

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning \_\_\_\_\_, 2016, ending \_\_\_\_\_, 20

Your first name and initial \_\_\_\_\_ Last name \_\_\_\_\_ See separate instructions.  
**Your social security number** \_\_\_\_\_

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.**

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

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:		(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 . . . . .

**Boxes checked on 6a and 6b** \_\_\_\_\_  
**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 ▶** \_\_\_\_\_

**Income**

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

**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

Tax and Credits

**38** Amount from line 37 (adjusted gross income) **38**

**39a** Check  **You** were born before January 2, 1952,  **Blind.** } **Total boxes**  
 if:  **Spouse** was born before January 2, 1952,  **Blind.** } **checked ▶ 39a**

**b** If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **39b**

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

**40** **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) **40**

**41** Subtract line 40 from line 38 **41**

**42** **Exemptions.** If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions **42**

**43** **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43**

**44** **Tax** (see instructions). Check if any from: **a**  Form(s) 8814 **b**  Form 4972 **c**  **44**

**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**

**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**  3800 **b**  8801 **c**  **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**

Other Taxes

**57** Self-employment tax. Attach Schedule SE **57**

**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**

**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

If you have a qualifying child, attach Schedule EIC.

**64** Federal income tax withheld from Forms W-2 and 1099 **64**

**65** 2016 estimated tax payments and amount applied from 2015 return **65**

**66a** **Earned income credit (EIC)** **66a**

**b** Nontaxable combat pay election **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**

**72** Credit for federal tax on fuels. Attach Form 4136 **72**

**73** Credits from Form: **a**  2439 **b**  Reserved **c**  8885 **d**  **73**

**74** Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** **74**

Refund

Direct deposit? See instructions.

**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**

**b** Routing number **c** Type:  Checking  Savings

**d** Account number

**77** Amount of line 75 you want **applied to your 2017 estimated tax** ▶ **77**

Amount You Owe

**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**

Third Party Designee

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

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

Sign Here

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

Under penalties of perjury, I declare that I have examined this return and 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	Daytime phone number
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

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