

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

2017

- Return completed Form 8879 to your ERO. (Do not send to IRS.)
- Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name

PETER P BUTTIGIEG

Social security number

Spouse's name

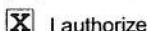
Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2017 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	133,565
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	28,830
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	21,668
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	
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	7,162

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, 2017, 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 2017 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2017 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 ► 03/28/18

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

Enter five digits, but
don't enter all zeros

ERO firm name

as my signature on my tax year 2017 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2017 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 2017 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 ►

4/3/18

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

2017 Form 1040-V

Department of the Treasury
Internal Revenue Service

What Is Form 1040-V?

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2017 Form 1040, Form 1040A, or Form 1040EZ, or Form 1040NR.

Consider Making Your Tax Payment Electronically – It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment you will receive immediate confirmation from the IRS. Go to [IRS.gov/payments](https://www.irs.gov/payments) to see all your electronic payment options.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN).

If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order. If paying at IRS.gov don't complete this form.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "United States Treasury." Don't send cash. If you want to pay in cash, in person, see *Pay by cash*.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2017 Form 1040," "2017 Form 1040A," "2017 Form 1040EZ," or "2017 Form 1040NR," whichever is appropriate.

Mail To: Internal Revenue Service

P.O. BOX 802501
CINCINNATI, OH 45280-2501

▼ Detach Here and Mail With Your Payment and Return ▼

Form 1040-V (2017)

CUT HERE

Department of the Treasury
Internal Revenue Service

- Use this voucher when making a payment with Form 1040.
- Do not staple this voucher or your payment to Form 1040.
- Make your check or money order payable to the "United States Treasury."
- Write your social security number (SSN) on your check or money order.

P. BUTTIGIEG

SOUTH BEND

IN 4661

- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Don't use dashes or lines (for example, don't enter "\$ XXX—" or "\$ XXX XX/100").

No checks of \$100 million or more accepted. The IRS can't accept a single check (including a cashier's check) for amounts of \$100,000,000 (\$100 million) or more. If you are sending \$100 million or more by check, you will need to spread the payments over two or more checks, with each check made out for an amount less than \$100 million. **Pay by cash.** This is a new in-person payment option for individuals provided through retail partners with a maximum of \$1,000 per day per transaction. To make a cash payment, you must first be registered online at [officialpayments.com/fed](https://www.officialpayments.com/fed), our Official Payment provider.

How To Send In Your 2017 Tax Return, Payment, and Form 1040-V

- Don't staple or otherwise attach your payment or Form 1040-V to your return. Instead, just put them loose in the envelope.
- Mail your 2017 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

How To Pay Electronically

Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. You can pay using either of the following electronic payment methods. To pay your taxes online or for more information, go to [IRS.gov/payments](https://www.irs.gov/payments).

Direct Pay

Pay your taxes directly from your checking or savings account at no cost to you. You receive instant confirmation that your payment has been made, and you can schedule your payment up to 30 days in advance.

Debit or Credit Card

The IRS doesn't charge a fee for this service; the card processors do. The authorized card processors and their phone numbers are all on [IRS.gov/payments](https://www.irs.gov/payments).

2017 Form 1040-V Payment Voucher

Enter the amount of your payment	Dollars	Cents
	7	162

1022

INTERNAL REVENUE SERVICE
P.O. BOX 802501
CINCINNATI, OH 45280-2501

**Form
IT-8879**
State Form 53399
(R13 /9-17)

Indiana Individual Income Tax
DECLARATION OF ELECTRONIC FILING
Income Tax for the Tax Year January 1 - December 31, 2017

**Do Not Mail This
Form To DOR**

Submission ID - -

First Name and Middle Initial PETER P	Last Name BUTTIGIEG	Your Social Security Number <input type="text"/>	Spouse's Social Security Number <input type="text"/>
Spouse's First Name and Middle Initial	Spouse's Last Name	Street Address <input type="text"/>	
City SOUTH BEND		State IN	Zip Code 4661 <input type="text"/>
		Daytime Telephone Number <input type="text"/>	

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

1. Federal Adjusted Gross Income
2. Indiana Adjusted Gross Income
3. Total Indiana Tax
4. Total State Tax Withheld
5. Total County Tax Withheld
6. Total Indiana Tax Credits
7. Refund
8. Amount You Owe

1.	133565.00
2.	130432.00
3.	6496.00
4.	3478.00
5.	1911.00
6.	5389.00
7.	.00
8.	1108.00

Part II Direct Deposit

- 9. Routing number
10. Account number
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.

Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.

**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 ensure 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 2017 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 to enter my PIN as my signature on my tax year 2017 electronically filed income tax return.
 I will enter my PIN as my signature on my tax year 2017 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 **03/28/18**

Spouse's PIN: check one box only

- I authorize to enter my PIN as my signature on my tax year 2017 electronically filed income tax return.
 I will enter my PIN as my signature on my tax year 2017 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.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 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 ►

Date **4/3/18**

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POST FILING COUPON
INDIANA DEPARTMENT OF REVENUE

PETER P BUTTIGIEG

SOUTH BEND IN 4661

Date: 04/03/2018

Taxpayer's SSN:

Spouse's SSN:

2017 Individual PFC Letter

Dear Taxpayer:

Your 2017 Indiana Individual Income Tax return indicates a total tax amount of \$ 1,108. is owed to the Indiana Department of Revenue.

As a reminder, you must pay this amount in full no later than April 17, 2018. 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 <https://www.in.gov/dor/4340.htm>. 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 17, 2018 to avoid penalty 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 17, 2018, to avoid penalty 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 2017
Date Due 04 17 2018
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:

1108.00

SOUTH BEND

IN

Form 1040-ES Estimated Tax for Individuals

(on bottom of page)

CUT HERE

Form 1040-ES
Department of the Treasury
Internal Revenue Service**2018****Estimated Tax****Payment
Voucher 1****Calendar year -
Due April 17, 2018**

► Make your check or money order payable to "United States Treasury."
Write your social security number and "2018 Form 1040-ES" on your payment.
Send your payment and this voucher to the P.O. box address below.
Cross out any incorrect information and print the correct information. Get Form
8822 to report a new address (see instructions). For Privacy Act and Paperwork
Reduction Act Notice, see instructions.

**Amount of estimated tax you are
paying by check or money order.****Dollars'****1,200****1022****P BUTTIGIEG****SOUTH BEND****IN 46611****INTERNAL REVENUE SERVICE
P.O. BOX 802502
CINCINNATI, OH 45280-2502**

Form 1040-ES Estimated Tax for Individuals

(on bottom of page)

CUT HERE

Form 1040-ES
Department of the Treasury
Internal Revenue Service**2018****Estimated Tax****Payment
Voucher** 2**Calendar year -
Due June 15, 2018**

► Make your check or money order payable to "United States Treasury."
Write your social security number and "2018 Form 1040-ES" on your payment.
Send your payment and this voucher to the P.O. box address below.
Cross out any incorrect information and print the correct information. Get Form
8822 to report a new address (see instructions). For Privacy Act and Paperwork
Reduction Act Notice, see instructions.

**Amount of estimated tax you are
paying by check or money order.**

Dollars

1,200

1022

P BUTTIGIEG

SOUTH BEND

IN 46614

INTERNAL REVENUE SERVICE
P.O. BOX 802502
CINCINNATI, OH 45280-2502

Form 1040-ES Estimated Tax for Individuals

(on bottom of page)

CUT HERE

Form 1040-ES
Department of the Treasury
Internal Revenue Service

2018

Estimated Tax

Payment
Voucher **3**

Calendar year-
Due Sept. 17, 2018

Make your check or money order payable to "United States Treasury."
Write your social security number and "2018 Form 1040-ES" on your payment.
Send your payment and this voucher to the P.O. box address below.
Cross-out any incorrect information and print the correct information. Get Form
8822 to report a new address (see instructions). For Privacy Act and Paperwork
Reduction Act Notice: see instructions.

**Amount of estimated tax you are
paying by check or money order.**

Dollars

1,200

1022

P BUTTIGIEG

SOUTH BEND

IN 4661

INTERNAL REVENUE SERVICE
P.O. BOX 802502
CINCINNATI, OH 45280-2502

Form 1040-ES Estimated Tax for Individuals

(on bottom of page)

CUT HERE

Form 1040-ES
Department of the Treasury
Internal Revenue Service**2018****Estimated Tax****Payment
Voucher** **4****Calendar year -
Due Jan. 15, 2019**

Make your check or money order payable to "United States Treasury."
Write your social security number and "2018 Form 1040-ES" on your payment.
Send your payment and this voucher to the P.O. box address below.
Cross out any incorrect information and print the correct information. Get Form
8822 to report a new address (see instructions). For Privacy Act and Paperwork
Reduction Act Notice, see instructions.

**Amount of estimated tax you are
paying by check or money order.****Dollars****1,200****1022****P BUTTIGIEG****SOUTH BEND****IN 466****INTERNAL REVENUE SERVICE
P.O. BOX 802502
CINCINNATI, OH 45280-2502**

Indiana

IT-40ES Individual Estimated Income Tax Voucher

(on bottom of page)

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Tax year ending: **12 31 2018**

Taxpayer Name: **PETER P BUTTIGIEG**

Taxpayer Name:

IT-40ES 0812

INDIVIDUAL ESTIMATED INCOME TAX

Voucher Number	Due Date	E	State Income Tax	1.	182.00	
1	04 17 2018		Your County	71	County Tax 2.	98.00
Your Taxpayer ID Number	Spouse's Taxpayer ID Number		Spouse's County		County Tax 3.	
Total Estimated Payment					280.00	

INDIANA DEPARTMENT OF REVENUE
P.O. BOX 7225
INDIANAPOLIS IN 46207-7225

Indiana

IT-40ES Individual Estimated Income Tax Voucher

(on bottom of page)

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Tax year ending: **12 31 2018**

IT-40ES 0812

Taxpayer Name: **PETER P BUTTIGIEG**

Taxpayer Name:

INDIVIDUAL ESTIMATED INCOME TAX

Voucher Number	Due Date	E	State Income Tax	1.	182.00	
2	06 15 2018		Your County:	71	County Tax 2.	98.00
Your Taxpayer ID Number	Spouse's Taxpayer ID Number		Spouse's County		County Tax 3:	
					Total Estimated Payment	280.00

INDIANA DEPARTMENT OF REVENUE
P.O. BOX 7225
INDIANAPOLIS IN 46207-7225

Indiana

IT-40ES Individual Estimated Income Tax Voucher

(on bottom of page)

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CUT HERE

Tax year ending: **12 31 2018**

Taxpayer Name: **PETER P BUTTIGIEG**

Taxpayer Name:

IT-40ES 0812

INDIVIDUAL ESTIMATED INCOME TAX

Voucher Number	Due Date	E	State Income Tax 1.	182.00	
3	09 17 2018		Your County	71 County Tax 2.	98.00
Your Taxpayer ID Number	Spouse's Taxpayer ID Number		Spouse's County	County Tax 3.	
				Total Estimated Payment	280.00

INDIANA DEPARTMENT OF REVENUE
P.O. BOX 7225
INDIANAPOLIS IN 46207-7225

Indiana

IT-40ES Individual Estimated Income Tax Voucher

(on bottom of page)

Cut on line before mailing

CUT HERE

Tax year ending: 12 31 2018

Taxpayer Name: PETER P BUTTIGIEG

Taxpayer Name:

IT-40ES 0812

INDIVIDUAL ESTIMATED INCOME TAX

Voucher Number

Due Date

E

State Income Tax 1.

182.00

4

01 15 2019

71 County Tax 2.

98.00

Your Taxpayer ID Number

Spouse's Taxpayer ID Number

Spouse's County

County Tax 3.

INDIANA DEPARTMENT OF REVENUE
P.O. BOX 7225
INDIANAPOLIS IN 46207-7225

Form 1040

Department of the Treasury—Internal Revenue Service
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

PETER P

Last name

BUTTIGIEG

Your social security number

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

Last name

Spouse's social security number

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

Apt. no.

▲ 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).

SOUTH BEND

IN

4661

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

 You Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

1 Single4

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 Married filing jointly (even if only one had income).3 Married filing separately. Enter spouse's SSN above and full name here. ►5

Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

c Dependents:

(1) First name _____ Last name _____

(2) Dependent's social security number

(3) Dependent's relationship to you

} Boxes checked on 6a and 6b

1

No. of children

on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

If more than four dependents, see instructions and check here ►

d Total number of exemptions claimed

Add numbers on lines above ►

1

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	109,245
8a Taxable interest. Attach Schedule B if required	8a	50
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	620
b Qualified dividends	9b	490
10 Taxable refunds, credits, or offsets of state and local income taxes	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	24,975
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	13	123
14 Other gains or (losses). Attach Form 4797	14	
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	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	b Taxable amount
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►	22	135,013

Adjusted Gross Income

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	1,448
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN ►	31a	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 35	36	1,448
37 Subtract line 36 from line 22. This is your adjusted gross income ►	37	133,565

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2017)

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, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

38 Amount from line 37 (adjusted gross income)

38

133,565

39a Check You were born before January 2, 1953, Blind. Total boxes checked ► 39aif: Spouse was born before January 2, 1953, Blind.

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

11,542

41 Subtract line 40 from line 38

41

122,023

42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions

42

4,050

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

43

117,973

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

44

25,935

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

45

46 Excess advance premium tax credit repayment. Attach Form 8962

46

25,935

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

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

56

25,935

57 Self-employment tax. Attach Schedule SE

57

2,895

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

28,830

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

64

21,668

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

67 Additional child tax credit. Attach Schedule 8812

68

68 American opportunity credit from Form 8863, line 8

69

69 Net premium tax credit. Attach Form 8962

70

70 Amount paid with request for extension to file

71

71 Excess social security and tier 1 RRTA tax withheld

72

72 Credit for federal tax on fuels. Attach Form 4136

73

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

21,668

Payments

If you have a qualifying child, attach Schedule EIC.

66b

67

68

69

70

71

72

73

74

Refund

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

75

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

76a

b Routing number c Type: Checking Savingsd Account number 77 Amount of line 75 you want applied to your 2018 estimated tax ► 77

78

7,162

Amount

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

78

You Owe

79 Estimated tax penalty (see instructions)

79

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below.

No

Personal identification number (PIN) ►

Phone no. ►

Sign Here

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

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

Your signature

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

Date Your occupation

MAYOR OF SOUTH BEND

Daytime phone number

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

Paid

Print/Type preparer's name

Date

Check if self-employed

PTIN

Firm's EIN ►

Preparer

Firm's name ►

Use Only

Firm's address ►

Phone no.

SOUTH BEND

IN 4661

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**

PETER P BUTTIGIEG

Your social security number [REDACTED]

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
	1 Medical and dental expenses (see instructions)	1	996
	2 Enter amount from Form 1040, line 38	2	133,565
	3 Multiply line 2 by 7.5% (0.075)	3	10,017
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0
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	5,419
	6 Real estate taxes (see instructions)	6	2,133
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	189
	INDIANA EXCISE TAX		
	9 Add lines 5 through 8	9	7,741
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	3,036
Note: Your mortgage interest deduction may be limited (see instructions).	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	3,036
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	765
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	17	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	765
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 ►	21	
	22 Tax preparation fees	22	
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23	24	
	25 Enter amount from Form 1040, line 38	25	133,565
	26 Multiply line 25 by 2% (0.02)	26	2,671
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
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	11,542
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>		

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2017

Attachment
Sequence No. **09**

- Go to www.irs.gov/ScheduleC for instructions and the latest information.
- Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

PETER P BUTTIGIEG

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)
WRITING

B Enter code from instructions

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

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ►

SOUTH BEND IN 4661

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

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►

Yes No

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses

Yes No

H If you started or acquired this business during 2017, check here ►

Yes No

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)

Yes No

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

Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	► <input type="checkbox"/>	1 30,000
2 Returns and allowances		2
3 Subtract line 2 from line 1		3 30,000
4 Cost of goods sold (from line 42)		4
5 Gross profit. Subtract line 4 from line 3		5 30,000
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	► <input type="checkbox"/>	6
7 Gross income. Add lines 5 and 6	► <input type="checkbox"/>	7 30,000

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

8 Advertising	8	18 Office expense (see instructions)	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10 4,500	20 Rent or lease (see instructions):	20a
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20b
12 Depletion	12	b Other business property	21
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	22
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	23
15 Insurance (other than health)	15	23 Taxes and licenses	24
16 Interest:		24 Travel, meals, and entertainment:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals and entertainment (see instructions)	24b
17 Legal and professional services	17 495	25 Utilities	25
28 Total expenses before expenses for business use of home. Add lines 8 through 27		26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7		27a Other expenses (from line 48)	27a 30
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).		b Reserved for future use	27b
Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		28 5,025	
31 Net profit or (loss). Subtract line 30 from line 29.		29 24,975	
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.		30	
• If a loss, you must go to line 32.		31 24,975	
32 If you have a loss, check the box that describes your investment in this activity (see instructions).		32a <input type="checkbox"/> All investment is at risk	
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.		32b <input type="checkbox"/> Some investment is not at risk	
• If you checked 32b, you must attach Form 6198. Your loss may be limited.			

PETER P BUTTIGIEG

Schedule C (Form 1040) 2017

Part III Cost of Goods Sold (see instructions)

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

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

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ► _____
44 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

- 45 Was your vehicle available for personal use during off-duty hours? Yes No
46 Do you (or your spouse) have another vehicle available for personal use? Yes No
47a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

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

WIRE FEE

30

48 Total other expenses. Enter here and on line 27a

48

30

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

Social security number of person
with self-employment income ► [REDACTED]**PETER P BUTTIGIEG****Section B — Long Schedule SE****Part I Self-Employment Tax**

Note: If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

- A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ►

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)

1a [REDACTED]

b If you received social security, retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z

1b [REDACTED]

2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1

2 [REDACTED] 24,975

Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions)

3 [REDACTED] 24,975

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

4a [REDACTED] 23,064

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

4b [REDACTED]

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

4c [REDACTED] 23,064

c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax.

Exception: If less than \$400 and you had church employee income, enter -0- and continue ►

5a Enter your church employee income from Form W-2. See

5a [REDACTED]

instructions for definition of church employee income

5b [REDACTED] 0

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

6 [REDACTED] 23,064

6 Add lines 4c and 5b

7 [REDACTED] 127,200

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2017

8a Total social security wages and tips (total of boxes 3 and 7 on

Form(s) W-2) and railroad retirement (tier 1) compensation.

8a [REDACTED] 109,245

If \$127,200 or more, skip lines 8b through 10, and go to line 11

8b [REDACTED]

b Unreported tips subject to social security tax (from Form 4137, line 10)

8c [REDACTED]

c Wages subject to social security tax (from Form 8919, line 10)

8d [REDACTED] 109,245

d Add lines 8a, 8b, and 8c

9 [REDACTED] 17,955

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ►

10 [REDACTED] 2,226

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)

11 [REDACTED] 669

11 Multiply line 6 by 2.9% (0.029)

12 [REDACTED] 2,895

12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55

13 Deduction for one-half of self-employment tax,

Multiply line 12 by 50% (0.50). Enter the result here and on

Form 1040, line 27, or Form 1040NR, line 27

13 [REDACTED] 1,448

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$7,800, or (b) your net farm profits² were less than \$5,631.

14 [REDACTED] 5,200

14 Maximum income for optional methods

15 [REDACTED]

15 Enter the smaller of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$5,200. Also

include this amount on line 4b above

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,631 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.

16 [REDACTED]

16 Subtract line 15 from line 14

17 [REDACTED]

17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the

amount on line 16. Also include this amount on line 4b above

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

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

► Go to www.irs.gov/Form1116 for instructions and the latest information.

2017

Attachment Sequence No. 19

Name

PETER P BUTTIGIEG

Identifying number as shown on page 1 of your tax return

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	
1a	Gross income from sources within country shown above and of the type checked above (see instructions) ►	VARIOUS			1a
b	PASSIVE INCOME	743			743
c	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)	2,133			
b	Other deds. (attach stmt.)	2,133			
c	Add lines 3a and 3b	743			
d	Gross foreign source income (see instructions)	140,038			
e	Gross income from all sources (see instructions)	0.0053			
f	Divide line 3d by line 3e (see instructions)	11			
g	Multiply line 3c by line 3f				
4	Pro rata share of interest expense (see instructions):				
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	16			
b	Other interest expense				
5	Losses from foreign sources				
6	Add lines 2, 3g, 4a, 4b, and 5	27			6
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ►				7
7 716					

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			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))	
		(n) Paid	(o) Accrued	Taxes withheld at source on:	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest		
	(l) 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	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A	1099 TAX									
B										
C										

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

For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2017)

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		
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11		
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		
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	716	
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	716	
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	18	122,023	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	0.0059	
20 Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42	20	25,935	
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions			
21 Multiply line 20 by line 19 (maximum amount of credit)	21	152	
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		

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		
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	0	

2017

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

Due April 17, 2018

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

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)

City

State

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

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, 2017.

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 **133565.00**
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 **133565.00**
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 _____ **Indiana Deductions** 4 **2133.00**
5. Subtract line 4 from line 3 _____ 5 **131432.00**
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 _____ **Indiana Adjusted Gross Income** 7 **130432.00**
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323)
(if answer is less than zero, leave blank) _____ 8 **4213.00**
9. County tax. Enter county tax due from Schedule CT-40
(if answer is less than zero, leave blank) _____ 9 **2283.00**
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 **6496.00**

12. Enter credits from Schedule 5, line 9 (enclose schedule)	12	5389 .00
13. Enter offset credits from Schedule 6, line 8 (enclose schedule)	13	.00
14. Add lines 12 and 13	Indiana Credits	14
		5389 .00
15. Enter amount from line 11	Indiana Taxes	15
		6496 .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 2018 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	1 .00
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23	Your Refund	21
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	1108 .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
Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue. Credit card payers must see instructions.		1108 .00

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)		
SAME		
Number of months lived there	12	Amount of property tax paid \$ 2133.00
Enter the lesser of \$2,500 or the amount of property tax paid	2	2133.00
3. State tax refund reported on federal return	3	.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 2133.00

Name(s) shown on Form IT-40

Your Social Security Number

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, 2017, or a full-time student
- who was under the age of 24 by Dec. 31, 2017; 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, 2017

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**

Schedule 5 / Schedule IN-DONATE
Form IT-40, State Form 53998
(R8/9-17)

Schedule 5: Credits

2017

Enclosure
Sequence No. 04

Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts	1	3478.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts	2	1911.00
3. Estimated tax paid for 2017: 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	5389.00

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	12	.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 2017? 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 made an Indiana extension payment online.

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 2017, enter date of death (MM/DD).

Taxpayer's date of death	2017	Spouse's date of death	2017
--------------------------	------	------------------------	------

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

PTIN

Address

City

SOUTH BEND

State

Preparer's
signature

Telephone
number

Address

City SOUTH BEND

State IN

Zip Code 4661

Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG

[REDACTED]

Line	Description	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 county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____	1A	130432.00	1B .00
2.	Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2017 _____	2A	.0175000	2B
3.	Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____	3A	2283.00	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		2283.00
5.	Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____	5		.00
6.	Multiply line 5 by .0181 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		2283.00

Indiana Department of Revenue
**2017 Underpayment of
 Estimated Tax By Individuals**

Enclose with Form IT-40 or Form IT-40PNR

Enclosure
 Sequence No. 13

Name(s) shown on Form IT-40/IT-40PNR
PETER P BUTTIGIEG

Your Social
 Security Number
REDACTED

Section A - Farmers and Fishermen Only - See Instructions

Annual Gross Income from All Sources	Two-Thirds of Gross Income	Gross Income from Farming and Fishing
2016 00 X 66.7% = 00	 00	 00
2017 00 X 66.7% = 00	 00	 00

**Section B:
 Early Filers**

Check box if you filed
 your 2017 tax return
 and paid the total tax
 due by Jan. 31, 2018

Section C - Required Annual Payment

1. 2017 tax _____
2. 2017 credits (not including withholding credits or estimated tax payments) _____
3. Subtract line 2 from line 1 _____
4. Multiply line 3 by 90% (.90) (farmers/fishermen multiply by .667, see instructions) _____
5. 2017 withholding tax credit _____
6. Subtract line 5 from line 3 - If less than \$1,000, STOP HERE! You do not owe a penalty _____
7. Prior year's tax (see instructions) _____
8. Minimum required annual payment - Enter the lesser of line 4 or line 7 - If less than or equal to the amount on line 5, STOP HERE! You do not owe a penalty _____

Round all entries

1	6496	00
2		00
3	6496	00
4	5846	00
5	5389	00
6	1107	00
7	5394	00
8	5394	00

Section D - Short Method - Read the instructions to determine if you can use the short method

9. Enter the withholding tax credit amount from line 5 above _____
10. Enter the total amount, if any, of estimated tax payments you made for tax year 2017 _____
11. Add lines 9 and 10 _____
12. Total Underpayment. Subtract line 11 from line 8. If zero or less, STOP HERE! You do not owe a penalty. Attach this schedule to your tax return _____
13. Multiply line 12 by 10% (.10). Enter this amount on line 20 on Form IT-40 or Form IT-40PNR _____

9	5389	00
10		00
11	5389	00
12		5 00
13		1 00

Installment Period Due Dates

Section E - Regular Method

A	B	C	D
1st Installment April 18, 2017	2nd Installment June 15, 2017	3rd Installment, September 15, 2017	4th Installment, January 16, 2018

14. Minimum required installment payment: divide amount on line 8 by 4 _____
15. 2017 withholding-Divide line 5 by 4 _____

14	00	00	00	14	00
15	00	00	00	15	00

STOP! Complete lines 16 through 19 for each column before going to the next one.

16. 2017 estimated taxes paid per period _____
17. Total installment payments (add lines 15 and 16) _____
18. Installment period overpayment _____
19. Installment period underpayment _____
20. Total underpayment - Add line 19, Columns A + B + C + D and enter total here _____
21. Underpayment penalty - Multiply line 20 by 10%. Enter this amount on line 20 on Form IT-40 or IT-40PNR _____

16	00
17	00
18	00
19	00
20	00
21	00