Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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For the year Jan. 1-Dec	c. 31, 201	7, or other tax year beginning			,	, 2017, ending			, 20		See se	eparate instru	ctions.
Your first name and	initial		Last nan	ne							Your s	ocial security r	number
If a joint return, spou	Last nan	Last name							Spouse	e's social security	y number		
Home address (num	ber and	street). If you have a P.O. b	ox, see ins	structions.					Apt.	no.	▲ Ma	ake sure the SSN	V(s) above
												nd on line 6c are	
City, town or post offic	e, state, a	and ZIP code. If you have a for	eign addres	ss, also comple	ete spaces l	below (see ins	tructions).				Presi	dential Election (Campaign
												ere if you, or your spo	
Foreign country nam	ne			Foreign	province/s	state/county		F	oreign posta	l code		ant \$3 to go to this fu ow will not change y	
											refund.	You	Spouse
F::: Ott	1	Single				4	Hea	ıd of hoı	usehold (with	gualify	ina pers	on). (See instruc	tions)
Filing Status	2	☐ Married filing jointly	(even if c	only one had	d income							t your dependen	
Check only one	3	☐ Married filing separa							e here.			,	
box.	_	and full name here.	•			5	Qua	alifying	widow(er) (see ins	struction	 าร)	
F	6a	Yourself. If some	one can o	claim vou as	s a deper	ndent. do n	ot checl	k box 6	Sa			Boxes checked	
Exemptions	b	Spouse										on 6a and 6b	
	C	Dependents:		(2) Depend	lent's	(3) Deper	ndent's		if child under		0	lo. of children on 6c who:	
	(1) First	•		social security		relationshi			ring for child to see instruction			lived with you did not live with	,
	. ,							,		,	_ у	ou due to divord	
If more than four									$\overline{\Box}$			see instructions)	
dependents, see instructions and												Dependents on 6 not entered abov	
check here													
	d	Total number of exem	ptions cl	aimed .								\dd numbers or ines above ▶	n
lnoomo	7	Wages, salaries, tips,	etc. Atta	ch Form(s) \	N-2 .						7		
Income	8a	Taxable interest. Atta		` ,							8a		
	b	Tax-exempt interest.				1							
Attach Form(s)	9a	Ordinary dividends. At									9a		
W-2 here. Also attach Forms	b	•			•	9	ь						
W-2G and	10	Taxable refunds, cred	its, or off	sets of state	e and loc	al income t	axes .				10		
1099-R if tax	11	Alimony received .									11		
was withheld.	12	Business income or (lo									12		
	13	Capital gain or (loss).	Attach So	chedule D if	required	l. If not requ	uired, ch	eck he	ere ▶ 🔲] [13		
If you did not	14	Other gains or (losses)). Attach	Form 4797							14		
get a W-2, see instructions.	15a	IRA distributions .	15a			b 7	Taxable a	mount		1	5b		
oco mondonono.	16a	Pensions and annuities	16a			b 7	Taxable a	mount		1	6b		
	17	Rental real estate, roy	alties, pa	rtnerships,	S corpora	ations, trus	ts, etc. A	Attach	Schedule	E L	17		
	18	Farm income or (loss).	. Attach S	Schedule F						L	18		
	19	Unemployment compo	ensation							L	19		
	20a	Social security benefits	20a			b 7	Taxable a	ımount		2	:0b		
	21	Other income. List typ									21		
	22	Combine the amounts in	the far rig	ght column fo	or lines 7 t	hrough 21. T	his is you	ur total	income ▶	:	22		
Adjusted	23	Educator expenses				2	3						
Adjusted	24	Certain business expens	es of rese	rvists, perforr	ming artist	s, and							
Gross		fee-basis government off	ficials. Atta	ach Form 210	6 or 2106-	-EZ 2	4			_			
Income	25	Health savings accour	nt deduct	tion. Attach	Form 88	89 . 2	5			_			
	26	Moving expenses. Att	ach Form	n 3903 .		2	6			_			
	27	Deductible part of self-e	mploymer	nt tax. Attach	Schedule	SE . 2	7			_			
	28	Self-employed SEP, S											
	29	Self-employed health											
	30	Penalty on early withd			1 1								
	31a	Alimony paid b Recip				31							
	32	IRA deduction											
	33	Student loan interest of											
	34	Reserved for future us											
	35	Domestic production ac											
	36	Add lines 23 through 3									36		
	37	Subtract line 36 from	line 22 T	DIS IS VOLIT 2	adjusted	aross inco	ome			· '	27		1

	Form 1040 (2017)			Pa	age 2								
		38	Amount from line 37 (adjusted gross income)	38										
		39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \											
	Tax and	-	if: Spouse was born before January 2, 1953, ☐ Blind. checked ▶ 39a											
	Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b											
				40										
	Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40										
	for—	41	Subtract line 40 from line 38	41										
	 People who check any 	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42										
	box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43										
	39a or 39b or who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44										
	claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45										
	dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46										
	instructions.	47	Add lines 44, 45, and 46	47										
	All others:	48	Foreign tax credit. Attach Form 1116 if required											
	Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49											
	separately,		· · · · · · · · · · · · · · · · · · ·											
	\$6,350	50	Education credits from Form 8863, line 19											
	Married filing jointly or	51	Retirement savings contributions credit. Attach Form 8880 51											
	Qualifying	52	Child tax credit. Attach Schedule 8812, if required											
	widow(er), \$12,700	53	Residential energy credit. Attach Form 5695											
	Head of	54	Other credits from Form: a 3800 b 8801 c 54											
	household, \$9,350	55	Add lines 48 through 54. These are your total credits	55										
	+0,000	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	56										
		57	Self-employment tax. Attach Schedule SE	57										
	Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58										
		59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59										
	Taxes	60a	Household employment taxes from Schedule H	60a										
		b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b										
		61	Health care: individual responsibility (see instructions) Full-year coverage	61										
		62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62										
		63	Add lines 56 through 62. This is your total tax	63										
	Payments	64	Federal income tax withheld from Forms W-2 and 1099 64											
		65	2017 estimated tax payments and amount applied from 2016 return 65											
	If you have a	66a	Earned income credit (EIC) 66a											
	qualifying child, attach	b	Nontaxable combat pay election 66b											
	Schedule EIC.	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											
		71 72	Excess social security and tier 1 RRTA tax withheld											
		72												
		73	Credits from Form: a 2439 b Reserved c 8885 d 7											
		74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74										
Refund Direct deposit?	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75											
		76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ □	76a										
	Direct deposit?	▶ b	Routing number											
	See	▶ d	Account number											
	instructions.	77	Amount of line 75 you want applied to your 2018 estimated tax ▶ 77											
	Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78										
	You Owe	79	Estimated tax penalty (see instructions)											
	Third Party	Do		. Com	plete below.	No								
	-		signee's Phone Personal ident		_	••								
Designee			name ► no. ► number (PIN)											
	Sign	Under pe	enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled	dge and h	pelief, they are true, correct, a	and								
	Here		ely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all informur signature Date Your occupation	1		wieage.								
	Joint return? See	YOU	Dayun	ne phone number										
	instructions.	b _												
	Keep a copy for	Spo	puse's signature. If a joint return, both must sign. Date Spouse's occupation	If the IF PIN, en	RS sent you an Identity Protect	ction								
your records.		Ť		here (se	ee inst.)	$\perp \perp \perp$								
Paid	Prir	nt/Type preparer's name Preparer's signature Date	Check	k 🗌 if PTIN										
					mployed									
	Preparer	Firm	n's name ▶	Firm's EIN ▶										
	Use Only		n's address ►											
		1 111		Phone no.										