

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning

, 2017, ending

Your first name and initial		Last name		, 20		See separate instructions.	
Stephen S		Andaya				Your social security number	
If a joint return, spouse's first name and initial		Last name				6 2 4 8 8 1 6 7 0	
Bernadette D		Andaya				Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.		6 2 4 8 8 1 6 4 3	
646 Howe Ave.				23		▲ 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).						Presidential Election Campaign	
Shelton, CT 06484		Foreign province/state/country		Foreign postal code		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							

## Filing Status

1 ☐ Single  
2 ☒ Married filing jointly (even if only one had income)  
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ 4 ☐ Head of household (with qualifying person). (See instructions.)  
5 ☐ Qualifying widow(er) (see instructions)

## Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a  
b ☒ Spouse  
c Dependents:  
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions)  
(1) (2) (3) (4)  
If more than four dependents, see instructions and check here ▶ ☐  
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)  
Dependents on 6c not entered above  
Add numbers on lines above ▶ 2

## Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 3,904 77  
8a Taxable interest. Attach Schedule B if required 8a  
b Tax-exempt interest. Do not include on line 8a 8b  
9a Ordinary dividends. Attach Schedule B if required 9a  
b Qualified dividends 9b  
10 Taxable refunds, credits, or offsets of state and local income taxes 10  
11 Alimony received 11  
12 Business income or (loss). Attach Schedule C or C-EZ 12  
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ 13  
14 Other gains or (losses). Attach Form 4797 14  
15a IRA distributions 15a b Taxable amount 15b  
16a Pensions and annuities 16a b Taxable amount 16b  
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17  
18 Farm income or (loss). Attach Schedule F 18  
19 Unemployment compensation 19  
20a Social security benefits 20a 21,153 00 b Taxable amount 20b  
21 Other income. List type and amount 21  
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 3,904 77

## 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  
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 8803 35  
36 Add lines 23 through 35 36 0 00  
37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 3,904 77