

File by Mail Instructions for your Federal Amended Tax Return

Important: Your taxes are not finished until all required steps are completed.



Summer J Shields
54 Remington
Irvine, CA 92620

Balance Due/Refund	Your federal amended tax return shows you owe a balance due of \$1,104.00. You are paying by check.		
What You Need to Mail	Your amended tax return - Form 1040X. Remember to sign and date the return. Your payment - Mail a check or money order for \$1,104.00, payable to "United States Treasury". Write your Social Security number and "Form 1040X" on the check. Mail the return and check together. Be sure to attach all forms or schedules that changed to your amended return. Mail your return, attachments and payment to: Department of the Treasury Internal Revenue Service Fresno, CA 93888-0422 Note: Your state return may be due on a different date. Please review your state filing instructions. Don't forget correct postage on the envelope.		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.		
Federal Tax Return Summary	Adjusted Gross Income Correct Amount	\$	82,864.00
	Taxable Income Correct Amount	\$	72,514.00
	Total Tax Correct Amount	\$	13,903.00
	Total Payments/Credits Correct Amount	\$	15,391.00
	Payment Due	\$	1,104.00



Hi Summer,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2016 taxes:

Your federal balance due is: \$ 1,104.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We e-filed your federal returns for free, so you could get your refund the fastest way possible.
- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

► **Information about Form 1040X and its separate instructions is at www.irs.gov/form1040x.****This return is for calendar year** ☒ 2016 ☐ 2015 ☐ 2014 ☐ 2013**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial

Summer J

Last name

Shields

Your social security number

622-26-9737

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

Last name

Spouse's social security number

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

54 Remington

Apt. no.

Your phone number

(714) 369-4418

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Irvine CA 92620

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from joint to separate returns after the due date.☒ Single☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)☐ Married filing jointly☐ Married filing separately☐ Qualifying widow(er)**Full-year coverage.**

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." (See instructions.)

☒ Yes☐ No

Use Part III on the back to explain any changes

Income and Deductions

		A. Original amount or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
1	Adjusted gross income. If net operating loss (NOL) carryback is included, check here ► <input type="checkbox"/>	1 60,432.	22,432.	82,864.
2	Itemized deductions or standard deduction	2 6,300.	0.	6,300.
3	Subtract line 2 from line 1	3 54,132.	22,432.	76,564.
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	4 4,050.	0.	4,050.
5	Taxable income. Subtract line 4 from line 3	5 50,082.	22,432.	72,514.

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions): Table	6 8,290.	5,613.	13,903.
7	Credits. If general business credit carryback is included, check here ► <input type="checkbox"/>	7 0.	0.	0.
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 8,290.	5,613.	13,903.
9	Health care: individual responsibility (see instructions)	9 0.	0.	0.
10	Other taxes	10 0.	12.	12.
11	Total tax. Add lines 8, 9, and 10	11 8,290.	5,625.	13,915.

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (If changing , see instructions.)	12 10,870.	4,521.	15,391.
13	Estimated tax payments, including amount applied from prior year's return	13 0.	0.	0.
14	Earned income credit (EIC)	14 0.	0.	0.
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15 0.	0.	0.
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16	0.	
17	Total payments. Add lines 12 through 15, column C, and line 16	17	15,391.	

Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18	2,580.	
19	Subtract line 18 from line 17 (If less than zero, see instructions.)	19	12,811.	
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20	1,104.	
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		
22	Amount of line 21 you want refunded to you	22	0.	
23	Amount of line 21 you want applied to your (enter year): estimated tax . 23			

Complete and sign this form on Page 2.

Part I Exemptions

Complete this part **only** if you are increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself	24 1	0	1
25	Your dependent children who lived with you	25 0	0	0
26	Your dependent children who didn't live with you due to divorce or separation	26 0	0	0
27	Other dependents	27 0	0	0
28	Total number of exemptions. Add lines 24 through 27	28 1	0	1
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form.	29 4,050.	0.	4,050.
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

► Attach any supporting documents and new or changed forms and schedules.

I forgot to add a W2 from my previous employer

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

► Your signature _____ Date _____ ► Spouse's signature. If a joint return, **both** must sign. _____ Date _____

Paid Preparer Use Only

► Preparer's signature _____ Date _____ Self-prepared
Firm's name (or yours if self-employed) _____

Print/type preparer's name _____ Firm's address and ZIP code _____

PTIN _____ ☐ Check if self-employed _____ Phone number _____ EIN _____

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20		See separate instructions.
Your first name and initial Summer J	Last name Shields	Your social security number 622-26-9737
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. 54 Remington		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). Irvine CA 92620		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

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.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

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) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

d Total number of exemptions claimed

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

Add numbers on lines above ▶ 1

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 82,672.

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 0.

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 b Taxable amount 20b

21 Other income. List type and amount Form 8889 Health Savings Accounts 21 192.

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 82,864.

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 8903 35

36 Add lines 23 through 35 36

37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 82,864.

Tax and Credits**Standard Deduction for—**

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

• All others:
Single or Married filing separately, \$6,300

Married filing jointly or Qualifying widow(er), \$12,600

Head of household, \$9,300

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe**Third Party Designee****Sign Here**

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

Paid Preparer Use Only

38	Amount from line 37 (adjusted gross income)	38	82,864.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,300.
41	Subtract line 40 from line 38	41	76,564.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	72,514.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	13,903.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	13,903.
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 <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	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	13,903.
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	12.
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 <input checked="" type="checkbox"/>	61	0.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	13,915.
64	Federal income tax withheld from Forms W-2 and 1099	64	15,391.
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC) No	66a	
b	Nontaxable combat pay election 66b	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	0.
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" 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	15,391.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,476.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	1,476.
b	Routing number 3 2 2 2 7 1 7 2 4 c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
d	Account number 4 2 0 0 7 4 5 7 2 6 2		
77	Amount of line 75 you want applied to your 2017 estimated tax	77	
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	

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

Designee's name **INTUIT, INC.** Phone no. **(800) 446-8848** Personal identification number (PIN) **21255**

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

Your signature	Date	Your occupation Inside Sales	Daytime phone number (714) 369-4418
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.)

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name Self-Prepared			Firm's EIN	
Firm's address			Phone no.	

**Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**

OMB No. 1545-0074

2016Department of the Treasury
Internal Revenue Service (99)▶ **Attach to Form 1040 or Form 1040NR.**▶ **Information about Form 5329 and its separate instructions is at www.irs.gov/form5329.**Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Summer J Shields

Your social security number

622-26-9737

**Fill in Your Address Only
If You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

If this is an amended
return, check here ▶ ☐

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 1040NR, line 57.**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).	4	

Part II Additional Tax on Certain Distributions From Education Accounts and ABLÉ Accounts. Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLÉ account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLÉ account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2016 than is allowable or you had an amount on line 17 of your 2015 Form 5329.

9	Enter your excess contributions from line 16 of your 2015 Form 5329 (see instructions). If zero, go to line 15	9	
10	If your traditional IRA contributions for 2016 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2016 traditional IRA distributions included in income (see instructions) .	11	
12	2016 distributions of prior year excess contributions (see instructions) .	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2016 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2016 (including 2016 contributions made in 2017). Include this amount on Form 1040, line 59, or Form 1040NR, line 57 .	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2016 than is allowable or you had an amount on line 25 of your 2015 Form 5329.

18	Enter your excess contributions from line 24 of your 2015 Form 5329 (see instructions). If zero, go to line 23	18	
19	If your Roth IRA contributions for 2016 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2016 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2016 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2016 (including 2016 contributions made in 2017). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2016 were more than is allowable or you had an amount on line 33 of your 2015 Form 5329.

26	Enter the excess contributions from line 32 of your 2015 Form 5329 (see instructions). If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2016 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2016 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2016 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2016 (including 2016 contributions made in 2017). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2016 than is allowable or you had an amount on line 41 of your 2015 Form 5329.

34	Enter the excess contributions from line 40 of your 2015 Form 5329 (see instructions). If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2016 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2016 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2016 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2016 (including 2016 contributions made in 2017). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2016 than is allowable or you had an amount on line 49 of your 2015 Form 5329.

42	Enter the excess contributions from line 48 of your 2015 Form 5329. If zero, go to line 47	42	0.
43	If the contributions to your HSAs for 2016 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2016 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2016 (see instructions)	47	192.
48	Total excess contributions. Add lines 46 and 47	48	192.
49	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2016 (including 2016 contributions made in 2017). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	49	12.

Part VIII Additional Tax on Excess Contributions to an ABL Account. Complete this part if contributions to your ABL account for 2016 were more than is allowable.

50	Excess contributions for 2016 (see instructions)	50	
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABL account on December 31, 2016. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	51	

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52	Minimum required distribution for 2016 (see instructions)	52	
53	Amount actually distributed to you in 2016	53	
54	Subtract line 53 from line 52. If zero or less, enter -0-	54	
55	Additional tax. Enter 50% (0.50) of line 54. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	55	

Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your 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.			

Health Savings Accounts (HSAs)

► Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.
► Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

Summer J Shields

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ►

622-26-9737

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2016 (see instructions).	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2016 (or those made on your behalf), including those made from January 1, 2017, through April 18, 2017, that were for 2016. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	2	0.
3	If you were under age 55 at the end of 2016, and on the first day of every month during 2016, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,750 for family coverage). All others , see the instructions for the amount to enter.	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2016 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, also include any amount contributed to your spouse's Archer MSAs.	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2016, see the instructions for the amount to enter.	6	
7	If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions).	7	0.
8	Add lines 6 and 7.	8	0.
9	Employer contributions made to your HSAs for 2016	9	192.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10.	11	192.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	13	0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2016 from all HSAs (see instructions).	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).	14b	
c	Subtract line 14b from line 14a.	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions).	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box.	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Summer J Shields

Primary SSN: 622-26-9737

Federal Return Submitted: May 07, 2017 07:33 PM PDT

Federal Return Acceptance Date: 05/07/2017

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2017. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 18, 2017, your Intuit electronic postmark will indicate April 18, 2017, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2017, and a corrected return is submitted and accepted before April 23, 2017. If your return is submitted after April 23, 2017, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 16, 2017. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 17, 2017, and the corrected return is submitted and accepted by October 20, 2017.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

File by Mail Instructions for your 2016 California Amended Tax Return

Important: Your taxes are not finished until all required steps are completed.



Summer J Shields
54 Remington
Irvine, CA 92620

Balance Due/Refund	Your California state amended tax return shows you owe a balance due of \$411.00. You are paying by check.		
What You Need to Mail	Your amended tax return - 540X. Remember to sign and date the return. Your payment - Mail a check or money order for \$411.00, payable to "Franchise Tax Board". Write your Social Security number and "2016 540X" on the check. Mail the return and check together, but do not staple or attach the check to the return. Attach the following to your California tax return: - a copy of your federal return - any Form(s) W-2, W-2G, 592-B, 593, and 1099s that have California withholding you may have received to the front of your return. Mail your return, attachments and payment to: Franchise Tax Board PO Box 942867 Sacramento, CA 94267-0001 Don't forget correct postage on the envelope.		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.		
2016 California Tax Return Summary	Adjusted Gross Income As Originally Filed	\$	60,432.00
	Adjusted Gross Income Correct Amount	\$	82,864.00
	Taxable Income As Originally Filed	\$	56,303.00
	Taxable Income Correct Amount	\$	78,543.00
	Total Tax As Originally Filed	\$	2,548.00
	Total Tax Correct Amount	\$	4,613.00
	Total Payments/Credits Correct Amount	\$	4,482.00
	Payment Due	\$	411.00
Special Formatting	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.		

2016 Amended Individual Income Tax Return**540X**

APE

DO NOT ATTACH FEDERAL RETURN

622-26-9737 SHIE
SUMMER J SHIELDS

16

A
R
RP54 REMINGTON
IRVINE CA 92620

04-15-1984

a Have you been advised that your original federal tax return has been, is being, or will be audited? ☒ Yes ☐ No**b Filing status claimed on:**Original tax return ▶ ☒ Single ☐ Married/RDP filing jointly ☐ Married/RDP filing separately ☐ Head of household ☐ Qualifying widow(er)Amended tax return ▶ ☒ Single ☐ Married/RDP filing jointly ☐ Married/RDP filing separately ☐ Head of household ☐ Qualifying widow(er)**c** If for the year you are amending, you (or your spouse/RDP) can be claimed as a dependent on someone else's tax return, check this box. ☐**d** If claiming head of household, enter name and relationship of qualifying person on: Original tax return _____

Amended tax return _____

If amending **Form 540NR**, see General Information D.If amending **Forms 540 2EZ, 540, or 540A**, see the instructions for lines 1 through 6.**All filers:** Explain changes on Side 3 and attach your supporting documents.

		A. As originally reported/ adjusted by the FTB See instructions	B. Net change. Explain on Side 3, Part II, line 5	C. Correct amount
1 a State wages. See instructions	1a	60432	22432	82864
b Federal adjusted gross income. See instructions.	1b	60432	22432	82864
2 CA adjustments. Get specific instructions on Form 540A or Sch. CA (540).				
a California nontaxable interest income	2a	0	0	0
b State income tax refund.	2b	0	0	0
c Unemployment compensation	2c	0	0	0
d Social Security benefits	2d	0	0	0
e Other (list)	2e	0	-192	-192
3 Total California adjustments. Combine line 2a through line 2e. See instructions	3	0	-192	-192
4 California adjusted gross income. Combine line 1b and line 3. See instructions	4	60432	22240	82672
5 California itemized deductions or California standard deduction. See instructions.	5	4129	0	4129
6 Taxable income. Subtract line 5 from line 4. If less than zero, enter -0-.	6	56303	22240	78543
7 a Tax method used for line 7b, column C. See instructions	7a	<input checked="" type="checkbox"/> TT <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803		
b Tax. See instructions	7b	2659	2065	4724
8 Exemption credits. See instructions.	8	111	0	111
9 Subtract line 8 from line 7b. If less than zero, enter -0-.	9	2548	2065	4613
10 Tax from Schedule G-1 and form FTB 5870A. See instructions	10	0	0	0
11 Add line 9 and line 10	11	2548	2065	4613
12 Special Credits and Nonrefundable Credits. See instructions.	12	0	0	0
13 Subtract line 12 from line 11. If less than zero, enter -0-.	13	2548	2065	4613
14 Other taxes (alternative minimum tax, credit recapture, etc.). See instructions.	14	0	0	0
15 Mental Health Services Tax. See instructions.	15	0	0	0
16 Total tax. Add line 13, line 14, and line 15.	16	2548	2065	4613
If amending Form 540NR. See instructions.				

Your name: SUMMER J SHIELDS

Your SSN or ITIN: 622-26-9737

If amending **Form 540NR**, see General Information D.If amending **Forms 540 2EZ, 540, or 540A**, see the instructions for lines 1 through 6.**All filers:** Explain changes on Side 3 and attach your supporting documents.

	A. As originally reported/ adjusted by the FTB See instructions	B. Net change. Explain on Side 3, Part II, line 5	C. Correct amount
17 California income tax withheld. See instructions	17 2828	1654	4482
18 Withholding (Form 592-B and/or 593). See instructions	18 0	0	0
19 Excess California SDI (or VPD) withheld. See instructions	19 0	0	0
20 Estimated tax payments and other payments. See instructions	20 0	0	0
21 Refundable Credits. See instructions	21		

Child and Dependent Care Expenses Credit (CDCE)

● 22 23 24 \$

25 California Earned Income Tax Credit (EITC). See instructions	25 0	0	0
26 Tax paid with original tax return plus additional tax paid after it was filed. Do not include penalties and interest	26		
27 Total payments. Add lines 17, 18, 19, 20, 21, 25, and 26 of column C	27	4482	
28 Overpaid tax, if any, as shown on original tax return or as previously adjusted by the FTB. See instructions	28	280	
29 Subtract line 28 from line 27. If line 28 is more than line 27. See instructions	29	4202	
30 Use tax payments as shown on original tax return. See instructions	30	0	
31 Voluntary contributions as shown on original tax return. See instructions	31	0	
32 Subtract line 30 and line 31 from line 29	32	4202	
33 AMOUNT YOU OWE. If line 16, column C is more than line 32, enter the difference and see instructions	33	411.00	
34 Penalties/Interest. See instructions: Penalties 34a Interest 34b	34c		
35 REFUND. If line 16, column C is less than line 32, enter the difference. See instructions	35		

Part I Nonresidents or Part-Year Residents Only

Attach and enter the amounts from your revised Short or Long Form 540NR and Schedule CA (540NR). Your amended tax return cannot be processed without this information.

1 Exemption amount	1
2 Federal adjusted gross income	2
3 Adjusted gross income from all sources	3
4 Itemized deductions or standard deduction	4
5 California adjusted gross income	5
6 Tax from Schedule G-1 and form FTB 5870A	6
7 Special credits and nonrefundable renter's credit. See instructions	7
8 Alternative minimum tax	8
9 Mental Health Services Tax	9
10 Other taxes and credit recapture	10

Your name: SUMMER J SHIELDS

Your SSN or ITIN: 622-26-9737

Part II Explanation of Changes

1 Enter name(s) and address as shown on original return below (if same as shown on this tax return, write "Same"). If changing from separate tax returns to a joint tax return, enter names and addresses from original tax returns.

2 Are you filing this Form 540X to report a final federal determination? ☐ Yes ☐ No
If "Yes," attach a copy of the final federal determination and all supporting schedules and data.

3 Have you been advised that your original California tax return has been, is being, or will be audited? ☐ Yes ☐ No

4 Did you file an amended tax return with the Internal Revenue Service on a similar basis? See General Information E ☒ Yes ☐ No

5 Explanation and Attachments. Explain your changes below. If needed, attach a separate sheet that includes your name and SSN or ITIN.

Explain in detail each change made. Include:

- Item being changed.
- Amount previously reported and corrected amount.
- Reason the change was needed.

Attach:

- Revised California tax return including all forms and schedules.
- Federal tax return and schedules if you made changes.
- Supporting documents, such as corrected W-2s, 1099s, K-1s, etc.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have filed an original tax return and I have examined this amended tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended tax return is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

X

X

☒ Your email address. Enter only one email address.

☒ Preferred phone number

(7 , 1 , 4) 3 , 6 , 9 - 4 , 4 , 1 , 8

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)

☐ PTIN

Firm's address

☐ FEIN

Where to File Form 540X

Do not file a duplicate amended tax return unless one is requested. This may cause a delay in processing your amended tax return and any claim for refund.

If you are due a refund, have no amount due, or paid electronically, mail your tax return to:

FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001

If you owe, mail your return and check or money order to:

FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

TAXABLE YEAR

2016

California Online e-file Return Authorization
for Individuals

FORM

8453-OL

Your first name and initial SUMMER J		Last name SHIELDS		Suffix	Your SSN or ITIN 622-26-9737
If filing jointly, spouse's/RDP's first name		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 54 REMINGTON		Apt. no.	PMB/private mailbox		Daytime telephone number (714) 369-4418
City IRVINE				State CA	ZIP code 92620
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

- 1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32). **1** 82,672.
- 2 Refund or no amount due. (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125; or Short Form 540NR, line 125). **2**
- 3 Amount you owe. (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121). **3** 131.

Part II Settle Your Account Electronically for Taxable Year 2016 (Payment due 4/18/2017)

- 4 ☐ Direct deposit of refund
- 5 ☐ Electronic funds withdrawal **5a** Amount _____ **5b** Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2017 These are not installment payments for the current amount you owe.

	First Payment Due 4/18/2017	Second Payment Due 6/15/2017	Third Payment Due 9/15/2017	Fourth Payment Due 1/16/2018
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

- 8 Amount of refund to be directly deposited to account below _____ **12** The remaining amount of my refund for direct deposit _____
- 9 Routing number _____ **13** Routing number _____
- 10 Account number _____ **14** Account number _____
- 11 Type of account: ☐ Checking ☐ Savings **15** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2016 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.

Date

It is unlawful to forge a spouse's/RDP's signature.

Voucher at bottom of page. ■

DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.
If amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2016 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar Year – File and pay by April 18, 2017.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** for more information.
Do not mail this voucher if you use Web Pay.

✂ — DETACH HERE — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER — — — — DETACH HERE — ✂

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR

2016

Payment Voucher for Individual e-filed Returns

CALIFORNIA FORM

3582 (e-file)

622-26-9737 SHIE
SUMMER J SHIELDS

16

54 REMINGTON
IRVINE CA 92620

Amount of Payment

411.

2016 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

622-26-9737 SHIE
SUMMER J SHIELDS

16

A
R
RP54 REMINGTON
IRVINE CA 92620

04-15-1984

Filing Status	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2 <input type="checkbox"/> Married/RDP filing jointly. See inst.	5 <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died <input type="text"/>
	3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="text"/>	

If your California filing status is different from your federal filing status, check the box here ☐

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐ **6**► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only****7 Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. ☐ **7** X \$111 = ☐ \$ **8 Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☐ **8** X \$111 = ☐ \$ **9 Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☐ **9** X \$111 = ☐ \$ **10 Dependents: Do not include yourself or your spouse/RDP.****Exemptions**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ☐ **10** X \$344 = ☐ \$ **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ☐ **11** \$

Your name:

S H I E L D S

Your SSN or ITIN:

622-26-9737

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. ● 12 82864.00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 82864.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B ● 14 192.00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 82672.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. ● 16 .00
- 17 California adjusted gross income. Combine line 15 and line 16. ● 17 82672.00
- 18 Enter the **larger of** {
 Your California **itemized deductions** from Schedule CA (540), line 44; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,129
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,258
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .
 ● 18 4129.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 78543.00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ● 31 4724.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions ● 32 111.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 4613.00
- 34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A. ● 34 .00
- 35 Add line 33 and line 34 ● 35 4613.00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 .00
- 43 Enter credit name code ● and amount . . . ● 43 .00
- 44 Enter credit name code ● and amount . . . ● 44 .00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable renter's credit. See instructions ● 46 .00
- 47 Add line 40 through line 46. These are your total credits. ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 4613.00

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions. ● 62 .00
- 63 Other taxes and credit recapture. See instructions. ● 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 4613.00

Your name:

S H I E L D S

Your SSN or ITIN:

622-26-9737

Payments

71	California income tax withheld. See instructions	● 71	4482	.00
72	2016 CA estimated tax and other payments. See instructions	● 72		.00
73	Withholding (Form 592-B and/or 593). See instructions	● 73		.00
74	Excess SDI (or VPDl) withheld. See instructions	● 74		.00
75	Earned Income Tax Credit (EITC)	● 75		.00
76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	4482	.00

Use Tax

91	Use Tax. See instructions	● 91		.00
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Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	4482	.00
93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93		.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94		.00
95	Amount of line 94 you want applied to your 2017 estimated tax	● 95		.00
96	Overpaid tax available this year. Subtract line 95 from line 94	● 96		.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97	131	.00

Your name:

S H I E L D S

Your SSN or ITIN:

622-26-9737

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Program	● 403	<input type="text"/> .00
California Breast Cancer Research Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund.	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Fund	● 413	<input type="text"/> .00
RESERVED (DO NOT USE).		<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase.	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Fund	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund.	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
110 Add code 400 through code 435. This is your total contribution	● 110	<input type="text"/> .00

Your name: S H I E L D S

Your SSN or ITIN: 622-26-9737

Amount
You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942867

SACRAMENTO CA 94267-0001

111 131.00

Pay online – Go to ftb.ca.gov for more information.

Interest and
Penalties

112 Interest, late return penalties, and late payment penalties 112 0.00

113 Underpayment of estimated tax. Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** 113 0.00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. 114 131.00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942840

SACRAMENTO CA 94240-0001

115 0.00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

☐

Checking

Account number

116 Direct deposit amount

☐

Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

☐

Checking

Account number

117 Direct deposit amount

☐

Savings

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for **privacy notice**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

**Sign
Here**

☒ Your email address. Enter only one email address.

☒ Preferred phone number

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)

PTIN

Firm's address

FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

2016 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Names(s) as shown on tax return

SSN or ITIN

S U M M E R J S H I E L D S

6 2 2 2 6 9 7 3 7

Part I Income Adjustment Schedule

Section A — Income

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 7	<input type="radio"/> 82,672.	<input type="radio"/>	<input type="radio"/>
8 Taxable interest (b) 8(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Ordinary dividends. See instructions. (b) 9(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Taxable refunds, credits, offsets of state and local income taxes 10	<input type="radio"/> 0.	<input type="radio"/> 0.	<input type="radio"/>
11 Alimony received 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions. 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 IRA distributions. See instructions. (a) 15(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Pensions and annuities. See instructions. (a) 16(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Social security benefits (a) <input checked="" type="radio"/> 20(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Other income.			
a California lottery winnings		a <input type="radio"/>	a <input type="radio"/>
b Disaster loss deduction from FTB 3805V		b <input type="radio"/>	b <input type="radio"/>
c Federal NOL (Form 1040, line 21)		c <input type="radio"/>	c <input type="radio"/>
d NOL deduction from FTB 3805V		d <input type="radio"/>	d <input type="radio"/>
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809	21 <input type="radio"/> 192.	e <input type="radio"/>	e <input type="radio"/>
f Other (describe): <input checked="" type="radio"/> HSA DISTRIBUTIONS		f <input type="radio"/> 192.	f <input type="radio"/>
22 Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B. 22	<input type="radio"/> 82,864.	<input type="radio"/> 192.	<input type="radio"/>

Section B — Adjustments to Income

23 Educator expenses 23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Moving expenses 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax 27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction 29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31a Alimony paid. (b) Recipient's: SSN <input checked="" type="radio"/> - - - - -			
Last name <input checked="" type="radio"/> 31a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction 32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction 33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Tuition and fees 34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35 Domestic production activities deduction 35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions 37	<input type="radio"/> 82,864.	<input type="radio"/> 192.	<input type="radio"/>

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28	<input checked="" type="radio"/> 38	<input type="text" value="5,444."/>
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes only). See instructions	<input checked="" type="radio"/> 39	<input type="text" value="5,243."/>
40	Subtract line 39 from line 38	<input checked="" type="radio"/> 40	<input type="text" value="201."/>
41	Other adjustments including California lottery losses. See instructions. Specify <input type="text"/>	<input checked="" type="radio"/> 41	<input type="text"/>
42	Combine line 40 and line 41	<input checked="" type="radio"/> 42	<input type="text" value="201."/>
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?		
	Single or married/RDP filing separately		\$182,459
	Head of household		\$273,692
	Married/RDP filing jointly or qualifying widow(er)		\$364,923
	No. Transfer the amount on line 42 to line 43.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	<input checked="" type="radio"/> 43	<input type="text" value="201."/>
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married/RDP filing separately. See instructions.		\$4,129
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$8,258
	Transfer the amount on line 44 to Form 540, line 18	<input checked="" type="radio"/> 44	<input type="text" value="4,129."/>

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

► **Information about Form 1040X and its separate instructions is at www.irs.gov/form1040x.****This return is for calendar year** ☒ 2016 ☐ 2015 ☐ 2014 ☐ 2013**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial

Summer J

Last name

Shields

Your social security number

622-26-9737

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

Last name

Spouse's social security number

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

54 Remington

Apt. no.

Your phone number

(714) 369-4418

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Irvine CA 92620

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from joint to separate returns after the due date.☒ Single☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)☐ Married filing jointly☐ Married filing separately☐ Qualifying widow(er)**Full-year coverage.**

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." (See instructions.)

☒ Yes☐ No

Use Part III on the back to explain any changes

Income and Deductions

		A. Original amount or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
1	Adjusted gross income. If net operating loss (NOL) carryback is included, check here ► <input type="checkbox"/>	1 60,432.	22,432.	82,864.
2	Itemized deductions or standard deduction	2 6,300.	0.	6,300.
3	Subtract line 2 from line 1	3 54,132.	22,432.	76,564.
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	4 4,050.	0.	4,050.
5	Taxable income. Subtract line 4 from line 3	5 50,082.	22,432.	72,514.

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions): Table	6 8,290.	5,613.	13,903.
7	Credits. If general business credit carryback is included, check here. ► <input type="checkbox"/>	7 0.	0.	0.
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 8,290.	5,613.	13,903.
9	Health care: individual responsibility (see instructions)	9 0.	0.	0.
10	Other taxes	10 0.	12.	12.
11	Total tax. Add lines 8, 9, and 10	11 8,290.	5,625.	13,915.

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (If changing , see instructions.)	12 10,870.	4,521.	15,391.
13	Estimated tax payments, including amount applied from prior year's return	13 0.	0.	0.
14	Earned income credit (EIC)	14 0.	0.	0.
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15 0.	0.	0.
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16	0.	
17	Total payments. Add lines 12 through 15, column C, and line 16	17	15,391.	

Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS.	18	2,580.	
19	Subtract line 18 from line 17 (If less than zero, see instructions.)	19	12,811.	
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20	1,104.	
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		
22	Amount of line 21 you want refunded to you	22	0.	
23	Amount of line 21 you want applied to your (enter year): estimated tax . 23			

Complete and sign this form on Page 2.

Part I Exemptions

Complete this part **only** if you are increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself	24 1	0	1
25	Your dependent children who lived with you	25 0	0	0
26	Your dependent children who didn't live with you due to divorce or separation	26 0	0	0
27	Other dependents	27 0	0	0
28	Total number of exemptions. Add lines 24 through 27	28 1	0	1
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form.	29 4,050.	0.	4,050.
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

► Attach any supporting documents and new or changed forms and schedules.

I forgot to add a W2 from my previous employer

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

► Your signature _____ Date _____ ► Spouse's signature. If a joint return, **both** must sign. _____ Date _____

Paid Preparer Use Only

► Preparer's signature _____ Date _____ Self-prepared
Firm's name (or yours if self-employed) _____

Print/type preparer's name _____ Firm's address and ZIP code _____

PTIN _____ ☐ Check if self-employed _____ Phone number _____ EIN _____

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 See separate instructions.

Your first name and initial Summer J	Last name Shields	Your social security number 622-26-9737
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.

54 Remington

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Irvine CA 92620

Foreign country name	Foreign province/state/county	Foreign postal code
----------------------	-------------------------------	---------------------

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

Filing Status

1 ☒ Single 4 ☐ 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) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a } **Boxes checked on 6a and 6b** 1

b ☐ Spouse } **No. of children on 6c who:**

c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name Last name			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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

d Total number of exemptions claimed **1**

Dependents on 6c not entered above

Add numbers on lines above ▶

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 82,672.

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 0.

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 b Taxable amount 20b

21 Other income. List type and amount Form 8889 Health Savings Accounts 21 192.

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ 22 82,864.

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 8903 35

36 Add lines 23 through 35 36

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ 37 82,864.

Tax and Credits**Standard Deduction for—**

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

• All others:
Single or Married filing separately, \$6,300

Married filing jointly or Qualifying widow(er), \$12,600

Head of household, \$9,300

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe**Third Party Designee****Sign Here**

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

Paid Preparer Use Only

38	Amount from line 37 (adjusted gross income)	38	82,864.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,300.
41	Subtract line 40 from line 38	41	76,564.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	72,514.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	13,903.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	13,903.
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 <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	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	13,903.
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	12.
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 <input checked="" type="checkbox"/>	61	0.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	13,915.
64	Federal income tax withheld from Forms W-2 and 1099	64	15,391.
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC) No	66a	
b	Nontaxable combat pay election 66b	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	0.
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" 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	15,391.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,476.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	1,476.
b	Routing number 3 2 2 2 7 1 7 2 4 c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
d	Account number 4 2 0 0 7 4 5 7 2 6 2		
77	Amount of line 75 you want applied to your 2017 estimated tax	77	
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	

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

Designee's name **INTUIT, INC.** Phone no. **(800) 446-8848** Personal identification number (PIN) **21255**

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

Your signature	Date	Your occupation Inside Sales	Daytime phone number (714) 369-4418
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.)

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name Self-Prepared			Firm's EIN	
Firm's address			Phone no.	

**Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**

OMB No. 1545-0074

2016Department of the Treasury
Internal Revenue Service (99)▶ **Attach to Form 1040 or Form 1040NR.**▶ **Information about Form 5329 and its separate instructions is at www.irs.gov/form5329.**Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Summer J Shields

Your social security number

622-26-9737

**Fill in Your Address Only
If You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

If this is an amended
return, check here ▶ ☐

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 1040NR, line 57.**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).	4	

Part II Additional Tax on Certain Distributions From Education Accounts and ABLÉ Accounts. Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLÉ account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLÉ account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2016 than is allowable or you had an amount on line 17 of your 2015 Form 5329.

9	Enter your excess contributions from line 16 of your 2015 Form 5329 (see instructions). If zero, go to line 15	9	
10	If your traditional IRA contributions for 2016 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2016 traditional IRA distributions included in income (see instructions) .	11	
12	2016 distributions of prior year excess contributions (see instructions) .	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2016 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2016 (including 2016 contributions made in 2017). Include this amount on Form 1040, line 59, or Form 1040NR, line 57 .	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2016 than is allowable or you had an amount on line 25 of your 2015 Form 5329.

18	Enter your excess contributions from line 24 of your 2015 Form 5329 (see instructions). If zero, go to line 23	18	
19	If your Roth IRA contributions for 2016 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2016 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2016 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2016 (including 2016 contributions made in 2017). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2016 were more than is allowable or you had an amount on line 33 of your 2015 Form 5329.

26	Enter the excess contributions from line 32 of your 2015 Form 5329 (see instructions). If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2016 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2016 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2016 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2016 (including 2016 contributions made in 2017). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2016 than is allowable or you had an amount on line 41 of your 2015 Form 5329.

34	Enter the excess contributions from line 40 of your 2015 Form 5329 (see instructions). If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2016 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2016 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2016 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2016 (including 2016 contributions made in 2017). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2016 than is allowable or you had an amount on line 49 of your 2015 Form 5329.

42	Enter the excess contributions from line 48 of your 2015 Form 5329. If zero, go to line 47	42	0.
43	If the contributions to your HSAs for 2016 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2016 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2016 (see instructions)	47	192.
48	Total excess contributions. Add lines 46 and 47	48	192.
49	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2016 (including 2016 contributions made in 2017). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	49	12.

Part VIII Additional Tax on Excess Contributions to an ABL Account. Complete this part if contributions to your ABL account for 2016 were more than is allowable.

50	Excess contributions for 2016 (see instructions)	50	
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABL account on December 31, 2016. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	51	

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52	Minimum required distribution for 2016 (see instructions)	52	
53	Amount actually distributed to you in 2016	53	
54	Subtract line 53 from line 52. If zero or less, enter -0-	54	
55	Additional tax. Enter 50% (0.50) of line 54. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	55	

Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature

▶ Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

Health Savings Accounts (HSAs)

► Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.
► Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

Summer J Shields

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ►

622-26-9737

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2016 (see instructions).	<input type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2016 (or those made on your behalf), including those made from January 1, 2017, through April 18, 2017, that were for 2016. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	0.
3	If you were under age 55 at the end of 2016, and on the first day of every month during 2016, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,750 for family coverage). All others , see the instructions for the amount to enter.	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2016 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, also include any amount contributed to your spouse's Archer MSAs.	
5	Subtract line 4 from line 3. If zero or less, enter -0-	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2016, see the instructions for the amount to enter.	
7	If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions).	0.
8	Add lines 6 and 7.	0.
9	Employer contributions made to your HSAs for 2016	192.
10	Qualified HSA funding distributions	
11	Add lines 9 and 10.	192.
12	Subtract line 11 from line 8. If zero or less, enter -0-	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2016 from all HSAs (see instructions).	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).	
c	Subtract line 14b from line 14a.	
15	Qualified medical expenses paid using HSA distributions (see instructions).	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box.	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	