

Your first name and initial Boris	Last name Santos	OMB No. 1545-0074 Your social security number BBBBBBBBBB
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. XXXXXXXXXXXX	Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct. 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
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Brooklyn NY 11201		
Foreign country name	Foreign province/state/county	Foreign postal code

Filing status Check only one box.

1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.)
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	If the qualifying person is a child but not your dependent, enter this child's name here. ▶
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.

b **Spouse**

(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"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

If more than six dependents, see instructions.

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

d Total number of exemptions claimed.

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	47,156.
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 (see instructions).	9b	
10	Capital gain distributions (see instructions).	10	
11a	IRA distributions.	11a	
11b	Taxable amount (see instructions).	11b	
12a	Pensions and annuities.	12a	
12b	Taxable amount (see instructions).	12b	
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits.	14a	
14b	Taxable amount (see instructions).	14b	
15	Add lines 7 through 14b (far right column). This is your total income . ▶	15	47,156.

Adjusted gross income

16	Educator expenses (see instructions).	16	250.
17	IRA deduction (see instructions).	17	
18	Student loan interest deduction (see instructions).	18	586.
19	Tuition and fees. Attach Form 8917.	19	
20	Add lines 16 through 19. These are your total adjustments .	20	836.
21	Subtract line 20 from line 15. This is your adjusted gross income . ▶	21	46,320.

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	46,320.
	23a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind } Total boxes checked ▶ 23a <input type="checkbox"/>		
	b	If you are married filing separately and your spouse itemizes deductions, check here ▶ 23b <input type="checkbox"/>		
	24	Enter your standard deduction .	24	6,300.
	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	40,020.
	26	Exemptions. Multiply \$4,050 by the number on line 6d.	26	4,050.
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.		
		This is your taxable income. ▶ 27	27	35,970.
	28	Tax , including any alternative minimum tax (see instructions).	28	4,933.
	29	Excess advance premium tax credit repayment. Attach Form 8962.	29	
30	Add lines 28 and 29.	30	4,933.	
31	Credit for child and dependent care expenses. Attach Form 2441.	31		
32	Credit for the elderly or the disabled. Attach Schedule R.	32		
33	Education credits from Form 8863, line 19.	33		
34	Retirement savings contributions credit. Attach Form 8880.	34		
35	Child tax credit. Attach Schedule 8812, if required.	35		
36	Add lines 31 through 35. These are your total credits .	36		
37	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	4,933.	
38	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	38	0.	
39	Add line 37 and line 38. This is your total tax .	39	4,933.	
40	Federal income tax withheld from Forms W-2 and 1099.	40	7,147.	
41	2016 estimated tax payments and amount applied from 2015 return.	41		
42a	Earned income credit (EIC). No 42a			
b	Nontaxable combat pay election. 42b			
43	Additional child tax credit. Attach Schedule 8812.	43		
44	American opportunity credit from Form 8863, line 8.	44		
45	Net premium tax credit. Attach Form 8962.	45		
46	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments .	▶ 46	7,147.	
47	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid .	47	2,214.	
48a	Amount of line 47 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/> 48a	48a	2,214.	
b	Routing number <input type="text" value="BBBBBBBBBBBB"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number <input type="text" value="BBBBBBBBBBBB"/>			
49	Amount of line 47 you want applied to your 2017 estimated tax .	49		
50	Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions.	▶ 50		
51	Estimated tax penalty (see instructions).	51		

Standard Deduction for—

- People who check any box on line 23a or 23b 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

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

Amount you owe

Third party designee

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

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

Sign here

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	Councilmatic Aide	<input type="text" value="BBBBBBBB"/>
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.) <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Paid preparer use only

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

Tax History Report

2016

▶ Keep for your records

Name(s) Shown on Return

Boris Santos

Five Year Tax History:					
	2012	2013	2014	2015	2016
Filing status			Single	Single	Single
Total income			48,423.	52,403.	47,156.
Adjustments to income			250.	1,224.	836.
Adjusted gross income			48,173.	51,179.	46,320.
Tax expense			3,706.	3,628.	4,329.
Interest expense . . .					
Contributions					
Miscellaneous deductions				4,568.	547.
Other Itemized Deductions					
Total itemized/standard deduction . .			6,200.	8,196.	6,300.
Exemption amount . .			3,950.	4,000.	4,050.
Taxable income			38,023.	38,983.	35,970.
Tax			5,363.	5,538.	4,933.
Alternative min tax . .					
Total credits				1,022.	
Other taxes				1,089.	0.
Payments			6,660.	6,214.	7,147.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund			1,297.	609.	2,214.
Effective tax rate % . .			11.13	8.82	10.65
**Tax bracket %			25.0	25.0	15.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPSfee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Credit Tax Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ²	\$ 34 . 99

¹ You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

² However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

Questions? Call 1-877-908-7228

Consent to Use of Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

The following statements apply:

Sign this agreement by entering your name and the date below.

First Name

Last Name

Date

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2016 return to determine whether a portion of the refund can be used to pay for tax preparation.

Boris
First Name

Santos
Last Name

Please type the date below:

01/22/2017

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank, Member FDIC ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2016 tax return information that is necessary to enable BANK and SBTPG to process my refund.
--

Sign this agreement by entering your name:

Boris

Santos

Please type the date below:

01/22/2017

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Civista Bank of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2016 tax return information that is necessary to enable BANK and SBTPG to process my refund.
--

Sign this agreement by entering your name:

Please type the date below:

Date

Name(s) Shown on Return Boris Santos	Your SSN XXXXXXXXXX
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Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2015 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 20.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State income tax allocable to net investment income

1	State, local, and foreign income taxes	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	
5	State, local and foreign income taxes allocable to investment income	5	

Line 10 - Tax preparations fees allocable to net investment income

1	Tax preparations fees	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	
5	Tax preparations fees allocable to investment income	5	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: _____ _____ _____		
2	Enter the total of all items listed on line 1	2	
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27)	3	
4	Enter the lesser of the total reported on line 2 or line 3	4	

Part II - Application of Section 67 Limitation to Specific Deductions

(A)	(B)	(C)
Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
_____	x _____ = _____	_____
_____	x _____ = _____	_____
_____	x _____ = _____	_____
_____	x _____ = _____	_____

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: _____ _____ _____	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5	7	
8	Enter the lesser of line 7 or line 4	8	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 _____	x _____	= _____
_____	x _____	= _____
_____	x _____	= _____
_____	x _____	= _____
Total miscellaneous investment expenses to Form 8960, line 9c		
2 State, local, and foreign income taxes	x _____	= _____
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x _____	= _____
_____	x _____	= _____
_____	x _____	= _____
_____	x _____	= _____
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII

1) Former Passive Activity Suspended Losses

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

Name(s) Shown on Return <u>Boris Santos</u>	Social Security Number <u>000000000</u>
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	(a) Taxpayer	(b) Spouse				
1 Child's investment income, from Form 8814.						
2 Gambling winnings:						
a From Form W-2G						
b Winnings (prizes, etc.) from Form 1099-MISC, box 3.						
c Not reported on Form W-2G or Form 1099-MISC.						
3 Taxable income from Form 1099-MISC:						
a Substitute payments in lieu of interest or dividends						
b Other income from box 3						
c Alaska Permanent Fund.						
d Tribal Gaming						
e Non-Employee Compensation from Form 1099-MISC box 7						
f Rent from personal property from Form 1099-MISC box 1.						
4 Taxable income from Form 1099-Q or 1099-QA:						
a Qualified tuition program distributions						
b Coverdell ESA distributions						
c ABLE account distributions						
5 Taxable income from Form 1099-G:						
a Grants						
b RTAA payments						
6 Foreign earned income and housing exclusion, from Form 2555						
7 Net operating loss carryover from a prior year						
8 Other income, from Schedule(s) K-1						
9 Taxable distribution from:						
a Form 8853:						
1 Taxable Archer MSA distributions MSA						
2 Taxable Medicare Advantage distributions Med MSA						
3 Taxable long term care distributions LTC						
4 Total Form 8853						
b Form 8889, Health Savings Accounts						
10 Refunds or reimbursements of deductions claimed in a prior year:						
a Reimbursement for deducted medical expenses						
b Refunds of deducted taxes (not state or local income taxes)						
<table border="1" style="margin-left: 40px; border-collapse: collapse; width: 50%;"> <tr> <td style="width: 60%; text-align:center;">Type of Tax</td> <td style="width: 40%; text-align:center;">State or Local ID</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>	Type of Tax	State or Local ID				
Type of Tax	State or Local ID					
c Recapture of deducted moving expenses						
d Reimbursement for deducted casualty or theft loss						
e Reimbursement for deducted employee business expenses.						
f Other refunds or reimbursements						
11 Recoveries of bad debts deducted in a prior year.						
12 Jury duty pay						
13 Bartering income not reported elsewhere						
14 Income from the rental of personal property						
15 Income from the Cancellation of Debt:						
a From Form 1099-C:						
1 Amount of debt canceled from box 2						
2 Amount of canceled debt excluded from income						
3 Taxable amount of canceled debt.						
b From Schedule(s) K-1						
16 Taxable income from Form 1099-K:						
a Payment Card/Third Party Network Transactions						
17 Income from "not for profit" activities (hobbies):						
18 Other taxable income:						
19 Income from Community Property:						
a Positive community property adjustment.						
b Negative community property adjustment (enter as positive)						
20 Total. Add lines 1 through 14, 15a(3), 15b, 16 through 19. Enter here and on Form 1040 or Form 1040NR, line 21						

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Boris
 Middle initial Suffix
 Last name Santos
 Social security no. [REDACTED]
 Occupation Councilmatic Aide
 Date of birth [REDACTED] (mm/dd/yyyy)
 Age as of 1-1-2017 26
 Daytime phone [REDACTED] Ext _____
 Legally blind
 Date of death _____

Spouse:

First name _____
 Middle initial Suffix
 Last name _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2017 _____
 Daytime phone _____ Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

Address [REDACTED] Apt no. _____
 City Brooklyn State NY ZIP code [REDACTED]
 Foreign code Foreign country _____
 Foreign province/county Foreign postal code _____

APO/FPO/DPO address, check if appropriate APO FPO DPO

Home phone _____
 Check to print phone number on Form 1040 . . . Home Taxpayer daytime Spouse daytime

Federal filing status:

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year
 Check this box if you are eligible to claim your spouse's exemption (see Help)
- 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suffix _____
 Child's social security number _____
- 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2014
 2015

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2016					
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2016? ... Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2016 ...
Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? ... Yes No
Check if you were notified by the IRS that EIC cannot be claimed in 2016 or if you are ineligible to claim the EIC in 2015 for any other reason ...

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... Yes No
Do you want to elect direct debit of federal balance due (Electronic filing only)? ... Yes No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ... Chase
Check the appropriate box ... Checking Savings
Routing number ... Account number ...

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ...
Check this box if you are married filing separately and your spouse itemized deductions ...
Check this box to take the standard deduction even if less than itemized deductions ...

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ...

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ...
Excludable income from Puerto Rico ...

Dual Status Alien Return:

Check this box if you are a dual-status alien ...

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ... Yes No

If Yes, complete the following:

Third party designee name ...

Third party designee phone number ...

Personal Identification number (enter any 5 numbers) ...

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) ...

Part VI – Additional Information for Your Federal Return - Continued

Personal Representative for deceased taxpayers:

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse

Part VII – State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here
If the IRS sent the spouse an Identity Protection PIN, enter it here

Taxpayer:

Enter the taxpayer’s state of residence as of December 31, 2016 NY
Check the appropriate box:
Taxpayer is a resident of the state above for the entire year [X]
Taxpayer is a resident of the state above for only part of year
Date the taxpayer established residence in state above
In which state (or foreign country) did the taxpayer reside before this change?

Spouse:

Enter the spouse’s state of residence as of December 31, 2016
Check the appropriate box:
Spouse is a resident of the state above for the entire year
Spouse is a resident of the state above for only part of year
Date the spouse established residence in state above
In which state (or foreign country) did the spouse reside before this change?

Nonresident states:

Table with 2 columns: Nonresident State(s), Taxpayer/Spouse/Joint. Contains 4 empty rows for data entry.

Check this box if you are in a Registered Domestic Partnership or a civil union
If you checked the box on the line above, also check the appropriate box below:
Check if this is your individual federal return you are filing with the IRS
Check if this is the joint return created to file joint state tax return (see Help)

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 01423

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number ~~00000000~~

Issued by what state NY

Expiration Date 09/14/2020

Issued Date 06/08/2015

License or ID license . ID . neither .

New York Document Number 2BFNXYNA18

Spouse

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID license . ID . neither .

Personal Information Worksheet
For the Taxpayer

2016

Keep for your records

QuickZoom to another copy of Personal Information Worksheet ▶
QuickZoom to Federal Information Worksheet ▶

Part I – Taxpayer's Personal Information

First name . . . Boris Middle initial . . . Last name . . . Santos

Social security no. . . [REDACTED] Member of U.S. Armed Forces in 2016? . . [] Yes [X] No

Date of birth . . . [REDACTED] (mm/dd/yyyy) age as of 1-1-2017 26

Occupation . . . Councilmatic Aide Daytime phone . . . [REDACTED] Ext . . .

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:
After 2016 ▶ [] 2016 ▶ [] 2015 ▶ [] 2014 ▶ [] Before 2014 . ▶ []

Are you retired on total and permanent disability? (for Schedule R, see Help) ▶ [] Yes [] No

Check if this person is legally blind ▶ [] Yes [X] No

If deceased, enter the date of death ▶ (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2017 and this is the first year you
are filing a tax return? ▶ [] Yes [] No

Do you want \$3 to go to Presidential Election Campaign Fund? ▶ [] Yes [] No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ▶ [] Yes [X] No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ▶ [] Yes [X] No

Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2016? ▶ [] Yes [] No

4 Did your earned income exceed one-half of your support? ▶ [] Yes [] No

5 Was at least one of your parents alive on December 31, 2016? ▶ [] Yes [] No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2016 NY

Check the appropriate box:

This person is a resident of the state above for the entire year [X]

This person is a resident of the state above for only part of year []

Date this person established residence in state above ▶

In which state (or foreign country) did this person reside before this change? ▶

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2016

Unreimbursed medical expenses paid for qualifying person in 2016

Employment taxes paid for dependent care providers in 2016

Full-time student for 5 calendar months during 2016? ▶ [] Yes [] No

Disabled person who was not physically or mentally capable of self-care? ▶ [] Yes [] No

This person is a qualifying person for the child and dependent care credit ▶ [] Yes [X] No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. [X] Yes [] No

Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.

Check if covered or exempt (other than short gap) for prior year November [X]

Check if covered or exempt (other than short gap) for prior year December [X]

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.

12 months [X] Jan [X] Feb [X] Mar [X] Apr [X] May [X] Jun [X] Jul [X] Aug [X] Sep [X] Oct [X] Nov [X] Dec [X]

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type													Check Full Year or Months Exempt for Each Type			
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec					
Full Year . . . ▶																
Full Year . . . ▶																
Full Year . . . ▶																
Full Year . . . ▶																

Healthcare coverage information has been completed for this person..

Student Information Worksheet

2016

▶ Keep for your records

Name of Student Boris Santos	Social Security Number 999-99-9999
--	--

Part I – Student Status

- 1 Was this person a student during 2016? Yes No
- 2 What kind of school did the student attend during 2016? (Check all that apply.)
- a Elementary c College (postsecondary) e Military academy
- b High school (secondary) d Vocational school f Not applicable
- 3 Did the student receive scholarships or other education assistance? Yes No

Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2016? Yes No NA
- 2 Was this student enrolled at an eligible education institution during 2016? Yes No NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? Yes No NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? Yes No NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? Yes No NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? Yes No NA
- 7 Is this student an eligible dependent of the taxpayer? Yes No NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ▶ _____
- 9 In how many prior years has a Hope Credit been claimed for this student ▶ _____

Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? Yes No
- _____
- _____
- 2 Is this student qualified for the Lifetime Learning Credit? Yes No
- _____
- _____
- 3 Is this student qualified for the Tuition and Fees Deduction? Yes No
- _____
- _____

Part IV – Educational Institution and Tuition Summary

		Received 2015 1098T with Box 2 filled and box 7 checked?			
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals					

Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit	<input type="checkbox"/>
4	Elect the tuition and fees deduction	<input type="checkbox"/>
5	Not applicable	<input type="checkbox"/>

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q	
2	Adjusted Qualified Higher Education Expenses	
3	Qualified Higher Education Expenses applied to QTP distributions	
4	Excess distributions. Subtract line 3 from line 1. If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2	
6	Fraction. Divide line 3 by line 1.	
7	Multiply line 5 by line 6.	
8	Earnings taxable to recipient. Subtract line 7 from line 5.	

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses	
3	Qualified Elementary and Secondary Education Expenses applied	
4	Subtract line 3 from line 1.	
5	Adjusted Qualified Higher Education Expenses.	
6	Qualified Higher Education Expenses applied to ESA distributions	
7	Excess distributions. Subtract line 6 from line 4.	
8	Distributions taxable to recipient	

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2016 for this student	
2	Adjusted Qualified Higher Education Expenses	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	
4	Interest included in line 1	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City State Zip Code	City State Zip Code

Personal Information Worksheet
For the Spouse

2016

Keep for your records

QuickZoom to another copy of Personal Information Worksheet
QuickZoom to Federal Information Worksheet

Part I - Spouse's Personal Information

First name, Middle initial, Last name, Suffix
Social security no., Member of U.S. Armed Forces in 2016?
Date of birth, age as of 1-1-2017
Occupation, Daytime phone, Ext
Marital status
If widowed, check the appropriate box for the year your spouse died:
After 2016, 2016, 2015, 2014, Before 2014
Are you retired on total and permanent disability?
Check if this person is legally blind
If deceased, enter the date of death
Were you under the age of 16 as of 1-1-2017 and this is the first year you are filing a tax return?
Do you want \$3 to go to Presidential Election Campaign Fund?

Part II - Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 Can someone (such as your parent) claim you as a dependent?
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return?
Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.
3 Were you a full-time student during any part of five months during 2016?
4 Did your earned income exceed one-half of your support?
5 Was at least one of your parents alive on December 31, 2016?

Part III - Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2016
Check the appropriate box:
This person is a resident of the state above for the entire year
This person is a resident of the state above for only part of year
Date this person established residence in state above
In which state (or foreign country) did this person reside before this change?

Part IV - Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2016
Unreimbursed medical expenses paid for qualifying person in 2016
Employment taxes paid for dependent care providers in 2016
Full-time student for 5 calendar months during 2016?
Disabled person who was not physically or mentally capable of self-care?
This person is a qualifying person for the child and dependent care credit

Part VI - Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details.
Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.
Check if covered or exempt (other than short gap) for prior year November
Check if covered or exempt (other than short gap) for prior year December
Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.
12 months, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type													Check Full Year or Months Exempt for Each Type			
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec					
Full Year . . . ▶																
Full Year . . . ▶																
Full Year . . . ▶																
Full Year . . . ▶																

Healthcare coverage information has been completed for this person..

► Keep for your records

Name(s) Shown on Return
Boris Santos

Social Security Number
[REDACTED]

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	47,156 .		47,156 .
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	7,147 .		7,147 .
3 & 7	Total social security wages/tips	50,731 .		50,731 .
4	Total social security tax withheld	3,145 .		3,145 .
5	Total Medicare wages and tips	50,731 .		50,731 .
6	Total Medicare tax withheld	736 .		736 .
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	5,097 .		5,097 .
b	Elective deferrals to qualified plans	1,917 .		1,917 .
c	Roth contrib. to 401(k), 403(b), 457(b) plans . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12	3,180 .		3,180 .
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14	2,045 .		2,045 .
16	Total state wages and tips	47,156 .		47,156 .
17	Total state tax withheld	2,277 .		2,277 .
19	Total local tax withheld.	1,439 .		1,439 .

Name Boris Santos Social Security Number 000000000

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below

<p>a Employee's social security No. <u>000000000</u></p> <p>b Employer's ID number <u>13-6400434</u></p> <p>c Employer's name, address, and ZIP code <u>THE CITY OF NEW YORK</u></p> <p>Street <u>450 West 33rd Street 4th Floor</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code <u>10001</u> Foreign Country _____</p> <p>d Control number . _____</p> <p><input checked="" type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>Boris</u> M.I. _____ Last <u>Santos</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>00000000000000000000</u> City <u>Brooklyn</u> State <u>NY</u> ZIP Code <u>00000</u> Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>47,156.48</u></p> <p>3 Social security wages <u>50,730.94</u></p> <p>5 Medicare wages and tips <u>50,730.94</u></p> <p>7 Social security tips _____ Verification Code _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>2 Federal income tax withheld <u>7,146.71</u></p> <p>4 Social security tax withheld <u>3,145.32</u></p> <p>6 Medicare tax withheld <u>735.60</u></p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits _____ Distributions from sect. 457 and nonqualified plans (<i>Important, see Help</i>) _____</p>
---	---	---

Box 12 Code	Box 12 Amount	If Box 12 code is:
E	1,917.20	A: Enter amount attributable to RRTA Tier 2 tax _____
DD	3,180.01	M: Enter amount attributable to RRTA Tier 2 tax _____
		P: Double click to link to Form 3903, line 4. _____
		R: Enter MSA contribution for Taxpayer _____
		Spouse _____
		W: Enter HSA contribution for Taxpayer _____
		Spouse _____
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
NY	NewYork	47,156.48	2,277.41

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
NYC	47,156.48	1,438.86	NY

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
IRC414H	1,657.26	NY IRC 414(h) Subject to NY tax
IRC125	388.22	NY IRC 125/SEC 18 NY tax exempt

Healthcare Entry Sheet

2016

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

*Short Gap
Eligible*
Yes No*

	a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
1	Boris Santos	XXXXXXXXXX	XXXXXX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ▶

Completion checkbox:

Check this box once you are finished with all the healthcare related entries.

Taxpayer's name <u>Boris Santos</u>	Social Security No. XXXXXXXXXX
--	--

1098-T Information (Required):

- A** A Form 1098-T was received from this institution for 2016. Yes No
- B** A Form 1098-T was received from this institution for **2015** with Box 2 filled in and Box 7 checked Yes No

Identify Student (Required):

- A** If student is Boris
Double-click to link this 1098-T to the applicable Taxpayer or Spouse Student Information Worksheet ▶ Boris
- B** If student is _____
Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet ▶ _____

Filer's name <u>Hunter College</u>	1 Payments received for qualified tuition and related expenses \$ _____
Street address <u>695 Park Ave</u>	2 Amounts billed for qualified tuition and related expenses \$ _____
City State Zip Code <u>New York NY 10065</u>	3 If this box is checked, your educational institution has changed its reporting method for 2016 <input type="checkbox"/>
Foreign province/country _____	
Foreign postal code Foreign country _____	

Filer's Federal identification number _____	Student's Taxpayer Identification Number. XXXXXXXXXX	4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ _____
--	--	--	---

Student's name <u>Boris</u>	6 Adjustments to scholarships or grants for a prior year \$ _____	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2017 ▶ <input type="checkbox"/>
Street address Apt. No. XXXXXXXXXX		
City State Zip Code <u>Brooklyn NY XXXX</u>		

Service Provider/ Acct No _____	8 Check if at least half-time student ▶ <input type="checkbox"/>	9 Checked if a graduate student . . ▶ <input type="checkbox"/>	10 Ins. contract reimb./refund \$ _____
------------------------------------	---	---	---

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

- A** Enter box 1 amount **not** paid during 2016 _____
- B** Enter box 1 amount actually paid during 2016 _____

Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses

- A** Enter box 2 amount **not** paid during 2016 _____
- B** Enter box 2 amount actually paid during 2016 _____

Reconciliation of Box 5, Scholarships or Grants

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . _____
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . _____
- C** Portion of box 5 amount from scholarships or grants _____
- D** Box 5 amount includes veteran- or employer-provided educational assistance

Form 1099-Q Summary

2016

► Keep for your records

Name(s) Shown on Return <u>Boris Santos</u>	Social Security No. <u>XXXXXXXXXX</u>
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	Recipient Taxpayer	Recipient Spouse
Coverdell Educational Savings Account (ESA) Distributions		
1 Total gross distributions from box 1 of Form 1099-Q	_____	_____
a Less: Rollover to another ESA of beneficiary	_____	_____
b Less: Transfer to another family member	_____	_____
c Less: Transfer to a non-family member	_____	_____
d Less: Return of 2016 contributions	_____	_____
e Less: Return of pre 2016 contributions. These are reported on the tax return in the year the contribution was made, not on the 2016 tax return	_____	_____
2 Balance of gross Coverdell ESA distributions	_____	_____
3 Education expenses not used as basis for credits	_____	_____
4 Amount of ESA distributions after return of basis	_____	_____
5 Earnings on return of 2016 contributions	_____	_____
6 Earnings on non-family member transfer	_____	_____
7 Taxable amount of ESA distributions on line 2	_____	_____
8 Taxable amount included on Form 1040, line 21	_____	_____
9 Non-taxable ESA distributions	_____	_____
Gross State Qualified Tuition Plan (QTP) Distributions		
10 Total gross distributions from box 1 of Form 1099-Q	_____	_____
a Less: Rollover to another QTP of beneficiary	_____	_____
b Less: Transfer to another family member	_____	_____
c Less: Transfer to a non-family member	_____	_____
d Less: Expenses refunded and recontributed	_____	_____
11 Balance of gross state QTP distributions	_____	_____
12 Earnings on state QTP distributions on line 11	_____	_____
Gross Private Qualified Tuition Plan (QTP) Distributions		
13 Total gross distributions from box 1 of Form 1099-Q	_____	_____
a Less: Rollover to another QTP of beneficiary	_____	_____
b Less: Transfer to another family member	_____	_____
c Less: Transfer to a non-family member	_____	_____
d Less: Expenses refunded and recontributed	_____	_____
14 Balance of gross private QTP distributions	_____	_____
15 Earnings on private QTP distributions on line 14	_____	_____
Taxable Qualified Tuition Plan (QTP) Distributions		
16 Balance of gross QTP distributions.	_____	_____
17 Earnings on QTP distributions on line 16	_____	_____
18 Education expenses not used as basis for credits	_____	_____
19 Non-taxable QTP distributions	_____	_____
20 Taxable amount of earnings on line 17	_____	_____
21 Earnings on non-family member transfer (state)	_____	_____
22 Earnings on non-family member transfer (private)	_____	_____
23 Taxable amount included on Form 1040, line 21	_____	_____

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total							

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total					

Wages, Salaries, & Tips Worksheet

2016

▶ Keep for your records

Name(s) Shown on Return Boris Santos	Social Security Number XXXXXXXXXX
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The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	47,156.		47,156.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,000 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income			

10 Subtotal. Add lines 1 through 9	47,156.		47,156.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income			

15 Total of lines 10 through 14	47,156.		47,156.

Name(s) Shown on Return
Boris Santos

Social Security Number
[REDACTED]

		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1	
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2	
3	Subtract line 2 from line 1	3	
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4	
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5	
6	Add lines 3 through 5	6	
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7	
8	Enter the amount, if any, from Form 4797, line 8	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-	9	
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10	
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
	Regular AMT		
	a On Form 1099-DIV		
	b On Form 2439		
	c On Schedule(s) K-1		
	d On Form 1099-R		
	e From Form 8814		
	f Other.		
	Total	11	
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12	
13	Add lines 9 through 12.	13	
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16	
	a Enter your capital gain excess, if you are filing Form 2555	a	0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18	

**Schedule D
Line 18**

28% Rate Gain Worksheet

2016

► Keep for your records

Name(s) Shown on Return
Boris Santos

Social Security Number
~~XXXXXXXXXX~~

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II		1		
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
		50 % Exclusion	60 % Exclusion	75% Exclusion	
a	Schedule D . . .	_____	_____	_____	
b	Form 8814 . . .	_____	_____	_____	
c	Schedule B . . .	_____	_____	_____	
d	Form 6252 . . .	_____	_____	_____	
e	Form 2439 . . .	_____	_____	_____	
f	Other	_____	_____	_____	
	Total	_____	_____	_____	2
3	Enter the total of all collectibles gain or (loss) from:		Regular	AMT	
a	Form 4684, line 4 (but only if line 15 is more than zero)	_____	_____	_____	
b	Form 6252	_____	_____	_____	
c	Form 6781, Part II	_____	_____	_____	
d	Form 8824	_____	_____	_____	
	Total	_____	_____	_____	3
4	Enter the total of any collectibles gain reported to you on:		Regular	AMT	
a	Form 1099-DIV, box 2d	_____	_____	_____	
b	Form 2439, box 1d	_____	_____	_____	
c	Schedule K-1 from a partnership, S corporation, estate, or trust	_____	_____	_____	
d	Disposition of interest in partnership or S corporation	_____	_____	_____	
e	Other	_____	_____	_____	
	Total	_____	_____	_____	4
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C				5
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.				6
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18				7
8	Enter the amount of any capital gain excess				8
9	Subtract line 8 from line 7. If zero or less, enter -0-.				9
	Enter this amount on Schedule D Tax Worksheet, line 11a				9
				0 .	0 .

Name(s) Shown on Return Boris Santos	Social Security Number BBBBBBBBBB
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1 a Enter your taxable income from Form 1040, line 43 1 a 35,970.
b Enter the amount from your (and your spouse's) Form 2555, line 45 b _____
c Add lines 1a and 1b 1 c 35,970.

2 a Enter your qualified dividends from Form 1040, line 9b 2 a _____
b Enter any capital gain excess attributable to qualified dividends b _____
c Subtract line 2b from line 2a 2 c _____

3 Amount from Form 4952, line 4g 3 _____

4 a Amount from Form 4952, line 4e 4 a _____
b Amount from the dotted line next to Form 4952, line 4e b _____
c Line 4b, if applicable, 4a, if not c _____

5 Subtract line 4c from line 3. 5 0.
6 Subtract line 5 from line 2c. If zero or less, enter -0- 6 0.

7 a Enter line 15 of Schedule D 7 a _____
b Enter line 16 of Schedule D b _____
c Enter the **smaller** of line 7a or line 7b 7 c 0.

8 Enter the **smaller** of line 3 or line 4c 8 _____

9 a Subtract line 8 from line 7. 9 a 0.
b Enter any capital gain excess attributable to capital gains b _____
c Subtract line 9b from line 9a. 9 c 0.

10 Add lines 6 and 9c 10 0.

11 a Enter the amount from Schedule D, line 18 11 a 0.
b Enter the amount from Schedule D, line 19 b _____
c Add lines 11a and 11b 11 c 0.

12 Enter the **smaller** of line 9c or line 11c 12 0.
13 Subtract line 12 from line 10. 13 0.
14 Subtract line 13 from line 1c. If zero or less, enter -0- 14 35,970.

15 Enter:
• \$37,650 if single or married filing separately;
• \$75,300 if married filing jointly or qualifying widow(er); or
• \$50,400 if head of household. } 15 37,650.

16 Enter the **smaller** of line 1c or line 15 16 35,970.
17 Enter the **smaller** of line 14 or line 16 17 35,970.

18 Subtr in 10 from in 1c. If zero or less, enter -0- 18 35,970.
19 Enter the **larger** of line 17 or line 18 19 35,970.
20 Subtract line 17 from line 16. This amount is taxed at 0% 20 0.

If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.

21 Enter the **smaller** of line 1c or line 13 21 _____
22 Enter the amount from line 20 (if line 20 is blank, enter -0-) 22 _____
23 Subtract line 22 from line 21. If zero or less, enter -0- 23 _____

24 Enter:
• \$415,050 if single,
• \$233,475 if married filing separately,
• \$466,950 if married filing jointly or qualifying widow(er),
• \$441,000 if head of household. } 24 _____

25 Enter the smaller of line 1c or line 24 25 _____
26 Add lines 19 and 20 26 _____
27 Subtract line 26 from line 25. If zero or less, enter -0- 27 _____
28 Enter the **smaller** of line 23 or line 27 28 _____
29 Multiply line 28 by 15% (.15) 29 _____
30 Add lines 22 and 28 30 _____
31 Subtract line 30 from line 21 31 _____
32 Multiply line 31 by 20% (.20) 32 _____

If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.

33 Enter the **smaller** of line 9c above or Schedule D, line 19 33 _____
34 Add lines 10 and 19 34 _____
35 Enter the amount from line 1c above 35 _____
36 Subtract line 35 from line 34. If zero or less, enter -0- 36 _____
37 Subtract line 36 from line 33. If zero or less, enter -0- 37 _____
38 Multiply line 37 by 25% (.25) 38 _____

If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.

39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	<u>4,933.</u>
43	Add lines 29, 32, 38, 41, and 42	43	<u>4,933.</u>
44	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	<u>4,933.</u>
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 44.	45	<u>4,933.</u>

Name(s) Shown on Return
Boris Santos

Social Security Number
XXXXXXXXXX

1	Enter the amount from Form 1040, line 43	1	_____
2	Enter the amount from Form 1040, line 9b	2	_____
3	Are you filing Schedule D? <input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
	<input type="checkbox"/> No. Enter the amount from Form 1040, line 13.		
4	Add lines 2 and 3	4	_____
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-.	5	_____
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	_____
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	_____
8	Enter: \$37,650 if single or married filing separately, \$75,300 if married filing jointly or qualifying widow(er), \$50,400 if head of household.	8	_____
9	Enter the smaller of line 1 or line 8	9	_____
10	Enter the smaller of line 7 or line 9	10	_____
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	_____
12	Enter the smaller of line 1 or line 6	12	_____
13	Enter the amount from line 11	13	_____
14	Subtract line 13 from line 12.	14	_____
15	Enter: \$415,050 if single, \$233,475 if married filing separately, \$466,950 if married filing jointly or qualifying widow(er), \$441,000 if head of household.	15	_____ _____ _____
16	Enter the smaller of line 1 or line 15	16	_____
17	Add lines 7 and 11	17	_____
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	_____
19	Enter the smaller of line 14 or line 18	19	_____
20	Multiply line 19 by 15% (.15)	20	_____
21	Add lines 11 and 19	21	_____
22	Subtract line 21 from line 12	22	_____
23	Multiply line 22 by 20% (.20)	23	_____
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.	24	_____
25	Add lines 20, 23, and 24	25	_____
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	26	_____
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 44.	27	_____

IRA Contributions Worksheet

2016

▶ Keep for your records

Name(s) Shown on Return Boris Santos	Social Security Number XXXXXXXXXX
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Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2016, including any made between 1/1/2017 and 4/18/2017, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA		
▶	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2017 to 4/18/2017 (<i>See Help</i>).		
12	Age 70-1/2 or older in tax year	—	—
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible traditional IRA contributions from worksheet		
14	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: ___ IRA deduction worksheet ▶ ___ Worksheet for social security recipients ▶		
15	Amount on line 13 you elect to make nondeductible		
16	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
17	Deductible traditional IRA contributions, to Form 1040, line 32 . .		
18	Qualified reservist repayments		
19	Nondeductible traditional IRA contributions, to Form 8606, ln 1 . .		

IRA Contributions Worksheet

2016

▶ Keep for your records

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular Roth IRA contributions made for 2016, including any made between 1/1/2017 and 4/18/2017, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.	_____	_____
21	Contributions recharacterized from a traditional IRA, (from In 4). . .	_____	_____
22	Roth IRA contributions, from Schedule(s) K-1.	_____	_____
23	Enter contributions recharacterized to a traditional IRA.	_____	_____
▶	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed Roth IRA conversions	_____	_____
25	Roth IRA contributions. Combine lines 20 through 24	_____	_____
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i>	_____	_____
27	Excess Roth IRA contribution credit	_____	_____
28	Total Roth IRA contributions	_____	_____
29	Repayments of qualified Roth reservist distributions	_____	_____

Roth IRA Contributions After Limitations		Taxpayer	Spouse
30	Roth IRA contributions after limitation	_____	_____
31	Excess Roth IRA contributions, to Form(s) 5329, line 23	_____	_____
	Note: <i>You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.</i>		

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
32	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.	_____	_____
	Note: <i>You do not need to report any Coverdell ESA contributions which are not excess contributions..</i>		

Schedule A
Line 1

Medical Expenses Worksheet

2016

► Keep for your records

Name(s) Shown on Return
Boris Santos

Social Security Number
~~999-99-9999~~

1	Prescription medications	1	_____
2	Health insurance premiums:		
a	Premiums other than self-employed health insurance or reported on a 1095-A . . .	2 a	_____
b	From Form(s) 1095-A - net of adjustments	b	_____
	Taxpayer's portion of 1095-A premiums (total less spouse) . . . _____		
	Spouse's portion of 1095-A premiums, enter the amount for the spouse, the remaining goes to the taxpayer _____		
c	Medicare premiums	c	_____
d	From Form(s) 1099-R	d	_____
	NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, not on lines 2e - 2j below.		
e	Taxpayer's gross long-term care premiums	2 e	_____
f	Taxpayer's allowable long-term care premiums	f	_____
g	Spouse's gross long-term care premiums	g	_____
h	Spouse's allowable long-term care premiums	h	_____
i	Dep or child under 27 gross long-term care premiums . .	i	_____
j	Dep or child under 27 allowable long-term care prem. . .	j	_____
k	Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j	k	_____ 0 .
l	Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	l	_____
m	Spouse's long-term care premiums not deducted as an adjustment to income. . . .	m	_____
n	Dependent's long-term care premiums not deducted as an adj to income	n	_____
o	Other self-employed health insurance not deducted as an adj to income	o	_____
3	Fees for doctors, dentists, etc	3	_____
4	Fees for hospitals, clinics, etc.	4	_____
5	Lab and x-ray fees	5	_____
6	Expenses for qualified long-term care	6	_____
7	Eyeglasses and contact lenses	7	_____
8	Medical equipment and supplies	8	_____
9	Medical transportation expenses:		
a	Medical miles driven	9 a	_____
b	Multiply the number of miles on line 9a by 19 cents per mile	b	_____
c	Other medical transportation costs not included above for example: ambulance fees	c	_____
d	Total medical transportation expenses (add lines 9b and 9c)	9 d	_____
10	Lodging for medical purposes (up to \$50 per night per person)	10	_____
11	Other medical and dental expenses:		
a	_____	11 a	_____
b	_____	b	_____
c	_____	c	_____
d	_____	d	_____
e	_____	e	_____
f	_____	f	_____
g	_____	g	_____
h	_____	h	_____
i	_____	i	_____
j	_____	j	_____
12	Total of medical and dental expenses (add lines 1 through 11j)	12	_____ 0 .
13 a	Less: insurance reimbursement for any expenses listed	13 a	_____
b	Less: medical savings account (MSA) or health savings account (HSA) distributions	b	_____
14	Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1)	14	_____ 0 .

Tax Payments Worksheet

2016

▶ Keep for your records

Name(s) Shown on Return
Boris Santos

Social Security Number
~~XXXXXXXXXX~~

Estimated Tax Payments for 2016 (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 04/18/16		04/18/16			04/18/16		
2 06/15/16		06/15/16			06/15/16		
3 09/15/16		09/15/16			09/15/16		
4 01/17/17		01/17/17			01/17/17		
5							
Tot Estimated Payments . . .							

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2016					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2016 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	7,147.	2,277.	1,439.
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Positive Adjustment			
e Negative Adjustment			
f Additional Medicare Tax			
19 Total Withholding Lines 10 through 18f	7,147.	2,277.	1,439.
20 Total Tax Payments for 2016	7,147.	2,277.	1,439.

Prior Year Taxes Paid In 2016 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2015 extensions				
22 2015 estimated tax paid after 12/31/2015				
23 Balance due paid with 2015 return	613.	NY		
24 Other (amended returns, installment payments, etc)				

Name(s) Shown on Return
Boris Santos

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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 38	46,320.
(2) Nontaxable income entered elsewhere on return	_____
(3) Available income: 2015 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	_____
(5) Total available income	46,320.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Illinois, Louisiana, Mississippi or New York only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables _____

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items _____

f Total general sales tax per tables plus sales tax on specific items _____

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items). _____

h State and Local Income Taxes:

State and Local Income taxes 4,329.00

i State and Local Tax Deduction to Schedule A, line 5:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) 4,329.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . Sales Taxes Greater amount .

2 Real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098 _____

- b Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . . _____
- c Real estate taxes paid on additional homes or land _____
 Personal portion of real estate taxes from Schedule E Worksheet for:
 - d Principal residence _____
 - e Vacation home _____
 - f Less real estate taxes deducted on Form 8829 _____
 - g Add lines 2a through 2f (to Schedule A, line 6) _____
- 3 Personal property taxes:**
 - a Auto registration fees based on the value of the vehicle.
 2015 Amount Enter 2016 description:
 _____ _____ _____
 _____ _____ _____
 _____ _____ _____
 - b Non-business portion of personal property taxes from Car & Truck Exp Wks _____
 - c Other personal property taxes _____
 - d Add lines 3a through 3c (to Schedule A, line 7) _____
- 4 Other taxes:**
 - a Other taxes from Schedule(s) K-1 _____
 - b Foreign taxes from interest and dividends _____
 - c Foreign taxes from Schedule(s) K-1 _____
 - d Other foreign taxes (not used to claim a foreign tax credit). _____
 - e Other taxes.
 2015 Amount Enter 2016 description:
 _____ _____ _____
 _____ _____ _____
 _____ _____ _____
 - f Add lines 4a through 4e (to Schedule A, line 8) _____

Interest Deductions

- 5 Home mortgage interest and points reported on Form 1098:**
 - a Mortgage interest and points from the Home Mortgage Interest Worksheet _____
 - b Qualified mortgage interest from Schedule E Worksheet _____
 - c Less home mortgage interest/points deducted on Form 8829 _____
 - d Less home mortgage interest from Form 8396, line 3 _____
 - e Add lines 5a through 5d (to Sch A, line 10) or line A2 from above. _____
- 6 Home mortgage interest not reported on Form 1098:**
 - a Mortgage interest from the Home Mortgage Interest Worksheet. _____
 - b Less home mortgage interest deducted on Form 8829 _____
 - c Add lines 6a and 6b (to Sch A, line 11) or line B2 from above _____
- 7 Points not reported on Form 1098:**
 - a Amortizable points from the Home Mortgage Interest Worksheet _____
 - b Other points not on Form 1098 from the Home Mortgage Interest Worksheet _____
 - c Less points deducted on Form 8829 _____
 - d Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above _____

Name(s) Shown on Return
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State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1 2,277.
2	2016 state estimated taxes paid in 2016	2
3	2015 state estimated taxes paid in 2016	3
4	Amount paid with 2015 state application for extension	4
5	Amount paid with 2015 state income tax return	5 613.
6	Overpayment on 2015 state income tax return applied to 2016 tax	6
7	Other amounts paid in 2016 (amended returns, installment payments, etc.)	7
8	State estimated tax from Schedule(s) K-1 (Form 1041)	8
Local income taxes:		
9	Local income tax withheld	9 1,439.
10	2016 local estimated taxes paid in 2016	10
11	2015 local estimated taxes paid in 2016	11
12	Amount paid with 2015 local application for extension	12
13	Amount paid with 2015 local income tax return	13
14	Overpayment on 2015 local income tax return applied to 2016 tax	14
15	Other amounts paid in 2016 (amended returns, installment payments, etc.)	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	16
Other:		
17		17
18	Total Add lines 1 through 17	18 4,329.
19	State and local refund allocated to 2016	19
20	Nondeductible state income tax from line 28	20
21	Total reductions Add lines 19 and 20	21
22	Total state and local income tax deduction Line 18 less line 21	22 4,329.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	23
24	Adjusted gross income	24
25	Add lines 23 and 24	25
26	Nondeductible percent. Line 23 divided by line 25	26 %
27	Hawaii state income tax included in line 18	27
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27	28

Charitable Deduction Limits Worksheet For Current Year Contributions

2016

▶ Keep for your records

Name(s) Shown on Return Boris Santos	Social Security Number 000000000
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Step 1. List your qualified charitable contributions made during the year.

1 **RESERVED** for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1.

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income 46,320.

9 Multiply line 8 by 0.5. This is your 50% limit. 23,160.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations						
10	Enter the smaller of line 2 or line 9				0.	
11	Subtract line 10 from line 2					0.
12	Subtract line 10 from line 9					23,160.
Contributions not to 50% limit organizations						
13	Add lines 2 and 3					
14	Multiply line 8 by 0.3. This is your 30% limit.					
15	13,896.		13,896.			
16	Subtract line 13 from line 9				23,160.	
17	Enter the smallest of line 6, 14, or 15				0.	
18	Subtract line 16 from line 6					0.
18	Subtract line 16 from line 14					13,896.
Capital gain property to 50% limit organizations						
19	Enter the smallest of line 3, 12, or 14				0.	
20	Subtract line 19 from line 3					0.
21	Subtract line 16 from line 15					23,160.
22	Subtract line 19 from line 14					13,896.
Capital gain property not to 50% limit organizations						
23	Multiply line 8 by 0.2. This is your 20% limit.					
24	Enter the smaller of line 7, 18, 21, 22, or 23				9,264.	
25	Subtract line 24 from line 7				0.	
25	Subtract line 24 from line 24					0.
26	Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19				0.	
27	Reserved for future use					
28	Reserved for future use					
29	Reserved for future use					
30	Add lines 11, 17, 20, and 25. Carry to next year.					0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2016

▶ Keep for your records

Name(s) Shown on Return Boris Santos	Social Security Number [REDACTED]
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Step 1. List your qualified charitable contributions made during the year.

1 **RESERVED** for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1.

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income 46,320.

9 Multiply line 8 by 0.5. This is your 50% limit. 23,160.. less. 0. 23,160.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations						
10 Enter the smaller of line 2 or line 9				0.		
11 Subtract line 10 from line 2						0.
12 Subtract line 10 from line 9			23,160.			
Contributions not to 50% limit organizations						
13 Add lines 2 and 3		0.				
14 Multiply line 8 by 0.3. This is your 30% limit.		13,896.	13,896.			
15 Subtract line 13 from line 9		23,160.				
16 Enter the smallest of line 6, 14, or 15				0.		
17 Subtract line 16 from line 6						0.
18 Subtract line 16 from line 14			13,896.			
Capital gain property to 50% limit organizations						
19 Enter the smallest of line 3, 12, or 14				0.		
20 Subtract line 19 from line 3						0.
21 Subtract line 16 from line 15			23,160.			
22 Subtract line 19 from line 14			13,896.			
Capital gain property not to 50% limit organizations						
23 Multiply line 8 by 0.2. This is your 20% limit.						
24 Enter the smaller of line 7, 18, 21, 22, or 23				0.		
25 Subtract line 24 from line 7			9,264.			0.
26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19				0.		
27 Reserved for future use						
28 Reserved for future use						
29 Reserved for future use						
30 Add lines 11, 17, 20, and 25. Carry to next year.						0.

Charitable Contributions Summary

2016

▶ Keep for your records

Name(s) Shown on Return Boris Santos	Social Security Number XXXXXXXXXX
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Totals: _____				

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals: _____					

Part III Contribution Carryovers to 2017

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2016 contributions . . .						
2 2016 contributions allowed	0.		0.	0.	0.	0.
3 Carryovers from:						
a 2015 tax year						
b 2014 tax year						
c 2013 tax year						
d 2012 tax year						
e 2011 tax year						
4 Carryovers allowed in 2016	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2016	0.		0.	0.	0.	0.
6 Carryovers to 2017:						
a From 2016	0.		0.	0.	0.	0.
b From 2015						
c From 2014						
d From 2013						
e From 2012						
f From 2011						

Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? Yes No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ▶ Yes No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ▶ Yes No
- 4 Was any charity other than a 50% charity? Yes No

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Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	1,350.
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	250.
b	Educator Expense Deduction (from 1040, line 23)	2b	250.
c	Excess Educator Expenses (line 2a less line 2b).	2c	0.
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Other: _____ _____	7	
8	Combine lines 1 through 7 (to Schedule A, line 21)	8	1,350.

Miscellaneous Expenses – Subject to 2% Limitation

Check the box in investment column if an investment expense

Investment expense ↓

9	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	9	
10	Casualty/theft losses of property used in services as an employee		10	
11	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	11	
12	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	12	
13	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	13	
14	Miscellaneous deductions, from Schedule(s) K-1		14	
15	Excess deductions on termination, from Schedule(s) K-1		15	
16	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	16	
17	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	17	
18	Safe deposit box rental fees	<input checked="" type="checkbox"/>	18	
19	IRA custodial fees	<input checked="" type="checkbox"/>	19	
20	Loss incurred from total distribution of all traditional IRAs		20	
21	Loss incurred from total distribution of all Roth IRAs		21	
22	Loss incurred from final distribution of a QTP investment		22	
23	Hobby expense (limited to hobby income)		23	
24	Other: _____ _____		24	
25	Combine lines 9 through 24 (to Schedule A, line 23)		25	

Other Miscellaneous Deductions – Not Subject to 2% Limitation

26	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	26	
27	Federal estate tax paid on decedent's income reported on this return		27	
28	Impairment-related expenses of a handicapped employee, from Form 2106		28	
29	Amortizable bond premiums on bonds acquired before 10/23/86		29	
30	Gambling losses		30	
31	Deduction for repayment of amounts under claim of right if over \$3,000		31	
32	Casualty/theft losses of income-producing property		32	
33	Unrecovered investment in annuity		33	
34	Ordinary loss attributable to certain debt instruments		34	
35	Combine lines 26 through 34 (to Schedule A, line 28)		35	

Schedule A
Line 29

Itemized Deductions Worksheet

2016

► Keep for your records

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<p>1 Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28</p> <p>2 Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28 CAUTION: Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.</p> <p>3 Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> Yes. Subtract line 2 from line 1</p> <p>4 Multiply line 3 by 80% (.80)</p> <p>5 Enter the amount from Form 1040, line 38</p> <p>6 Enter \$259,400 if single; \$311,300 if married filing jointly or qualifying widow(er); \$285,350 if head of household, \$155,650 if married filing separately</p> <p>7 Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> Yes. Subtract line 6 from line 5</p> <p>8 Multiply line 7 by 3% (.03)</p> <p>9 Enter the smaller of line 4 or line 8</p> <p>10 Total itemized deductions. Subtract line 9 from line 1. (to Schedule A, line 29)</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>	<p>4,876.</p> <hr/> <p>4,876.</p> <hr/> <p>3,901.</p> <hr/> <p>46,320.</p> <hr/> <p>259,400.</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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► Keep for your records

Name(s) Shown on Return
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[REDACTED]

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

<p>1 Is your earned income* more than \$700?</p> <p><input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> No. Enter \$1,050</p>	<p>—▶ . . .</p>	<p>1</p>	
<p>2 Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> • Single or married filing separately — \$6,300 • Married filing jointly or Qualifying widow(er) — \$12,600 • Head of household — \$9,300 	<p>—▶ . . .</p>	<p>2</p>	6,300.
3 Standard deduction.			
<p>3 a Enter the smaller of line 1 or line 2. If born after January 1, 1952, and not blind, stop here and enter this amount on Form 1040, line 40. Otherwise go to line 3b</p>		<p>3 a</p>	
<p>3 b If born before January 2, 1952, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household)</p>		<p>3 b</p>	
<p>3 c Add lines 3a and 3b. Enter the total here and on Form 1040, line 40</p>		<p>3 c</p>	

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

**Form 1040
Line 42**

Deduction for Exemptions Worksheet

2016

► Keep for your records

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1 Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d	1	4,050.
2 Enter the amount from Form 1040, line 38	2	46,320.
3 Enter the amount shown below for your filing status: <ul style="list-style-type: none"> • Single, enter \$259,400 • Married filing jointly or qualifying widow(er), enter \$311,300 • Married filing separately, enter \$155,650 • Head of household, enter \$285,350 	3	259,400.
4 Subtract line 3 from line 2. If zero or less, stop ; enter the amount from line 1 above on Form 1040, line 42.	4	-213,080.
5 Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> Yes. You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. Do not complete the rest of this worksheet. <input type="checkbox"/> No. Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	5	
6 Multiply line 5 by 2% (.02) and enter the result as a decimal.	6	
7 Multiply line 1 by line 6	7	
8 Deduction for exemptions. Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42	8	

Earned Income Worksheet

2016

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Name(s) Shown on Return Boris Santos	Social Security Number XXXXXXXXXX
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	_____	_____	_____
b Optional Method and Church Employee income	_____	_____	_____
c Add lines 1a and 1b	_____	_____	_____
d One-half of self-employment tax	_____	_____	_____
e Subtract line 1d from line 1c	_____	_____	_____
2 If not required to file Schedule SE:			
a Net farm profit or (loss)	_____	_____	_____
b Net nonfarm profit or (loss)	_____	_____	_____
c Add lines 2a and 2b	_____	_____	_____
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ	_____	_____	_____
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	_____	_____	_____

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	47,156.	_____	47,156.
7 a Taxable employer-provided adoption benefits	_____	_____	_____
b Foreign earned income exclusion	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	47,156.	_____	47,156.
9 a Taxable dependent care benefits	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	47,156.	_____	47,156.
11 Scholarship or fellowship income not on W-2	_____	_____	_____
12 SE exempt earnings less nontaxable income	_____	_____	_____
13 Distributions from nonqualified/Sec. 457 plans	_____	_____	_____
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	47,156.	_____	47,156.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	47,156.	_____	47,156.
17 Net self-employment loss	_____	_____	_____
18 Alimony received	_____	_____	_____
19 Nontaxable combat pay	_____	_____	_____
20 Foreign earned income exclusion	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, ln 2.	47,156.	_____	47,156.

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	47,156.	_____	47,156.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	47,156.	_____	47,156.

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Investment Interest Expense (Form 4952, line 1)

Table with 4 main rows and sub-rows (a-d). Columns include line numbers and blank input fields.

Gross Income from Property Held for Investment (Form 4952, line 4a)

Table with 10 main rows and sub-rows (a-d). Columns include line numbers and blank input fields.

Net Capital Gain Income (Form 4952, lines 4d and 4e)

Table with 6 main rows and sub-rows (a-c). Columns include line numbers, Regular Tax, and Alt Min Tax.

Investment Expenses (Form 4952, line 5)

Table with 6 main rows and sub-rows (a-d). Columns include line numbers and blank input fields.

Allocation of Investment Interest Expense (Schedule A, line 14)

Table with 7 main rows and sub-rows (a-d). Columns include line numbers, Regular Tax, and Alt Min Tax.

► Keep for your records

Name(s) Shown on Return
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- QuickZoom** to Schedule EIC ►
- QuickZoom** to Dependent Information Worksheet to enter qualifying children information. ► _____
- QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income ►
- QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. ►

<p>1 Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="margin-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="margin-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="margin-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC 4 a _____</p> <p style="margin-left: 20px;">b Spouse's nontaxable combat pay election for EIC b _____</p> <p style="margin-left: 20px;">c Total nontaxable combat pay election 4 c _____</p> <p>5 If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Earned income. Add lines 3, 4c, and 5</p> <p>7 Enter the credit, from the EIC Table, for the amount on line 6. Be sure to use the correct column for filing status and number of children.</p> <p style="margin-left: 20px;">If line 7 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.</p> <p>8 Enter your AGI from Form 1040, line 38</p> <p>9 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 8 less than \$8,300 (\$13,850 if married filing jointly)? • 1 or more qualifying children, is the amount on line 8 less than \$18,200 (\$23,750 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 10 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 8. Be sure to use the correct column for filing status and number of children</p> <p>10 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 9, enter the amount from line 7 • If 'No' on line 9, enter the smaller of line 7 or line 9 	<p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>	<p>47,156.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>47,156.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>47,156.</p> <p>0.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 6 above) is equal to or more than:
 - \$14,880 (\$20,430 if married filing jointly) without a qualifying child.
 - \$39,296 (\$44,846 if married filing jointly) with one qualifying child.
 - \$44,648 (\$50,198 if married filing jointly) with two qualifying children.
 - \$47,955 (\$53,505 if married filing jointly) with more than two qualifying children.

 - 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
 - \$14,880 (\$20,430 if married filing jointly) without a qualifying child.
 - \$39,296 (\$44,846 if married filing jointly) with one qualifying child.
 - \$44,648 (\$50,198 if married filing jointly) with two qualifying children.
 - \$47,955 (\$53,505 if married filing jointly) with more than two qualifying children.

 - 3 Investment income is more than \$3,400.
(Investment Income Smart Worksheet, item H above)

 - 4 The married filing separate return status is checked.
(Information Worksheet, Part II)

 - 5 Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)

 - 6 Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)

 - 7 Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)

 - 8 Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)

 - 9 Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)

 - 10 Have qualifying children, but all are either
 - a qualifying children of another person, or
 - b invalid social security numbers for EIC purposes.
(Information Worksheet, Part III)

 - 11 Disallowed by IRS to claim Earned Income Credit in 2016.
(Information Worksheet, Part IV)

 - 12 Filing Form 2555, Foreign Earned Income.

 - 13 Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)

 - 14 Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)
-

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2016?

Yes, all of the above is correct.

No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2016?

2 Yes, my dependents lived with me at this address.

No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2016.

Compliance and Due Diligence Indicator	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Disqualified from Earned Income Credit.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Potential qualifying child count	▶	<u>0</u>
Non dependent potential qualifying child count	▶	<u>0</u>
Qualifying child count (max 3)	▶	<u>0</u>

Schedule SE Adjustments Worksheet

2016

▶ Keep for your records

Name(s) Shown on Return Boris Santos	Social Security Number 000000000
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	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ▶	<input type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ▶	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3	<input type="checkbox"/>	<input type="checkbox"/>
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).	<input type="checkbox"/>	<input type="checkbox"/>
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F	<input type="checkbox"/>	<input type="checkbox"/>
2 Farm partnerships, Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
3 Other SE farm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
4 Less SE exempt farm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
5 Total for Schedule SE, line 1	<input type="checkbox"/>	<input type="checkbox"/>
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b	<input type="checkbox"/>	<input type="checkbox"/>
b Schedule K-1 (Form 1065), box 20, code Z	<input type="checkbox"/>	<input type="checkbox"/>
c Total CRP payments not subject to SE tax	<input type="checkbox"/>	<input type="checkbox"/>
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	<input type="checkbox"/>	<input type="checkbox"/>
b Less SE exempt Schedules C (approved Form 4361)	<input type="checkbox"/>	<input type="checkbox"/>
2 Nonfarm partnerships, Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
3 Forms 6781	<input type="checkbox"/>	<input type="checkbox"/>
4 Other SE income reported as income on Form 1040, line 7	<input type="checkbox"/>	<input type="checkbox"/>
5 a Clergy Form W-2 wages	<input type="checkbox"/>	<input type="checkbox"/>
b Clergy housing allowance	<input type="checkbox"/>	<input type="checkbox"/>
c Less clergy business deductions	<input type="checkbox"/>	<input type="checkbox"/>
d QuickZoom to the Explanation statement for entry on line 5c	<input type="checkbox"/>	<input type="checkbox"/>
6 Other SE nonfarm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
7 Less other SE exempt nonfarm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
8 Total for Schedule SE, line 2	<input type="checkbox"/>	<input type="checkbox"/>
9 Exempt Notary Public income for Schedule SE, line 3 (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross farming or fishing income from partnership Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross farming or fishing self-employment income	<input type="checkbox"/>	<input type="checkbox"/>
5 Total gross income for Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross nonfarm income from partnership Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross nonfarm self-employment income	<input type="checkbox"/>	<input type="checkbox"/>
5 Total gross income for Nonfarm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>

Name(s) Shown on Return Boris Santos	Social Security Number XXXXXXXXXX
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Part I Information from Form(s) 1098-E, Student Loan Interest Statement

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
Fed Loan Servicing	Taxpayer	XXXXXXXXXX	429.	586.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total student loan interest.				586.

Part II Computation of Student Loan Interest Deduction

1	Enter the total interest you paid in 2016 on qualified student loans (see Form 1040 instructions).	1	586.
2	Enter the smaller of line 1 or \$2,500.	2	586.
3	Modified AGI Note: If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$160,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	46,906.
4	Enter: \$65,000 if single, head of household, or qualifying widow(er); \$130,000 if married filing jointly.	4	65,000.
5	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	0.
6	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	0.0000
7	Multiply line 2 by line 6	7	0.
8	Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	586.

* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

► Keep for your records

Name(s) Shown on Return
Boris Santos

Social Security Number
XXXXXXXXXX

Caution: Do not enter the same educator expenses on Schedule A or Form 2106. The program will automatically transfer remaining educator expenses to the Miscellaneous Itemized Deductions Worksheet.

		Taxpayer	Spouse
1	Qualified educator expenses	250 .	
2	Non-taxable Coverdell ESA distributions		
3	Non-taxable qualified tuition program distributions		
4	Subtract lines 2 and 3 from line 1.	250 .	
5	Qualified educator expenses from line 4.		250 .
6	Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14.		
7	Subtract line 6 from line 5.		250 .
8	Educator expenses deduction. Report this amount on Form 1040, line 23 or Form 1040A, line 16 (see Help)		250 .
9	Subtract line 8 from line 1. This amount transfers to the Miscellaneous Itemized Deductions Worksheet, line 2 when the box on line 10 is not checked		
10	Check the box if you do NOT want to transfer excess educator expenses to Schedule A, Miscellaneous Itemized Deductions Worksheet. ►		<input type="checkbox"/>

**Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax**

2016

► Keep for your records

Name(s) Shown on Return Boris Santos	Social Security Number XXXXXXXXXX
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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 30.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return Boris Santos	Social Security Number XXXXXXXXXX
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Taxable Income – Line 1

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.)	1	46,320.
2	Additions to income	2	
3	Add lines 1 and 2	3	46,320.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	46,320.

Taxes – Line 3

1	Generation skipping transfer taxes included on Schedule A, line 8	1	
---	---	---	--

Home Mortgage Interest Adjustment – Line 4

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1 Attributable to mortgage used to purchase, build, or improve:			
a Main home or second home that is house, apartment, condominium or non-transient mobile home			
b Second home that is transient mobile home or boat			
c Total			
2 Attributable to mortgage used to refinance:			
a To pay off mortgage			
b For other purposes			
c Total			
3 Attributable to other mortgage deductible for AMT:			
a Pre-July 1, 1982 mortgage			
4 Total column (a)			
5 Total column (b). Enter result on Form 6251, line 4.			
6 Total mortgage interest from Schedule A			

Refund of Taxes – Line 7

1	Taxable refund of state and local income tax	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7	3	

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	46,320.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	46,320.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	41,688.
6	Enter ATNOL carried to 2015 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg.	11	

Incentive Stock Options – Line 14

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 14	5	

Alternative Minimum Taxable Income – Line 28

If married filing separately and Form 6251, line 28, is more than \$247,450:		
1	Alternative minimum taxable income, Form 6251.	1
2	Threshold amount	2
3	Subtract line 2 from line 1.	3
4	Multiply line 3 by 25% (.25).	4
5	Smaller of line 4 or \$41,900	5
6	Add line 1 and line 5. Enter on Form 6251, line 28.	6

Exemption – Line 29

1	Enter \$53,900 if single or head of household, \$83,800 if married filing jointly or qualifying widow(er), \$41,900 if married filing separately	1	53,900.
2	Enter your alternative minimum taxable income from Form 6251, line 28.	2	46,320.
3	Enter \$119,700 if single or head of household, \$159,700 if married filing jointly or qualifying widow(er), \$79,850 if married filing separately	3	119,700.
4	Subtract line 3 from line 2. If zero or less, enter -0-.	4	0.
5	Multiply line 4 by 25% (.25).	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-.	6	53,900.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	7	
8 a	Enter the child's earned income , if any	8 a	
b	Enter any adjustments.	b	
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29.	10	

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Name(s) Shown on Return <u>Boris Santos</u>	Social Security Number <u>000000000</u>
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1 Enter amount from Form 6251, line 30.	1	
2 a Enter amount from Form(s) 2555, lines 45 and 50	2a	
b Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b	
c Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3 Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3	
4 Tax on amount on line 3.		
<ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here. ● All Others: If line 3 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result. 	4	
5 Tax on amount on line 2c. If line 2c is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	5	
6 Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0	6	

Federal Carryover Worksheet

2016

▶ Keep for your records

Name(s) Shown on Return Boris Santos	Social Security Number XXXXXXXXXX
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2015 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY			3,513.	613.		
Totals . .			3,513.	613.		

Other Tax and Income Information

		2015	2016
1 Filing status	1	1 Single	1 Single
2 Number of exemptions for blind or over 65 (0 - 4)	2		
3 Itemized deductions	3	8,196.	4,876.
4 Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Adjusted gross income	5	51,179.	46,320.
6 Tax liability for Form 2210 or Form 2210-F	6	5,605.	4,933.
7 Alternative minimum tax	7		
8 Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions

		2015	2016
9 a Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b Spouse's excess Archer MSA contributions as of 12/31	b		
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a Taxpayer's excess HSA contributions as of 12/31	11 a		
b Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

		2015	2016
12 a Short-term capital loss	12 a		
b AMT Short-term capital loss	b		
13 a Long-term capital loss	13 a		
b AMT Long-term capital loss	b		
14 a Net operating loss available to carry forward	14 a		
b AMT Net operating loss available to carry forward	b		
15 a Investment interest expense disallowed	15 a		
b AMT Investment interest expense disallowed	b		
16 Nonrecaptured net Section 1231 losses from:			
a 2016	16 a		
b 2015	b		
c 2014	c		
d 2013	d		
e 2012	e		
f 2011	f		

Boris Santos

~~XXXXXXXXXX~~

Loss and Expense Carryovers (cont'd)				2015	2016
17	AMT Nonrecap'd net Sec 1231 losses from:				
		a	2016 . . .	17 a	
		b	2015 . . .	b	
		c	2014 . . .	c	
		d	2013 . . .	d	
		e	2012 . . .	e	
		f	2011 . . .	f	

Credit Carryovers				2015	2016
18	General business credit			18	
19	Adoption credit from:			19 a	
		a	2016	b	
		b	2015	c	
		c	2014	d	
		d	2013	e	
		e	2012		
20	Mortgage interest credit from:			20 a	
		a	2016	b	
		b	2015	c	
		c	2014	d	
		d	2013		
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	

Other Carryovers				2015	2016
24	Section 179 expense deduction disallowed			24	0.
25	Excess			25 a	
	foreign	a	Taxpayer (Form 2555, line 46)	b	
	housing	b	Taxpayer (Form 2555, line 48)	c	
	deduction:	c	Spouse (Form 2555, line 46)	d	
		d	Spouse (Form 2555, line 48)		

Charitable Contribution Carryovers

26	2015 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
	a 2015				
	b 2014				
	c 2013				
	d 2012				
	e 2011				
27	2016 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
	a 2016				
	b 2015				
	c 2014				
	d 2013				
	e 2012				

28 Amount overpaid less earned income credit 609.

2015 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

► Keep for your records

Name(s) Shown on Return Boris Santos	Social Security Number 000000000
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Description	Amount
Income	
Wages	47,156.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	47,156.
Adjustments	
Educator expenses	250.
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	250.
Modified adjusted gross income	46,906.

Depreciation Options

2016

Name(s) Shown on Return
Boris Santos

Social Security Number
000000000

MACRS Convention and Computation

Compute convention (result shown below).

When 'Compute convention' is checked, the program automatically determines which convention applies to MACRS personal property assets placed in service in 2016, and checks the appropriate box below. If 'Compute Convention' is unchecked, the program uses the 'Half-year convention' unless you check 'Mid-quarter convention.'

- 1 Half-year convention
 2 Mid-quarter convention
 3 Use IRS tables for all MACRS property placed in service this year? Yes No

Federal Section 179 Information

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of Form 4562, per the IRS instructions. This is the copy that appears on the menu as Form 4562:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited. If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Form 4562 for that activity.

<p>1 a Elect to treat Qualified Real Property as "Section 179 Property"</p> <p> b Calculated "Total cost of Section 179 property placed in service"</p> <p> c Additions or subtractions to calculated total on line 1a</p> <p>2 If Married Filing Separately, enter:</p> <p> a Total cost of eligible property placed in service this year by spouse.</p> <p> b Allocation percentage elected for your return, if other than 50%.</p> <p> c Section 179 elected on Qualified Real Property this year by spouse</p> <p>3 a Taxable income computed for the Section 179 limitation</p> <p> b Additions or subtractions to taxable income</p>	<p>1 a</p> <p>b</p> <p>c</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3 a</p> <p>b</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ %</p> <p>_____</p> <p style="text-align: right;">47,156.</p> <p>_____</p>
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State Depreciation

Enter the State ID of all states for which you want depreciation computed. A corresponding state record will be created on all assets and vehicles in the Federal return.

Note: Only supported states may be selected. Not applicable to California. California depreciation data must be entered in the state return.

To delete or change a state:

- Check the "Yes" box for "Delete this state's depreciation data from the Federal file now"
- Delete the entry in the "State" field, or change it to the desired state
- Check the "No" box for "Delete this state's depreciation data from the Federal file now"

States currently entered: NY

State		NY
Delete this state's depreciation data from Federal file when transferring to 2017	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Delete this state's depreciation data from the Federal file now	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State		
Delete this state's depreciation data from Federal file when transferring to 2017	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delete this state's depreciation data from the Federal file now	<input type="checkbox"/> Yes	<input type="checkbox"/> No



State Section 179 Dollar Limitation

1	State	1	<u>NY</u>
2 a	Married Filing Separately for state? If Yes, enter:	2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Total cost of state eligible property placed in service this year by spouse . . .	b	_____
c	Allocation percentage elected for state return	c	_____ %
d	State Section 179 elected on Qualified Real Property this year by spouse . .	d	_____
3 a	Elect to treat state Qualified Real Property as "Section 179 Property"	3 a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Calculated "Total cost of state Section 179 property placed in service"	b	_____
c	Additions or subtractions to state calculated value	c	_____
4	State maximum amount	4	500,000.
5	State threshold cost of Section 179 property	5	2,010,000.
6	Reduction in state limitation (Line 3b less line 5, not less than 0)	6	0.
7	State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d) . . .	7	500,000.
8	Total state Section 179 elected (Cannot exceed line 7)	8	_____
9	Total state Section 179 elected on Qualified Real Property	9	_____

State Defaults for Economic Stimulus Depreciation Allowance and 2016 Section 179

Note: Only supported states are shown

Check box to reset all state Economic Stimulus defaults shown below

STATE CALC		STIMULUS BONUS DEPRECIATION			2016 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
AL	State	Full	12/31/2008	12/31/2020	Full	500,000.	2,010,000.
AZ	State	55%	12/31/2012	12/31/2020	Part	500,000.	2,010,000.
AR	State	N/A	N/A	N/A	Full	25,000.	200,000.
<small>See State 2009 Economic Stimulus Default Statement</small>							

State Defaults for Qualified Disaster Area Depreciation Allowance and Section 179

Check box to reset all state Qualified Disaster Area defaults shown below

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	12/31/2007	12/31/2013	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
<small>See State Qualified Disaster Area Default Statement</small>							

State Defaults for Kansas Disaster Zone Depreciation Allowance and Section 179

Check box to reset all state Kansas Disaster Zone defaults shown below

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	05/04/2007	12/31/2009	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
<small>See State Kansas Disaster Zone Default Statement</small>							

State Defaults for Cellulosic Biomass Ethanol Plant Property (CBEPP)

Check box to reset all state CBEPP defaults shown below

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
AL	Federal	Full	12/20/2006	12/31/2016
AZ	Federal	Full	12/20/2006	12/31/2016
AR	None	N/A	N/A	N/A
<small>See State CBEPP Default Statement</small>				

State Defaults for GO Zone Depreciation Allowance and GO Zone Section 179

Check box to reset all state GO Zone defaults shown below

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
AL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
AZ	State	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
		See State GO Zone Default Statement					

State Defaults for Pre-2006 Special Depreciation Allowance (SDA), and Trucks/Vans

Check box to reset all state SDA & Truck/Van defaults shown below

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
AL	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
AZ	State	None	N/A	N/A	N/A	N/A	N/A	Y
AR	State	None	N/A	N/A	N/A	N/A	N/A	N
		See State Pre-2006 SDA Default Statement						

State Defaults for Sec 179 on Computer Software & Qualified Real Property

Check box to reset all state Sec 179 defaults shown below

STATE CALC		COMPUTER SOFTWARE		STATE CALC	QUALIFIED REAL PROPERTY	
State	F/S conformity	Start	End	F/S conformity	Start	End
AL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
AZ	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
AR	Federal	TY2003	PERMANENT	None	N/A	N/A
		See State Software/Real Property Sec 179 Default Statement				

State Defaults for Asset Class on Qualified Real Property & Farm Machinery/Equipment

Check box to reset all state Asset Class defaults shown below

STATE CALC		FARM & RETAIL		STATE CALC	RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End
AL	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
AZ	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
AR	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
		See State Asset Class Default Statement				

Two-Year Comparison

2016

Name(s) Shown on Return Boris Santos	Social Security Number
---	------------------------

Income	2015	2016	Difference	%
Wages, salaries, tips, etc	44,695.	47,156.	2,461.	5.51
Interest and dividend income				
State tax refund				
Business income (loss)	7,708.		-7,708.	-100.00
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	52,403.	47,156.	-5,247.	-10.01
Adjustments to Income	1,224.	836.	-388.	-31.70
Adjusted Gross Income	51,179.	46,320.	-4,859.	-9.49
Itemized Deductions				
Medical and dental	0.		0.	
Income or sales tax	3,628.	4,329.	701.	19.32
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous	4,568.	547.	-4,021.	-88.03
Phaseout of itemized deductions				
Total Itemized Deductions	8,196.	4,876.	-3,320.	-40.51
Standard or Itemized Deduction	8,196.	6,300.	-1,896.	-23.13
Exemption Amount	4,000.	4,050.	50.	1.25
Taxable Income	38,983.	35,970.	-3,013.	-7.73
Income tax	5,538.	4,933.	-605.	-10.92
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	5,538.	4,933.	-605.	-10.92
Nonbusiness credits	1,022.		-1,022.	-100.00
Business credits				
Total Credits	1,022.		-1,022.	-100.00
Self-employment tax	1,089.		-1,089.	-100.00
Other taxes		0.	0.	
Total Tax After Credits	5,605.	4,933.	-672.	-11.99
Withholding	6,214.	7,147.	933.	15.01
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	6,214.	7,147.	933.	15.01
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	609.	2,214.	1,605.	263.55
Balance Due				

Current year effective tax rate 10.65 %

Tax Summary
 ▶ Keep for your records

2016

Name (s)
 Boris Santos

Total income	47,156.
Adjustments to income	836.
Adjusted gross income	46,320.
Itemized/standard deduction	6,300.
Exemption amount	4,050.
Taxable income	35,970.
Tentative tax	4,933.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	0.
Total tax	4,933.
Total payments	7,147.
Estimated tax penalty	
Amount Overpaid	2,214.
Refund	2,214.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040A or Form 1040 because you claimed a student loan interest deduction.

Compare to U. S. Averages

▶ Keep for your records

2016

Name(s) Shown on Return Boris Santos	Social Security No XXXXXXXXXX
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Your 2016 adjusted gross income (AGI) 46,320.
 National adjusted gross income range used below from 30,000. to 49,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	47,156.	37,099.
Taxable interest		681.
Tax-exempt interest		4,846.
Dividends		2,747.
Business net income		14,895.
Business net loss		7,512.
Net capital gain		5,117.
Net capital loss		2,277.
Taxable IRA		10,420.
Taxable pensions and annuities		17,645.
Rent and royalty net income		7,413.
Rent and royalty net loss		7,422.
Partnership and S corporation net income		16,501.
Partnership and S corporation net loss		12,603.
Taxable social security benefits		7,669.
<hr/>		
Medical and dental expenses deduction		8,291.
Taxes paid deduction	4,329.	4,139.
Interest paid deduction		6,576.
Charitable contributions deduction		2,620.
Total itemized deductions	4,876.	15,873.
<hr/>		
Child care credit		599.
Education tax credits		1,038.
Child tax credit		1,008.
Retirement savings contributions credit		197.
Earned income credit		1,601.
<hr/>		
Other Information	Actual Per Return	National Average
<hr/>		
Adjusted gross income	46,320.	39,578.
Taxable income	35,970.	21,935.
Income tax	4,933.	2,866.
Alternative minimum tax		6,775.
Total tax liability	4,933.	3,072.

Santa Barbara Tax Products Group LLC
and Green Dot Bank Refund Processing Agreement ("Agreement")

Name Boris Santos
 Social Security No. ~~000000000~~

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2016 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$34.99 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2016 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2017). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2016 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$	2,214.00
Less Processor Refund Processing Fee	\$	34.99
Less TurboTax Fees	\$	71.98
Less Additional Products and Services Purchased	\$	44.99
Expected Proceeds*	\$	2,062.04

* These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2016 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will

be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2016 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2016 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the 34.99 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products, Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtpg.com>.

7. Disbursement Methods: You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.

a) Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize Bank and Processor to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with the respective financial institution.**

b) Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- Checking
- Savings

RTN # ~~XXXXXXXXXX~~

Account # ~~XXXXXXXXXX~~

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor.

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: Green Dot Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products, Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 days after the first deposit to the Deposit Account was made, (i) we may take up to 90 days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. Compensation. In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its refund processing services. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but *only* by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

12. Customer Identity Validation Disclosure: To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2016 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2016 TurboTaxfi User Agreement, (iii) You consent to the release of your 2016 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Green Dot Bank's Privacy Policy

FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> ● Social Security number and account balances ● account transactions and purchase history ● transaction history and overdraft history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.	
	Reasons we can share your personal information	Does Green Dot Bank Share?
	For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes
	For our marketing purposes — to offer our products and services to you.	No
	For joint marketing with other financial companies.	No
	For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes
	For our affiliates' everyday business purposes — information about your creditworthiness.	No
	For our affiliates to market to you.	No
	For nonaffiliates to market to you.	No
Questions?	Call 1-866-795-7597 or go to www.greendot.com	



Page 2

What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ● open an account or make deposits or withdrawals from your account ● use your debit card or provide account information ● give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ● Sharing for affiliates' everyday business purposes — information about your creditworthiness ● Affiliates from using your information to market to you ● Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ● Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation), financial companies such as AccountNow, Inc. and tax processing services companies such as Santa Barbara Tax Products Group, LLC.
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> ● Green Dot Bank does not share with non affiliates so they can market to you.
Joint marketing	<p>A formal joint marketing agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ● Green Dot Bank does not jointly market
Other important information	
Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent.	

Santa Barbara Tax Products Group, LLC

and Civista Bank Refund Processing Agreement ("Agreement")

Name _____
Social Security No. _____

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2016 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$ _____ ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2016 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2017). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2016 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ _____
Less Processor Refund Processing Fee	\$ _____
Less TurboTax Fees	\$ _____
Less Additional Products and Services Purchased	\$ _____
Expected Proceeds*	\$ _____

*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2016 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If

the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2016 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2016 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products, Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtpg.com>.

7. Disbursement Methods: You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.

a Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize Bank and Processor to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with the respective financial institution.**

b Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- Checking
- Savings

RTN # _____

Account # _____

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor.

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: Civista Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products, Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 days after the first deposit to the Deposit Account was made, (i) we may take up to 90 days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. Compensation. In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its refund processing services. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but *only* by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

12. Customer Identity Validation Disclosure: To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2016 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2016 TurboTaxfi User Agreement, (iii) You consent to the release of your 2016 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Civista Bank Tax Product Privacy Policy

FACTS What does Civista Bank do with your personal information?		
Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> ● Social Security number and account balances ● payment history and transaction history ● overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.	
Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?
For our everyday business purposes such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	No	We don't share
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share
Questions?	Toll Free: 800-901-6663 or go to www.civistabank.com	

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us., tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> ● Sharing for affiliates everyday business purposes — information about your creditworthiness, ● Affiliates from using your information to market to you, ● Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ● Civista Bank does not share with our affiliates.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> ● Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ● Civista Bank does not jointly market.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Boris Santos

Primary SSN: [REDACTED]

Federal Return Submitted: January 22, 2017 10:00 AM PST

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 01/22/2017

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.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

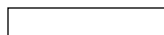
Boris

Santos

Please type the date below:

01/22/2017

Date



We need your consent

This is an IRS requirement

Disclose tax information to Earnest

So our trusted partner Earnest can see if you qualify and improve their service, enter your name and today's date below so we have permission to send them the following information: contact, employment, income, interest and dividends, student loan, and asset information, and information about our communications.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of your signature."

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To agree, enter your name and date in the boxes below.

Boris

Santos

Please type the date below:

01/22/2017

Date

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ³	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ³	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ³	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ³	Free option with your purchase of TurboTax Premium Services or TurboTax MAX ²

¹ You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

² The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

³ However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

Questions? Call 1-877-908-7228

We need your consent

This is an IRS requirement

<input checked="" type="checkbox"/>	Save on my student loans TurboTax will use your student loan, contact, income, and employment information, and information about our communications, so you can find and obtain student loan refinancing options and to communicate with you about the options.
<input checked="" type="checkbox"/>	Increase tax deductions with an IRA By checking this box, TurboTax can see if you could get an IRA tax deduction this year by using the following information: date of birth, retirement plan eligibility and contributions, income, and filing status.
<input type="checkbox"/>	N/A

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of your signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below.

Boris
First Name

Santos
Last Name

Please type the date below:

01/22/2017

Date

(Spouse, if filing jointly)

Spouse First Name

Spouse Last Name

Please type the date below:

Date

Smart Worksheets from your 2016 Federal Tax Return

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

Tax Smart Worksheet	
A	Tax 4,933.
Check if from:	
1	Tax table <input checked="" type="checkbox"/>
2	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
3	Form 8615 <input type="checkbox"/>
B	Recapture tax from Form 8863
C	Tax. Add lines A and B. Enter the result here and on line 28. 4,933.

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet	
A	Enter Section 179 carryover from prior year
B	QuickZoom to the Asset Entry Worksheet ▶
C	QuickZoom to the Depreciation/Amortization Reports ▶
D	QuickZoom to Form 4562 for Schedule A ▶
E	Treat all MACRS assets for activity as qualified Indian reservation property? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F	Treat all assets acquired after Aug. 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No
G	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H	Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ▶

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

2 Election for earned income credit (EIC):
Elect taxpayer's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? ▶ Yes No

B Spouse:

1 Spouse, nontaxable combat pay _____

2 Election for earned income credit (EIC):
Elect spouse's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
Elect spouse's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? ▶ Yes No

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment _____ 2,214 . Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

A Taxable and tax exempt interest _____

B Dividend income _____

C Capital gain net **income** _____

D Royalty and rental of personal property net **income** _____

E Passive activity net **income**:

1 Rental real estate net income or loss _____

2 Farm rental net income or loss _____

3 Partnerships and S corporations net income or loss _____

4 Estates and trusts net income or loss _____

5 Total of lines 1 through 4 _____

6 Total passive activity net **income**, line 5 if greater than zero _____

F Interest and dividends from Forms 8814 _____

G Adjustments _____

H **Total investment income**, add lines A through G _____ 0 .

Is line H, **total investment income** over \$3,400?

No. You may take the credit.

Yes. Stop. You cannot take the credit.

Additional information from your 2016 Federal Tax Return

Form 4562 Depreciation Options

State 2009 Economic Stimulus Default Statement

Continuation Statement

STATE CALC		STIMULUS BONUS DEPRECIATION			2016 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
CO	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
CT	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
DE	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
DC	State	N/A	N/A	N/A	Full	25,000.	200,000.
GA	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
HI	State	N/A	N/A	N/A	Full	25,000.	200,000.
ID	State	Full	12/31/2007	12/31/2009	Full	500,000.	2,010,000.
IL	Federal	Part	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
IN	State	N/A	N/A	N/A	Full	25,000.	2,010,000.
IA	State	N/A	N/A	N/A	Full	25,000.	200,000.
KS	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
KY	State	N/A	N/A	N/A	Full	25,000.	200,000.
LA	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
ME	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
MD	State	N/A	N/A	N/A	Full	25,000.	200,000.
MA	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
MI	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
MN	Federal	Part	12/31/2007	12/31/2020	Part	500,000.	2,010,000.
MS	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
MO	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
MT	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
NE	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
NH	State	N/A	N/A	N/A	Full	25,000.	200,000.
NJ	State	N/A	N/A	N/A	Full	25,000.	200,000.
NM	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
NY	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
NC	Federal	Part	12/31/2007	12/31/2020	Part	500,000.	2,010,000.
ND	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
OH	Federal	Part	12/31/2007	12/31/2020	Part	500,000.	2,010,000.
OK	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
OR	State	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
PA	State	N/A	N/A	N/A	Full	25,000.	200,000.
RI	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
SC	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
UT	Federal	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
VT	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
VA	State	N/A	N/A	N/A	Full	500,000.	2,010,000.
WV	State	Full	12/31/2007	12/31/2020	Full	500,000.	2,010,000.
WI	State	Full	12/31/2007	12/31/2013	Full	500,000.	2,010,000.

**Form 4562 Depreciation Options
State Qualified Disaster Area Default Statement**

Continuation Statement

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
CT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2013	Full	100,000.	600,000.
IL	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
ME	State	N/A	12/31/2010	12/31/2013	Full	100,000.	600,000.
MD	State	Full	12/31/2007	12/31/2013	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MN	Federal	Part	12/31/2007	12/31/2013	Part	100,000.	600,000.
MS	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
MO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NY	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
NC	Federal	Part	12/31/2007	12/31/2013	Full	100,000.	600,000.
ND	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OH	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OK	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OR	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
UT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WV	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.

**Form 4562 Depreciation Options
State Kansas Disaster Zone Default Statement**

Continuation Statement

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
CT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2009	Full	100,000.	600,000.

Form 4562 Depreciation Options

State Kansas Disaster Zone Default Statement

Continuation Statement

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
IL	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
ME	None	N/A	N/A	N/A	N/A	0.	0.
MD	State	Full	05/04/2007	12/31/2009	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MN	Federal	Part	05/04/2007	12/31/2009	Part	100,000.	600,000.
MS	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
MO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NY	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
NC	Federal	Part	05/04/2007	12/31/2009	Full	100,000.	600,000.
ND	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OH	Federal	Full	05/04/2007	12/31/2009	Part	100,000.	600,000.
OK	State	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OR	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	None	N/A	N/A	N/A	N/A	0.	0.
UT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
WI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.

Form 4562 Depreciation Options

State CBEP Default Statement

Continuation Statement

STATE CALC		CBEP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEP start	CBEP end
CO	Federal	Full	12/20/2006	12/31/2016
CT	Federal	Full	12/20/2006	12/31/2016
DE	Federal	Full	12/20/2006	12/31/2016
DC	None	N/A	N/A	N/A
GA	Federal	Full	12/20/2006	12/31/2016
HI	Federal	Full	12/20/2006	12/31/2016
ID	Federal	Full	12/20/2006	12/31/2016
IL	Federal	Full	12/20/2006	12/31/2016
IN	Federal	Full	12/20/2006	12/31/2016
IA	Federal	Full	12/20/2006	12/31/2016
KS	Federal	Full	12/20/2006	12/31/2016
KY	None	N/A	N/A	N/A
LA	Federal	Full	12/20/2006	12/31/2016
ME	State	Full	12/20/2006	12/31/2007

**Form 4562 Depreciation Options
State CBEPP Default Statement**

Continuation Statement

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
MD	Federal	Full	12/20/2006	12/31/2016
MA	Federal	Full	12/20/2006	12/31/2016
MI	Federal	Full	12/20/2006	12/31/2016
MN	Federal	Part	12/20/2006	12/31/2016
MS	None	N/A	N/A	N/A
MO	Federal	Full	12/20/2006	12/31/2016
MT	Federal	Full	12/20/2006	12/31/2016
NE	None	N/A	N/A	N/A
NH	None	N/A	N/A	N/A
NJ	None	N/A	N/A	N/A
NM	Federal	Full	12/20/2006	12/31/2016
NY	None	N/A	N/A	N/A
NC	Federal	Full	12/20/2006	12/31/2016
ND	Federal	Full	12/20/2006	12/31/2016
OH	Federal	Full	12/20/2006	12/31/2016
OK	Federal	Full	12/20/2006	12/31/2016
OR	Federal	Full	12/20/2006	12/31/2016
PA	None	N/A	N/A	N/A
RI	None	N/A	N/A	N/A
SC	None	N/A	N/A	N/A
UT	Federal	Full	12/20/2006	12/31/2016
VT	Federal	Full	12/20/2006	12/31/2016
VA	None	N/A	N/A	N/A
WV	None	N/A	N/A	N/A
WI	State	Full	12/20/2006	12/31/2013

**Form 4562 Depreciation Options
State GO Zone Default Statement**

Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
CT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KS	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ME	State	Full	08/28/2005	12/31/2007	N/A	0.	0.
MD	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MN	Federal	Part	08/28/2005	03/30/2012	Part	100,000.	600,000.
MS	State	N/A	08/28/2005	03/30/2012	Full	100,000.	600,000.
MO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

**Form 4562 Depreciation Options
State GO Zone Default Statement**

Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
NE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NY	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ND	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OH	Federal	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
OK	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OR	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	Full	08/28/2005	05/06/2009	Full	100,000.	600,000.
UT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
WI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

**Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement**

Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
CO	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
CT	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DC	State	None	N/A	N/A	N/A	N/A	N/A	Y
GA	State	None	N/A	N/A	N/A	N/A	N/A	Y
HI	State	None	N/A	N/A	N/A	N/A	N/A	Y
ID	State	None	N/A	N/A	N/A	N/A	N/A	Y
IL	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
IN	State	None	N/A	N/A	N/A	N/A	N/A	Y
IA	Both	50	Full	N/A	N/A	05/06/2003	12/31/2004	Y
KS	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
KY	State	None	N/A	N/A	N/A	N/A	N/A	Y
LA	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ME	Both	50, 30	Full	09/11/2001	12/31/2001	01/01/2006	12/31/2006	Y
MD	State	None	N/A	N/A	N/A	N/A	N/A	Y
MA	State	None	N/A	N/A	N/A	N/A	N/A	Y
MI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MN	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MS	State	None	N/A	N/A	N/A	N/A	N/A	Y
MO	Both	50, 30	Full	09/11/2001	06/30/2002	05/06/2003	12/31/2006	Y
MT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NH	State	None	N/A	N/A	N/A	N/A	N/A	N
NJ	Both	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2003	Y
NM	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NY	Both	50, 30	Full	09/11/2001	05/31/2003	05/06/2003	05/31/2003	Y
NC	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ND	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y

**Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement**

Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
OH	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OK	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OR	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
PA	State	None	N/A	N/A	N/A	N/A	N/A	Y
RI	State	None	N/A	N/A	N/A	N/A	N/A	Y
SC	State	None	N/A	N/A	N/A	N/A	N/A	Y
UT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VA	State	None	N/A	N/A	N/A	N/A	N/A	Y
WV	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
WI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y

**Form 4562 Depreciation Options
State Software/Real Property Sec 179 Default Statement**

Continuation Statement

STATE CALC		COMPUTER SOFTWARE		STATE CALC		QUALIFIED REAL PROPERTY	
State	F/S conformity	Start	End	F/S conformity	Start	End	
CO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
CT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
DE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
DC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
GA	Federal	TY2003	PERMANENT	None	N/A	N/A	
HI	None	N/A	N/A	None	N/A	N/A	
ID	Federal	TY2003	PERMANENT	State	TY2010	TY2011	
IL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
IN	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT	
IA	None	N/A	N/A	None	N/A	N/A	
KS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
KY	None	N/A	N/A	None	N/A	N/A	
LA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
ME	State	TY2011	PERMANENT	State	TY2011	PERMANENT	
MD	None	N/A	N/A	None	N/A	N/A	
MA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
MI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
MN	None	N/A	N/A	None	N/A	N/A	
MS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
MO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
MT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
NE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
NH	None	N/A	N/A	None	N/A	N/A	
NJ	None	N/A	N/A	None	N/A	N/A	
NM	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
NY	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
NC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
ND	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
OH	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
OK	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
OR	Federal	TY2003	PERMANENT	State	TY2011	PERMANENT	
PA	None	N/A	N/A	None	N/A	N/A	
RI	State	TY2014	PERMANENT	State	TY2014	PERMANENT	
SC	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT	
UT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	

Form 4562 Depreciation Options

State Software/Real Property Sec 179 Default Statement

Continuation Statement

STATE CALC		COMPUTER SOFTWARE		STATE CALC	QUALIFIED REAL PROPERTY	
State	F/S conformity	Start	End	F/S conformity	Start	End
VT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
VA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
WV	Federal	TY2003	PERMANENT	State	TY2010	TY2011
WI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT

Form 4562 Depreciation Options

State Asset Class Default Statement

Continuation Statement

STATE CALC		FARM & RETAIL		STATE CALC	RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
CT	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
DE	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
DC	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
GA	None	N/A	N/A	Federal	10/22/2004	PERMANENT
HI	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
ID	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
IL	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
IN	Federal	12/31/2008	PERMANENT	State	12/31/2011	PERMANENT
IA	None	N/A	N/A	None	N/A	N/A
KS	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
ME	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
MD	None	N/A	N/A	None	N/A	N/A
MA	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
MI	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
MN	None	N/A	N/A	None	N/A	N/A
MS	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
MO	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
MT	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
NE	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
NY	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
NC	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
ND	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
OH	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
OK	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
OR	State	12/31/2008	PERMANENT	State	10/22/2004	PERMANENT
PA	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
RI	State	12/31/2013	PERMANENT	State	12/31/2013	PERMANENT
SC	State	12/31/2008	12/31/2009	State	10/22/2004	12/31/2009
UT	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
VT	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
VA	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
WV	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
WI	State	12/31/2008	12/31/2013	State	10/22/2004	12/31/2013



Resident Income Tax Return

IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2016, through December 31, 2016, or fiscal year beginning ... 16

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name BORIS		MI	Your last name (for a joint return, enter spouse's name on line below) SANTOS		Your date of birth (mmdyyyy) [REDACTED]	Your social security number [REDACTED]
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmdyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box) [REDACTED]					Apartment number	New York State county of residence KINGS
City, village, or post office BROOKLYN			State NY	ZIP code [REDACTED]	Country (if not United States)	School district name BROOKLYN
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)					Apartment number	School district code number 071
City, village, or post office			State NY	ZIP code	Decedent information	Taxpayer's date of death (mmdyyyy) Spouse's date of death (mmdyyyy)

- A Filing status**
(mark an **X** in one box):
- ① Single
 - ② Married filing joint return
(enter spouse's social security number above)
 - ③ Married filing separate return
(enter spouse's social security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2016 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No



D1 Did you have a financial account located in a foreign country? (see page 14) Yes No

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax freeze or property tax relief credit? (see page 14) Yes No

(2) If Yes, enter the total amount [REDACTED].00

E (1) Did you or your spouse **maintain living quarters in NYC** during 2016? (see page 14) .. Yes No

(2) Enter the number of days spent in NYC in 2016 (any part of a day spent in NYC is considered a day)..... [REDACTED]

F NYC residents and NYC part-year residents only (see page 14):

(1) Number of months **you** lived in NYC in 2016 12

(2) Number of months **your spouse** lived in NYC in 2016 [REDACTED]

G Enter your **2-character special condition code(s)** if applicable (see page 14) [REDACTED] [REDACTED]

H Dependent exemption information (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmdyyyy)

If more than 7 dependents, mark an **X** in the box.



201001161555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
~~BBB-0000~~

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	47156 .00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 15) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	47156 .00
18	Total federal adjustments to income (see page 15) Identify: See Federal Adj Stmt	18	836 .00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	46320 .00

New York additions (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21	1657 .00
22	New York's 529 college savings program distributions (see page 16)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	47977 .00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 17)	26	.00
27	Taxable amount of social security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 18)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18).....	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	47977 .00



Standard deduction or itemized deduction (see page 20)

34	Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	7950 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	40027 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	40027 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1
BORIS SANTOS

Your social security number
BBBB0000

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)		38	40027 .00
39 NYS tax on line 38 amount (see page 21)		39	2245 .00
40 NYS household credit (page 21, table 1, 2, or 3)	40		.00
41 Resident credit (see page 22)	41		.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42		.00
43 Add lines 40, 41, and 42		43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)		44	2245 .00
45 Net other NYS taxes (Form IT-201-ATT, line 30)		45	.00
46 Total New York State taxes (add lines 44 and 45)		46	2245 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47 NYC resident tax on line 38 amount (see page 22)	47	1348 .00
48 NYC household credit (page 22, table 4, 5, or 6)	48	.00
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	1348 .00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	1348 .00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	1348 .00
54a MCTMT net earnings base	54a	.00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge (see page 25)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	1348 .00
59 Sales or use tax (see page 26; do not leave line 59 blank)	59	0 .00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



Voluntary contributions (see page 27)

60a Return a Gift to Wildlife	60a	.00
60b Missing/Exploited Children Fund	60b	.00
60c Breast Cancer Research Fund	60c	.00
60d Alzheimer's Fund	60d	.00
60e Olympic Fund (\$2 or \$4; see page 27)	60e	.00
60f Prostate and Testicular Cancer Research and Education Fund	60f	.00
60g 9/11 Memorial	60g	.00
60h Volunteer Firefighting & EMS Recruitment Fund	60h	.00
60i Teen Health Education	60i	.00
60j Veterans Remembrance	60j	.00
60k Homeless Veterans	60k	.00
60l Mental Illness Anti-Stigma Fund	60l	.00
60m Women's Cancers Education and Prevention Fund	60m	.00
60n Autism Fund	60n	.00
60 Total voluntary contributions (add lines 60a through 60n)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	3593 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your social security number
[REDACTED]

62 Enter amount from line 61 62 3593 .00

Payments and refundable credits (see page 28)

Table with 3 columns: Line number, Description, and Amount. Includes items like Empire State child credit, Family tax relief credit, NYS/NYC child and dependent care credit, etc.



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12). Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75) 76 3779 .00

Your refund, amount you owe, and account information (see pages 31 through 33)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77 186 .00

78 Amount of line 77 to be refunded. Mark one refund choice: [X] direct deposit (fill in line 83) - or - [] paper check 78 186 .00

79 Amount of line 77 that you want applied to your 2017 estimated tax (see instructions) 79 .00

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 32 for payment options.

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box [] and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. 80 .00

See page 35 for the proper assembly of your return.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) 81 .00

82 Other penalties and interest (see page 32) 82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 32). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 32) []

83a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

83b Routing number [REDACTED] 83c Account number [REDACTED]

84 Electronic funds withdrawal (see page 33) Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail:

Paid preparer must complete (see instructions) Preparer's signature, Preparer's printed name, Firm's name (or yours, if self-employed) SELF-PREPARED, Preparer's PTIN or SSN, Address, Employer identification number, Date, E-mail:

Taxpayer(s) must sign here Your signature, Your occupation COUNCILMATIC AIDE, Spouse's signature and occupation (if joint return), Date, Daytime phone number [REDACTED], E-mail: [REDACTED]

See instructions for where to mail your return.

201004161555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

XXXXXXXXXX

Box b Employer identification number (EIN)

XXXXXXXXXX

Box c Employer's information

Employer's name			
THE CITY OF NEW YORK			
Employer's address (number and street)			
450 WEST 33RD STREET 4TH FLOOR			
City	State	ZIP code	Country (if not United States)
NEW YORK	NY	10001	

Box 1 Wages, tips, other compensation
47156.00

Box 8 Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
1917.00

Box 12b Amount
3180.00

Box 12c Amount
.00

Box 12d Amount
.00

Code
E

Code
DD

Code
| |

Code
| |

Box 14a Amount
1657.00

Box 14b Amount
388.00

Box 14c Amount
.00

Box 14d Amount
.00

Description
414HSUB

Description
IRC125N

Description
| | | |

Description
| | | |

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
NY

Box 16a NYS wages, tips, etc.
47156.00

Box 17a NYS income tax withheld
2277.00

Other state information:

Box 15b other state
| |

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a 47156.00
Locality b .00

Box 19 Local income tax withheld
Locality a 1439.00
Locality b .00

Box 20 Locality name
Locality a NYC
Locality b | | | |

W-2 Record 2

Box a Employee's social security number for this W-2 Record

XXXXXXXXXX

Box b Employer identification number (EIN)

XXXXXXXXXX

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation
.00

Box 8 Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
.00

Box 12b Amount
.00

Box 12c Amount
.00

Box 12d Amount
.00

Code
| |

Code
| |

Code
| |

Code
| |

Box 14a Amount
.00

Box 14b Amount
.00

Box 14c Amount
.00

Box 14d Amount
.00

Description
| | | |

Description
| | | |

Description
| | | |

Description
| | | |

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
NY

Box 16a NYS wages, tips, etc.
.00

Box 17a NYS income tax withheld
.00

Other state information:

Box 15b other state
| |

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a | | | |
Locality b | | | |

NO HANDWRITTEN ENTRIES ON THIS FORM

102001161555



Part I – Personal Information

Taxpayer:

First Name BORIS
 Middle Initial Suffix
 Last Name SANTOS
 Social Security No. XXXXXXXXXX
 Occupation Councilmatic Aide
 Date of Birth XXXXXXXXXX
 Age as of 1-1-2017 26
 Date of Death
 NY DL Doc ID 2BFXYNA18
 Email Address XXXXXXXXXXXXXXXXXXXX
 Daytime Phone XXXXXXXXXX
 Extension XXXXXXXXXX
 Home Phone

Spouse:

First Name
 Middle Initial Suffix
 Last Name
 Social Security No.
 Occupation
 Date of Birth
 Age as of 1-1-2017
 Date of Death
 NY DL Doc ID
 Email Address
 Daytime Phone
 Extension

Check to print phone number on main form . . . Home Taxpayer daytime Spouse daytime

Mailing Address

Street Address XXXXXXXXXXXXXXXXXXXX Apartment No.
 City Brooklyn State NY ZIP Code XXXXXXXXXX
 Foreign code Foreign country Foreign postal code
 Foreign province/county Foreign province/county abbreviation

Permanent Home Address (if different from mailing address above)

Street Address Apartment No.
 City State ZIP Code
 (Below should be used by New York nonresidents only)
 Foreign code Foreign country Foreign postal code
 Foreign province/county Foreign province/county abbreviation

New York County and School District Information

County Kings
 School District Brooklyn School District Code 071

Part II – Main Form

- Full-year resident: Form IT-201, Resident Income Tax Return ►
- Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►
- Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►

Taxpayer Spouse

If **only one spouse** has New York source income, check the box related to that spouse

New York City and City of Yonkers Residency Information:

	Taxpayer		Spouse	
	New York City	Yonkers	New York City	Yonkers
Residency Status:				
Full-year resident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonresident	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year residents dates of residency:				
From:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
To:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
If a City of Yonkers nonresident: Did you receive income or withholding from Yonkers sources during your period of nonresidence?		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>		Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>

New York City Residents:

Yes No
 Did you or your spouse maintain living quarters in New York City during 2016?

If married, did you or your spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

Part III – Filing Status

- Single
- Married, filing joint
- Married, filing separate
 - You **did not** live with your spouse at any time during the year
 - If both you and your spouse itemized deductions on your federal tax return:
 - Both you and your spouse will itemize deductions on your New York State tax returns
 - Both you and your spouse will take the New York standard deduction
- Head of household
- Qualifying widow(er)

Part IV – Credits

New York City Accumulation Distribution Credit:

Taxpayer . . . _____ Spouse _____

New York State and New York City Household Credit for Married Filing Separate Taxpayers:

Number of exemptions claimed on spouse's return _____
 Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return _____
 Total Build America Bond (BAB) interest included on spouse's federal income tax return _____

Refundable Credits Paid in Advance:

Yes No
 Did you receive a check(s) from the NY Tax Department for the property tax freeze or property tax relief credits? (do **not** include any STAR credit received here)
 If Yes, enter the amount ► _____
 Check received for STAR credit ► _____

New York State Public Trust Act (new question at top of forms IT-201-ATT and IT-203-ATT):

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? **Yes** **No**
Note: Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

Part V – New York City Unincorporated Business Tax Return

	Taxpayer	Spouse
1 a File NYC-202S	<input type="checkbox"/>	<input type="checkbox"/>
b File NYC-202	<input type="checkbox"/>	<input type="checkbox"/>
c Do not file NYC-202/NYC-202S	<input type="checkbox"/>	<input type="checkbox"/>
2 Gain (loss) from sale of business assets	_____	_____
3 Net rent/royalty income from business property	_____	_____
4 Other business income (loss)	_____	_____
5 Income taxes/unincorporated business taxes paid and deducted on federal Schedule C or Schedule C-EZ	_____	_____
6 Number of months in business in New York City during the year	_____	_____
7 a Use direct deposit for NYC-202/NYC-202S tax refund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b Will the funds for this refund go to an account outside the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c Routing number	_____	_____
d Account number	_____	_____
e 1 Account Type: Checking	<input type="checkbox"/>	<input type="checkbox"/>
2 Account Type: Savings	<input type="checkbox"/>	<input type="checkbox"/>

Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet

	Taxpayer	Spouse
Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203.		
1 Complete MCTM Tax Worksheet	<input type="checkbox"/>	<input type="checkbox"/>

Part VII – Sales or Use Tax and Voluntary Gifts or Contributions

Sales or Use Tax

1 a If you do not owe any sales or use tax with the return, check this box... [X]
b To calculate tax due on nonbusiness-related items or services costing less than \$1,000 each...
c If manually calculating the sales or use tax due with the return, check this box...
2 If line 1b is checked and you maintained a permanent place of abode in New York State...
3 Sales tax due based on the sales and use tax chart...
4 Sales tax due from ST-140, Individual Purchaser's Annual Report of Sales & Use Tax...
5 Total sales or use tax due (line 2 plus line 3) ... 0.

Voluntary Gifts or Contributions

Return a Gift to Wildlife... Volunteer Firefighting & EMS...
Missing/Exploited Children Fund... Teen Health Education Fund...
Breast Cancer Research Fund... Veterans Remembrance Fund...
Alzheimer's Fund... Homeless Veterans Fund...
Olympic Fund (\$2 or \$4)... Mental Illness Anti-Stigma Fund...
Prostate/Testicular Cancer Fund... Women's Cancers Educ Prev Fd...
9/11 Memorial... Autism Fund...

Part VIII – Additional Information for E-Filed returns

W-2 Verification Indicator given by NYS (See Help).
Tax Shelter Reportable Transaction Attachment Required (Form DTF-686)

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

Part IX - Direct Deposit or Direct Debit Information

Yes No
[X] Use direct deposit for New York tax refund?
Use electronic funds withdrawal of New York tax payment for the tax return?
Use electronic funds withdrawal of New York tax payment for the amended return? (EF Only)

Bank Information

For direct deposit or electronic funds withdrawal, fill out the information below :

Name of Financial Institution (optional) Chase
Account Type Checking [X] Savings
Personal or business account Personal [X] Business
Routing number
Account number

Enter the following information only if you elect direct debit of your state tax payment:

Enter the payment date to withdraw from the account above
State balance-due amount from this return

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above
State balance-due amount paid with this amended return

International ACH Transactions

Yes No
[X] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Electronic Filing of Estimated Payments

File Form(s) IT-2105 electronically (Check the boxes below next to the quarters you would like to file)

Table with 8 columns: Qtr, Payment Amount, Payment Due Date, Date to Withdraw, Date Signed, Date Transmitted, Date Accepted, Completed

Bank Information for Estimated Payments

For direct deposit or electronic funds withdrawal, fill out the information below :

Name of Financial Institution (optional)
Account Type Checking Savings
Personal or business account Personal Business
Routing number
Account number

International ACH Transactions for Estimated Payments

Yes No
Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part X – Extension Status

New York State Income Tax Return (IT-201 or IT-203)

Yes No

Extended due date

Amount paid with IT-370

New York City Unincorporated Business Tax Return (NYC-202 or NYC-202S)

Yes No

Has NYC-EXT, "Application for Automatic Extension", been filed for the taxpayer?

Extended due date

Has NYC-EXT, "Application for Automatic Extension", been filed for the spouse?

Extended due date

Part XI – Form NYC-1127, Nonresident Employees of the City of New York

Table with 3 columns: Description, Taxpayer, Spouse. Rows include employment status, department, dates, and filing status options.

Part XII – Other Information for Your Tax Return

2-digit special condition code number:

- List of special condition codes: Code A6 (Build America Bond Interest), Code C7 (Combat zone), Code D9 (Deceased taxpayer), Code K2 (Combat zone, killed in action), Code M2 (Military Spouse Income), Code E3 (Out of the country), Code E4 (Nonresident aliens), Code E5 (Extension of time to file beyond six months).

Part XII – Other Information for Your Tax Return (continued)

- Code 56 Ponzi-type fraudulent investment** - You (or your spouse if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the federal and New York tax returns using the federal safe harbor rules
- Code P2 Protective Claim** - You (or your spouse if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- Code N3 NOL Carryback**- You (or your spouse if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

____ If you (or your spouse if married) qualify under a special condition for filing your 2016 tax return not listed above, enter your 2-digit special condition code number
 ____ If applicable, also enter the second 2-digit special condition code number

Third Party Designee:

Yes No
 May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:

Designee's name _____
 Designee's email address _____
 Designee's phone number _____
 Personal identification number _____

New York State Underpayment Penalty:

- Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9
- The taxpayer qualified for a 90 day extension of time to pay their first **2016** estimated tax payment

Other Penalties and Interest:

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) _____

Long-term Residential Care Deduction (IT-201 and IT-203 Filers):

- Yes No**
 Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?
- Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1 Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract
- 2 Long-term care insurance deduction age limitation

	Taxpayer	Spouse
1	_____	_____
2	_____	_____

Part XIII– Amended Return

You are filing a current year New York amended income tax return
 Payment made with original return _____
 Refund received from original return _____

Tax Payments Worksheet

2016

▶ Keep for your records.

Name BORIS SANTOS	Social Security Number 000000000
----------------------	--

Tax Payments for the Current Year

	Date	Payments		
		State	New York City	Yonkers
1 First Payment				
2 Second Payment				
3 Third Payment				
4 Fourth Payment				
Additional Payments				
5 Payment				
Payment				
Payment				
Payment				
Payment				
5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer				5 a _____
5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse				5 b _____
6 Overpayment from previous year applied to current year				6 _____
6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer				6 a _____
6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse				6 b _____
7 Amount paid with current year extension				7 _____
8 Total tax payments				8 _____

New York State Income Tax Withheld for the Current Year

9 State withholding on Forms W-2	9	2,277.
10 State withholding on Forms W-2G	10	
11 State withholding on Forms 1099-R	11	
12 a State withholding on Forms 1099-MISC	12 a	
12 b State withholding on Forms 1099-G	12 b	
12 c State withholding on Forms 1099-K	12 c	
13 Other state tax withholding	13	
14 Total state income tax withheld	14	2,277.

City Income Tax Withheld for the Current Year

15 Total City of New York withholding	15	1,439.
16 Total Yonkers withholding	16	
17 Section 1127 withholding	17	

Section 414(h) and 125 Withholding

18 Public employee 414(h) retirement contributions - subject to New York Tax	18	1,657.
19 Public employee 414(h) retirement contributions - not subject to New York Tax	19	
20 Total City of New York withholding (IRC 125) - subject to New York Tax	20	
21 Total City of New York withholding (IRC 125) - not subject to New York Tax	21	388.
22 Date return will be filed and balance paid	22	01/22/17

New York State School District/County Selection Worksheet

2016

▶ Keep for your records

Name as Shown on Return BORIS SANTOS	Social Security No. 000 000 0000
---	--

Listed below are the counties in New York state. The school districts associated with each county are available by clicking on the field next to your county of residence. You should select the appropriate school district. Based on the school district selected, the program will automatically select the matching school district code.

New York Counties

Albany _____ Allegany _____ Broome _____ Cattaraugus _____ Cayuga _____ Chautauqua _____ Chemung _____ Chenango _____ Clinton _____ Columbia _____ Cortland _____ Delaware _____ Dutchess _____ Erie _____ Essex _____ Franklin _____ Fulton _____ Genesee _____ Greene _____ Hamilton _____ Herkimer _____ Jefferson _____ Lewis _____ Livingston _____ Madison _____ Monroe _____ Montgomery _____ Nassau _____ New York City . . <u>Brooklyn</u>	Niagara _____ Oneida _____ Onondaga _____ Ontario _____ Orange _____ Orleans _____ Oswego _____ Otsego _____ Putnam _____ Rensselaer _____ Rockland _____ St. Lawrence _____ Saratoga _____ Schenectady _____ Schoharie _____ Schuyler _____ Seneca _____ Steuben _____ Suffolk _____ Sullivan _____ Tioga _____ Tompkins _____ Ulster _____ Warren _____ Washington _____ Wayne _____ Westchester _____ Wyoming _____ Yates _____
---	--

**New York State
Wages/Self-Employment Income Allocation**

2016

▶ Keep for your records

Name as Shown on Return	Social Security No.
-------------------------	---------------------

**Part I – New York Wage Allocation
Taxpayer**

Allocate by Formula	Allocate by Percent		New York Wages
		THE CITY OF NEW YORK	47,156.

Spouse

Allocate by Formula	Allocate by Percent		New York Wages

See Tax Help for details.

**Part II – State Self-Employment Income Allocation
Taxpayer**

Type of Business	State Code	Allocation Percent		State Self- Employment Income

Spouse

Type of Business	State Code	Allocation Percent		State Self- Employment Income

See Tax Help for details.

**New York City/Yonkers
Wages/Self-Employment Income Allocation**

2016

▶ Keep for your records

Name as Shown on Return	Social Security No.
-------------------------	---------------------

Part I – City Wage Allocation

Taxpayer

City Code	Alloc. Method	%		City Wages
NYC			THE CITY OF NEW YORK	47,156.

Spouse

City Code	Alloc. Method	%		City Wages

See Tax Help for details.

Part II – City Self-Employment Income Allocation

Taxpayer

Type	City Code	Alloc. Method	%		City Self-Employment Income

Spouse

Type	City Code	Alloc. Method	%		City Self-Employment Income

See Tax Help for details.

► Keep for your records

Name as Shown on Return
BORIS SANTOS

Social Security No.
XXXXXXXXXX

1	Educator expenses	250.
2	Certain business expenses of reservists, performing artists, and fee-basis government officials (Form 2106)	
3	Health savings account deduction (Form 8889)	
4	Moving expenses (Form 3903)	
5	Deductible part of self-employment tax (Schedule SE)	
6	Self-employed SEP, SIMPLE and qualified plans	
7	Self-employed health insurance deduction	
8	Penalty on early withdrawal of savings	
9	Alimony paid	
10	IRA deduction	
11	Student loan interest deduction	586.
12	Tuition and fees deduction (Form 8917)	
13	Domestic production activities deduction (Form 8903)	
14	Foreign housing deduction (Form 2555)	
15	Jury duty pay given to employer	
16	Reforestation amortization and expenses	
17	Repayment of sub-pay under the Trade Act of 1974	
18	Expenses from the rental of personal property	
19	Contributions to section 501(c)(18)(D) pension plans	
20	Archer MSA deduction (Form 8853)	
21	Other adjustments	
22	Total federal adjustments to income	836.

Other Additions and Subtractions Statement

Keep for your records

Name as Shown on Return
BORIS SANTOS

Social Security No.
XXXXXXXXXX

Part I - Other New York Additions (IT-201 line 23, IT-203 line 22)

Table with 3 columns: Line Number, Description, and Amount. Rows include items like New York City flexible benefits program, interest and dividends from US government agencies, and various deductions.

A-209	Form IT-398 - IRC section 168(k) property depreciation	A-209	_____
	NY State allocated amount of above ▶		_____
A-210	Special depreciation	A-210	_____
	NY State allocated amount of above ▶		_____
A-211	Royalty and interest payments made to related party member(s)	A-211	_____
	NY State allocated amount of above ▶		_____
A-212	Environmental remediation insurance premiums	A-212	_____
	NY State allocated amount of above ▶		_____
A-213	Domestic production activities deduction	A-213	_____
	NY State allocated amount of above ▶		_____
A-214	Metropolitan commuter transportation mobility tax claimed as a federal deduction	A-214	_____
	NY State allocated amount of above ▶		_____
A-215	NOL deduction limitation	A-215	_____
A-216	Manufacturer's real property tax	A-216	_____
	NY State allocated amount of above ▶		_____
A-217	START-UP NY excise tax on telecommunication services	A-217	_____
	NY State allocated amount of above ▶		_____

Below items flow to Part 2 of Schedule A

A-301	S corporation shareholders; reduction for taxes	A-301	_____
	NY State allocated amount of above ▶		_____
A-302	S corporation shareholders; pass-through loss or deduction items	A-302	_____
	NY State allocated amount of above ▶		_____
A-303	S corporation shareholders; distributions not included in federal AGI, not previously subject to New York personal income tax because the corporation was a New York C corporation	A-303	_____
	NY State allocated amount of above ▶		_____
A-304	S corporation shareholders; disposition of stock or indebtedness with increased basis	A-304	_____
	NY State allocated amount of above ▶		_____
EA-901	Beneficiary's share of fiduciary adjustment	EA-901	_____
	NY State allocated amount of above ▶		_____

Partner, shareholder and beneficiary additions to Part 2 of Schedule A:

Enter applicable code from above listing:

Modification Code	Total Amount	NYS Allocated Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total to Form IT-201, line 23 or Form IT-203, line 22 ▶	_____
--	-------

Part II – Other New York Subtractions (IT-201, line 31, IT-203 line 29)

S-101	START-UP NY wages NY State allocated amount of above ▶ _____	S-101	_____
S-102	Interest income from Build America Bonds (BAB) issued by New York or its local governments. ▶ _____ NY State allocated amount of above ▶ _____	S-102	_____
S-103	New York's 529 college savings program deduction (IT-203 only) NY State allocated amount of above ▶ _____	S-103	_____
S-104	New York's 529 college savings program distributions (IT-203 only) NY State allocated amount of above ▶ _____	S-104	_____
S-105	Long-term residential care deduction ▶ _____ NY State allocated amount of above ▶ _____	S-105	_____
S-106	Pension and annuity income exclusion Reported on Line 29 of Form IT-201/Line 28 of IT-203		
S-107	Pensions of NY State and local governments and federal government Reported on Line 26 of Form IT-201/Line 25 of IT-203		
S-109	Accelerated death benefits that were includable in federal adjusted gross income ▶ _____ NY State allocated amount of above ▶ _____	S-109	_____
S-110	Contributions for Executive Mansion, natural and historic resources, not deducted elsewhere ▶ _____ NY State allocated amount of above ▶ _____	S-110	_____
S-111	Distributions made to a victim of Nazi persecution ▶ _____ NY State allocated amount of above ▶ _____	S-111	_____
S-112	Items of income related to assets stolen from, hidden from, or otherwise lost to a victim of Nazi persecution ▶ _____ NY State allocated amount of above ▶ _____	S-112	_____
S-113	Professional service corporation shareholders. ▶ _____ NY State allocated amount of above ▶ _____	S-113	_____
S-114	Gain to be subtracted from the sale of a new business investment reported on your federal income tax return. ▶ _____ NY State allocated amount of above ▶ _____	S-114	_____
S-115	Qualified emerging technology investments (QETI) ▶ _____ NY State allocated amount of above ▶ _____	S-115	_____
S-116	Sales or dispositions of assets acquired before 1960 with greater state than federal bases ▶ _____ NY State allocated amount of above ▶ _____	S-116	_____
S-117	Income earned before 1960 and previously reported to New York State ▶ _____ NY State allocated amount of above ▶ _____	S-117	_____
S-118	Military pay included in federal adjusted gross income, received for active duty as a member of US armed services in a designated combat zone ▶ _____ NY State allocated amount of above ▶ _____	S-118	_____
S-119	Military pay NY State allocated amount of above ▶ _____	S-119	_____
S-120	Interest paid on loans made under New York Higher Education Loan Program (HELP) ▶ _____ NY State allocated amount of above ▶ _____	S-120	_____
S-121	Certain investment income from U.S. government agencies ▶ _____ NY State allocated amount of above ▶ _____	S-121	_____
S-122	Tier II Railroad Retirement benefits reptd on RRB-1099-R Enter any nonqualified plan adjustment reptd elsewhere Certain railroad retirement income and railroad unemployment insurance benefits ▶ _____ NY State allocated amount of above ▶ _____	S-122	_____
S-123	Certain investment income exempted by other New York State laws NY State allocated amount of above ▶ _____	S-123	_____
S-124	Form IT-221 - Disability income exclusion ▶ _____ NY State allocated amount of above ▶ _____	S-124	_____
S-125	Interest income on U.S. government bonds Reported on Line 28 of Form IT-201/Line 27 of IT-203		
S-126	New York State organized militia income. ▶ _____ NY State allocated amount of above ▶ _____	S-126	_____
S-127	Loss from sale or disposition of property that would have been realized if a federal estate tax return had been required ▶ _____ NY State allocated amount of above ▶ _____	S-127	_____
S-128	Native American Income Exclusion NY State allocated amount of above ▶ _____	S-128	_____

S-129	Special Accruals NY State allocated amount of above ▶	S-129	_____
S-130	Volunteer firefighter or ambulance worker length of service award NY State allocated amount of above ▶	S-130	_____
S-132	Unreimbursed exp related to donating an organ for human transplant.	S-132	_____
S-201	Small business modification NY State allocated amount of above ▶	S-201	_____
S-202	Trade or business interest expense on loans used to buy federally tax-exempt obligations that are taxable to New York State NY State allocated amount of above ▶	S-202	_____
S-203	Trade or business expenses (other than interest expense) connected with federally tax-exempt income that is taxable to New York State NY State allocated amount of above ▶	S-203	_____
S-204	Amortizable bond premiums on bonds that are owned by a trade or business and the interest on which is federally tax-exempt income but is taxable to New York State NY State allocated amount of above ▶	S-204	_____
S-205	Wage and salary expenses allowed as federal credits but not as federal expenses NY State allocated amount of above ▶	S-205	_____
S-206	Cost depletion NY State allocated amount of above ▶	S-206	_____
S-207	Special depreciation expenditures NY State allocated amount of above ▶	S-207	_____
S-208	Amount included in federal AGI (except for mass transit vehicles) solely because you made the safe harbor election on your federal return for agreements entered into before January 1, 1984 NY State allocated amount of above ▶	S-208	_____
S-209	Amount that you could have excluded from federal AGI (except for mass transit vehicles) had you not made the safe harbor election on your federal return for agreements entered into before January 1, 1984 NY State allocated amount of above ▶	S-209	_____
S-210	Form IT-399 - New York depreciation allowed NY State allocated amount of above ▶	S-210	_____
S-211	Form IT-399 - ACRS (year of disposition adjustment) NY State allocated amount of above ▶	S-211	_____
S-212	Sport utility vehicle expense deduction recapture NY State allocated amount of above ▶	S-212	_____
S-213	Form IT-398 - IRC section 168(k) property depreciation NY State allocated amount of above ▶	S-213	_____
S-214	Form IT-398 - IRC section 168(k) property (year of disposition adjustment) . NY State allocated amount of above ▶	S-214	_____
S-215	Refund of certain New York business tax credits (such as QEZE) NY State allocated amount of above ▶	S-215	_____
S-216	New York State Innovation Hot Spot Program NY State allocated amount of above ▶	S-216	_____
S-217	Taxable refunds (only if included in federal income but not included in IT-201/IT-203 line 4) NY State allocated amount of above ▶	S-217	_____
Below items flow to Part 2 of Schedule B			
S-301	S corporation shareholders; disposition of stock or indebtedness with a reduced basis/New York additions previously made for distributions relating to stock, cash distributions during post termination transition period, and distributions of undistributed taxable income NY State allocated amount of above ▶	S-301	_____
S-302	S corporation shareholders; pass-through income NY State allocated amount of above ▶	S-302	_____
S-303	Franchise tax refunds NY State allocated amount of above ▶	S-303	_____
ES-901	Beneficiary's share of fiduciary adjustment NY State allocated amount of above ▶	ES-901	_____

Partner, shareholder and beneficiary subtractions to Part 2 of Schedule B:

Enter applicable code from above listing:

Modification Code	Total Amount	NYS Allocated Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total to Form IT-201, line 31 or Form IT-203, line 29 ▶

New York 529 College Savings Program Worksheet

2016

► Keep for your records

Name as Shown on Return BORIS SANTOS	Social Security No. 000 000 0000
---	--

Part I – New York’s 529 College Savings Program Deduction/Earnings Distributions (Form IT-201, Line 30)

1 Amount of contributions you made in 2016 to an account established under New York’s 529 college savings program * (cannot exceed \$5,000 for an individual, head of household, married taxpayers filing separately, or qualifying widow(er), or \$10,000 for married taxpayers filing a joint return)	1																						
2 Amount of Qualified Tuition Program distribution included in your federal AGI * <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><tr><td style="width: 50%;"></td><th style="width: 25%; text-align: center;">Federal</th><th style="width: 25%; text-align: center;">New York</th></tr><tr><td style="vertical-align: top;">a Taxable amount of earnings Earnings on non-family member transfer:</td><td></td><td></td></tr><tr><td style="vertical-align: top;">b 1 State</td><td></td><td></td></tr><tr><td style="vertical-align: top;">2 Private</td><td></td><td></td></tr><tr><td style="vertical-align: top;">c Other adjustments</td><td></td><td></td></tr><tr><td style="vertical-align: top;">d Total federal (Sum of Federal column)</td><td></td><td></td></tr><tr><td style="vertical-align: top;">e Total New York (Sum of New York column)</td><td></td><td></td></tr></table>		Federal	New York	a Taxable amount of earnings Earnings on non-family member transfer:			b 1 State			2 Private			c Other adjustments			d Total federal (Sum of Federal column)			e Total New York (Sum of New York column)			2	
	Federal	New York																					
a Taxable amount of earnings Earnings on non-family member transfer:																							
b 1 State																							
2 Private																							
c Other adjustments																							
d Total federal (Sum of Federal column)																							
e Total New York (Sum of New York column)																							
3 Add line 1 and line 2. Enter here and on Form IT-201, line 30	3																						

* In determining the amount to enter on lines 1 and 2, also include your share of any amounts contributed or withdrawn by a partnership of which you are a member partner.

Note: Retain this worksheet for future-year computations of the New York 529 College Savings Program Worksheet.

Part II – New York’s 529 College Savings Program Distributions (Form IT-201, Line 22)

1 Total current and prior years' nonqualified withdrawals from your account(s)	1													
2 Total current and prior years' contributions to your account(s)	2													
3 a Current year's subtraction modification (from Part I, line 1) and prior years' subtraction modifications		<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">Year</th><th style="width: 50%;">Amount</th></tr></thead><tbody><tr><td style="text-align: center;"> </td><td> </td></tr><tr><td style="text-align: center;"> </td><td> </td></tr><tr><td style="text-align: center;">2016</td><td> </td></tr><tr><td style="text-align: center;"> </td><td> </td></tr></tbody></table>	Year	Amount					2016					
Year	Amount													
2016														
3 b Total subtraction modifications	3													
4 Subtract line 3 from line 2	4													
5 a Prior years' addition modifications		<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">Year</th><th style="width: 50%;">Amount</th></tr></thead><tbody><tr><td style="text-align: center;"> </td><td> </td></tr><tr><td style="text-align: center;"> </td><td> </td></tr><tr><td style="text-align: center;"> </td><td> </td></tr></tbody></table>	Year	Amount										
Year	Amount													
5 b Total addition modifications	5													
6 Add line 4 and line 5	6													
7 Subtract line 6 from line 1. This is your current year addition modification. Enter this amount on Form IT-201, line 22.	7													

If line 7 is 0 (zero) or less, there is no addback.

Also include on lines 1 and 2 your share of any amounts withdrawn or contributed by a partnership of which you are a member partner. The partnership should provide this information to you.

Name as Shown on Return		Social Security No.
<p>1 Amount from Form IT-272, line 3.</p> <p>If your filing status is:</p> <ul style="list-style-type: none"> • 1 or 3 and the amount on Form IT-201, line 33 is \$100,000 or less; or • 4 and the amount on Form IT-201, line 33 is \$150,000 or less; or • 2 or 5 and the amount on Form IT-201, line 33 is \$200,000 or less <p>skip lines 2 through 4 and enter the amount from line 1 on line 5. All others continue with line 2.</p>	1	
<p>2 Amount, if any, from your itemized deduction schedule, line 14 2</p> <p>(If the amount on line 2 is 0 skip lines 3 and 4 below and see the instructions to compute the amount to enter on line 5.)</p>	2	
<p>3 Amount from your itemized deduction schedule, line 12 3</p>	3	
<p>4 Divide line 2 by line 3 and round to the fourth decimal place 4</p>	4	
<p>5 Multiply line 1 by the amount on line 4. This is your college tuition itemized deduction 5</p>	5	

College Tuition Qualified Expenses Optimization Worksheet

2016

▶ Keep for your records

Name as Shown on Return BORIS SANTOS	Social Security No. 000000000
---	---

Part I – Complete columns A through G below for each eligible student for whom you paid qualified college tuition expenses.

- ▶ Do not list the same student more than once
- ▶ List the EIN and name of the college that was last attended
- ▶ Tuition payments for enrollment or attendance in a course of study leading to the granting of a post baccalaureate or other graduate degree do **not** qualify for the college tuition credit

1

A Student's name B Student's SSN	C Student Type	D EIN of college E College name	F Under-graduate expense?	G Qualified college tuition expenses paid in 2016
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
2 Total tuition (sum of column G)			2	_____
3 Total tuition eligible for the College Tuition Credit or Itemized Deduction			3	_____

Part II – Optimization of College Tuition Credit vs College Tuition Itemized Deduction (IT-201 Filers Only)

Taxpayers who file IT-201, Resident Income Tax Return **and** itemize deductions can use college tuition expenses as an itemized deduction or used to calculate a tax credit.

1 **Check this box to launch the optimizer now.** This will automatically determine whether the deduction or the credit generates the lowest tax

Caution: **A.** If you make any changes to this return after launching the automatic optimization above, you **MUST** optimize again by rechecking the box on Line 1 above.
B. If you check the Optimizer box on Line 1 above, wait until the calculations are done before you continue. Refer to the calculation indicator at the bottom right. It will indicate refund or tax due when calculations are done.

2 Automatic - Check to use the Deduction or Credit choices calculated in column (b) below ▶ X
 OR
 3 Manual - Check to use the Deduction or Credit choices you entered in column (a) below. ▶

	(a) Manual: Choose Credit or Deduction	(b) Automatic: Program Choice
Check the box to use your qualified college tuition expenses to calculate a credit	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
Check the box to use your qualified college tuition expenses as an itemized deduction	<input type="checkbox"/>	<input type="checkbox"/>

Part III – Net Refund/Balance Due

Refund 186
 Balance Due _____

Tax Computation Worksheet

2016

▶ Keep for your records

Name as Shown on Return BORIS SANTOS	Social Security No. 071-78-8232
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Married filing jointly and qualifying widow(er) Worksheets 1 through 4

- If your New York adjusted gross income is more than \$106,950, but not more than \$2,140,900, and taxable income is \$160,500 or less, then you must compute your tax using worksheet 1

Tax Computation Worksheet 1

1 Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	
2 Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	
3 Multiply line 2 by 6.45% (.0645). If line 1 is \$156,950 or more, enter line 3 amount on line 9 below, skip lines 4 through 8	3	
4 Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	
5 Subtract line 4 from line 3	5	
6 Enter the excess of line 1 over \$106,950	6	
7 Divide line 6 by \$50,000 and round to the fourth decimal place	7	
8 Multiply line 5 by line 7	8	
9 Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	9	

- If your New York adjusted gross income is more than \$160,500, but not more than \$2,140,900 and your taxable income is more than \$160,500 but not more than \$321,050, compute your tax using worksheet 2

Tax Computation Worksheet 2

1 Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	
2 Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	
3 Multiply line 2 by 6.65% (.0665). If line 1 is \$210,500 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	
4 Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	
5 Subtract line 4 from line 3	5	
6 Enter \$677 on line 6	6	
7 Subtract line 6 from line 5	7	
8 Enter the excess of line 1 over \$160,500	8	
9 Divide line 8 by \$50,000 and round to the fourth decimal place	9	
10 Multiply line 7 by line 9	10	
11 Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	

- If your New York adjusted gross income is more than \$321,050, but not more than \$2,140,900 and your taxable income is more than \$321,050, compute your tax using worksheet 3 on page 2.

Tax Computation Worksheet 3

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$371,050 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter \$998 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$321,050	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

- If your New York adjusted gross income is more than \$2,140,900, compute tax using worksheet 4 below.

Tax Computation Worksheet 4

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$2,190,900 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	If line 2 is \$160,500 or less, enter \$677 on line 6. If line 2 is more than \$160,500 but not more than \$321,050, enter \$998 on line 6. If line 2 is more than \$321,050, enter \$1,640 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$2,140,900	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

Single and married filing separately Worksheets 5 through 7

- If your New York adjusted gross income is more than \$106,950, but not more than \$1,070,350, and taxable income is \$214,000 or less, then you must compute your tax using worksheet 5 on page 3.

Tax Computation Worksheet 5

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.65% (.0665). If line 1 is \$156,950 or more, enter line 3 amount on line 9 below, skip lines 4 through 8	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter the excess of line 1 over \$106,950	6	_____
7	Divide line 6 by \$50,000 and round to the fourth decimal place	7	_____
8	Multiply line 5 by line 7	8	_____
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	9	_____

- If your New York adjusted gross income is more than \$214,000, but not more than \$1,070,350, and taxable income is more than \$214,000, then you must compute your tax using worksheet 6 below.

Tax Computation Worksheet 6

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$264,000 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter \$497 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$214,000	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

- If your New York adjusted gross income is more than \$1,070,350, compute your tax using worksheet 7 on page 4.

Tax Computation Worksheet 7

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$1,120,350 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	If line 2 is \$214,000 or less, enter \$497 on line 6. If line 2 is more than \$214,000, enter \$925 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$1,070,350	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

Head of household Worksheets 8 through 10

- If your New York adjusted gross income is more than \$106,950, but not more than \$1,605,650, and taxable income is \$267,500 or less, then you must compute your tax using worksheet 8 below.

Tax Computation Worksheet 8

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.65% (.0665). If line 1 is \$156,950 or more, enter line 3 amount on line 9 below, skip lines 4 through 8	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter the excess of line 1 over \$106,950	6	_____
7	Divide line 6 by \$50,000 and round to the fourth decimal place	7	_____
8	Multiply line 5 by line 7	8	_____
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	9	_____

- If your New York adjusted gross income is more than \$267,500, but not more than \$1,605,650, and taxable income is more than \$267,500, then you must compute your tax using worksheet 9 on page 5.

Tax Computation Worksheet 9

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$317,500 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter \$720 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$267,500	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

- If your New York adjusted gross income is more than \$1,605,650, compute your tax using worksheet 10 below.

Tax Computation Worksheet 10

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$1,655,650 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	If line 2 is \$267,500 or less, enter \$720 on line 6. If line 2 is more than \$267,500, enter \$1255 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$1,605,650	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

Two-Year Comparison

2016

Name as Shown on Return BORIS SANTOS	Social Security No. 071-78-8232			
	2015	2016	Difference	%
Federal Adjusted Gross Income	51,179.	46,320.	-4,859.	-9.49
New York Additions				
State and local interest income				
Public employee 414(h) retirement contributions	2,052.	1,657.	-395.	-19.25
New York's 529 college savings program distributions				
Other New York additions				
Total New York Additions	2,052.	1,657.	-395.	-19.25
New York Subtractions				
State tax refund				
Government pension exclusion				
Taxable social security benefits				
U.S. government interest income				
Pension and annuity income exclusion				
New York's 529 college savings program deductions/earnings				
Other New York subtractions				
Total New York Subtractions				
New York Adjusted Gross Income	53,231.	47,977.	-5,254.	-9.87
Standard or Itemized Deduction	7,900.	7,950.	50.	0.63
Dependent exemptions				
New York Taxable Income	45,331.	40,027.	-5,304.	-11.70
New York State tax	2,588.	2,245.	-343.	-13.25
New York State nonrefundable credits				
Other New York State taxes				
Total New York State taxes	2,588.	2,245.	-343.	-13.25
New York City taxes	1,538.	1,348.	-190.	-12.35
Yonkers City taxes				
Use tax	0.	0.	0.	
Voluntary gifts/contributions				
Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions	4,126.	3,593.	-533.	-12.92
Withholding	3,513.	3,716.	203.	5.78
Estimated tax payments, extension payment, and amount applied from prior year return				
Refundable credits	63.	63.	0.	0.00
Total payments and refundable credits	3,576.	3,779.	203.	5.68
Underpayment penalty				
Applied to next year's estimated tax				
Refund		186.	186.	
Balance Due	550.			

New York State
**Metropolitan Commuter Transportation
 Mobility Tax Worksheet**
 For Self-Employed individuals (including partners)

2016

QuickZoom to the information worksheet to activate the MCTMT Worksheet ▶

Your First Name _____ Middle Initial _____ Your Last Name _____ Your Social Security Number (SSN) _____

Net Earnings from Self-Employment Allocated to MCTD Smart Worksheet

Select the method for which you used to allocate the self-employment earnings to MCTD, if any.

- Allocation of earnings using IT-6-SNY
 Allocation of earnings using IT-203-A

- a** Net earnings from self-employment _____
b Amount of partnership K-1 income included on line a _____
c Net earnings from self-employment from partnership K-1 income allocated to
 the MCTD based on allocation percentage from Schedule K-1 _____
d Subtract line b from line a _____
e Line d amount allocated to the MCTD _____
f Add lines c and e; enter the result on line 1 below _____

- 1** Net earnings from self-employment allocated to the metropolitan commuter
 transportation district (MCTD) **1** _____
2 Metropolitan commuter transportation mobility tax (MCTMT)
 (multiply line 1 by .34% (.0034)) **2** _____

MCTMT Payments Smart Worksheet

	Date	Amount				
A Payment with declaration, Form IT-2105 (1)	_____	_____				
B Payment with declaration, Form IT-2105 (2)	_____	_____				
C Payment with declaration, Form IT-2105 (3)	_____	_____				
D Payment with declaration, Form IT-2105 (4)	_____	_____				
E Payment with extension, Form IT-370	_____	_____				
F Overpayment credited from preceding year	_____	_____				
G Is the amount on line F already included in the the total New York overpayment from the previous year applied to current year in the amount of \$?	<table style="display: inline-table; border: none;"> <tr> <td style="text-align: center; padding: 0 10px;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					

Total estimated MCTMT payments and/or extension payments _____
 MCTMT **balance due** _____
 MCTMT **overpaid** _____

Note: select to refund or credit to 2017 any overpayment on IT-2105 Worksheet Part II

QuickZoom to the IT-2105 Worksheet ▶ _____

Tax Summary
 ▶ Keep for your records

2016

Name(s) BORIS SANTOS	
Federal Adjusted Gross Income	46,320.
New York Additions	1,657.
New York Subtractions	
New York Adjusted Gross Income	47,977.
Itemized or Standard Deduction	7,950.
Dependent Exemptions	
New York Taxable Income	40,027.
Tax	2,245.
New York State Credits	
Other New York State Taxes	
Total New York State Taxes	2,245.
New York City Taxes	1,348.
MCTMT	
Yonkers City Taxes	
Sales or Use Tax	0.
Voluntary Gifts/Contributions	
Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions	3,593.
Total Payments and Credits	3,779.
Penalty Amount	
Refund	186.
Amount Owed	

Additional information from your 2016 New York Tax Return

IT-201: Resident Income Tax Return - Long Form

Federal Adj Stmt

Continuation Statement

Adjustment Description	Adjustment Amount
EDUCATOR EXPENSE	250.
STUDENT LOAN INT	586.
Total	836.