding plus 2016 credit carryforward) 1. 8 , 493 00
2. 2017 Ohio income tax liability (total tax minus total credits) 2. 7 , 495 00
3. 2016 Ohio income tax liability (total tax minus total credits) 3. 5 , 857 00
4. Multiply line 2 by 90% (.90) 4. 6 , 746 00
- 5a. Is line 1 greater than or equal to line 4? If yes, STOP, you have no interest penalty. If no, continue to line 5b 5a. Yes No
- 5b. Did you file a 2016 Ohio income tax return? If yes, continue to line 5c. If no, skip to line 5d 5b. Yes No
- 5c. Is line 1 greater than or equal to line 3? If yes, STOP, you have no interest penalty. If no, continue to line 5d 5c. Yes No
- 5d. Is line 2 less any withholding \$500 or less? If yes, STOP, you do not owe an interest penalty. If no, continue to line 6 5d. Yes No
6. If you answered "Yes" on line 5b, enter the lesser of line 3 or line 4. If you answered "No", enter the amount from line 4. Then continue to Part II 6. 00

*Do not include any estimated payments that were made after their respective due date.

Part II - Calculating the Interest Penalty Due

| Payment Due Dates (see note below) | | | |
|---------------------------------------|--------------------|--------------------|---------------------|
| A 4/18/17 - 25% | B 6/15/17 - 50% | C 9/15/17 - 75% | D 1/16/18 - 100% |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | 0.006352 | 0.010075 | 0.013470 |
| 7. | | | |
| 8. | | | |

8. Total interest penalty due (sum of line 7, columns A through D). Enter here and on Section 3 of page 1 8.

Note: Payment due dates - the associated dates and the rates on line 6 are for calendar year taxpayers. Fiscal year taxpayers must adjust the payment due dates and the line 6 ratios accordingly.

| | | | |
|----------|---|-----------|---|
| OH SCH A | CONTRIBUTIONS TO COLLEGEADVANTAGE 529 SAVINGS PLAN AND/OR PURCHASES OF TUITION CREDITS | STATEMENT | 1 |
|----------|---|-----------|---|

| BENEFICIARY'S NAME | CURRENT YEAR AMOUNT ALLOWED | AMOUNT CARRIED FORWARD TO NEXT YEAR |
|------------------------------|--------------------------------|---|
| [REDACTED] | 2,000. | 400. |
| TOTAL TO SCHEDULE A, LINE 29 | 2,000. | 400. |

| | | | |
|---------------------------|---|-----------|---|
| OH SCHEDULE OF CREDITS | QUALIFYING INCOME FOR JOINT FILING CREDIT | STATEMENT | 2 |
|---------------------------|---|-----------|---|

| DESCRIPTION | TAXPAYER | SPOUSE |
|--|--------------|-------------|
| WAGES, SALARIES, TIPS, ETC. | 165,405. | 50,341. |
| LESS: TOTAL FEDERAL ADJUSTMENTS | -250. | 0. |
| TAXPAYER SCHEDULE A ADJUSTMENT | -1,000. | |
| SPOUSE SCHEDULE A ADJUSTMENT | | -1,000. |
| TOTAL QUALIFYING INCOME (CREDIT APPLIES ONLY IF BOTH \$500 OR MORE) | 164,155. | 49,341. |

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.

COPY