

Form

1040EZ**Income Tax Return for Single and
Joint Filers With No Dependents** (99)**2016**

OMB No. 1545-0074

Your first name and initial Isabelle E		Last name Bauer		Your social security number 013 23 0843	
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. 703 JACKSON HILL STREET				Apt. no. ▲ Make sure the SSN(s) above are correct.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Houston TX 77007				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county		Foreign postal code	

Income**Attach
Form(s) W-2
here.**Enclose, but do
not attach, any
payment.

1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	57,476.
2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	
3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	
4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	57,476.
5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,350 if single ; \$20,700 if married filing jointly . See back for explanation.	5	10,350.
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	47,126.
7	Federal income tax withheld from Form(s) W-2 and 1099.	7	9,131.
8a	Earned income credit (EIC) (see instructions) No	8a	
b	Nontaxable combat pay election. 8b		
9	Add lines 7 and 8a. These are your total payments and credits .	9	9,131.
10	Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	7,553.
11	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	11	0.
12	Add lines 10 and 11. This is your total tax .	12	7,553.
13a	If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a	1,578.

**Payments,
Credits,
and Tax****Refund**Have it directly
deposited! See
instructions and
fill in 13b, 13c,
and 13d, or
Form 8888.

b Routing number **1 1 1 9 0 6 2 7 1** **c** Type: ☒ Checking ☐ Savings

d Account number **4 3 7 6 3 5 5 3 5**

**Amount
You Owe**

14 If line 12 is larger than line 9, subtract line 9 from line 12. This is the **amount you owe**. For details on how to pay, see instructions. **14**

**Third Party
Designee**

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

Designee's name **▲** Phone no. **▲** Personal identification number (PIN) **▲**

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

Under penalties of perjury, I declare that I have examined this return and, 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. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature **▲** Date **▲** Your occupation **Instructor** Daytime phone number **(832) 812-9017**

Spouse's signature. If a joint return, **both** must sign. **▲** Date **▲** Spouse's occupation **▲** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) **▲**

**Paid
Preparer
Use Only**

Print/Type preparer's name **Preparer's signature** **Date** **Check ☐ if self-employed** **PTIN**

Firm's name **Self-Prepared** **Firm's EIN **▲****

Firm's address **▲** **Phone no. **▲****