1040		ent of the Treasury–Internal Re Individual Incol			201	17	OMB N	o. 1545-0074	IRS Use (Dnly—D	o not write or	staple in this	s space.	
For the year, Ian, 1-Dec		, or other tax year beginning			, 2017,	endina		, 2						
Your first name and i	· · ·	, or other tax year beginning	Lastnan	ne	, 2017,	enuing		, 2	.0	See separate instructions. Your social security number				
Tour mist name and i	st name and initial Last name									10			IDEI	
lf a joint return, spou	se's first	name and initial	Last nan	ne						Spo	ouse's socia	I security n	umber	
Home address (num	ber and s	street). If you have a P.O. b	ox, see ins	structions.					Apt. no.		Mako sure	the SSN(s)		
												ne 6c are co		
City town or post office	o stato a	nd ZIP code. If you have a for	oian addror	s also complete s	nacos bolow (coo instr	uctions)					1		
City, town or post office	e, siale, a	nu zir coue. II you nave a loi	eigi auure	ss, also complete s	paces below (500 IIISU	uctions).				residential E			
										ioint	ck here if you, o y, want \$3 to g			
Foreign country nam	е			Foreign pro	vince/state/c	county		Foreign p	postal code		x below will no			
										refur	nd.	You 🗌	Spouse	
	1	Single				4	Hea	d of household	(with qua	lifvina i	oerson) (Se	e instruction	 1s)	
Filing Status	2	Married filing jointly	(over if a	nhu ono had inu				e qualifying per						
Chaole only one			•	•				i's name here.			t not your ut	ependent, e		
Check only one	3	Married filing separa		er spouse's SS	IN above	-					+! \			
box.		and full name here.				5	Qua	lifying widow	(er) (see l	nstruc	,			
Exemptions	6a	Yourself. If some	one can o	claim you as a	dependent,	, do no	t check	k box 6a .		. ļ	Boxes c on 6a an			
Exemptions	b	Spouse								J	No. of cl			
	с	Dependents:) Depend	Dependent's (4) 🗸 if child				on 6c wl	10:		
	(1) First	•	social security number			relationship to you		qualifying for c		dit	 lived w 			
	(1) 1130	name Last name					(see instructions)		_	 did not you due 	o divorce			
If more than four] 1	_	or separa (see insti			
dependents, see]			nts on 6c		
instructions and												ed above		
check here 🕨 🗌]		Add nun	here on		
	d	Total number of exem	ptions cl	aimed							lines abo			
	7	Wages, salaries, tips,	etc. Atta	ch Form(s) W-2						7				
Income	8a	Taxable interest. Atta								8a				
				•		8b				Uu			+	
Attach Form(s)	b	Tax-exempt interest.				00				0				
W-2 here. Also	9a	Ordinary dividends. A	tach Scr	nequie B if requ	irea	9b	· · ·		• •	9a				
attach Forms b Qualified dividends 														
W-2G and	10	Taxable refunds, credits, or offsets of state and local income taxes								10				
1099-R if tax	11	Alimony received								11				
was withheld.	Id. 12 Business income or (loss). Attach Schedule C or C-EZ								12					
	13	Capital gain or (loss).	Attach So	chedule D if rec	uired. If no	ot requi	red, ch	eck here 🕨		13				
If you did not	14	Other gains or (losses). Attach Form 4797								14				
get a W-2,	15a	IRA distributions .	15a			1	xable a	mount		15b				
see instructions.	16a	Pensions and annuities				1	xable a			16b				
				utnavahina Ca	ornorationa	1			 Ша Г				-	
	17	•	al real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E income or (loss). Attach Schedule F							17			-	
	18									18			-	
	19	Unemployment comp	1 1			1				19			_	
	20a	Social security benefits	20a			b Ta	xable a	mount .		20b				
	21	Other income. List typ Combine the amounts in	e and an	nount						21				
	22	Combine the amounts in	the far rio	ght column for lin	es 7 through	h 21. Th	is is you	ur total incom	e 🕨	22				
	23	Educator expenses				23								
Adjusted	24	Certain business expens	es of rese	rvists. performing	artists. and									
Gross		fee-basis government off				24								
Income	25	Health savings accourt												
	26	Moving expenses. Att												
	27	Deductible part of self-e												
	28	Self-employed SEP, S												
	29	Self-employed health												
	30	Penalty on early withd	rawal of	savings		30								
	31a	Alimony paid b Recip				31a	1							
	32	IRA deduction				-								
	33	Student loan interest												
	34	Tuition and fees. Attac												
	35	Domestic production ac				35			_					
	36	Add lines 23 through 3							• •	36				
	37	Subtract line 36 from	ine 22. T	his is your adjı	isted gros	s incor	ne .		. 🕨	37				

Form 1040 (2017	")			Page 2							
	38	Amount from line 37 (adjusted gross income)	38								
Toy and	39a	Check [You were born before January 2, 1953, Blind.] Total boxes									
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	1								
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40								
Deduction	41	Subtract line 40 from line 38	41								
for—People who	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42								
check any	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43								
box on line 39a or 39b or	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44								
who can be claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45								
dependent,	46	Excess advance premium tax credit repayment. Attach Form 8962	46								
see instructions.	47		47								
All others:	48		4/								
Single or			-								
Married filing separately,	49	Credit for child and dependent care expenses. Attach Form 2441 49	4								
\$6,350	50	Education credits from Form 8863, line 19 50	-								
Married filing jointly or	51	Retirement savings contributions credit. Attach Form 8880 51	-								
Qualifying widow(er),	52	Child tax credit. Attach Schedule 8812, if required 52	-								
\$12,700	53	Residential energy credits. Attach Form 5695 53	-								
Head of household,	54	Other credits from Form: a 3800 b 8801 c 54	_								
\$9,350	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								
	57	Self-employment tax. Attach Schedule SE	57								
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58								
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59								
Tuxoo	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)									
qualifying child, attach	b	Nontaxable combat pay election 66b									
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67	1								
	68	American opportunity credit from Form 8863, line 8 68									
	69	Net premium tax credit. Attach Form 8962 69	1								
	70	Amount paid with request for extension to file	1								
	71	Excess social security and tier 1 RRTA tax withheld 71	1								
	72	Credit for federal tax on fuels. Attach Form 4136 72	1								
	73	Credits from Form: a 2439 b Reserved c 8885 d 73	1								
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74								
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75								
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a								
Direct deposit?	► b	Routing number Solution and the solution of t									
See	► d	Account number									
instructions.	77	Amount of line 75 you want applied to your 2018 estimated tax 77									
Amount	78	Amount of line 75 you want applied to your 2016 estimated tax > 77	78								
You Owe	79	Estimated tax penalty (see instructions)	10								
	-		s Com	plete below. 🗌 No							
Third Party		signee's Phone Personal ider									
Designee	nar	name no. number (PIN)									
Sign		enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowle elv list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all infor									
Here	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 k Your signature Date Your occupation Daytime phone number										
Joint return? See											
instructions.	0 m	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Pro-									
Keep a copy for your records.	/ sp		PIN, er	nter it							
	Dela		here (s	here (see inst.)							
Paid	Pril	nt/Type preparer's name Preparer's signature Date		Check if							
Preparer				self-employed							
Use Only	Fin	m's name 🕨	Firm's	Firm's EIN ►							
-	Firr	m's address ►	Phone	e no.							

Go to *www.irs.gov/Form1040* for instructions and the latest information.