

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/18/2017**

# 2017 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

3,866.

REV 01/25/17 INTUIT.CG.CFP.SP

1555

041-80-2377  
KRISTIAN D SECOR  
DEBORAH C SECOR  
3437 46TH ST  
SAN DIEGO CA 92105

350-50-3135

INTERNAL REVENUE SERVICE  
PO BOX 510000  
SAN FRANCISCO CA 94151-5100

041802377 JI SEC0 30 0 201712 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **06/15/2017**

## 2017 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

3,866.

REV 01/25/17 INTUIT.CG.CFP.SP

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SAN FRANCISCO CA 94151-5100

041802377 JI SEC0 30 0 201712 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **09/15/2017**

# 2017 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

3,866.

REV 01/25/17 INTUIT.CS.CFP.SP

1555

041-80-2377  
KRISTIAN D SECOR  
DEBORAH C SECOR  
3437 46TH ST  
SAN DIEGO CA 92105

350-50-3135

INTERNAL REVENUE SERVICE  
PO BOX 510000  
SAN FRANCISCO CA 94151-5100

041802377 JI SEC0 30 0 201712 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due 01/16/2018

# 2017 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

3,866.

REV 01/25/17 INTUIT.CS.CFP.SP

1555

041-80-2377  
KRISTIAN D SECOR  
DEBORAH C SECOR  
3437 46TH ST  
SAN DIEGO CA 92105

350-50-3135

INTERNAL REVENUE SERVICE  
PO BOX 510000  
SAN FRANCISCO CA 94151-5100

041802377 JI SECOR 30 0 201712 430

IF you live in . . .	THEN use this address to send in your payment . . .
Florida, Louisiana, Mississippi, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, West Virginia	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands.	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

TO PAY YOUR TAXES DUE BY CHECK, MAIL THIS FORM TO THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V** (2016)

Department of the Treasury  
Internal Revenue Service (99)

**2016**

## Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount  
of your payment . . . . . ▶

**100.**

REV 01/25/17 INTUIT.CG. 1555

KRISTIAN D SECOR  
DEBORAH C SECOR  
3437 46TH ST  
SAN DIEGO CA 92105

INTERNAL REVENUE SERVICE  
P.O. BOX 7704  
SAN FRANCISCO, CA 94120-7704

041802377 JI SEC0 30 0 201612 610

## Installment Agreement Request

► **Information about Form 9465 and its separate instructions is at [www.irs.gov/form9465](http://www.irs.gov/form9465).**  
► **If you are filing this form with your tax return, attach it to the front of the return.**  
► **See separate instructions.**

OMB No. 1545-0074

**Tip:** If you owe \$50,000 or less, you may be able to establish an installment agreement online, even if you have not yet received a bill for your taxes. Go to [IRS.gov](http://IRS.gov) to apply to pay online. **Caution:** *Don't file this form if you can pay your balance in full within 120 days. Instead, call 1-800-829-1040. Don't file if your business is still operating and owes employment or unemployment taxes. Instead, call the telephone number on your most recent notice. If you are in bankruptcy or we have accepted your offer-in-compromise, see Bankruptcy or offer-in-compromise, in the instructions.*

### Part I

This request is for Form(s) (for example, Form 1040 or Form 941) ► **FORM 1040** and for tax year(s) (for example, 2012 and 2013) ► **2016**

<b>1a</b> Your first name and initial <b>Kristian D</b>	Last name <b>Secor</b>	<b>Your social security number</b> <b>041-80-2377</b>
If a joint return, spouse's first name and initial <b>Deborah C</b>	Last name <b>Secor</b>	<b>Spouse's social security number</b> <b>350-50-3135</b>
Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. <b>3437 46th St</b>		Apt. number
City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions) <b>San Diego CA 92105</b>		
Foreign country name	Foreign province/state/county	Foreign postal code

**1b** If this address is new since you filed your last tax return, check here . . . . . ☒

<b>2</b> Name of your business (must be no longer operating)	Employer identification number (EIN)
--	--------------------------------------

<b>3</b> (619) 727-8541 Your home phone number	10:00AM Best time for us to call	<b>4</b> _____ Your work phone number	Ext. _____	Best time for us to call
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<b>5</b> Name of your bank or other financial institution: <b>Union Bank of California</b> Address <b>3437 46th St</b> City, state, and ZIP code <b>San Diego CA 92105</b>	<b>6</b> Your employer's name: <b>University of Carlifornia at San Diego</b> Address <b>9500 Gilman Dr</b> City, state, and ZIP code <b>San Diego CA 92093</b>
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<b>7</b> Enter the total amount you owe as shown on your tax return(s) (or notice(s)) . . . . .	<b>7</b>	<b>11,122.</b>
<b>8</b> Enter the amount of any payment you are making with your tax return(s) (or notice(s)). See instructions	<b>8</b>	<b>100.</b>
<b>9</b> Subtract line 8 from line 7 and enter the result . . . . .	<b>9</b>	<b>11,022.</b>
<b>10</b> Enter the amount you can pay each month. Make your payments as large as possible to limit interest and penalty charges. <b>The charges will continue until you pay in full. If no payment amount is listed on line 10, a payment will be determined for you by dividing the balance due by 72 months</b> . . .	<b>10</b>	<b>300.</b>
<b>11</b> Divide the amount on line 9 by 72 and enter the result . . . . .	<b>11</b>	<b>153.</b>

- If the amount on line 10 is less than the amount on line 11 and you are unable to increase your payment to the amount on line 11, complete and attach Form 433-F, Collection Information Statement.
- If the amount on line 10 is equal to or greater than the amount on line 11 but the amount you owe is greater than \$25,000 but not more than \$50,000, you must complete either line 13 or 14, if you do not wish to complete Form 433-F.
- If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F, Collection Information Statement.

**12** Enter the date you want to make your payment each month. **Do not** enter a date later than the 28th ► **15**

**13** If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

► **a** Routing number **1 2 2 0 0 0 4 9 6**

► **b** Account number **0 0 1 0 6 4 6 3 2 4**

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my Federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

**14** If you want to make your payments by payroll deduction, check this box and attach a completed Form 2159, Payroll Deduction Agreement . . . . . ☐

Your signature	Date	Spouse's signature. If a joint return, <b>both</b> must sign.	Date
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**Part II** **Additional information.** Complete this part only if you have defaulted on an installment agreement within the past 12 months and the amount you owe is greater than \$25,000 but not more \$50,000 and the amount on line 10 is equal to or greater than the amount on line 11. If you owe more than \$50,000, complete and attach Form 433-F, Collection Information Statement.

- 15** In which county is your primary residence? \_\_\_\_\_
- 16a** Marital status:  
☐ Single. Skip question 16b and go to question 17.  
☐ Married. Go to question 16b.
- b** Do you share household expenses with your spouse?  
☐ Yes.  
☐ No.
- 17** How many dependents will you be able to claim on this year's tax return? . . . . . **17** | \_\_\_\_\_
- 18** How many people in your household are 65 or older? . . . . . **18** | \_\_\_\_\_
- 19** How often are you paid?  
☐ Once a week.  
☐ Once every two weeks.  
☐ Once a month.  
☐ Twice a month.
- 20** What is your net income per pay period (take home pay)? . . . . . **20** | \$ \_\_\_\_\_
- 21** How often is your spouse paid?  
☐ Once a week.  
☐ Once every two weeks.  
☐ Once a month.  
☐ Twice a month.
- 22** What is your spouse's net income per pay period (take home pay)? . . . . . **22** | \$ \_\_\_\_\_
- 23** How many vehicles do you own? . . . . . **23** | \_\_\_\_\_
- 24** How many car payments do you have each month? . . . . . **24** | \_\_\_\_\_
- 25a** Do you have health insurance?  
☐ Yes. Go to question 25b.  
☐ No. Skip question 25b and go to question 26a.
- b** Are your premiums deducted from your paycheck?  
☐ Yes. Skip question 25c and go to question 26a.  
☐ No. Go to question 25c.
- c** How much are your monthly premiums? . . . . . **25c** | \$ \_\_\_\_\_
- 26a** Do you make court-ordered payments?  
☐ Yes. Go to question 26b.  
☐ No. Go to question 27.
- b** Are your court-ordered payments deducted from your paycheck?  
☐ Yes. Go to question 27.  
☐ No. Go to question 26c.
- c** How much are your court-ordered payments each month? . . . . . **26c** | \$ \_\_\_\_\_
- 27** Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? . . . . . **27** | \$ \_\_\_\_\_

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning

, 2016, ending

, 20

See separate instructions.

Your first name and initial

Last name

Kristian D

Secor

Your social security number

041-80-2377

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

Last name

Deborah C

Secor

Spouse's social security number

350-50-3135

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

Apt. no.

3437 46th St

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

San Diego CA 92105

Foreign country name

Foreign province/state/county

Foreign postal code

▲ 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.

☐ You
 ☐ Spouse

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b ☒ Spouse . . . . .

Boxes checked on 6a and 6b

2

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

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 ▶

2

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

d Total number of exemptions claimed . . . . .

Income

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

7

172,283.

8a Taxable interest. Attach Schedule B if required . . . . .

8a

b Tax-exempt interest. Do not include on line 8a . . . . .

8b

9a Ordinary dividends. Attach Schedule B if required . . . . .

9a

b Qualified dividends . . . . .

9b

10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .

10

11 Alimony received . . . . .

11

12 Business income or (loss). Attach Schedule C or C-EZ . . . . .

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

13

14 Other gains or (losses). Attach Form 4797 . . . . .

14

15a IRA distributions . . . . .

15a

b Taxable amount . . . . .

15b

25,300.

16a Pensions and annuities . . . . .

16a

b Taxable amount . . . . .

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F . . . . .

18

19 Unemployment compensation . . . . .

19

20a Social security benefits . . . . .

20a

b Taxable amount . . . . .

20b

21 Other income. List type and amount . . . . .

21

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

22

197,583.

Adjusted Gross Income

23 Educator expenses . . . . .

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .

24

25 Health savings account deduction. Attach Form 8889 . . . . .

25

26 Moving expenses. Attach Form 3903 . . . . .

26

27 Deductible part of self-employment tax. Attach Schedule SE . . . . .

27

28 Self-employed SEP, SIMPLE, and qualified plans . . . . .

28

29 Self-employed health insurance deduction . . . . .

29

30 Penalty on early withdrawal of savings . . . . .

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction . . . . .

32

33 Student loan interest deduction . . . . .

33

34 Tuition and fees. Attach Form 8917 . . . . .

34

35 Domestic production activities deduction. Attach Form 8903 . . . . .

35

36 Add lines 23 through 35 . . . . .

36

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

37

197,583.



REV 01/25/17 Intuit.ca.cfp.sp Form **1040** (2016)

**Child and Dependent Care Expenses**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Information about Form 2441 and its separate instructions is at  
[www.irs.gov/form2441](http://www.irs.gov/form2441).1040  
1040A  
1040NR

2441

OMB No. 1545-0074

**2016**Attachment  
Sequence No. **21**

Name(s) shown on return

Kristian D &amp; Deborah C Secor

Your social security number

041-80-2377

**Part I Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)

Did you receive  
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.**Part II Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2016 for the person listed in column (a)
First	Last		

**3** Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 . . . . .**3****4** Enter your **earned income**. See instructions . . . . .**4****5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4 . . . . .**5****6** Enter the **smallest** of line 3, 4, or 5 . . . . .**6****7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 . . . . .**7****8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0—15,000		.35
15,000—17,000		.34
17,000—19,000		.33
19,000—21,000		.32
21,000—23,000		.31
23,000—25,000		.30
25,000—27,000		.29
27,000—29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000—31,000		.27
31,000—33,000		.26
33,000—35,000		.25
35,000—37,000		.24
37,000—39,000		.23
39,000—41,000		.22
41,000—43,000		.21
43,000—No limit		.20

**8**

X

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions . . . . .**9****10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. . . . .**10****11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47 . . . . .**11**

**Part III Dependent Care Benefits**

<b>12</b>	Enter the total amount of <b>dependent care benefits</b> you received in 2016. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership . . . . .	<b>12</b>	1,167.
<b>13</b>	Enter the amount, if any, you carried over from 2015 and used in 2016 during the grace period. See instructions . . . . .	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2017. See instructions . . . . .	<b>14</b>	( )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	1,167.
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2016 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	0.
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	171,116.
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>	
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	0.
<b>21</b>	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19). . . . .	<b>21</b>	5,000.
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	0.
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	1,167.
<b>24</b>	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions . . . . .	<b>24</b>	0.
<b>25</b>	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	<b>25</b>	0.
<b>26</b>	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB". . . . .	<b>26</b>	1,167.

To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>	
<b>28</b>	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	<b>28</b>	
<b>29</b>	Subtract line 28 from line 27. If zero or less, <b>stop</b> . You cannot take the credit. <b>Exception.</b> If you paid 2015 expenses in 2016, see the instructions for line 9 . . . . .	<b>29</b>	
<b>30</b>	Complete line 2 on the front of this form. <b>Do not</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here. . . . .	<b>30</b>	
<b>31</b>	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11 . . . . .	<b>31</b>	

# Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

OMB No. 1545-0074

**2016**

► Information about Form 4868 and its instructions is available at [www.irs.gov/form4868](http://www.irs.gov/form4868).

There are three ways to request an automatic extension of time to file a U.S. individual income tax return.

1. You can pay all or part of your estimated income tax due and indicate that the payment is for an extension using Direct Pay, the Electronic Federal Tax Payment System, or using a credit or debit card. See *How To Make a Payment*, on page 3.
2. You can file Form 4868 electronically by accessing IRS *e-file* using your home computer or by using a tax professional who uses *e-file*.
3. You can file a paper Form 4868 and enclose payment of your estimate of tax due.



**It's Convenient,  
Safe, and Secure**

IRS *e-file* is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You'll receive an electronic acknowledgment once you complete the transaction. Keep it with your records. Don't mail in Form 4868 if you file electronically, unless you're making a payment with a check or money order (see page 3).

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you'll need to estimate your total tax liability and subtract how much you've already paid (lines 4, 5, and 6 below).

Several companies offer free e-filing of Form 4868 through the Free File program. For more details, go to [IRS.gov](http://IRS.gov) and click on *freefile*.



## Pay Electronically

You **don't** need to file Form 4868 if you make a payment using our electronic payment options. Your extension will be automatically processed when you pay part or all of your estimated income tax electronically. You can pay online or by phone (see page 3).



## E-file Using Your Personal Computer or Through a Tax Professional

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2015 tax return—you'll be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal or send your check or money order to the address shown in the middle column under *Where To File a Paper Form 4868* (see page 4).



## File a Paper Form 4868

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown on page 4.

For information on using a private delivery service, see page 4.

**Note:** If you're a fiscal year taxpayer, you must file a paper Form 4868.

## General Instructions

### Purpose of Form

Use Form 4868 to apply for 6 more months (4 if "out of the country" (defined on page 2) and a U.S. citizen or resident) to file Form 1040, 1040A, 1040EZ, 1040NR, 1040NR-EZ, 1040-PR, or 1040-SS.

**Gift and generation-skipping transfer (GST) tax return (Form 709).** An extension of time to file your 2016 calendar year income tax return also extends the time to file Form 709 for 2016. However, it doesn't extend the time to pay any gift and GST tax you may owe for 2016. To make a payment of gift and GST tax, see Form 8892. If you don't pay the amount due by the regular due date for Form 709, you'll owe interest and may also be charged penalties. If the donor died during 2016, see the instructions for Forms 709 and 8892.

### Qualifying for the Extension

To get the extra time you must:

1. Properly estimate your 2016 tax liability using the information available to you,
2. Enter your total tax liability on line 4 of Form 4868, and
3. File Form 4868 by the regular due date of your return.



*Although you aren't required to make a payment of the tax you estimate as due, Form 4868 doesn't extend the time to pay taxes. If you don't pay the amount due by the regular due date, you'll owe interest. You may also be charged penalties. For more details, see Interest and Late Payment Penalty on page 2. Any remittance you make with your application for extension will be treated as a payment of tax.*

You don't have to explain why you're asking for the extension. We'll contact you only if your request is denied.

Don't file Form 4868 if you want the IRS to figure your tax or you're under a court order to file your return by the regular due date.

▼ DETACH HERE ▼

# Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

REV 03/07/17 INTUIT.CG.CFP.SP 1555

**2016**

## Part I Identification

1  
KRISTIAN D & DEBORAH C SECOR  
  
3437 46TH ST  
SAN DIEGO CA 92105

2  
041-80-2377  
3  
350-50-3135

## Part II Individual Income Tax

4	Estimate of total tax liability for 2016 .. \$	1,000.
5	Total 2016 payments .....	0.
6	<b>Balance due.</b> Subtract line 5 from line 4 (see instructions) .....	1,000.
7	Amount you are paying (see instructions) .....	0.
8	Check here if you are 'out of the country' and a U.S. citizen or resident (see instructions) .....	<input type="checkbox"/>
9	Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding .....	<input type="checkbox"/>

041802377 JI SEC0 30 0 201612 670

# Tax History Report

► Keep for your records

2016

Name(s) Shown on Return

Kristian D & Deborah C Secor

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status . . . . .	MFJ	MFJ	MFJ	MFJ	MFJ
Total income . . . . .	87,931.	93,434.	91,070.		197,583.
Adjustments to income	576.	976.	427.		
Adjusted gross income	87,355.	92,458.	90,643.		197,583.
Tax expense . . . . .	3,355.	3,369.	3,258.	1,249.	10,245.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions. . . . .					0.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .	11,900.	12,200.	12,400.	12,600.	12,600.
Exemption amount . .	7,600.	7,800.	7,900.	8,000.	8,100.
Taxable income . . . .	67,855.	72,458.	70,343.		176,883.
Tax. . . . .	9,311.	9,979.	9,641.		36,513.
Alternative min tax . .					
Total credits . . . . .	123.	310.	1,318.		
Other taxes . . . . .	128.	133.	2,245.		2,530.
Payments . . . . .	8,520.	9,816.	9,887.		27,921.
Form 2210 penalty . .					
Amount owed . . . . .	796.		681.		11,122.
Applied to next year's estimated tax .					
Refund. . . . .		14.			
Effective tax rate % . .	10.52	10.46	9.18	0.00	18.48
**Tax bracket % . . .	15.0	15.0	15.0	10.0	28.0

\*\*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 Civista 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](http://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](http://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.

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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 <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$ 34 . 99

<sup>1</sup> 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.

<sup>2</sup> 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

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## 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](mailto:complaints@tigta.treas.gov).

The following statements apply:

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

First Name

Last Name

Date



Name(s) Shown on Return Kristian D & Deborah C Secor	Your SSN 041-80-2377
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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:			
<b>1</b>		x	=
		x	=
		x	=
		x	=
Total miscellaneous investment expenses to Form 8960, line 9c . . . . .			
<b>2</b>	State, local, and foreign income taxes . . . . .	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:			
<b>3</b>		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 Kristian D & Deborah C Secor	Your SSN 041-80-2377
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Was the recovery taken into account in computing a section 1411 net operating loss? YES ☐ NO ☐

- 1 Enter total amount of recovery included in gross income . . . . . \_\_\_\_\_  
 \* Do not include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6)  
 \* Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013  
 \* Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you were not subject to the NIIT solely because your MAGI was below the applicable threshold.
- 2 Amount of the recovery that would have been included in gross income but for the application of the tax benefit rule under section 111 . . . . . 20,600.
- 3 Total amount of the recovery (add lines 1 and 2) . . . . . 20,600.
- 4 Enter as a decimal the percentage of the deduction allocated to net investment income in the prior year. (If the deduction was not allocated between investment income and non-investment income, enter 1.0000) . . . . . \_\_\_\_\_
- 5 Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68) . . . . . \_\_\_\_\_

**Calculation of recoveries when the deduction is not taken into account in computing your section 1411 NOL**

- 6 Multiply line 5 by .038 . . . . . \_\_\_\_\_
- 7 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) . . . . . \_\_\_\_\_
- 8 Add the amount of line 5 to line 7. . . . . \_\_\_\_\_
- 9 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (do not use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here . . . . . \_\_\_\_\_
- 10 Enter the NIIT reported for the year of the deduction . . . . . 0.
- 11 Subtract line 10 from line 9 . . . . . \_\_\_\_\_
- 12 Enter the smaller of line 6 or line 11 . . . . . \_\_\_\_\_
- 13 Divide line 12 by 3.8%. Enter the result here and include on Form 8960, line 7 . . . . . \_\_\_\_\_

**Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL**

- 14 Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) . . . . . \_\_\_\_\_
- 15 Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) . . . . . \_\_\_\_\_
- 16 Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 . . . . . \_\_\_\_\_

Name(s) Shown on Return  
Kristian D & Deborah C SecorSocial Security Number  
041-80-2377

	(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)		
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 . . . . . Kristian  
 Middle initial . . . . . D Suffix . . . . .  
 Last name . . . . . Secor  
 Social security no. . . . . 041-80-2377  
 Occupation . . . . . Teacher/Web Designer  
 Date of birth . . . . . 08/13/1970 (mm/dd/yyyy)  
 Age as of 1-1-2017 . . . . . 46  
 Daytime phone . . . . . (619) 727-8541 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

**Credit for the Elderly or Disabled (Schedule R):**

Is the taxpayer 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

**Spouse:**

First name . . . . . Deborah  
 Middle initial . . . . . C Suffix . . . . .  
 Last name . . . . . Secor  
 Social security no. . . . . 350-50-3135  
 Occupation . . . . . Pet Sitter/Dog Walker  
 Date of birth . . . . . 06/01/1961 (mm/dd/yyyy)  
 Age as of 1-1-2017 . . . . . 55  
 Daytime phone . . . . . (619) 209-0346 Ext  
 Legally blind . . . . . ☐  
 Date of death . . . . .

**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 spouse retired on total and permanent disability? . . ☐ 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 . . . . . 3437 46th St Apt no. . . . .  
 City . . . . . San Diego State . . . . . CA ZIP code . . . . . 92105  
 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 \_\_\_\_\_ Suff \_\_\_\_\_  
 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) . . . . . ☐

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 . . . . . ▶ CA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year . . . . . ▶ ☒

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 . . . . . ▶ CA

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:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

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 04150

Spouse's PIN used to sign the return 04150

**Taxpayer:**

Drivers license or state ID number D6262121

Issued by what state CA

Expiration Date 08/13/2021

Issued Date 08/13/2016

License or ID license . ☒ ID . ☐ neither . ☐

**Spouse**

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID license . ☐ ID . ☐ neither . ☒

- Keep for your records

**QuickZoom** to another copy of Personal Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

First name . . . Kristian Middle initial . D Last name . . . Secor  
 Social security no. . . 041-80-2377 Suffix . . . . .  
 Member of U.S. Armed Forces in 2016? . . ☐ Yes ☒ No  
 Date of birth . . . . . 08/13/1970 (mm/dd/yyyy) age as of 1-1-2017 . . . . . 46  
 Occupation . . . . Teacher/Web Designer Daytime phone . . . . (619) 727-8541 Ext       
 Marital status . . . Married  
 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 ☒ 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

<b>1</b>	<b>Can</b> someone (such as your parent) claim you as a dependent? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>2</b>	If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<i>Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.</i>					
<b>3</b>	Were you a full-time student during any part of five months during 2016? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>4</b>	Did your earned income exceed one-half of your support? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>5</b>	Was at least one of your parents alive on December 31, 2016? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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

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? . . . . . ►

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? . . . . .	▶ <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Disabled person who was not physically or mentally capable of self-care? . . . . .	▶ <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
This person is a qualifying person for the child and dependent care credit . . . . .	▶ <input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

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 . . . ▶														

Healthcare coverage information has been completed for this person.. . . . ☐

## 2016

- Keep for your records

## Part I – Spouse's Personal Information

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

<b>1</b>	<b>Can</b> someone (such as your parent) claim you as a dependent? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>2</b>	If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<i>Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.</i>					
<b>3</b>	Were you a full-time student during any part of five months during 2016? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>4</b>	Did your earned income exceed one-half of your support? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>5</b>	Was at least one of your parents alive on December 31, 2016? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Enter this person's state of residence as of December 31, 2016 . . . . . CA  
 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? . . . . .                      ▶

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? . . . . .	▶ <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Disabled person who was not physically or mentally capable of self-care? . . . . .	▶ <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
This person is a qualifying person for the child and dependent care credit . . . . .	▶ <input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

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 . . . ▶														

Healthcare coverage information has been completed for this person.. . . . ☐

► Keep for your records

Name(s) Shown on Return

Kristian D &amp; Deborah C Secor

Social Security Number

041-80-2377

## Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	171,116.		171,116.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .			
<b>2</b>	Total federal tax withheld . . . . .	24,953.		24,953.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	125,560.		125,560.
<b>4</b>	Total social security tax withheld . . . . .	7,785.		7,785.
<b>5</b>	Total Medicare wages and tips . . . . .	175,901.		175,901.
<b>6</b>	Total Medicare tax withheld . . . . .	2,550.		2,550.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .	1,167.		1,167.
<b>b</b>	Offsite dependent care benefits	1,167.		1,167.
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	13,010.		13,010.
<b>b</b>	Elective deferrals to qualified plans . . . . .	1,275.		1,275.
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .	1,275.		1,275.
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	Total other items from box 12 . . . . .	10,460.		10,460.
<b>14 a</b>	Total deductible mandatory state tax . . . . .	961.		961.
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .	3,512.		3,512.
<b>16</b>	Total state wages and tips . . . . .	171,116.		171,116.
<b>17</b>	Total state tax withheld . . . . .	8,471.		8,471.
<b>19</b>	Total local tax withheld. . . . .			

► Keep for your records

Name  
Kristian D SecorSocial Security Number  
041-80-2377☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No. 041-80-2377  
**b** Employer's ID number . . . . 95-6006144  
**c** Employer's name, address, and ZIP code  
UNIV OF CALIF - SAN DIEGO  
 Street PAYROLL - 0952  
 City LA JOLLA  
 State CA ZIP Code 92093-0952  
 Foreign Country \_\_\_\_\_

**d** Control number . \_\_\_\_\_☒**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First Kristian M.I. D  
 Last Secor Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 3437 46th St  
 City San Diego  
 State CA ZIP Code 92105  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
43,308.68

**3** Social security wages

**5** Medicare wages and tips  
46,820.20

**7** Social security tips

Verification Code

**11** Nonqualified plans**12** Enter box 12 below

**13** ☐ Statutory employee  
☐ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld  
6,582.07

**4** Social security tax withheld

**6** Medicare tax withheld  
678.89

**8** Allocated tips

**10** Dependent care benefits  
 Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*

**Box 12**  
Code**Box 12**  
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

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: ☐ 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

CA No16Statewagesti 43,308.68 2,225.49

**Box 20**

Locality name

**Box 18**

Local wages, tips, etc.

**Box 19**

Local income tax

Associated  
State**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).

DCP-CAS 3,511.52 Other (not classified)

Name  
Kristian D SecorSocial Security Number  
041-80-2377☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No. 041-80-2377  
**b** Employer's ID number . . . . 65-0161093  
**c** Employer's name, address, and ZIP code  
ADP TOTALSOURCE FL  
XVI INC  
Street CARLING COMMUNICATIONS I  
City MIAMI  
State FL ZIP Code 33173-0000  
Foreign Country \_\_\_\_\_

**d** Control number .000126NCTS/23V☐**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
First KRISTIAN M.I. D  
Last SECOR Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
Street 3437 46TH ST  
City SAN DIEGO  
State CA ZIP Code 92105  
Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
120,746.52  
**3** Social security wages  
118,500.00  
**5** Medicare wages and tips  
122,021.40  
**7** Social security tips  
\_\_\_\_\_

Verification Code  
2A0E-0E73-9825-25AA**11** Nonqualified plans  
\_\_\_\_\_**12** Enter box 12 below  
\_\_\_\_\_

**13** ☐ Statutory employee  
☒ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld  
18,082.51  
**4** Social security tax withheld  
7,347.00  
**6** Medicare tax withheld  
1,769.31  
**8** Allocated tips  
\_\_\_\_\_

**10** Dependent care benefits  
1,166.76  
Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*

**Box 12**Code  
AA  
D  
DD  
**Box 12**Amount  
1,274.88  
1,274.88  
10,460.00  

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_  
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: ☐ Employer is **not** a state or local government

**Box 15**State  
CA  
Employer's state I.D. no.  
31515083  
**Box 16**State wages, tips, etc.  
120,746.52  
**Box 17**State income tax  
6,018.75  
**Box 20**Locality name  
**Box 18**Local wages, tips, etc.  
**Box 19**Local income tax  
Associated State  
**Box 14**Description or Code  
on Actual Form W-2

Amount

SDI960.68TurboTax Identification of Description or Code  
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).California SDI tax



Name

Kristian D Secor

041-80-2377 Page 2

Employer's Name

ADP TOTALSOURCE FL

**ADDITIONAL INFORMATION****Part I Foreign Income**

- 1 ☐ The income reported on this W-2 is from a foreign source **and** is eligible to be excluded on Form 2555

**Part II Electronic Filing**

*Complete if you are filing this return electronically.*

- 2 a ☐ This W-2 is 'non-standard' (handwritten, typewritten, altered in any way or used to e-file based on a completed 4852. See "Substitute Form W-2 Smart Worksheet" below.)
- b ☐ This W-2 is a corrected W-2

**Part III Statutory Employees**

*Complete if box 13 Statutory employee box is checked.*

- 3 Will you be deducting any expenses in connection with this income? . . . . . Yes ☐ No ☐
- 4 If so, select the copy of Schedule C you want to report this income on (double-click) . . . . . \_\_\_\_\_

**Part IV Dependent Care Benefits**

*Complete if box 10 of this W-2 has an entry.*

- 5 Did this employer hire an on-staff care provider or furnish dependent care at your workplace? . . . . . Yes ☐ No ☒
- 6 Enter any amounts forfeited from a flexible spending account . . . . . \_\_\_\_\_

**Part V Clergy, Church Employees, Members of Recognized Religious Sects**

*Complete if this W-2 is for clergy, church employment, or for a member of a recognized religious sect.*

**Clergy only:**

- 7 a Enter your designated housing or parsonage allowance . . . . . \_\_\_\_\_
- b Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . . \_\_\_\_\_
- If no FICA was withheld**, check box c, d, e, or f below as appropriate

- c ☐ Pay self-employment tax on housing or parsonage allowance only
- d ☐ Pay self-employment tax on W-2 income only
- e ☐ Pay self-employment tax on both W-2 income and housing allowance
- f ☐ Exempt from SE tax and have an approved exemption Form 4361

**Non-clergy:**

**If no FICA was withheld**, check box a or b below as appropriate

- 8 a ☐ Pay self-employment tax on this W-2 income
- b ☐ Exempt from SE tax and have an approved exemption Form 4029

☐ Social Security and Medicare taxes have been withheld

**Part VI Military**

- 9 a ☐ Active duty military pay
- b **Non-taxable** combat pay (From box 12, Code Q) . . . . . \_\_\_\_\_

**Part VII Unreported Tip Income**

- 10 a Tips \$20 or more in a month which were not reported to employer . . . . . \_\_\_\_\_
- b Tips less than \$20 in a month which were not required to be reported . . . . . \_\_\_\_\_
- c Value of non-cash tips, such as tickets or passes, not reported to employer . . . . . \_\_\_\_\_
- d Actual amount of allocated tips if different than the amount in box 8 . . . . . \_\_\_\_\_
- e Tips paid out by you through a tip-sharing arrangement . . . . . \_\_\_\_\_
- f ☐ Employer is a federal, state, or local government and tips only subject to Medicare tax

**Part VIII Inmate In a Penal Institution**

- 11 a Pay from work performed while an inmate or while in a work release or halfway house . . . . . ☐

**Part IX Paid Family Leave**

- 12 a Income from Paid Family Leave . . . . . ☐

► Keep for your records

Name  
Kristian D SecorSocial Security Number  
041-80-2377☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No. 041-80-2377  
**b** Employer's ID number . . . . 94-1156365  
**c** Employer's name, address, and ZIP code  
STANFORD UNIVERSITY  
 Street 3145 PORTER DRIVE  
 City PALO ALTO  
 State CA ZIP Code 94304-8440  
 Foreign Country \_\_\_\_\_

**d** Control number . \_\_\_\_\_☒**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First Kristian M.I. D  
 Last Secor Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 3437 46th St  
 City San Diego  
 State CA ZIP Code 92105  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
7,060.00

**3** Social security wages  
7,060.00

**5** Medicare wages and tips  
7,060.00

**7** Social security tips  
 \_\_\_\_\_

Verification Code  
 \_\_\_\_\_

**11** Nonqualified plans  
 \_\_\_\_\_

**12** Enter box 12 below  
 \_\_\_\_\_

**13** ☐ Statutory employee  
☐ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld  
287.52

**4** Social security tax withheld  
437.72

**6** Medicare tax withheld  
102.37

**8** Allocated tips  
 \_\_\_\_\_

**10** Dependent care benefits  
 \_\_\_\_\_  
 Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*

**Box 12**  
 Code

**Box 12**  
 Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

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: ☐ 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

CA 91004648 7,060.00 227.20

**Box 20**

Locality name

**Box 18**

Local wages, tips, etc.

**Box 19**

Local income tax

Associated  
State

**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).

# 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 Kristian Secor	041-80-2377	08/13/70	<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 Deborah Secor	350-50-3135	06/01/61	<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"/>	S
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"/>	
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"/>	
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"/>	
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"/>	

\* 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.

# Form 1099-R Summary

2016

► Keep for your records

Name(s) Shown on Return

Kristian D & Deborah C Secor

Social Security No.

041-80-2377

Traditional IRA Distributions			Taxpayer	Spouse
<b>Gross</b>	<b>1</b>	Total gross distributions from box 1 of Form 1099-R . .	25,300.	
	<b>a</b>	Less: Amounts rolled over . . . . .		
	<b>b</b>	Less: Inherited and treat as own . . . . .		
	<b>c</b>	Less: Other inherited IRA amount. . . . .		
	<b>d</b>	Less: Return of contributions . . . . .		
	<b>e</b>	Less: Qualified charitable distributions . . . . .		
	<b>f</b>	Less: HSA funding distributions . . . . .		
	<b>2</b>	Balance of gross traditional IRA distributions . . . . .	25,300.	
	<b>3</b>	Amount of line 2 converted to a Roth IRA . . . . .		
	<b>a</b>	Less: Amount recharacterized. . . . .		
<b>4</b>	Net amount of line 2 converted to a Roth IRA . . . . .			
<b>5</b>	Amount of line 2 not converted to a Roth IRA . . . . .	25,300.		
<b>Taxable</b>	<b>6</b>	Earnings on return of contributions . . . . .		
	<b>7</b>	Taxable amount of inherited IRAs on line 1c. . . . .		
	<b>8</b>	Taxable amount not converted to Roth IRA . . . . .	25,300.	
	<b>9</b>	Taxable amount of Roth IRA conversions . . . . .		
	<b>10</b>	Taxable amount included on Form 1040, line 15b. . . .	25,300.	
	<b>11</b>	If checked, taxable amount calculated on Form 8606 . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roth IRA Distributions</b>				
<b>Gross</b>	<b>12</b>	Total gross distributions from box 1 of Form 1099-R . .		
	<b>a</b>	Less: Rollover to another Roth IRA . . . . .		
	<b>b</b>	Less: Inherited and treat as own . . . . .		
	<b>c</b>	Less: Other inherited Roth IRA amount . . . . .		
	<b>d</b>	Less: Return of contributions . . . . .		
<b>13</b>	Roth IRA distributions subject to distribution rules. . . .			
<b>Qualified</b>	<b>14</b>	Total gross qualified distributions . . . . .		
	<b>a</b>	Less: Rollover to another Roth IRA . . . . .		
	<b>b</b>	Less: Inherited and treat as own . . . . .		
	<b>c</b>	Less: Other inherited Roth IRA amount . . . . .		
<b>15</b>	Qualified distributions subject to distribution rules . . . .			
<b>Taxable</b>	<b>16</b>	Net nonqualified distributions for Form 8606. . . . .		
	<b>17</b>	Earnings on return of contributions . . . . .		
	<b>18</b>	Taxable amount of inherited Roth IRAs on line 12c . . .		
	<b>19</b>	Taxable earnings on nonqualified distributions . . . . .		
	<b>20</b>	Taxable amount included on Form 1040, line 15b. . . .		
<b>Recharacterizations (See Help)</b>				
<b>Gross</b>	<b>21 a</b>	2016 form code N (included on Form 1040, line 15a) . .		
	<b>21 b</b>	2017 form code R (not included on 1040, line 15a) . . .		

Pensions and Annuities			Taxpayer	Spouse
<b>Gross</b>	<b>22</b>	Total gross distributions from box 1 of Form 1099-R . . .		
	<b>a</b>	Less: Lump sum transferred to Form 4972 . . . . .		
	<b>b</b>	Less: Amount not reported on Form 1040, line 16. . . .		
	<b>c</b>	Designated Roth distribution allocated to an IRR . . . .		
	<b>23</b>	Amount of line 22 converted to a Roth IRA. . . . .		
	<b>a</b>	Less: Amount recharacterized. . . . .		
	<b>b</b>	Net amount of line 23 converted to a Roth IRA . . . . .		
	<b>24</b>	Distributions from Canada RRP Wks, line 7a . . . . .		
	<b>25</b>	Gross distribution transferred to Form 1040, line 16a . .		
	<b>a</b>	Less: Amount rolled over . . . . .		
<b>b</b>	Amount attributable to an in-plan Roth rollover . . . . .			
<b>Taxable</b>	<b>26</b>	Taxable amount in box 2a, Form 1099-R. . . . .		
	<b>a</b>	Taxable amount rolled over . . . . .		
	<b>b</b>	Non-taxable amount rolled over . . . . .		
	<b>c</b>	Designated Roth contribution basis rolled to Roth IRA .		
	<b>d</b>	Insurance premiums for retired public safety officers . .		
	<b>27</b>	Lump sum amount transferred to Form 4972 . . . . .		
	<b>28</b>	Amount transferred to Form 1040, line 7 . . . . .		
	<b>a</b>	Disability before minimum retirement age . . . . .		
	<b>b</b>	Return of contributions . . . . .		
	<b>c</b>	Insurance premiums for retired public safety officers . .		
	<b>29</b>	Nontaxable amount from Simplified Method . . . . .		
	<b>30</b>	Capital gains from charitable gift annuities . . . . .		
	<b>a</b>	Capital gain subject to the 28% rate . . . . .		
	<b>b</b>	Unrecaptured section 1250 gain . . . . .		
	<b>31</b>	Taxable amount of Roth IRA conversions . . . . .		
	<b>a</b>	Taxable amount of in-plan Roth rollovers . . . . .		
	<b>32 a</b>	Taxable amount of distributions . . . . .		
	<b>b</b>	Taxable distributions from Canada RRP Wks, line 7b. .		
	<b>c</b>	Taxable amount transferred to Form 1040, line 16b. . .		
	<b>Section 1035 Tax-free Exchange</b>			
<b>Pensions IRAs</b>	<b>33</b>	Total gross distributions from box 1 of Form 1099-R . .		
	<b>34</b>	Total gross distributions from box 1 of Form 1099-R . .		
<b>Distributions on 2016 1099-Rs Not Reported on the 2016 Return</b>				
<b>Code P Code R</b>	<b>35</b>	Distribution reported on 2015 tax return . . . . .		
	<b>36</b>	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return. . . . .		
<b>Tax Withholding</b>				
<b>Box 4</b>	<b>37</b>	Total federal tax withheld . . . . .	2,530.	
<b>Box 10</b>	<b>38</b>	Total state tax withheld . . . . .	523.	
<b>Box 13</b>	<b>39</b>	Total local tax withheld. . . . .		
<b>Nontaxable Distributions for Sales Tax Deduction</b>				
	<b>40</b>	Nontaxable IRA distributions . . . . .	0.	
	<b>41</b>	Nontaxable pension distributions . . . . .		
<b>Health Insurance Premiums</b>				
	<b>42</b>	Health insurance deductible on Schedule A . . . . .		
<b>Taxable Distributions included in Net Investment Income</b>				
	<b>43</b>	Annuity payments and other distributions that may be subject to the net investment income tax . . . .		

Name Kristian D Secor	Social Security Number 041-80-2377
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Source Form : 1099-R . ☒ CSA-1099-R . ☐ CSF-1099-R . ☐ RRB-1099-R . ☐

If Spouse's 1099-R, check this box . ☐  
Do not transfer this 1099-R to next year ☐

Corrected ☐

This section is for RRB-1099-R use only

<b>Payer's name, street address, city, state, and ZIP code.</b> NATIONAL FINANCIAL SERVICES LLC 499 WASHINGTON BLVD JERSEY CITY NJ 07310 Payer's country		<b>1</b> Gross distribution \$ _____ <b>2a</b> Taxable amount (See Help) \$ _____ <b>2b</b> Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	
<b>Payer's Federal identification number</b> 04-3523567	<b>Recipient's identification number</b> 041-80-2377	<b>3</b> Capital gain (included in box 2a) \$ _____	<b>4</b> Federal income tax withheld \$ _____
<b>Check to transfer Recipient's information from Federal Information Worksheet</b> . . . . . <input type="checkbox"/> Recipient's name Street address (including apartment number) City State ZIP code Recipient's country		<b>5</b> Employee contributions / Designated Roth contributions or insurance premiums \$ _____	<b>6</b> Net unrealized appreciation in employer securities \$ _____
		<b>7</b> Distribn code(s) 1st code <input type="checkbox"/> 1 IRA/SEP/SIMPLE 2nd code <input type="checkbox"/> X	<b>8</b> Other % \$ _____
		<b>9a</b> Your percentage of total distribution _____ %	<b>9b</b> Total employee contributions \$ _____
<b>10</b> Amount allocable to IRR within 5 years \$ _____		<b>11</b> 1st year of desig. Roth contrib. _____	
<b>FATCA filing requirement</b> . . . . . <input type="checkbox"/> Special use code for first state (See Help) . . . . . <input type="checkbox"/> Special use code for second state (See Help) . . . . . <input type="checkbox"/> Account number 218516393		<b>12</b> State tax withheld \$ _____	<b>13</b> Payer's State / state no. CA / 1
		<b>15</b> Local tax withheld \$ _____	<b>16</b> Name of locality _____
		<b>17</b> Local distribution \$ _____	

- ☐ Check if NOT from a qualified retirement plan or IRA (see Help)  
☐ If box 7 code is J or T, check if a **qualified** distribution (see Help)  
☐ If box 7 code is J, enter amount used for first time home purchase  
☐ If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help)

**Inherited IRA** If this distribution is from an inherited IRA, indicate the distribution is from the IRA of

<input type="checkbox"/> Treat as recipient's own (this is treated as a rollover)	
<input type="checkbox"/> Recipient, but was originally inherited from a spouse (treated as recipient's IRA)	
<input type="checkbox"/> Spouse and not treat as recipient's own (taxable amount must be in box 2a)	
<input type="checkbox"/> Someone other than a spouse (taxable amount must be in box 2a)	
<input type="checkbox"/> From a traditional IRA	
<input type="checkbox"/> From a Roth IRA	
<input type="checkbox"/> From a SIMPLE plan (first two years of participation only)	
<input type="checkbox"/> From a SIMPLE plan (more than two years of participation)	
<input type="checkbox"/> From a SEP IRA	
<input type="checkbox"/> None	
<input type="checkbox"/> Subject to the penalty of early withdrawal	
<input type="checkbox"/> Not subject to the penalty of early withdrawal	

**Insurance** Amount of insurance premiums deductible on Schedule A . . . . .  
 Amount of health savings account (HSA) funding distributions . . . . .  
 Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution . . . . .

**Qualified Charitable Distribution** Enter IRA distributions made directly by the trustee to a qualified charitable organization . . . . .

**RMD** If this is a distribution from a **traditional IRA** or **qualified retirement plan**, and if this is a **Required Minimum Distribution (RMD)** (See Help), Entire gross is RMD . ☐ or the amount of gross distbn that is the RMD . .

Name Kristian D Secor		Social Security Number 041-80-2377	
Source Form : 1099-R . <input checked="" type="checkbox"/> CSA-1099-R . <input type="checkbox"/> CSF-1099-R . <input type="checkbox"/> RRB-1099-R . <input type="checkbox"/>			
If Spouse's 1099-R, check this box . <input type="checkbox"/> Do not transfer this 1099-R to next year <input type="checkbox"/>		Corrected <input type="checkbox"/>	
This section is for RRB-1099-R use only			
Payer's name, street address, city, state, and ZIP code. National Financial Services LLC FIDELITY INVESTMENTS P. O. BOX 673000 Dallas TX 75267 Payer's country		1 Gross distribution \$ 25,300.00	
		2a Taxable amount (See Help) \$ 25,300.00	
		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>	
Payer's Federal identification number 04-3523567		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 2,530.00
Recipient's identification number 041-80-2377			
Check to transfer Recipient's information from Federal Information Worksheet . . . . . <input checked="" type="checkbox"/>			
Recipient's name Kristian D Secor Street address (including apartment number) 3437 46th St City State ZIP code San Diego CA 92105 Recipient's country		5 Employee contributions /Designated Roth contributns or insurance premiums \$	
		6 Net unrealized appreciation in employer securities \$	
		7 Distribn code(s) 1st code <input type="checkbox"/> 2nd code <input type="checkbox"/> IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other % \$
		9a Your percentage of total distribution %	9b Total employee contributions \$
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. _____	
FATCA filing requirement . . . . . <input type="checkbox"/>		12 State tax withheld \$ 523.00	13 Payer's State / state no. CA / 804918684
Special use code for first state (See Help) . . . . . <input type="checkbox"/>		14 State distribution \$	
Special use code for second state (See Help) . . . . . <input type="checkbox"/>		15 Local tax withheld \$	16 Name of locality
Account number		17 Local distribution \$	
<input checked="" type="checkbox"/> Check if NOT from a qualified retirement plan or IRA (see Help) <input checked="" type="checkbox"/> If box 7 code is J or T, check if a qualified distribution (see Help) <input checked="" type="checkbox"/> If box 7 code is J, enter amount used for first time home purchase <input checked="" type="checkbox"/> If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help)			
<input checked="" type="checkbox"/> Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of <input checked="" type="checkbox"/> Treat as recipient's own (this is treated as a rollover) <input checked="" type="checkbox"/> Recipient, but was originally inherited from a spouse (treated as recipient's IRA) <input checked="" type="checkbox"/> Spouse and not treat as recipient's own (taxable amount must be in box 2a) <input checked="" type="checkbox"/> Someone other than a spouse (taxable amount must be in box 2a) <input checked="" type="checkbox"/> From a traditional IRA <input checked="" type="checkbox"/> From a Roth IRA <input checked="" type="checkbox"/> From a SIMPLE plan (first two years of participation only) <input checked="" type="checkbox"/> From a SIMPLE plan (more than two years of participation) <input checked="" type="checkbox"/> From a SEP IRA <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Subject to the penalty of early withdrawal. <input checked="" type="checkbox"/> Not subject to the penalty of early withdrawal			
<input checked="" type="checkbox"/> Insurance <input checked="" type="checkbox"/> Amount of insurance premiums deductible on Schedule A <input checked="" type="checkbox"/> Amount of health savings account (HSA) funding distributions <input checked="" type="checkbox"/> Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution			
<input checked="" type="checkbox"/> Qualified Charitable Distribution Enter IRA distributions made directly by the trustee to a qualified charitable organization			
<input checked="" type="checkbox"/> RMD If this is a distribution from a traditional IRA or qualified retirement plan, and if this is a Required Minimum Distribution (RMD) (See Help), Entire gross is RMD or the amount of gross distbn that is the RMD			



# Wages, Salaries, & Tips Worksheet

2016

► Keep for your records

Name(s) Shown on Return

Kristian D & Deborah C Secor

Social Security Number

041-80-2377

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
<b>1</b> Wages, from Form W-2 . . . . .	171,116.		171,116.
<b>2</b> Miscellaneous income, from Form 8919 . . . . .			
<b>3</b> Items from Form 1099-R:			
<b>a</b> Disability before minimum retirement age . . . . .			
<b>b</b> Return of contributions . . . . .			
<b>4</b> Excess reimbursement, from Form 2106 . . . . .			
<b>5 a</b> Taxable tips, from Form 4137. . . . .			
<b>b</b> Noncash tips . . . . .			
<b>6</b> Excess moving expense reimbursement, from Form 3903 . . . . .			
<b>7</b> Wages earned as a household employee (if less than \$2,000 and without a Form W-2) . . . . .			
<b>8</b> Items not on Form W-2 or Form 1099-R:			
<b>a</b> Sick pay or disability payments . . . . .			
<b>b</b> Total foreign source income . . . . .			
<b>c</b> Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d</b> Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
<b>9</b> Other earned income			
<b>10 Subtotal.</b>			
<b>Add lines 1 through 9 . . . . .</b>	171,116.		171,116.
<b>11</b> Taxable employer-provided dependent care benefits, from Form 2441 . . . . .	1,167.		1,167.
<b>12</b> Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . . . . .			
<b>13</b> Scholarship/fellowship income not on Form W-2. . . . .			
<b>14</b> Other non-earned income			
<b>15 Total of lines 10 through 14. . . . .</b>	172,283.		172,283.

**Schedule D**  
**Line 19**

**Unrecaptured Section 1250 Gain Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return  
Kristian D & Deborah C Secor

Social Security Number  
041-80-2377

		Regular Tax	Alternative Minimum Tax
<b>If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.</b>			
<b>1</b>	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 <b>smaller</b> of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. . . . .	<b>1</b>	
<b>2</b>	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	
<b>4</b>	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 . . . . .	<b>4</b>	
<b>5</b>	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain". . . . .	<b>5</b>	
<b>6</b>	Add lines 3 through 5 . . . . .	<b>6</b>	
<b>7</b>	Enter the <b>smaller</b> of line 6 or the gain from Form 4797, line 7 . . . . .	<b>7</b>	
<b>8</b>	Enter the amount, if any, from Form 4797, line 8 . . . . .	<b>8</b>	
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0- . . . . .	<b>9</b>	
<b>10</b>	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. . . . .	<b>10</b>	
<b>11</b>	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		
	<b>Regular</b> <b>AMT</b>		
<b>a</b>	On Form 1099-DIV . . . . .		
<b>b</b>	On Form 2439 . . . . .		
<b>c</b>	On Schedule(s) K-1 . . . . .		
<b>d</b>	On Form 1099-R . . . . .		
<b>e</b>	From Form 8814 . . . . .		
<b>f</b>	Other. . . . .		
	Total . . . . .	<b>11</b>	
<b>12</b>	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 . . . . .	<b>12</b>	
<b>13</b>	Add lines 9 through 12. . . . .	<b>13</b>	
<b>14</b>	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the <b>28% Rate Gain Worksheet</b> . Otherwise, enter -0- . . . . .	<b>14</b>	0.
<b>15</b>	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- . . . . .	<b>15</b>	0.
<b>16</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>16</b>	
<b>a</b>	Enter your capital gain excess, if you are filing Form 2555 . . . . .	<b>a</b>	0.
<b>17</b>	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- . . . . .	<b>17</b>	0.
<b>18</b>	<b>Unrecaptured section 1250 gain.</b> 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. . . . .	<b>18</b>	

**Schedule D**  
**Line 18**

**28% Rate Gain Worksheet**

► Keep for your records

**2016**

Name(s) Shown on Return <u>Kristian D &amp; Deborah C Secor</u>	Social Security Number <u>041-80-2377</u>
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				Regular Tax	Alternative Minimum Tax
<b>1</b>	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II . . . . .	<b>1</b>			
<b>2</b>	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.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
<b>a</b>	Schedule D . . .				
<b>b</b>	Form 8814 . . .				
<b>c</b>	Schedule B . . .				
<b>d</b>	Form 6252 . . .				
<b>e</b>	Form 2439 . . .				
<b>f</b>	Other . . . . .				
	Total . . . . .	<b>2</b>			
<b>3</b>	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
<b>a</b>	Form 4684, line 4 (but only if line 15 is more than zero) . . . . .				
<b>b</b>	Form 6252 . . . . .				
<b>c</b>	Form 6781, Part II . . . . .				
<b>d</b>	Form 8824 . . . . .				
	Total . . . . .	<b>3</b>			
<b>4</b>	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
<b>a</b>	Form 1099-DIV, box 2d . . .				
<b>b</b>	Form 2439, box 1d . . . . .				
<b>c</b>	Schedule K-1 from a partnership, S corporation, estate, or trust . . . . .				
<b>d</b>	Disposition of interest in partnership or S corporation . . . . .				
<b>e</b>	Other . . . . .				
	Total . . . . .	<b>4</b>			
<b>5</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>5</b>			
<b>6</b>	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-. . . . .	<b>6</b>			
<b>7</b>	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 . . . . .	<b>7</b>			
<b>8</b>	Enter the amount of any capital gain excess . . . . .	<b>8</b>			0.
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a . . . . .	<b>9</b>	0.		0.

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1	a	Enter your taxable income from Form 1040, line 43 . . . . .	1 a	176,883.
	b	Enter the amount from your (and your spouse's) Form 2555, line 45 . . . . .	b	
	c	Add lines 1a and 1b . . . . .	1 c	176,883.
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 <b>smaller</b> of line 7a or line 7b . . . . .	7 c	0.
8		Enter the <b>smaller</b> 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 <b>smaller</b> 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	176,883.
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	75,300.
16		Enter the <b>smaller</b> of line 1c or line 15 . . . . .	16	75,300.
17		Enter the <b>smaller</b> of line 14 or line 16 . . . . .	17	75,300.
18		Subtr in 10 from in 1c. If zero or less, enter -0- . . . . .	18	176,883.
19		Enter the <b>larger</b> of line 17 or line 18 . . . . .	19	176,883.
20		Subtract line 17 from line 16. This amount is taxed at 0% <b>If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.</b>	20	0.
21		Enter the <b>smaller</b> of line 1c or line 13 . . . . .	21	0.
22		Enter the amount from line 20 (if line 20 is blank, enter -0-) . . . . .	22	0.
23		Subtract line 22 from line 21. If zero or less, enter -0- . . . . .	23	0.
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	466,950.
25		Enter the smaller of line 1c or line 24 . . . . .	25	176,883.
26		Add lines 19 and 20 . . . . .	26	176,883.
27		Subtract line 26 from line 25. If zero or less, enter -0- . . . . .	27	0.
28		Enter the <b>smaller</b> of line 23 or line 27 . . . . .	28	0.
29		Multiply line 28 by 15% (.15) . . . . .	29	0.
30		Add lines 22 and 28 . . . . .	30	0.
31		Subtract line 30 from line 21 . . . . .	31	0.
32		Multiply line 31 by 20% (.20) . . . . .	32	0.
<b>If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.</b>				
33		Enter the <b>smaller</b> 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.

<b>39</b>	Add lines 19, 20, 28, 31, and 37 . . . . .	<b>39</b>	_____
<b>40</b>	Subtract line 39 from line 1c . . . . .	<b>40</b>	_____
<b>41</b>	Multiply line 40 by <b>28%</b> (.28) . . . . .	<b>41</b>	_____
<b>42</b>	Figure the tax on the amount on <b>line 19</b> . 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 . . . . .	<b>42</b>	<u>36,513.</u>
<b>43</b>	Add lines 29, 32, 38, 41, and 42 . . . . .	<b>43</b>	<u>36,513.</u>
<b>44</b>	Figure the tax on the amount on <b>line 1c</b> . 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 . . . . .	<b>44</b>	<u>36,513.</u>
<b>45</b>	<b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 43 or line 44. Also include this amount on Form 1040, line 44. . . . .	<b>45</b>	<u>36,513.</u>

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**Form 1040**  
**Line 44**

**Qualified Dividends and Capital Gain Tax Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return

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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"/> <b>Yes.</b> 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"/> <b>No.</b> 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	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> 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 Kristian D & Deborah C Secor	Social Security Number 041-80-2377
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## Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter <b>traditional</b> 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 <b>from</b> a Roth IRA (from line 24) . . .		
3	<b>Traditional</b> IRA contributions, from Schedule(s) K-1 . . . . .		
4	Contributions recharacterized (not converted) <b>to</b> a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	<b>Traditional</b> 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 <b>traditional</b> 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 <b>traditional</b> IRA contributions from worksheet. . . . .		
14	Nondeductible <b>traditional</b> IRA contributions from worksheet. . . .		
	<b>QuickZoom</b> 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 <b>traditional</b> IRA contributions, to Form 5329, line 15 . . . . . <b>Note:</b> You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
17	Deductible <b>traditional</b> IRA contributions, to Form 1040, line 32 . .		
18	Qualified reservist repayments . . . . .		
19	Nondeductible <b>traditional</b> IRA contributions, to Form 8606, ln 1. .		

# IRA Contributions Worksheet

2016

► Keep for your records

Kristian D & Deborah C Secor

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Page 2

## Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular <b>Roth</b> 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 <b>from</b> a traditional IRA, (from In 4). . .		
22	<b>Roth</b> IRA contributions, from Schedule(s) K-1 . . . . .		
23	Enter contributions recharacterized <b>to</b> a traditional IRA. . . . .		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed <b>Roth</b> IRA conversions . . . . .		
25	<b>Roth</b> 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 <b>Roth</b> IRA contributions . . . . .		
29	Repayments of qualified Roth reservist distributions . . . . .		

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

## Coverdell Education Savings Account (Education IRA) Contributions

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



**Schedule A**  
**Line 1**

**Medical Expenses Worksheet**

► Keep for your records

**2016**

Name(s) Shown on Return

Kristian D & Deborah C Secor

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1	Prescription medications . . . . .	1	
2	<b>Health insurance premiums:</b>		
a	Premiums other than self-employed health insurance <b>or</b> 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	
	<b>NOTE:</b> 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, <b>not</b> 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	
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	
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	<b>Total deductible medical and dental expenses.</b> Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1) . . . . .	14	0.

## 2016

Name(s) Shown on Return  
Kristian D & Deborah C Secor

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	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	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2016 extensions . . . . .	0.				

Taxes Withheld From:					Federal	State	Local
10	Forms W-2 . . . . .				24,953.	8,471.	
11	Forms W-2G . . . . .						
12	Forms 1099-R . . . . .				2,530.	523.	
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 . . . . .	St		Loc			
18 a	Other withholding . . . . .	St		Loc			
b	Other withholding . . . . .	St		Loc			
c	Other withholding . . . . .	St		Loc			
d	Positive Adjustment . . . . .	St		Loc			
e	Negative Adjustment . . . . .	St		Loc			
f	Additional Medicare Tax . . . . .						
19	<b>Total Withholding</b> Lines 10 through 18f . . . . .						
					27,483.	8,994.	
20	<b>Total Tax Payments for 2016</b> . . . . .				27,483.	8,994.	

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

- Keep for your records

Name(s) Shown on Return <u>Kristian D &amp; Deborah C Secor</u>	Social Security Number <u>041-80-2377</u>
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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 . . . . .	197,583.
(2) Nontaxable income entered elsewhere on return . . . . .	0.
(3) Available income: 2015 refundable credits in excess of tax . . . . .	0.
(4) <b>Enter</b> any additional nontaxable income . . . . .	
(5) Total available income . . . . .	197,583.

**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.

[illegible]

**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 . . . . .	9,955.00
--	----------

**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) . . . . .	9,955.00
---	----------

**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>b</b>	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	_____
<b>e</b>	Vacation home . . . . .	_____
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	_____
<b>g</b>	Add lines 2a through 2f (to Schedule A, line 6) . . . . .	_____
<b>3</b>	<b>Personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2015 Amount                      Enter 2016 description:	
	_____ Volkswagen Beetle	190.00
	_____ Volkswagen Bus	100.00
	_____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	_____
<b>c</b>	Other personal property taxes . . . . .	_____
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 7) . . . . .	290.00
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	_____
<b>b</b>	Foreign taxes from interest and dividends . . . . .	_____
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	_____
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit). . . . .	_____
<b>e</b>	Other taxes.	
	2015 Amount                      Enter 2016 description:	
	_____	_____
	_____	_____
	_____	_____
<b>f</b>	Add lines 4a through 4e (to Schedule A, line 8) . . . . .	_____

**Interest Deductions**

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

**Schedule A**  
**Line 5**

**State and Local Tax Deduction Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return

Kristian D & Deborah C Secor

Social Security Number

041-80-2377

**State and Local Income Taxes**

<b>State income taxes:</b>		
1	State income tax withheld . . . . .	8,994.
2	2016 state estimated taxes paid in 2016 . . . . .	
3	2015 state estimated taxes paid in 2016 . . . . .	
4	Amount paid with 2015 state application for extension . . . . .	
5	Amount paid with 2015 state income tax return . . . . .	
6	Overpayment on 2015 state income tax return applied to 2016 tax . . . . .	
7	Other amounts paid in 2016 (amended returns, installment payments, etc.) . . . .	
8	State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	
<b>Local income taxes:</b>		
9	Local income tax withheld . . . . .	
10	2016 local estimated taxes paid in 2016 . . . . .	
11	2015 local estimated taxes paid in 2016 . . . . .	
12	Amount paid with 2015 local application for extension . . . . .	
13	Amount paid with 2015 local income tax return . . . . .	
14	Overpayment on 2015 local income tax return applied to 2016 tax . . . . .	
15	Other amounts paid in 2016 (amended returns, installment payments, etc.) . . . .	
16	Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	
<b>Other:</b>		
17	State mandatory taxes . . . . .	961.
18	<b>Total</b> Add lines 1 through 17 . . . . .	9,955.
19	State and local refund allocated to 2016 . . . . .	
20	Nondeductible state income tax from line 28 . . . . .	
21	<b>Total reductions</b> Add lines 19 and 20 . . . . .	
22	<b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	9,955.

**Nondeductible State Income Tax (Hawaii Only)**

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

# Charitable Deduction Limits Worksheet For Current Year Contributions

**2016**

► Keep for your records

Name(s) Shown on Return Kristian D & Deborah C Secor	Social Security Number 041-80-2377
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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 . . . . . 197,583.

9 Multiply line 8 by 0.5. This is your 50% limit. . . . . 98,792.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
<b>10</b> Enter the smaller of line 2 or line 9 . . . .					0.	
<b>11</b> Subtract line 10 from line 2 . . . . .						0.
<b>12</b> Subtract line 10 from line 9 . . . . .			98,792.			
<b>Contributions not to 50% limit organizations</b>						
<b>13</b> Add lines 2 and 3 . . . . .						
<b>14</b> Multiply line 8 by 0.3. This is your 30% limit. . . . .		59,275.	59,275.			
<b>15</b> Subtract line 13 from line 9 . . . . .		98,792.				
<b>16</b> Enter the smallest of line 6, 14, or 15 . .					0.	
<b>17</b> Subtract line 16 from line 6 . . . . .						0.
<b>18</b> Subtract line 16 from line 14 . . . . .				59,275.		
<b>Capital gain property to 50% limit organizations</b>						
<b>19</b> Enter the smallest of line 3, 12, or 14 . .					0.	
<b>20</b> Subtract line 19 from line 3 . . . . .						0.
<b>21</b> Subtract line 16 from line 15 . . . . .				98,792.		
<b>22</b> Subtract line 19 from line 14 . . . . .				59,275.		
<b>Capital gain property not to 50% limit organizations</b>						
<b>23</b> Multiply line 8 by 0.2. This is your 20% limit. . . . .				39,517.		
<b>24</b> Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .					0.	
<b>25</b> Subtract line 24 from line 7 . . . . .						0.
<b>26</b> Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . . .					0.	
<b>27</b> Reserved for future use . . . . .						
<b>28</b> Reserved for future use . . . . .						
<b>29</b> Reserved for future use . . . . .						
<b>30</b> 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 Kristian D & Deborah C Secor	Social Security Number 041-80-2377
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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 . . . . . 197,583.

**9** Multiply line 8 by 0.5. This is your 50% limit. . . . . 98,792.. less. . . . . 0.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
<b>10</b> Enter the smaller of line 2 or line 9 . . . .					0.	
<b>11</b> Subtract line 10 from line 2 . . . . .						0.
<b>12</b> Subtract line 10 from line 9 . . . . .			98,792.			
<b>Contributions not to 50% limit organizations</b>						
<b>13</b> Add lines 2 and 3 . . . . .		0.				
<b>14</b> Multiply line 8 by 0.3. This is your 30% limit. . . . .		59,275.	59,275.			
<b>15</b> Subtract line 13 from line 9 . . . . .		98,792.				
<b>16</b> Enter the smallest of line 6, 14, or 15 . .					0.	
<b>17</b> Subtract line 16 from line 6 . . . . .						0.
<b>18</b> Subtract line 16 from line 14 . . . . .				59,275.		
<b>Capital gain property to 50% limit organizations</b>						
<b>19</b> Enter the smallest of line 3, 12, or 14 . .					0.	
<b>20</b> Subtract line 19 from line 3 . . . . .						0.
<b>21</b> Subtract line 16 from line 15 . . . . .				98,792.		
<b>22</b> Subtract line 19 from line 14 . . . . .				59,275.		
<b>Capital gain property not to 50% limit organizations</b>						
<b>23</b> Multiply line 8 by 0.2. This is your 20% limit. . . . .				39,517.		
<b>24</b> Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .					0.	
<b>25</b> Subtract line 24 from line 7 . . . . .						0.
<b>26</b> Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . . .					0.	
<b>27</b> Reserved for future use . . . . .						
<b>28</b> Reserved for future use . . . . .						
<b>29</b> Reserved for future use . . . . .						
<b>30</b> Add lines 11, 17, 20, and 25. Carry to next year. . . . .						0.

- Keep for your records

Social Security Number  
041-80-2377

Part IV Special Situations in Your Return for Current Year Donations					
1	Was the <b>entire interest</b> given for all property donated to all charities?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were <b>restrictions</b> attached to any charities's right to use or dispose of any property donated to any charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No



**Schedule A**  
**Lines 21, 23, 28**

**Miscellaneous Itemized Deductions Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return <u>Kristian D &amp; Deborah C Secor</u>	Social Security Number <u>041-80-2377</u>
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**Employee Business Expenses – Subject to 2% Limitation**

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

**Miscellaneous Expenses – Subject to 2% Limitation**

Check the box in investment column if an investment expense

Investment  
expense ↓

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

**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

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

Tax Year 2016

- Keep for your records

Kristian D & Deborah C Secor

Sch A - Misc Deductions

041-80-2377

[illegible]

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office

041-80-2377

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office

# Asset Entry Worksheet

2016

QuickZoom to another copy of Asset Entry Worksheet . .

Name(s) Shown on Return Kristian D & Deborah C Secor	Social Security Number 041-80-2377
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Activity: Sch A Misc Deductions

## Asset Information

1	Description of asset . . . . .	<u>HP PAVILION XT963</u>	Example: Laser printer
2	Date placed in service . . . . .	<u>05/01/2004</u>	Example: 06/15/2016
3	Enter the total cost when asset was acquired . .	<u>512.</u>	Include land for asset type I, J or M
4	Type of asset. . . . .	<u>A - Computer</u>	
5	Percentage of business use . . . . .	<u>100.00 %</u>	Range: 1.00 to 100.00 If blank, 100.00% is used. Applicable for asset type A-G, P, Q. Subject to limitation. See Tax Help.
6	Enter the amount of Sec 179 expense elected .		
7	Total amount of land included in the cost . . .		Applicable for asset type I, J or M
8 a	<b>Economic Stimulus</b> - Qualified Property . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	<b>Qualified Second Generation/Cellulosic Biofuel/Biomass Plant Property</b> . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c	<b>Qualified Disaster Area</b> - Qualified Property . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d	<b>Kansas Disaster Zone</b> - Qualified Property . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e	<b>Gulf Opportunity Zone</b> - Qualified Property . . . . .	<input type="checkbox"/> Reg	<input type="checkbox"/> Ext <input checked="" type="checkbox"/> No
f	In service in GO Zone Ext bldg within 90 days of bldg in-service date . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
g	Percentage for Special Depreciation Allowance. . . . .	<input type="checkbox"/> 100% & 50%	<input type="checkbox"/> 30% <input checked="" type="checkbox"/> N/A
h	Elect OUT of Special Depreciation Allowance . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i	Elect 30% in place of 50% Special Depreciation Allowance . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j	<b>QuickZoom</b> to view the Election statements . . . . .	▶	
k	Special Depreciation Allowance Deduction . . .		
l	AMT Special Depreciation Allowance Ded. . . .		
9	Prior depreciation . . . . .	<u>512.</u>	If blank, prior depreciation from Asset Life History is used. Required if asset was sold.
10	<b>Depreciation deduction</b> . . . . .	<u>0.</u>	
11	AMT prior depreciation . . . . .	<u>512.</u>	If blank, prior depreciation from Asset Life History is used. Required if asset was sold.
12	AMT depreciation deduction . . . . .	<u>0.</u>	
13	AMT adjustment/preference . . . . .	<u>0.</u>	See Tax Help for computation
14	<b>QuickZoom</b> to Asset Life History . . . . .	▶	
15	If a computer or peripheral equipment (asset type A), was asset used exclusively at your regular business establishment? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16	If video, photo, or phono equipment (asset type B), was asset used exclusively at your regular business establishment, or in connection with your principal trade or business? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17	If rental appliances, carpeting, or furniture (asset type F), have you amended a prior year tax return or filed Form 3115 to change the recovery period to 5 years? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18	Enter the IRC section under which you amortize the cost of intangibles (asset type L) . . . . .		

**Dispositions** — Complete only if you sold, abandoned, or otherwise disposed of the asset in 2016

19	Date sold, given away, or abandoned in 2016 . . . . .	_____	Example: 12/01/2016
20	Date acquired, if different from line 2 . . . . .	_____	If converted from personal use
21	Asset sales price . . . . .	_____	Enter business portion only
22	Asset expense of sale . . . . .	_____	Enter business portion only
23	Property type . . . . .	_____	
24	Land sales price . . . . .	_____	Enter business portion only
25	Land expense of sale . . . . .	_____	Enter business portion only
26	Section 179 deduction allowed . . . . .	_____	
27	If Section 1250:		
a	Additional depreciation after 1975 . . . . .	_____	
b	Applicable percentage . . . . .	_____ %	
c	Additional depreciation after 1969 and before 1976 . . . . .	_____	
28 a	Double click to link sale to Form 6252 . . . . .	► _____	
b	Double click to link sale to Home Sale Wks . . . . .	► _____	
29	Basis for gain or loss, if different from ln 3 . . . . .	_____	Enter 100% of basis
30	Basis for AMT gain or loss, if diff from ln 53 . . . . .	_____	Enter 100% of basis
31	Gain or loss . . . . .	_____	
32	AMT gain or loss . . . . .	_____	
33	Part of Form 4797 that gain or loss carries to . . . . .	_____	
34	Land gain or loss (if separate) . . . . .	_____	Only applies if line 24 is entered
35	Part of Form 4797 that land gain or loss carries to (if separate) . . . . .	_____	
36	Check to compute personal residence depreciation after May 6, 1997 . . . . .	<input type="checkbox"/>	
	Regular tax after 5/6/97 . . . . .		AMT after 5/6/97 . . . . .

**Detail Asset Information** — This section is calculated for most assets from the data above.  
Use Find Next Error feature to check for any required entries.

37	Listed property? . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	See Tax Help
38	Subject to automobile limitations? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
39	Truck or van? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
40	Electric Passenger Vehicle? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
41	Heavy SUV? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Applies to current year assets only
42	Eligible Section 179 property? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
43	Use IRS tables for MACRS property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
44	Qualified Indian reservation property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	

**Regular Depreciation**

45	Depreciation Type . . . . .	MACRS	
46	Asset class . . . . .	5	
47	Depreciation Method . . . . .	ALT	
48	MACRS convention . . . . .	HY	
49	QuickZoom to set 2016 convention . . . . .	► <input type="checkbox"/>	
50	Recovery period . . . . .	5.0	
51	Year of depreciation . . . . .	13	
52	Depreciable basis . . . . .	512.	See Tax Help for computation

**Alternative Minimum Tax Depreciation**

53	AMT basis, if different from line 3 . . . . .	_____
54	If placed in service before 1987, is asset . . . . .	_____
55	AMT depreciation method . . . . .	SL
56	AMT recovery period . . . . .	5.0
57	AMT depreciable basis . . . . .	512.

**MACRS Property Involved in a Like-kind Exchange or Involuntary Conversion**

- 58 Elect OUT of regs under Sec 1.168(i)-6(i) . . . . . ☐ Yes ☐ No ☒ N/A
- 59 Asset ID (Enter same ID on all related assets) . . . . . \_\_\_\_\_
- 60 If this asset represents entire basis of replacement property, enter excess basis . . . . . \_\_\_\_\_
- 61 If this asset represents exchanged basis of replacement property, enter:
- a Date placed in service of relinquished property . . . . . \_\_\_\_\_
  - b Date of disposition of relinquished property . . . . . \_\_\_\_\_
  - c MACRS convention for relinquished property . . . . . \_\_\_\_\_
  - d Depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_
  - e AMT depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_

**State Depreciation**

- 62 **QuickZoom** to select or delete states . . . . . ► \_\_\_\_\_
- 63 a State (CA info must be entered in CA state return, do not enter here). . . . . \_\_\_\_\_
- b Asset status . . . . . \_\_\_\_\_
  - c State cost or basis . . . . . \_\_\_\_\_
  - d State Section 179 deduction . . . . . \_\_\_\_\_
  - e State Section 179 deduction allowed (enter for dispositions only) . . . . . \_\_\_\_\_
  - f State Special Depreciation Allowance . . . . . \_\_\_\_\_
  - g State asset class . . . . . \_\_\_\_\_
  - h State depreciation method . . . . . \_\_\_\_\_
  - i State MACRS convention . . . . . \_\_\_\_\_
  - j State recovery period . . . . . \_\_\_\_\_
  - k State depreciable basis . . . . . \_\_\_\_\_
  - l State prior depreciation . . . . . \_\_\_\_\_
  - m **State depreciation deduction** . . . . . ► \_\_\_\_\_
  - n If this asset represents entire basis of replacement property, enter excess basis . . . . . \_\_\_\_\_
  - o If exchanged basis, enter depr on relinquished property in year of disposition . . . . . \_\_\_\_\_
  - p State gain/loss basis, if different from state cost. . . . . \_\_\_\_\_
  - q Include asset in state return . . . . . ☐ Yes ☐ No

**Asset Life History**  
Yearly Allowable Depreciation

**2016**

Name(s) Shown on Return Kristian D & Deborah C Secor	Social Security Number 041-80-2377
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Description: HP PAVILION XT963 Depreciation type: MACRS Asset class: 5  
Cost/  
Basis: 512. Depreciable Basis: 512. Method: ALT Life: 5.00  
AMT Cost/ AMT Depreciable AMT AMT  
Basis: 512. Basis: 512. Method: ALT Life: 5.00

Tax Year	Prior Depreciation	Deduction for the Year	AMT Prior Depreciation	AMT Deduction for the Year
1 2004	0.	51.	0.	51.
2 2005	51.	102.	51.	102.
3 2006	153.	103.	153.	103.
4 2007	256.	102.	256.	102.
5 2008	358.	103.	358.	103.
6 2009	461.	51.	461.	51.
7				
8				
9				
10				
11				
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43				

**Schedule A**  
**Line 29**

**Itemized Deductions Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return <u>Kristian D &amp; Deborah C Secor</u>		Social Security Number <u>041-80-2377</u>	
<b>1</b>	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28 . . . . .	<b>1</b>	<u>10,245.</u>
<b>2</b>	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28 <b>CAUTION:</b> Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	<b>2</b>	<u>                    </u>
<b>3</b>	Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	<u>10,245.</u>
<b>4</b>	Multiply line 3 by 80% (.80) . . . . .	<b>4</b>	<u>8,196.</u>
<b>5</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>5</b>	<u>197,583.</u>
<b>6</b>	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 . . . . .	<b>6</b>	<u>311,300.</u>
<b>7</b>	Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5 . . . . .	<b>7</b>	<u>                    </u>
<b>8</b>	Multiply line 7 by 3% (.03) . . . . .	<b>8</b>	<u>                    </u>
<b>9</b>	Enter the <b>smaller</b> of line 4 or line 8 . . . . .	<b>9</b>	<u>                    </u>
<b>10</b>	<b>Total itemized deductions.</b> Subtract line 9 from line 1. (to Schedule A, line 29) . . . . .	<b>10</b>	<u>                    </u>



Name(s) Shown on Return <u>Kristian D &amp; Deborah C Secor</u>	Social Security Number <u>041-80-2377</u>
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your <b>earned income*</b> more than \$700? <input type="checkbox"/> <b>Yes.</b> Add \$350 to your earned income. Enter the total <input type="checkbox"/> <b>No.</b> Enter \$1,050		1	
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$6,300 • Married filing jointly or Qualifying widow(er) — \$12,600 • Head of household — \$9,300		2	12,600.
3	<b>Standard deduction.</b>			
3 a	Enter the <b>smaller</b> of line 1 or line 2. If born after January 1, 1952, and not blind, <b>stop here</b> and enter this amount on Form 1040, line 40. Otherwise go to line 3b . . . . .		3 a	
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) . . . . .		3 b	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040, line 40 . . . . .		3 c	

**\*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

Name(s) Shown on Return <u>Kristian D &amp; Deborah C Secor</u>		Social Security Number <u>041-80-2377</u>
<b>1</b>	Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d . . . . .	<b>1</b> <u>8,100.</u>
<b>2</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>2</b> <u>197,583.</u>
<b>3</b>	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> <li>• Single, enter \$259,400</li> <li>• Married filing jointly or qualifying widow(er), enter \$311,300</li> <li>• Married filing separately, enter \$155,650</li> <li>• Head of household, enter \$285,350 . . . . .</li> </ul>	<b>3</b> <u>311,300.</u>
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; enter the amount from line 1 above on Form 1040, line 42. . . . .	<b>4</b> <u>-113,717.</u>
<b>5</b>	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> <b>Yes.</b> You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. <b>Do not</b> complete the rest of this worksheet. <input type="checkbox"/> <b>No.</b> 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)	<b>5</b> _____
<b>6</b>	Multiply line 5 by 2% (.02) and enter the result as a decimal. . . . .	<b>6</b> _____
<b>7</b>	Multiply line 1 by line 6 . . . . .	<b>7</b> _____
<b>8</b>	<b>Deduction for exemptions.</b> Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42 . . . . .	<b>8</b> _____

**Earned Income Worksheet****2016**

► Keep for your records

Name(s) Shown on Return

Kristian D &amp; Deborah C Secor

Social Security Number

041-80-2377

**Part I – Earned Income Credit Wks Computation**

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .			
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .			
<b>d</b> One-half of self-employment tax . . . . .			
<b>e</b> Subtract line 1d from line 1c . . . . .			
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>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 . . . . .</b>			
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>			

**Part II – Form 2441 and Standard Deduction Worksheet Computations**

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	171,116.		171,116.
<b>7 a</b> Taxable employer-provided adoption benefits. . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	171,116.		171,116.
<b>9 a</b> Taxable dependent care benefits. . . . .	1,167.		1,167.
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	172,283.		172,283.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	172,283.		172,283.

**Part III – IRA Deduction Worksheet Computation**

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	171,116.		171,116.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received. . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	171,116.		171,116.

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

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	172,283.		172,283.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	172,283.		172,283.

► Keep for your records

Name(s) Shown on Return

Kristian D &amp; Deborah C Secor

Social Security Number

041-80-2377

**Investment Interest Expense** (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1 . . . . .	1	
2	Investment interest expense from royalties . . . . .	2	
3	Other investment interest expense:		
a	-----	3 a	
b	-----	b	
c	-----	c	
d	-----	d	
4	<b>Total investment interest expense.</b> Add lines 1 through 3. . . . .	4	

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

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income . . . . .	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts . . . . .	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends . . . . .	c	
d	Total . . . . .	d	
6	Royalty income, from Schedule E . . . . .	6	
7	Net passive income from publicly traded partnerships . . . . .	7	
8	Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	8	
9	Other investment income:		
a	-----	9 a	
b	-----	b	
c	-----	c	
d	-----	d	
10	<b>Total investment income.</b> Add lines 5d through 9. . . . .	10	

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

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16 . . . . .	11 a	
b	Less net gains from property not held for investment . . . . .	b	
c	<b>Net gains from property held for investment.</b> . . . . .	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16. . . . .	12 a	
b	Less net capital gains from property not held for investment. . . . .	b	
c	<b>Net capital gains from property held for investment.</b> . . . . .	c	

**Investment Expenses** (Form 4952, line 5)

13	Royalty expenses . . . . .	13	
14	Investment expenses included as itemized deductions (after the 2% limitation) . . . . .	14	
15	Investment expenses included as itemized deductions (no 2% limitation) . . . . .	15	
16	Expenses from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	16	
17	Other investment expenses:		
a	-----	17 a	
b	-----	b	
c	-----	c	
d	-----	d	
18	<b>Total investment expenses.</b> Add lines 13 through 17. . . . .	18	

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

		Regular Tax	Alt Min Tax
19	Allowed investment interest expense, Form 4952, line 8 . . . . .	19	
20	Less amount deducted on other forms and schedules:	20	
a	Deducted on Schedule E, page 2 for passthru entities . . . . .	a	
b	Deducted on Schedule E, page 1 for royalties . . . . .	b	
c	Other amounts deducted on other forms and schedules . . . . .	c	
d	Total amount deducted on other forms and schedules . . . . .	d	
21	<b>Investment interest expense.</b> . . . . .	21	



---

**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:
- |  |   |
|--|---|
| <input checked="checked" type="checkbox"/> | \$14,880 (\$20,430 if married filing jointly) without a qualifying child.             |
| <input type="checkbox"/>                   | \$39,296 (\$44,846 if married filing jointly) with one qualifying child.              |
| <input type="checkbox"/>                   | \$44,648 (\$50,198 if married filing jointly) with two qualifying children.           |
| <input type="checkbox"/>                   | \$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:
- |  |   |
|--|---|
| <input checked="checked" type="checkbox"/> | \$14,880 (\$20,430 if married filing jointly) without a qualifying child.             |
| <input type="checkbox"/>                   | \$39,296 (\$44,846 if married filing jointly) with one qualifying child.              |
| <input type="checkbox"/>                   | \$44,648 (\$50,198 if married filing jointly) with two qualifying children.           |
| <input type="checkbox"/>                   | \$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 | <input type="checkbox"/> | qualifying children of another person, or         |
| b | <input type="checkbox"/> | 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)
-

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**Compliance and Due Diligence Information**

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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"/>
Disqualified from Earned Income Credit. . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

---

---

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 Kristian D & Deborah C Secor	Social Security Number 041-80-2377
---	---------------------------------------

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



Name(s) Shown on Return

Kristian D &amp; Deborah C Secor

Social Security Number

041-80-2377

**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)
Navient	Taxpayer	041-80-2377		2,382.
Total student loan interest. . . . .				2,382.

**Part II Computation of Student Loan Interest Deduction**

<b>1</b>	Enter the total interest you paid in 2016 on qualified student loans . . . . . (see Form 1040 instructions).	<b>1</b>	2,382.
<b>2</b>	Enter the <b>smaller</b> of line 1 or \$2,500. . . . .	<b>2</b>	2,382.
<b>3</b>	Modified AGI . . . . . <b>Note:</b> 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, <b>stop here</b> . You <b>cannot</b> take the deduction.	<b>3</b>	197,583.
<b>4</b>	Enter: \$65,000 if single, head of household, or qualifying widow(er); \$130,000 if married filing jointly. . . . .	<b>4</b>	
<b>5</b>	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 . . . . .	<b>5</b>	
<b>6</b>	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) . . . . .	<b>6</b>	
<b>7</b>	Multiply line 2 by line 6 . . . . .	<b>7</b>	
<b>8</b>	<b>Student loan interest deduction.</b> Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. <b>Do not</b> include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) . . . . .	<b>8</b>	

\* **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.

**Form 1040**  
**Line 23**

**Educator Expenses Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return

Kristian D & Deborah C Secor

Social Security Number

041-80-2377

**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
<b>1</b> Qualified educator expenses . . . . .		
<b>2</b> Non-taxable Coverdell ESA distributions . . . . .		
<b>3</b> Non-taxable qualified tuition program distributions . . . . .		
<b>4</b> Subtract lines 2 and 3 from line 1. . . . .		
<b>5</b> Qualified educator expenses from line 4. . . . .		
<b>6</b> Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. . . . .		
<b>7</b> Subtract line 6 from line 5. . . . .		
<b>8</b> Educator expenses deduction. Report this amount on Form 1040, line 23 or Form 1040A, line 16 (see Help) . . . . .		
<b>9</b> Subtract line 8 from line 1. This amount transfers to the Miscellaneous Itemized Deductions Worksheet, line 2 when the box on line 10 is <b>not</b> checked . . . . .		
<b>10</b> Check the box if you do <b>NOT</b> 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 Kristian D & Deborah C Secor		Social Security Number 041-80-2377	
	<b>(a)</b> Before Allocation of Capital Gain Excess *	<b>(b)</b> Allocation of Capital Gain Excess *	<b>(c)</b> After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . .			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c . . . . .		0.	0.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	0.		0.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . .	0.		
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	0.		0.
<b>A</b> Enter the amount from Form 6251, line 30. . . . .	123,254.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> 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.

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Name(s) Shown on Return Kristian D & Deborah C Secor	Social Security Number 041-80-2377
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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	197,583.
2	Additions to income . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	197,583.
4	Subtractions from income . . . . .	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	5	197,583.

**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	<b>Attributable to mortgage used to purchase, build, or improve:</b>		
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	<b>Attributable to mortgage used to refinance:</b>		
a	To pay off mortgage . . . . .		
b	For other purposes . . . . .		
c	Total . . . . .		
3	<b>Attributable to other mortgage deductible for AMT:</b>		
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	197,583.
2	Enter adjustments . . . . .	2	
3	Adjustment for domestic production activities deduction . . . . .	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	4	197,583.
5	ATNOLD limitation. Multiply line 4 by 90%. . . . .	5	177,825.
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	<b>Smaller</b> 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	83,800.
2	Enter your alternative minimum taxable income from Form 6251, line 28. . . . .	2	197,583.
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	159,700.
4	Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	37,883.
5	Multiply line 4 by 25% (.25) . . . . .	5	9,471.
6	Subtract line 5 from line 1. If zero or less, enter -0- . . . . .	6	74,329.
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 <b>child's earned income</b> , 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	

**Form 6251**  
**Line 31**

**Foreign Earned Income**  
**Alternative Minimum Tax Worksheet**

**2016**

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Name(s) Shown on Return Kristian D & Deborah C Secor		Social Security Number 041-80-2377	
<b>1</b>	Enter amount from Form 6251, line 30. . . . .	<b>1</b>	
<b>2 a</b>	Enter amount from Form(s) 2555, lines 45 and 50 . . . . .	<b>2a</b>	
<b>b</b>	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income . . . . .	<b>2b</b>	
<b>c</b>	Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b>	
<b>3</b>	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 . . . . .	<b>3</b>	
<b>4</b>	<b>Tax on amount on line 3.</b> . . . . . <ul style="list-style-type: none"> <li>• If you reported capital gain distributions directly on Form 1040, line 13; <b>or</b> you reported qualified dividends on Form 1040, line 9b; <b>or</b> 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.</li> <li>• <b>All Others:</b> 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. . . . .</li> </ul>	<b>4</b>	
<b>5</b>	<b>Tax on amount on line 2c.</b> 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 . . . . .	<b>5</b>	
<b>6</b>	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0 . . . . .	<b>6</b>	

# Federal Carryover Worksheet

**2016**

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Name(s) Shown on Return <u>Kristian D &amp; Deborah C Secor</u>	Social Security Number <u>041-80-2377</u>
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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
CA						
<b>Totals . .</b>						

## Other Tax and Income Information

			2015	2016
<b>1</b>	Filing status . . . . .	<b>1</b>	<u>2 MFJ</u>	<u>2 MFJ</u>
<b>2</b>	Number of exemptions for blind or over 65 (0 - 4) . . . . .	<b>2</b>		
<b>3</b>	Itemized deductions . . . . .	<b>3</b>	<u>1,249.</u>	<u>10,245.</u>
<b>4</b>	Check box if required to itemize deductions . . . . .	<b>4</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Adjusted gross income . . . . .	<b>5</b>		<u>197,583.</u>
<b>6</b>	Tax liability for Form 2210 or Form 2210-F . . . . .	<b>6</b>	<u>0.</u>	<u>39,043.</u>
<b>7</b>	Alternative minimum tax . . . . .	<b>7</b>		
<b>8</b>	Federal overpayment applied to next year estimated tax . . . . .	<b>8</b>		

**QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►**

## Excess Contributions

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

## Loss and Expense Carryovers

Note: Enter all entries as a positive amount

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

Kristian D &amp; Deborah C Secor

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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		
<b>Credit Carryovers</b>						<b>2015</b>	<b>2016</b>
18	General business credit . . . . .				18		
19	Adoption credit from:		a	2016 . . . . .	19 a		
			b	2015 . . . . .	b		
			c	2014 . . . . .	c		
			d	2013 . . . . .	d		
			e	2012 . . . . .	e		
20	Mortgage interest credit from:		a	2016 . . . . .	20 a		
			b	2015 . . . . .	b		
			c	2014 . . . . .	c		
			d	2013 . . . . .	d		
21	Credit for prior year minimum tax . . . . .				21		
22	District of Columbia first-time homebuyer credit . . . . .				22		
23	Residential energy efficient property credit . . . . .				23		
<b>Other Carryovers</b>						<b>2015</b>	<b>2016</b>
24	Section 179 expense deduction disallowed . . . . .				24		
25	Excess		a	Taxpayer (Form 2555, line 46) . . . . .	25 a		
	foreign		b	Taxpayer (Form 2555, line 48) . . . . .	b		
	housing		c	Spouse (Form 2555, line 46) . . . . .	c		
	deduction:		d	Spouse (Form 2555, line 48) . . . . .	d		

**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 . . . . . 0.

**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



# IRA Information Worksheet

2016

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Name(s) Shown on Return

Kristian D & Deborah C Secor

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Part I Traditional IRA		Taxpayer	Spouse
<b>Basis and Value</b>			
1	Total basis in traditional IRAs . . . . .		
2	Year-end value on 12/31/2016. . . . .		
3	Basis carryover as of 12/31/2016 . . . . .		
<b>Excess Contributions</b>			
4	Excess contributions as of 12/31/2015 . . . . .		
5	Carryover of excess contributions to 2017 . . . . .		
Part II Roth IRA		Taxpayer	Spouse
<b>Basis (Contribution and Conversion History)</b>			
6	Basis in Roth IRA contributions . . . . .		
7	Basis in Roth IRA conversions. . . . .		
8	Contribution basis carryover as of 12/31/2016 . . . . .		
9	Conversion basis carryover as of 12/31/2016 . . . . .		
<b>Excess Contributions</b>			
10	Excess contributions as of 12/31/2015 . . . . .		
11	Carryover of excess contributions to 2017 . . . . .		
Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2015 and earlier years . . . . .		
13	Adjustment due to return of excess contributions . . . . .		
14	Rollover of nontaxable portion of a qualified retirement plan . . . .		
15	Basis received from former spouse due to divorce or inherited. . .		
16	Basis transferred to former spouse due to divorce . . . . .		
17	Adjusted total basis in Traditional IRAs. . . . .		
Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SIMPLE IRAs) on 12/31/2016 ( <i>See Help</i> ) . . . . .		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2016. qualified charitable distributions (QCD) made in Jan. 2017 to be treated as made in December 2016 ( <i>See Help</i> ).		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2016 . . . .		
21	Check this box if you converted <b>all</b> of the traditional IRAs you had in 2016 to Roth IRAs in 2016. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

# IRA Information Worksheet

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2016

Page 2

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Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2012 . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2015 Balances (Basis - Before 2016 Transactions)</b>			
23	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
24	Cumulative pre 2012 conversions - taxable and nontaxable . . . . .		
25	2012 conversion contributions taxable at conversion . . . . .		
26	2012 conversion contributions not taxable at conversion . . . . .		
27	2013 conversion contributions taxable at conversion . . . . .		
28	2013 conversion contributions not taxable at conversion . . . . .		
29	2014 conversion contributions taxable at conversion . . . . .		
30	2014 conversion contributions not taxable at conversion . . . . .		
31	2015 conversion contributions taxable at conversion . . . . .		
32	2015 conversion contributions not taxable at conversion . . . . .		
<b>2016 Transactions - Contributions</b>		<b>Taxpayer</b>	<b>Spouse</b>
33	Regular <b>Roth</b> IRA contributions . . . . .		
34	Rollover from Roth 401(k) and Roth 403(b) . . . . .		
35	Conversion contributions taxable at conversion . . . . .		
36	Conversion contributions not taxable at conversion . . . . .		
37	Repayments of qualified Roth reservist distributions . . . . .		
<b>2016 Transactions - Distributions</b>			
38	Distributions from regular <b>Roth</b> IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2012 conversions		
40	Distributions from 2012 conversions taxable at conversion . . . . .		
41	Distribs. from 2012 conversions not taxable at conversion . . . . .		
42	Distributions from 2013 conversions taxable at conversion . . . . .		
43	Distribs. from 2013 conversions not taxable at conversion . . . . .		
44	Distributions from 2014 conversions taxable at conversion . . . . .		
45	Distribs. from 2014 conversions not taxable at conversion . . . . .		
46	Distributions from 2015 conversions taxable at conversion . . . . .		
47	Distribs. from 2015 conversions not taxable at conversion . . . . .		
48	Distributions from 2016 conversions taxable at conversion . . . . .		
49	Distribs. from 2016 conversions not taxable at conversion . . . . .		
50	Did you have any open Roth IRA accounts on 12/31/2016? . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Balance c/over to 2017 (Basis - After 2016 Transactions)</b>			
51	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
52	Cumulative pre 2013 conversions - taxable and nontaxable		
53	2013 conversion contributions taxable at conversion . . . . .		
54	2013 conversion contributions not taxable at conversion . . . . .		
55	2014 conversion contributions taxable at conversion . . . . .		
56	2014 conversion contributions not taxable at conversion . . . . .		
57	2015 conversion contributions taxable at conversion . . . . .		
58	2015 conversion contributions not taxable at conversion . . . . .		
59	2016 conversion contributions taxable at conversion . . . . .		
60	2016 conversion contributions not taxable at conversion . . . . .		

# IRA Information Worksheet

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<b>Part VI Roth IRA Basis Adjustments</b>		<b>Taxpayer</b>	<b>Spouse</b>
	<b>Received From Former Spouse due to Divorce or Inheritance</b>		
	Cumulative regular <b>Roth</b> IRA contributions, including rollovers		
<b>61</b>	from Roth 401(k) and Roth 403(b) . . . . .		
<b>62</b>	Cumulative pre 2012 conversions - taxable and nontaxable . . . .		
<b>63</b>	2012 conversion contributions taxable at conversion . . . . .		
<b>64</b>	2012 conversion contributions not taxable at conversion . . . . .		
<b>65</b>	2013 conversion contributions taxable at conversion . . . . .		
<b>66</b>	2013 conversion contributions not taxable at conversion . . . . .		
<b>67</b>	2014 conversion contributions taxable at conversion . . . . .		
<b>68</b>	2014 conversion contributions not taxable at conversion . . . . .		
<b>69</b>	2015 conversion contributions taxable at conversion . . . . .		
<b>70</b>	2015 conversion contributions not taxable at conversion . . . . .		
<b>71</b>	2016 conversion contributions taxable at conversion . . . . .		
<b>72</b>	2016 conversion contributions not taxable at conversion . . . . .		
	<b>Transferred To Former Spouse due to Divorce</b>		
	Cumulative regular <b>Roth</b> IRA contributions, including rollovers		
<b>73</b>	from Roth 401(k) and Roth 403(b) . . . . .		
<b>74</b>	Cumulative pre 2012 conversions - taxable and nontaxable . . . .		
<b>75</b>	2012 conversion contributions taxable at conversion . . . . .		
<b>76</b>	2012 conversion contributions not taxable at conversion . . . . .		
<b>77</b>	2013 conversion contributions taxable at conversion . . . . .		
<b>78</b>	2013 conversion contributions not taxable at conversion . . . . .		
<b>79</b>	2014 conversion contributions taxable at conversion . . . . .		
<b>80</b>	2014 conversion contributions not taxable at conversion . . . . .		
<b>81</b>	2015 conversion contributions taxable at conversion . . . . .		
<b>82</b>	2015 conversion contributions not taxable at conversion . . . . .		
<b>83</b>	2016 conversion contributions taxable at conversion . . . . .		
<b>84</b>	2016 conversion contributions not taxable at conversion . . . . .		

**Form 8582**  
**Line 7**

**Modified Adjusted Gross Income Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return

Kristian D & Deborah C Secor

Social Security Number

041-80-2377

Description	Amount
<b>Income</b>	
Wages . . . . .	172,283.
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 . . . . .	25,300.
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
Total income . . . . .	197,583.
<b>Adjustments</b>	
Educator expenses . . . . .	
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 . . . . .	
<b>Modified adjusted gross income . . . . .</b>	<b>197,583.</b>

## Depreciation Options

**2016**

Name(s) Shown on Return <u>Kristian D &amp; Deborah C Secor</u>	Social Security Number <u>041-80-2377</u>
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### 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.

1 a Elect to treat Qualified Real Property as "Section 179 Property" . . . . .	1 a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Calculated "Total cost of Section 179 property placed in service" . . . . .	b	0.
c Additions or subtractions to calculated total on line 1a . . . . .	c	
2 If Married Filing Separately, enter:		
a Total cost of eligible property placed in service this year by spouse. . . . .	2 a	
b Allocation percentage elected for your return, if other than 50%. . . . .	b	%
c Section 179 elected on Qualified Real Property this year by spouse . . . . .	c	
3 a Taxable income computed for the Section 179 limitation . . . . .	3 a	171,116.
b Additions or subtractions to taxable income . . . . .	b	

### 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: \_\_\_\_\_

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 . . . . .		
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	
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 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	
5	State threshold cost of Section 179 property . . . . .	5	
6	Reduction in state limitation (Line 3b less line 5, not less than 0) . . . . .	6	
7	State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d) . . .	7	
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.
						See State 2009 Economic Stimulus Default Statement	

**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.
						See State Qualified Disaster Area Default Statement	

**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.
						See State Kansas Disaster Zone Default Statement	

**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
			See State CBEPP Default Statement	

**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 /Van
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	
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 Kristian D & Deborah C Secor			Social Security Number	
Income	2015	2016	Difference	%
Wages, salaries, tips, etc . . . . .		172,283.	172,283.	
Interest and dividend income . . . . .				
State tax refund . . . . .				
Business income (loss) . . . . .				
Capital and other gains (losses) . . . . .				
IRA distributions . . . . .		25,300.	25,300.	
Pensions and annuities . . . . .				
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .				
<b>Total Income</b> . . . . .		197,583.	197,583.	
<b>Adjustments to Income</b> . . . . .				
<b>Adjusted Gross Income</b> . . . . .		197,583.	197,583.	
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .	1,249.	9,955.	8,706.	697.04
Real estate taxes . . . . .				
Personal property and other taxes . . . . .		290.	290.	
Interest paid . . . . .				
Gifts to charity . . . . .				
Casualty and theft losses . . . . .				
Miscellaneous . . . . .		0.	0.	
Phaseout of itemized deductions . . . . .				
<b>Total Itemized Deductions</b> . . . . .	1,249.	10,245.	8,996.	720.26
<b>Standard or Itemized Deduction</b> . . . . .	12,600.	12,600.	0.	0.00
<b>Exemption Amount</b> . . . . .	8,000.	8,100.	100.	1.25
<b>Taxable Income</b> . . . . .	0.	176,883.	176,883.	
Income tax . . . . .	0.	36,513.	36,513.	
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	0.	36,513.	36,513.	
Nonbusiness credits . . . . .				
Business credits . . . . .				
<b>Total Credits</b> . . . . .				
Self-employment tax . . . . .				
Other taxes . . . . .		2,530.	2,530.	
<b>Total Tax After Credits</b> . . . . .	0.	39,043.	39,043.	
Withholding . . . . .		27,483.	27,483.	
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .		438.	438.	
<b>Total Payments</b> . . . . .		27,921.	27,921.	
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .				
<b>Balance Due</b> . . . . .	0.	11,122.	11,122.	

Current year effective tax rate . . . . . 18.48 %



**Tax Summary**  
► Keep for your records

**2016**

Name (s)

Kristian D & Deborah C Secor

<b>Total income</b> .....	197,583.
<b>Adjustments to income</b> .....	
<b>Adjusted gross income</b> .....	197,583.
<b>Itemized/standard deduction</b> .....	12,600.
<b>Exemption amount</b> .....	8,100.
<b>Taxable income</b> .....	176,883.
<b>Tentative tax</b> .....	36,513.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	
<b>Other taxes</b> .....	2,530.
<b>Total tax</b> .....	39,043.
<b>Total payments</b> .....	27,921.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	0.
<b>Refund</b> .....	0.
<b>Amount Applied to Estimate</b> .....	0.
<b>Balance due</b> .....	11,122.

**Which Form 1040 to file?**

You must use Form 1040 because  
you paid excess Social Security tax.

# Compare to U. S. Averages

► Keep for your records

2016

Name(s) Shown on Return Kristian D & Deborah C Secor	Social Security No 041-80-2377
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Your 2016 adjusted gross income (AGI) . . . . . 197,583.  
National adjusted gross income range used below . . . . . from 100,000. to 199,999.

**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 . . . . .	172,283.	115,150.
Taxable interest . . . . .		1,250.
Tax-exempt interest . . . . .		7,099.
Dividends . . . . .		6,162.
Business net income . . . . .		28,789.
Business net loss . . . . .		6,668.
Net capital gain . . . . .		13,637.
Net capital loss . . . . .		2,309.
Taxable IRA . . . . .	25,300.	26,477.
Taxable pensions and annuities . . . . .		40,183.
Rent and royalty net income . . . . .		13,393.
Rent and royalty net loss . . . . .		7,765.
Partnership and S corporation net income . . . . .		39,338.
Partnership and S corporation net loss . . . . .		11,746.
Taxable social security benefits . . . . .		22,334.
Medical and dental expenses deduction . . . . .		11,233.
Taxes paid deduction . . . . .	10,245.	11,093.
Interest paid deduction . . . . .		9,238.
Charitable contributions deduction . . . . .		4,171.
Total itemized deductions . . . . .	10,245.	25,628.
Child care credit . . . . .		579.
Education tax credits . . . . .		1,461.
Child tax credit . . . . .		1,400.
Retirement savings contributions credit . . . . .		0.
Earned income credit . . . . .		0.
Other Information	Actual Per Return	National Average
Adjusted gross income . . . . .	197,583.	136,242.
Taxable income . . . . .	176,883.	103,074.
Income tax . . . . .	36,513.	17,269.
Alternative minimum tax . . . . .		2,351.
Total tax liability . . . . .	39,043.	18,030.

## Estimated Taxes and Form W-4 Worksheet

<b>Name:</b>	Kristian D & Deborah C Secor
<b>SSN:</b>	041-80-2377

**Choose the Method You Will Use to Pay Your 2017 Federal Income Taxes**

☐ By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)

☒ By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2017 withholding will be \_\_\_\_\_.

Overpayment from my 2016 return. . . . . 0.

Amount of my 2016 overpayment to apply to 2017 instead of refunding it . . . . .

**Enter Your Filing Status and Other Information for Your 2017 Tax Return**

Choose your filing status . . . . . 2 - Married filing jointly

Taxpayer age as of the end of 2017 . . . . . 47

Spouse age as of the end of 2017 . . . . . 56

Do you qualify for an additional standard deduction?

**Taxpayer:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_ **Total** . . . . . 0

☐ Check if you must itemize in 2017. (See Tax Help.)

**Enter the Number of Dependent Exemptions You Will Claim on Your 2017 Tax Return**

☐ Check if you will be the dependent of another person (but not if married filing jointly).

Enter the number of **dependents** you will claim, do not include yourself or your spouse . . . 0

Total exemptions . . . . . 2

Enter Your 2017 Income and Deductions in 2nd column	2016 Actual	2017 Expected
<b>Compensation:</b>		
Annual wages and salary for taxpayer . . . . .	172,283.	
Medicare wages for taxpayer (W-2 box 5) . . . . .	175,901.	
Annual wages and salary for spouse . . . . .		
Medicare wages for spouse (W-2 box 5) . . . . .		
Annual net income from self-employment for taxpayer . . . . .		
Annual net income from self-employment for spouse . . . . .		
<b>Other Tax Information:</b>		
<b>Note:</b> Include this income in the Other Income section below.		
Net Investment Income for 3.8% tax . . . . .	0.	
Qualified dividends . . . . .		
<b>Maximum Capital Gains Rate Tax Information:</b>		
Net short-term capital gains or losses . . . . .		
Net long-term capital gains or losses . . . . .		
Net 28%-rate capital gains included in long-term . . . . .		
Unrecap'd Sec 1250 gains incl in long-term (see Tax Help) . . . . .		
Investment income election (see Tax Help) . . . . .		
<b>Other Income:</b>		
Total of your other taxable income and losses (see Tax Help) . . . . .	25,300.	
Foreign income or housing exclusions . . . . .		
<b>Adjustments:</b>		
Deductible IRA contributions, alimony, etc . . . . .		
<b>Itemized Deductions:</b>		
Total medical expenses . . . . .	0.	
Real estate tax . . . . .		
Other deductible taxes . . . . .	10,245.	
Deductible mortgage interest . . . . .		
Charitable contributions . . . . .		
Deductible investment interest expense, casualty or theft losses (see Tax Help) . . . . .		
Miscellaneous itemized deductions subject to 2% of AGI . . . . .	100.	
Deductible gambling losses . . . . .		
Other misc itemized deductions <b>not</b> subject to 2% of AGI . . . . .		

Income Tax Calculation for Your 2017 Tax Return	2016 Actual	2017 Expected
Taxable income . . . . .	176,883.	0.
Income tax . . . . .	36,513.	
Alternative minimum tax ( <b>Enter</b> Alt Min tax expected in 2017) . . .		
Premium tax credit repayment ( <b>Enter</b> amt expected for 2017) . . .		
Total credits ( <b>Enter</b> credits expected in 2017) . . . . .		
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%) . . . . .		0.
Other taxes ( <b>Enter</b> other taxes expected in 2017) . . . . .	2,530.	
Total federal income tax . . . . .	39,043.	0.

  

Enter the Tax Payments You've Already Made for Your 2017 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer . . . . .	
Spouse . . . . .	
Federal estimated tax payments you've already made	
Payment number 1 (April 18, <b>2017</b> ) . . . . .	
Payment number 2 (June 15, <b>2017</b> ) . . . . .	
Payment number 3 (September 15, <b>2017</b> ) . . . . .	
<b>2016</b> federal overpayment credited to <b>2017</b> (from page 1 above) . . . . .	
Total taxes paid to date . . . . .	
Balance of payments needed or (expected refund) . . . . .	0.

Summary of Taxes to be Paid for 2017	
Federal income taxes to be withheld from your paychecks . . . . .	
Your 2016 federal overpayment you applied to 2017 . . . . .	
Your 2017 federal estimated taxes,	
based on . . . . . <u>110% of your 2016 actual tax</u>	15,464.
Estimate of total payments you will need to make for 2017 . . . . .	15,464.

## Estimated Tax Payment Options

<b>Name:</b>	<u>Kristian D &amp; Deborah C Secor</u>
<b>SSN:</b>	<u>041-80-2377</u>

Prepare My 2017 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2017 estimated taxable income . . . . .	0.
<input type="checkbox"/> 100% of tax on your 2017 estimated taxable income . . . . .	0.
<input type="checkbox"/> 66-2/3% of tax on your 2017 estimated taxable income (for farmers and fishermen only, see Tax Help) . . . . .	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2016 taxes (prior-year exception) <b>Note:</b> If your 2016 taxes were less than \$1000, see Tax Help . . . . .	42,947.

Amount of Estimated Taxes to Pay in 2017	
Taxes based on method above . . . . .	42,947.
Expected withholding for 2017 . . . (.2016 actual withholding) . . . . .	27,483.
Taxes due after withholding . . . . .	15,464.
Estimates you've already paid . . . . .	
Last year's overpayment you applied to this year . . . . .	
Balance of estimated taxes due . . . . .	15,464.

<b>Round My Payments Up</b>
<input type="checkbox"/> To the next \$10 <input type="checkbox"/> To the next \$100

<b>Prepare Estimated Tax Payment Vouchers</b>
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help) <input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000 <input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2017	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 18, 2017 . . . . .	3,866.
<input type="checkbox"/> Payment number 2, due June 15, 2017 . . . . .	3,866.
<input type="checkbox"/> Payment number 3, due September 15, 2017 . . . . .	3,866.
<input type="checkbox"/> Payment number 4, due January 16, 2018 . . . . .	3,866.

Total estimated tax payments for 2017 . . . . .	15,464.
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<b>Print Estimated Tax Vouchers</b>
<input checked="" type="checkbox"/> Yes, print those prepared by program <input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

## Additional Information for Form W-4

<b>Name:</b>	<u>Kristian D &amp; Deborah C Secor</u>
<b>SSN:</b>	<u>041-80-2377</u>

<input type="checkbox"/> This box will be checked if your entries on the <b>Estimated Taxes and Form W-4 Worksheet</b> indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
<b>Enter Salary and Pay Periods for 2017</b>  Your annual salary for this year . . . . . Salary you have already received in 2017 . . . . . Your remaining salary for this year . . . . . Number of paychecks you have remaining this year . . . . . How often you are paid . . . . . Your gross salary per pay period . . . . .	<b>Taxpayer</b>        	<b>Spouse</b>        

<b>Form W-4 Personal Allowances and Withholding</b>  Withholding status . . . . . Personal allowances (see Tax Help if more than 10) . . . . . Additional withholding per pay period . . . . . Estimated future withholding per pay period . . . . . Estimated future withholding through remainder of year . . . . . Top tax rate being withheld . . . . .	<b>Taxpayer</b>        	<b>Spouse</b>        
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<b>Change in Federal Income Tax Withholding per Pay Period</b> See tax help for more information. Current withholding per pay period . . . . . Estimated future withholding per pay period . . . . . Increase/(decrease) in net pay per pay period . . . . .	<b>Taxpayer</b>     	<b>Spouse</b>     
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<b>Summary of Federal Income Taxes to be Withheld in 2017:</b> Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding . . . . .	
Spouse's withholding . . . . .	
Total withholding . . . . .	

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** Kristian D & Deborah C Secor

**Primary SSN:** 041-80-2377

**Federal Return Submitted:** October 16, 2017 09:46 AM PDT

**Federal Return Acceptance Date:** \_\_\_\_\_

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Your return was electronically transmitted on 10/16/2017

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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

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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](mailto:complaints@tigta.treas.gov).

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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.

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

First Name

Last Name

Please type the date below:

Date

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F7216U01 SBIA5001

## Read and accept this Disclosure Consent

This is an IRS requirement

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### 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](mailto:complaints@tigta.treas.gov).

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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.

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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.

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### 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](mailto:complaints@tigta.treas.gov).

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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:

Please type the date below:

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 Civista 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](http://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](http://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 <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>3</sup>	
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 <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>3</sup>	Free option with your purchase of TurboTax Premium Services or TurboTax MAX <sup>2</sup>

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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 - IRA Eligibility

This is an IRS requirement

TurboTax will use information from your tax return (your age, income, filing status and whether you're already covered by a retirement plan) so you can find IRA contribution options that help you get a tax break.

If you would like Intuit TurboTax to use your tax return information to determine whether these services are relevant to you while we are preparing your tax return, provide the information requested above, and sign and date this consent to the use of your tax return information.

If you are requesting use of personal information from a joint return, we need consent from both you and your spouse on the return.

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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](mailto:complaints@tigta.treas.gov).

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

Kristian  
First Name

Secor  
Last Name

Please type the date below:

10/16/2017

Date

Deborah  
First Name - Spouse

Secor  
Last Name - Spouse

Please type the date below:

10/16/2017

Date

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Check this box if you are preparing this return as a PRO preparer . . . . . ☐

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**Return Preparer and Third Party Designee Information**

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Enter preparer code from Firm/Preparer Info. . . . . \_\_\_\_\_

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**Electronic Filing of Tax Return Information**

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**Electronic Filing:**

☐ File **federal** return electronically

☐ File **state** or **city** returns electronically

Select state and city returns to file electronically:

State(s)

**Practitioner PIN Program:**

☐ Sign return electronically using Practitioner PIN

**Choose one:**

- ☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
- ☐ Taxpayer(s) entered own PIN(s)
- ☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). . . . . \_\_\_\_\_

Spouse's PIN filing a joint return (enter any 5 numbers) . . . . \_\_\_\_\_

Date PIN entered. . . . . \_\_\_\_\_

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**Identity Verification Information**

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**Driver's License and/or State Id:**

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

**Documents Used to Verify Primary Taxpayer Identity:**

- ☐ Driver's license
- ☐ State issued identification card
- ☐ Passport
- ☐ Account statement from financial institution
- ☐ Utility billing statement
- ☐ Credit card billing statement

## Smart Worksheets from your 2016 Federal Tax Return

SMART WORKSHEET FOR: Form 9465: Installment Agreement Request

<b>Filing Address Smart Worksheet</b>	
Mail Form 9465 separately <b>only</b> if you are not filing a current year return.	
Send Form 9465 to:	<div style="border-bottom: 1px solid black; margin-bottom: 2px;">Department of the Treasury</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Internal Revenue Service</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Stop P-4 5000</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Kansas City, MO 64999-0250</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b> Tax . . . . .	36,513.
Check if from:	
<b>1</b> Tax table . . . . .	<input type="checkbox"/>
<b>2</b> Tax Computation Worksheet (see instructions) . . . . .	<input checked="" type="checkbox"/>
<b>3</b> Schedule D Tax Worksheet . . . . .	<input type="checkbox"/>
<b>4</b> Qualified Dividends and Capital Gain Tax Worksheet . . . . .	<input type="checkbox"/>
<b>5</b> Schedule J . . . . .	<input type="checkbox"/>
<b>6</b> Form 8615 . . . . .	<input type="checkbox"/>
<b>7</b> Foreign Earned Income Tax Worksheet . . . . .	<input type="checkbox"/>
<b>B</b> Additional tax from Form 8814 . . . . .	
<b>C</b> Additional tax from Form 4972 . . . . .	
<b>D</b> Tax from additional Form(s) 4972 . . . . .	
<b>E</b> Recapture tax from Form 8863 . . . . .	
<b>F</b> IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . .	
<b>G</b> Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . .	
<b>H Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . .	36,513.

SMART WORKSHEET FOR: Form 4868: Application for Automatic Extension

### Mailing Address and Filing Instruction Smart Worksheet

WHERE TO FILE YOUR EXTENSION

MAIL FORM 4868 (WITH PAYMENT IF APPLICABLE) TO THE ADDRESS LISTED BELOW

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
FRESNO CA 93888-0045



## SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

**Line 9 - Recalculated Prior Year Net Investment Income Tax Smart Worksheet**

- A** Prior year Form 8960, line 13, modified adjusted gross income . . . . . \_\_\_\_\_
- B** Prior year Form 8960, line 14, threshold based on filing status . . . . . 250,000.
- C** Prior year Form 8960, line 15, Subtract line B from A, not less than zero . . . . . \_\_\_\_\_
- D** Smaller of line 8 or line C . . . . . \_\_\_\_\_
- E** Recomputed net investment income tax. Multiply line D by 3.8% (.038) . . . . . \_\_\_\_\_

## 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? . . . ☐ Yes ☒ No
- F** Treat all assets acquired after Aug. 27, 2005 as  
qualified GO Zone property? . . . . . ☐ Regular ☐ Extension ☒ No
- G** Treat all assets acquired after May 4, 2007 as  
qualified Kansas Disaster Zone property? . . . . . ☐ Yes ☒ No
- H** Was this property located in a Qualified Disaster Area? . . . . . ☐ Yes ☒ 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 \_\_\_\_\_

Amount due 11,122.

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Investment Income Smart Worksheet**

<b>A</b>	Taxable and tax exempt interest . . . . .	_____
<b>B</b>	Dividend income . . . . .	_____
<b>C</b>	Capital gain net <b>income</b> . . . . .	_____
<b>D</b>	Royalty and rental of personal property net <b>income</b> . . . . .	_____
<b>E</b>	Passive activity net <b>income</b> :	
<b>1</b>	Rental real estate net income or loss . . . . .	_____
<b>2</b>	Farm rental net income or loss . . . . .	_____
<b>3</b>	Partnerships and S corporations net income or loss . . . . .	_____
<b>4</b>	Estates and trusts net income or loss . . . . .	_____
<b>5</b>	Total of lines 1 through 4 . . . . .	_____
<b>6</b>	Total passive activity net <b>income</b> , line 5 if greater than zero . . . . .	_____
<b>F</b>	Interest and dividends from Forms 8814 . . . . .	_____
<b>G</b>	Adjustments . . . . .	_____
<b>H</b>	<b>Total investment income</b> , 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 CBEPP Default Statement****Continuation Statement**

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP 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	Full	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	PERMANENT
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	Federal	12/31/2008	PERMANENT	Federal	10/22/2004	PERMANENT
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

**Form at bottom of page.**

**Payment Form 1 –** File and Pay by April 18, 2017. **If amount of payment is zero, do not mail this form.**

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

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

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2017 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

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

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

**ONLINE SERVICES:** Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** for more information. You can schedule your payments up to one year in advance.  
**Do not mail this form if you use Web Pay.**

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

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

File and Pay by April 18, 2017

TAXABLE YEAR

CALIFORNIA FORM

**2017 Estimated Tax for Individuals**

**540-ES**

041-80-2377 SECO 350-50-3135  
KRISTIAN D SECOR  
DEBORAH C SECOR

17 APE 0

3437 46TH ST  
SAN DIEGO CA 92105

Amount of Payment 605.

**Form at bottom of page.**

**Payment Form 2 –** File and Pay by June 15, 2017. **If amount of payment is zero, do not mail this form.**

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

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2017 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

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

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

**ONLINE SERVICES:** Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** for more information. You can schedule your payments up to one year in advance.  
**Do not mail this form if you use Web Pay.**

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

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

File and Pay by June 15, 2017

TAXABLE YEAR

CALIFORNIA FORM

**2017 Estimated Tax for Individuals**

**540-ES**

041-80-2377 SECO 350-50-3135  
KRISTIAN D SECOR  
DEBORAH C SECOR

17 APE 0

3437 46TH ST  
SAN DIEGO CA 92105

Amount of Payment 806.

**Form at bottom of page.**

**Payment Form 4 –** File and Pay by Jan. 16, 2018. **If amount of payment is zero, do not mail this form.**

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

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2017 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

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

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

**ONLINE SERVICES:** Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** for more information. You can schedule your payments up to one year in advance.  
**Do not mail this form if you use Web Pay.**

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

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

File and Pay by Jan. 16, 2018

TAXABLE YEAR

CALIFORNIA FORM

**2017 Estimated Tax for Individuals**

**540-ES**

041-80-2377 SECO 350-50-3135  
KRISTIAN D SECOR  
DEBORAH C SECOR

17 APE 0

3437 46TH ST  
SAN DIEGO CA 92105

Amount of Payment 605.

TAXABLE YEAR

2016

**California Online e-file Return Authorization  
for Individuals**

FORM

8453-OL

Your first name and initial KRISTIAN D		Last name SECOR		Suffix	Your SSN or ITIN 041-80-2377
If filing jointly, spouse's/RDP's first name DEBORAH C		Last name SECOR		Suffix	Spouse's/RDP's SSN or ITIN 350-50-3135
Street address (number and street) or PO box 3437 46TH ST		Apt. no.	PMB/private mailbox		Daytime telephone number (619) 727-8541
City SAN DIEGO				State CA	ZIP code 92105
Foreign country name		Foreign province/state/county			Foreign postal code

**Part I Tax Return Information** (whole dollars only)

- 1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32). . . . . **1** 197,583.
- 2 Refund or no amount due. (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125; or Short Form 540NR, line 125). . . . . **2**
- 3 Amount you owe. (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121). . . . . **3** 3,871.

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

- 4 ☐ Direct deposit of refund
- 5 ☒ Electronic funds withdrawal **5a** Amount 3,871. **5b** Withdrawal date (mm/dd/yyyy) 10/16/2017

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

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

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

- 8** Amount of refund to be directly deposited to account below **12** The remaining amount of my refund for direct deposit
- 9** Routing number 122000496 **13** Routing number
- 10** Account number 0010646324 **14** Account number
- 11** Type of account: ☒ Checking ☐ Savings **15** Type of account: ☐ Checking ☐ Savings

**Part V Declaration of Taxpayer(s)**

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

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

**Sign  
Here**

Your signature

Date

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

Date

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

**2016 California Resident Income Tax Return****540**

APE

ATTACH FEDERAL RETURN

A  
R  
RP

041-80-2377 SECO 350-50-3135 16  
 KRISTIAN D SECOR  
 DEBORAH C SECOR

3437 46TH ST  
 SAN DIEGO CA 92105

08-13-1970 06-01-1961

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

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

**6** If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐ **6**

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

**7 Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. ☒ **7**  X \$111 = ☒ \$

**8 Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☒ **8**  X \$111 = ☒ \$

**9 Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☒ **9**  X \$111 = ☒ \$

**10 Dependents: Do not include yourself or your spouse/RDP.**

Exemptions

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

Total dependent exemptions ☒ **10**  X \$344 = ☒ \$

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ☒ **11** \$

Your name:

S E C O R

Your SSN or ITIN:

041-80-2377

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. . . . . ● 12 171116.00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. . . . . ● 13 197583.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B . . . . . ● 14 .00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . 15 197583.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. . . . . ● 16 .00
- 17 California adjusted gross income. Combine line 15 and line 16. . . . . ● 17 197583.00
- 18 Enter the **larger of** { 
 Your California **itemized deductions** from Schedule CA (540), line 44; **OR**  
 Your California **standard deduction** shown below for your filing status:  
 • Single or Married/RDP filing separately. . . . . \$4,129  
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . . \$8,258  
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .
  . . . . . ● 18 8258.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . . . ● 19 189325.00

Tax

- 31 Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule  
☐ FTB 3800 ☐ FTB 3803 . . . . . ● 31 12454.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions . . . . . ● 32 222.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . ● 33 12232.00
- 34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A. . . . . ● 34 .00
- 35 Add line 33 and line 34 . . . . . ● 35 12232.00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . . ● 40 .00
- 43 Enter credit name  code ●  and amount . . . . . ● 43 .00
- 44 Enter credit name  code ●  and amount . . . . . ● 44 .00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540). . . . . ● 45 .00
- 46 Nonrefundable renter's credit. See instructions . . . . . ● 46 .00
- 47 Add line 40 through line 46. These are your total credits. . . . . ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- . . . . . ● 48 12232.00

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) . . . . . ● 61 .00
- 62 Mental Health Services Tax. See instructions. . . . . ● 62 .00
- 63 Other taxes and credit recapture. See instructions. . . . . FTB 3805P . . . . . ● 63 633.00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax . . . . . ● 64 12865.00

Your name:

S E C O R

Your SSN or ITIN:

041-80-2377

Payments

71	California income tax withheld. See instructions . . . . .	● 71	8994	.00
72	2016 CA estimated tax and other payments. See instructions . . . . .	● 72		.00
73	Withholding (Form 592-B and/or 593). See instructions . . . . .	● 73		.00
74	Excess SDI (or VPD) withheld. See instructions . . . . .	● 74		.00
75	Earned Income Tax Credit (EITC) . . . . .	● 75		.00
76	Add lines 71 through 75. These are your total payments. See instructions . . . . .	⊙ 76	8994	.00

Use Tax

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

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 . . . . .	⊙ 92	8994	.00
93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 . . . . .	⊙ 93		.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 . . . . .	⊙ 94		.00
95	Amount of line 94 you want applied to your 2017 estimated tax . . . . .	● 95		.00
96	Overpaid tax available this year. Subtract line 95 from line 94 . . . . .	● 96		.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64 . . . . .	⊙ 97	3871	.00



Your name:

S E C O R

Your SSN or ITIN:

041-80-2377

Contributions

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

Your name: S E C O R

Your SSN or ITIN: 041-80-2377

Amount  
You Owe

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

Mail to: **FRANCHISE TAX BOARD**

**PO BOX 942867**

**SACRAMENTO CA 94267-0001**

● 111 3871.00

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

Interest and  
Penalties

**112** Interest, late return penalties, and late payment penalties ● 112 .00

**113** Underpayment of estimated tax. Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● 113 .00

**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment. ● 114 3871.00

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

Mail to: **FRANCHISE TAX BOARD**

**PO BOX 942840**

**SACRAMENTO CA 94240-0001**

● 115 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions.

**Have you verified the routing and account numbers?** Use whole dollars only.

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

● Type

● Routing number

☐

Checking

● Account number

● 116 Direct deposit amount

☐

Savings

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

● Type

● Routing number

☐

Checking

● Account number

● 117 Direct deposit amount

☐

Savings

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

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

Your signature

Date

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

**Sign  
Here**

● Your email address. Enter only one email address.

● Preferred phone number

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

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

SELF-PREPARED

● PTIN

Firm's address

● FEIN

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

Print Third Party Designee's Name

Telephone Number

**2016**

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

**3805P**

First name K R I S T I A N	Initial D	Last name S E C O R	SSN or ITIN 0 4 1 8 0 2 3 7 7
Address (number and street, PO Box, or PMB no.)		Apt. no. /Ste. no.	Check this box if this is an amended return <input type="checkbox"/>
City		State	ZIP Code

**Part I Additional Tax on Early Distributions** – Complete this part if you received a taxable distribution, before you reached age 59½, from a qualified retirement plan (including an IRA) or modified endowment contract. You also may have to complete this part if you received a federal Form 1099-R that incorrectly indicates an early distribution or you received a Roth IRA distribution (see instructions).

1 Early distributions included in income. For Roth IRA distributions, see instructions . . . . .	1	25,300	00
2 Early distributions included on line 1 that are not subject to additional tax. See instructions. Enter the appropriate exception number from instructions <input type="checkbox"/> <input type="checkbox"/> . . . . .	2		00
3 Amount subject to additional tax. Subtract line 2 from line 1* . . . . .	3	25,300	00
4 Tax due. Multiply line 3 by 2½% (.025). Enter the amount here and include this amount in the total on Form 540, line 63 or Long Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions . . . . .	4	633	00

\* If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 6% (.06) of that amount on line 4 instead of 2½% (.025). See instructions.

**Part II Additional Tax on Certain Distributions from Education Accounts and ABLE Accounts** – Complete this part if you included an amount in income on Schedule CA (540 or 540NR) from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLE account.

5 Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account. See instructions . . . . .	5		00
6 Distributions included on line 5 that are not subject to additional tax. See instructions . . . . .	6		00
7 Amount subject to additional tax. Subtract line 6 from line 5 . . . . .	7		00
8 Tax due. Multiply line 7 by 2½% (.025). Enter the amount here and include this amount in the total on Form 540, line 63 or Long Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions . . . . .	8		00

**Part III Additional Tax on Distributions from Archer and Medicare Advantage Medical Savings Accounts (MSAs)** – Complete this part if you reported a taxable distribution from an MSA on federal Form 8853.

9 Taxable Archer MSA distribution from federal Form 8853, line 8 . . . . .	9		00
10 a If you meet any of the exceptions to the 12.5% tax (see instructions), check here. . . . . 10a <input type="checkbox"/>			
b Otherwise, multiply line 9 by 12.5% (.125). Enter the amount here and include this amount in the total on Form 540, line 63 or Long Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions . . . . . 10b			00
11 Additional tax due from Medicare Advantage MSA distributions. Enter the amount from federal Form 8853, line 13b. Also include this amount in the total on Form 540, line 63 or Long Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions. Long Form 540NR filers, see instructions. . . . . 11			00

**Signature.** Complete **only** if you are filing this form by itself and not with your tax return.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. It is unlawful to forge a spouse's/registered domestic partner's signature.

Your signature

Date

**X**

Signature of paid preparer (declaration of preparer is based on all information of which preparer has any knowledge.)

PTIN

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

FEIN

## Schedule P

## Credits That Reduce Tax Statement

2016

Name Kristian D & Deborah C Secor		Social Security Number 041-80-2377		
	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
I Schedule P/P(540NR), Part III, Section A, line 5, column (c) . . . . .			4,664.	
<b>II Credits that reduce excess tax and have carryover provisions.</b>				
<b>Code</b> <b>Credit Name</b>				
223 Motion Picture and Television Production . . . . .			4,664.	
209 Community Development Financial Institution Deposits Credit . . . . .			4,664.	
205 Disabled Access . . . . .			4,664.	
204 Donated Agricultural Products Transportation . . . . .			4,664.	
224 Donated Fresh Fruits or Vegetables Credit. . . . .			4,664.	
190 Employer Childcare Contribution			4,664.	
189 Employer Child Care Program. . . . .			4,664.	
203 Enhanced Oil Recovery . . . . .			4,664.	
218 Environmental Tax . . . . .			4,664.	
207 Farmworker Housing . . . . .			4,664.	
198 Local Agency Military Base Recovery Area Hiring			4,664.	
198 Local Agency Military Base Recovery Area Sales or Use Tax			4,664.	
211 Manufacturing Enhancement Area Hiring . . . . .			4,664.	
220 New Jobs . . . . .			4,664.	
237 New Motion Picture & Television			4,664.	
234 New Employment . . . . .			4,664.	
175 Agricultural Products . . . . .			4,664.	
194 Employee Ridesharing . . . . .			4,664.	
191 Employer Ridesharing (Large). . . . .			4,664.	
192 Employer Ridesharing (Small). . . . .			4,664.	
193 Employer Ridesharing (Transit Passes) . . . . .			4,664.	
182 Energy Conservation . . . . .			4,664.	
160 Low Emission Vehicles. . . . .			4,664.	
184 Political Contributions . . . . .			4,664.	
174 Recycling Equipment. . . . .			4,664.	
186 Residential Rental and Farm Sales . .			4,664.	
206 Rice Straw. . . . .			4,664.	
171 Ridesharing . . . . .			4,664.	
200 Salmon and Steelhead Trout Habitat Restoration . . . . .			4,664.	
179 Solar Pump . . . . .			4,664.	
178 Water Conservation . . . . .			4,664.	
161 Young Infant . . . . .			4,664.	

	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
<b>III</b> Schedule P/P(540NR), Part III, Section B, line 15, column (c) . . . . .			12,232.	
<b>IV Credits that reduce net tax and have carryover provisions.</b>				
<b>Code                      Credit Name</b>				
<b>233</b> California Competes . . . . .			12,232.	
<b>235</b> College Access . . . . .			12,232.	
<b>197</b> Child Adoption . . . . .			12,232.	
<b>176</b> Enterprise Zone Hiring			12,232.	
<b>176</b> Enterprise Zone Sales or Use Tax . .			12,232.	
<b>172</b> Low-Income Housing . . . . .			12,232.	
<b>213</b> Natural Heritage Preservation . . . . .			12,232.	
<b>183</b> Research . . . . .			12,232.	
<b>210</b> Targeted Tax Area Hiring . . . . .			12,232.	
<b>210</b> Targeted Tax Area Sales or Use Tax .			12,232.	
<b>196</b> Commercial Solar Electric System . .			12,232.	
<b>181</b> Commercial Solar Energy . . . . .			12,232.	
<b>185</b> Orphan Drug . . . . .			12,232.	
<b>180</b> Solar Energy . . . . .			12,232.	

# California Information Worksheet

2016

► Keep for your records

## Part I — Personal Information

### Taxpayer:

First Name . . . . . Kristian  
 Middle Initial . . . . . D Suffix . . . . .  
 Last Name . . . . . Secor  
 Social Security No. . . . . 041-80-2377  
 Date of Birth . . . . . 08/13/1970 (mm/dd/yyyy)  
 or age as of 1-1-2017 . . . . . 46  
 Date of Death . . . . . (mm/dd/yyyy)  
 Legally blind . . . . . ☐  
 Daytime Phone . . . . . (619) 727-8541 Ext \_\_\_\_\_  
 Home phone . . . . .  
 Your email address to print on Form 540, 540NR or 540X (optional) . . . . .  
 Check to print phone number on Form 540. . . . . ☒ Taxpayer daytime ☐ Spouse/RDP day ☐ Home

### Spouse/RDP:

First Name . . . . . Deborah  
 Middle Initial . . . . . C Suffix . . . . .  
 Last Name . . . . . Secor  
 Social Security No. . . . . 350-50-3135  
 Date of Birth . . . . . 06/01/1961 (mm/dd/yyyy)  
 or age as of 1-1-2017 . . . . . 55  
 Date of Death . . . . . (mm/dd/yyyy)  
 Legally blind . . . . . ☐  
 Daytime Phone . . . . . (619) 209-0346 Ext \_\_\_\_\_

c/o Address . . . . .  
 Street Address . . . . . 3437 46th St  
 Unit Description . . . . . Unit Number \_\_\_\_\_ Private Mailbox (PMB) . . . . .  
 City . . . . . San Diego State . . . . . CA ZIP Code . . . . . 92105  
 Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign country . . . . .

### Military Filers:

☐ APO ☐ FPO  
 For Military Extension:  
 Military indicator . . . . . ► Taxpayer \_\_\_\_\_ Spouse/RDP \_\_\_\_\_

## Part II — Main Form

☒ Form 540: Resident Income Tax Return . . . . . ►  
☐ Form 540NR: Nonresident or Part-Year Resident Income Tax Return . . . . . ►  
 Enter your state of residence as of December 31, 2016 . . . . . CA  
☒ Resident entire year  
☐ Resident part of year  
 Date you established residence in state above . . . . .  
 In which state (or foreign country) did you reside before this change? . . . . .  
**QuickZoom** to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . . . . ►

## Part III — Filing Status

☐ Single  
☒ Married/RDP filing joint return  
☐ Married/RDP filing separate return  
☐ You **did not** live with spouse at any time during the year  
**Yes No**  
☐ ☐ If filing electronically, is spouse a CA Nonresident?  
☐ ☐ If filing electronically, is spouse Active Duty Military?  
☐ Head of household (with qualifying person) **Stop.** See instructions.  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's name . . . . .  
 Child's social security number . . . . .  
☐ Qualifying widow(er)  
 Year spouse/RDP died . . . . . ☐ 2014 ☐ 2015  
☐ Check the box if your California filing status is different from your federal filing status.

## Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship

**Part V – Standard Deduction/Itemized Deductions**

- ☐ Calculate California itemized deductions even if itemized deductions are less than the standard deduction
- ☐ You are married filing separately and your spouse itemized deductions
- ☐ Take the standard deduction even if less than itemized deductions

**Part VI – Other Information****Prior Name:**

If you filed your 2015 return under a different last name, enter the last name **only** from the 2015 return . . . . ▶ Taxpayer . \_\_\_\_\_ Spouse/RDP \_\_\_\_\_

**Dependent of Someone Else:**

**Taxpayer** **Spouse**

- ☐ ☐ Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

**Interest and Penalties:**

Returns filed late: Enter interest, late return and late payment penalties . . . . . \_\_\_\_\_

**Farmers and Fishermen:**

- ☐ At least two-thirds of your 2015 or 2016 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2017

**Mandatory Electronic Payments**

- ☐ You are required to make California tax payments electronically
- ☐ A waiver is or will be in effect for the current year
- ☐ Force print all payment vouchers even if required to pay electronically

**Schedule W-2:**

- ☐ You do **not** want to complete Schedule W-2

**Executor/Guardian Information:**

Executor/Guardian . . . . . First Name MI Last Name Suf.  
 Executor type (if filing electronically) . \_\_\_\_\_

**Third Party Designee:**

**Yes** **No**

- ☐ ☐ Do you want to allow another person to discuss your return with the Franchise Tax Board?

If yes, enter the person's name . . . . Telephone . . . .  
 First . Middle init . Last Name Suffix

**Disasters:**

- ☐ Claiming a disaster loss (see FTB Publication 1034)

**QuickZoom** to enter disaster explanation . . . . . ▶ \_\_\_\_\_

**Outside of the USA:**

- ☐ You were living or travelling outside the United States on April 15, 2017

**Special Condition Text** (prints at the top of Form 540 or 540NR)**Part VII – Direct Deposit Information or Direct Debit Information**

**Yes** **No**

- ☐ ☒ Do you want to elect direct deposit of state tax refund?
- ☒ ☐ Do you want direct debit of state tax payment (Electronic Filing Only)?

**Bank Information:**

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:

Name of Financial Institution (optional) . . . . . Union Bank of California  
 Account type . . . . . Checking . ☒ Savings . ☐  
 Routing number . . . . . 122000496  
 Account number . . . . . 0010646324

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

Enter the payment date to debit the account above . . . . . 10/16/2017  
 State balance-due amount from this return . . . . . 3,871.

**International ACH Transactions**

Yes No

☐☒

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part VIII – California Contributions**

1	California Seniors Special Fund (Taxpayer) . . . . .	1	
2	California Seniors Special Fund (Spouse/RDP) . . . . .	2	
3	Alzheimer's Disease and Related Disorders Fund . . . . .	3	
4	Rare and Endangered Species Preservation Program . . . . .	4	
5	California Breast Cancer Research Fund . . . . .	5	
6	California Firefighters' Memorial Fund . . . . .	6	
7	Emergency Food For Families Fund . . . . .	7	
8	California Peace Officer Memorial Foundation Fund . . . . .	8	
9	California Sea Otter Fund . . . . .	9	
10	California Cancer Research Fund . . . . .	10	
11	School Supplies for Homeless Children Fund . . . . .	11	
12	State Parks Protection Fund/Parks Pass Purchase . . . . .	12	
13	Protect Our Coast and Oceans Fund . . . . .	13	
14	Keep Arts in Schools Fund . . . . .	14	
15	State Children's Trust Fund for the Prevention of Child Abuse . . . . .	15	
16	Prevention of Animal Homelessness & Cruelty Fund . . . . .	16	
17	Revive the Salton Sea Fund . . . . .	17	
18	California Domestic Violence Victims Fund . . . . .	18	
19	Special Olympics Fund . . . . .	19	
20	Type 1 Diabetes Research Fund . . . . .	20	

**Part IX – Extension Status**

Yes No

☐☒

Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return? . . . . .

If Yes, enter the extended due date . . . . .

**QuickZoom** to Form 3519: Payment voucher for automatic extension . . . . . ▶**Automatic extension information for military filers (Electronic Filing Only):**

	Taxpayer	Spouse
Beginning Military Date . . . . .		
Ending Military Date . . . . .		
Combat zone/QHDA Operation or Area Served . . . . .		

**Part X – Amended Return**☐

Are you filing a California amended return?

Enter the tax year you are amending . . . . .

Previous California payment made . . . . .

Previous California refund received . . . . .

**QuickZoom** here to Form 540X. . . . . ▶**QuickZoom** to Form 540 . . . . . ▶**QuickZoom** to Form 540NR. . . . . ▶



Name(s) Shown on Return

Kristian D &amp; Deborah C Secor

Your Social Security Number

041-80-2377

**Part I 2017 Estimated Tax Amount Options****1 Select One of Six Ways to Calculate the Required Annual Payment for 2017 Estimates:**

- a 100% (110%) of **2016** taxes. . . . . ☐ 14,152.  
b 100% of tax on **2017** estimated taxable income. . . . . ☐ 12,232.  
c 90% of tax on **2017** estimated taxable income. . . . . ☒ 11,009.  
d 66-2/3% of tax on **2017** estimated taxable income (farmers and fishermen). . . . . ☐ 8,155.  
e Equal to 100% of overpayment (no vouchers). . . . . ☐ 0.  
f Enter total amount you want to use for estimates and check box. . . . . ☐ ►

**2 Selected estimated tax amount:**

- a 2017 Required Annual Payment based on your choice above. . . . . 11,009.  
b Estimated amount of 2017 state income tax withholding. . . . . 8,994.  
c **Total of estimated tax payments required for 2017** (line 2a less line 2b). . . . . 2,015.

**3 Select Estimated Tax Payment option:**

- a Calculate estimates if \$500 or more (\$250 or more if married filing separately). . . . . ☒ X  
b Calculate estimates if \_\_\_\_\_ (specify amount) or more. . . . . ☐  
c Calculate estimates regardless of amount. . . . . ☐  
d Do **not** calculate estimates. . . . . ☐

**Part II Overpayment Application Options**

- 1 Amount of overpayment available. . . . . 0.

**2 Select Overpayment Application Option:**

- a Apply none (refund entire overpayment). . . . . ☒ X  
b Apply all (increase estimate if required). . . . . ☐  
c Apply to extent of total estimated tax and refund excess. . . . . 2,016.  
d Apply to extent of first quarter amount and refund excess. . . . . 605.  
e Enter amount you want to apply. . . . . ☐ ►  
f Amount applied to 2017 estimated tax. . . . . 0.  
g Overpayment to be refunded (line 1 less line 2f). . . . . 0.

**3 Select Overpayment Application Sequence:**

- a ☒ X ◀ Consecutively b ☐ ◀ Evenly

**Part III Rounding and Printing Options****1 Select Rounding Option:**

- a ☒ X ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

**2 Select Voucher Printing Option:**

- a ☒ X ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☐ ◀ Do **not** print vouchers

**Part IV Estimated Tax Payment Summary**

	<b>1</b> Apr 15, 2017	<b>2</b> Jun 15, 2017	<b>3</b> Sep 15, 2017	<b>4</b> Jan 15, 2018	<b>Total</b>
<b>1</b> If you have already made payments, enter amounts. . .					
<b>2</b> Indicate which payment is due next. (e.g. if it is now May 10, 2017, check col. 2) . .	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b> Required Payment . . . . .	605.	806.	0.	605.	2,016.
<b>4</b> Overpayment applied . . . . .	0.	0.	0.	0.	0.
<b>5</b> Net payment due . . . . .	605.	806.	0.	605.	2,016.
<b>6</b> Voucher amounts . . . . .	605.	806.	0.	605.	2,016.

**Part V Filing Status and Residency Change for 2017**

1 Choose 2017 filing status:

- ☐ Single  
☒ Married filing jointly  
☐ Married filing separately  
☐ Head of Household  
☐ Qualifying widow(er)

2 Check if you are a resident filer in 2016 and expect to be a nonresident in 2017 or vice versa . . . . . ☐**Part VI Changes to Income, Deductions, Credits and Withholding for 2017**

2016 income and deductions are shown in the '2016 Actual' column below.

**\*Caution:** For each line in the '2017 Est' column, enter the estimated 2017 amount **if different** from 2016. Otherwise, the '2016 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2016 Actual	*2017 Est
<b>A</b> Federal adjusted gross income . . . . .	197,583.	
<b>B Residents:</b> Enter California adjusted gross income . . . . .	197,583.	
<b>C Nonresidents/Part-year residents:</b>		
1 AGI from all sources (after all California adjustments) . . . . .		
2 AGI from California sources. . . . .		
<b>D Itemized Deductions:</b> Use itemized deductions for 2017 . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
1 Total itemized deductions (before phaseout) . . . . .		
2 Total itemized deductions (after phaseout) . . . . .		
3 Medical, investment interest, casualty and gambling losses, included in D1 (after all California adjustments) . . . . .		
<b>E</b> Number of personal, blind and senior exemptions . . . . .	2	
<b>F</b> Number of dependent exemptions . . . . .		
<b>G Credits:</b>		
1 Credits for joint custody head of household, dependent parent and senior head of household . . . . .		
2 Child and dependent care expenses . . . . .		
<b>H</b> Other credits (such as renter's credit and other state tax credit) . . . . .		
<b>I</b> Tax on accumulation distribution of trusts from FTB 5870A . . . . .		
<b>J</b> Interest on deferred tax from installment obligations under IRC Section 453 or 453A . . . . .		
<b>K</b> Alternative minimum tax. . . . .		
<b>L</b> California income tax withheld . . . . .	8,994.	

**Part VII 2017 Estimated Taxable Income and Tax**

<b>1 Residents:</b> Enter your estimated 2017 California AGI. <b>Nonresidents and part-year residents:</b> Enter your estimated 2017 total AGI from all sources . . . . .		<b>1</b>	197,583.
<b>2 a</b> If you plan to itemize deductions, enter the estimated total of your itemized deductions . . . . .	<b>2 a</b>		
<b>b</b> If you do not plan to itemize deductions, enter the standard deduction for your filing status: \$4,129 single or married filing separately \$8,258 married filing jointly, head of household, or qualifying widow(er) . . . . .	<b>b</b>		8,258.
<b>c</b> Enter the amount from line 2a or line 2b, whichever applies . . . . .		<b>2 c</b>	8,258.
<b>3</b> Subtract line 2c from line 1 . . . . .		<b>3</b>	189,325.

4	Tax. Figure your tax on the amount on line 3 using 2016 tax table for Forms 540 or Long Form 540NR. Also include any tax from Form 3800, Tax Computation for Children with Investment Income; or Form 3803, Parents' Election to Report Child's Interest and Dividends. . . . .	4	12,454.
5	<b>Residents:</b> Skip to line 6a. <b>Nonresidents and part-year residents:</b>		
a	Enter your estimated California taxable income from Schedule CA (540NR), Part V, line 49 . . . . .	5 a	
b	Compute the CA Tax Rate: Tax on total taxable income from line 4	b	
	Total taxable income from line 3 =	b	
c	Multiply the amount on line 5a by the CA Tax Rate on line 5b. . . . .	c	
6 a	<b>Residents:</b> Enter the exemption credit amount from the 2016 instructions for Form 540 or Form 540A. . . . .	6 a	222.
b	<b>Nonresidents or part-year residents:</b> Enter the CA credit proration percentage. Divide line 5a by line 3. If more than 1 enter 1.0000 . . . . .	b	
7	<b>Nonresidents:</b> CA prorated exemption credits. Multiply the total exemption credit amount by line 6b. . . . .	7	
8	<b>Residents:</b> Subtract line 6a from line 4. Nonresidents or part-year residents subtract line 7 from line 5c . . . . .	8	12,232.
9	Tax on accumulation distribution of trusts . . . . .	9	
10	Add line 8 and line 9. . . . .	10	12,232.
11	Credits for joint custody head of household, dependent parent, senior head of household and child and dependent care expenses. <b>Nonresidents or part-year residents:</b> For the child and dependent care expenses credit, use the amount from your 2016 Long Form 540NR, line 50. For the other credits listed on line 11, multiply the total 2016 credit amount by the ratio on line 6b. . . . .	11	
12	Subtract line 11 from line 10 . . . . .	12	12,232.
13	Other credits (such as other state tax credit). See the 2016 instructions for Form 540 or Long Form 540NR . . . . .	13	
14	Subtract line 13 from line 12 . . . . .	14	12,232.
15	Interest on deferred tax from installment obligations under IRC Sections 453 or 453A . . . . .	15	
16	Alternative Minimum Tax . . . . .	16	
17	Mental Health Services Tax. . . . .	17	
18	2017 estimated tax. Add line 14 through line 17. Enter the result, but not less than zero . . . . .	18	12,232.

# Interest and Dividend Adjustments Worksheet

2016

Name as Shown on Return

Kristian D & Deborah C Secor

Social Security Number

041-80-2377

## Interest Income Adjustments

	(B) Subtractions	(C) Additions
1 Bonds or obligations of the United States or any of its territories* . . . . .		
2 Loans made in an enterprise zone . . . . .		
3 Interest on obligations of District of Columbia issued after December 27, 1973 . . . . .		
4 Additional interest on state, county, city, town or other local government bonds issued by or in a state other than California . . . .		
5 California interest adjustments from K-1's . . . . .		
6 Interest earned from Health Savings Account . . . . .		
7 Interest from Ottoman Turkish Empire Settlement Payments . . . . .		
8 Other interest income subtraction . . . . .		
9 Tax exempt interest from other states or that do not meet 50% rule . . . . .		
10 a Canadian RRSP undistributed interest income from Form 8891 . . . .		
b RRSP total interest income for the year . . . . .		
11 Interest from Build America Bond . . . . .		
12 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
Total adjustments from taxable interest income. Enter here and on Schedule CA (540/540NR), line 8. . . . .		

## Dividend Income Adjustments

	(B) Subtractions	(C) Additions
13 Controlled foreign corporation dividends . . . . .		
14 Regulated investment company (RIC) capital gains . . . . .		
15 Distributions of pre-1987 earnings from S Corporations . . . . .		
16 U.S. obligations dividends adjustment . . . . .		
17 California dividend adjustments from K-1's . . . . .		
18 a Canadian RRSP undistributed dividend income from Form 8891 . . . .		
b RRSP total interest dividend for the year . . . . .		
19 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
e Dividend earned from Health Savings Account . . . . .		
Total adjustments from taxable dividend income. Enter here and on Schedule CA (540/540NR), line 9. . . . .		

\* Do not make adjustments in either column B or column C for the amount of interest you earned on Federal National Mortgage Association (Fannie Mae) Bonds, Government National Mortgage Association (Ginnie Mae) Bonds, and Federal Home Loan Mortgage Corporations (FHLMC) securities. California law is the same as federal law for these types of interest income.

**Schedule CA**  
**Line 21**

**California Other Income Statement**  
▶ Attach to return (after all other FTB forms)

**2016**

Name as Shown on Return

Kristian D & Deborah C Secor

Social Security Number

041-80-2377

	(B) Subtractions	(C) Additions
1 Olympic medals and prize money . . . . .		
2 Native American income, Form 3504 . . . . .		
3 Reward from a crime hotline . . . . .		
4 Federal foreign earned income or housing exclusion, from Form 2555 . . . . .		
5 Beverage container recycling income . . . . .		
6 Rebates or vouchers from a local water agency, energy agency or energy supplier . . . . .		
7 Financial incentive for turf removal . . . . .		
8 Financial incentive for seismic improvement . . . . .		
9 Original issue discount (OID) for debt instruments issued in 1985 and 1986 . . . . .		
10 Foreign income of nonresident aliens . . . . .		
11 Cost-share payments received by forest landowners . . . . .		
12 Compensation for false imprisonment . . . . .		
13 Coverdell (ESA) distributions . . . . .		
14 HSA distributions for unqualified medical expense . . . . .		
15 Distributions rolled over from MSA to HSA account (Form 3805P) . .		
16 Grants paid to low-income individuals . . . . .		
17 California National Guard Surviving Spouse & Children Relief Act of 2004 . . . . .		
18 Ottoman Turkish Empire Settlement Payments . . . . .		
19 Federal form 8814/California form 3803 adjustment . . . . .		
20 Other income, from Schedule(s) K-1 . . . . .		
21 Canceled debt income. . . . .		
22 a Canadian RRSP undistributed other income from Form 8891 . . . . .		
b RRSP total other income for the year . . . . .		
Other taxable income:		
23 a		
b		
c		
d		
e		
f		
g		
24 <b>Total.</b> Add lines 1 through 23. Enter here and on Schedule CA or Schedule CA(NR), line 21f. . . . .		

# California Asset Entry Worksheet

2016

QuickZoom to another copy of Asset Entry Worksheet . . . . .

Name as Shown on Return Kristian D & Deborah C Secor	Social Security Number 041-80-2377
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Activity: Sch A Misc Deductions

## Asset Information

1	Description of asset . . . . .	<u>HP PAVILION XT963</u>	Example: Laser printer
2	Date placed in service . . . . .	<u>05/01/2004</u>	Example: 06/15/2016
3	Enter the total cost when asset was acquired . .	<u>512.</u>	Include land for asset type I or J
4	Type of asset. . . . .	<u>A - Computer</u>	
5	Percentage of business use . . . . .	<u>100.00 %</u>	Range: 1.00 to 100.00 If blank, 100.00% is used
6	Enter the amount of Sec 179 expense elected .		Applicable for asset type A-G, P, Q. Subject to limitation. See Tax Help.
7	Total amount of land included in the cost . . .		Applicable for asset type I or J If blank, prior depreciation from Asset Life History is used.
8	Prior depreciation . . . . .	<u>512.</u>	Required if asset was sold.
9	<b>Depreciation deduction</b> . . . . . ▶	<u>0.</u>	If blank, prior depreciation from Asset Life History is used.
10	AMT prior depreciation . . . . .	<u>512.</u>	Required if asset was sold.
11	AMT depreciation deduction . . . . .	<u>0.</u>	
12	AMT adjustment/preference . . . . .	<u>0.</u>	See Tax Help for computation
13	<b>QuickZoom</b> to Asset Life History . . . . . ▶		
14	If a computer or peripheral equipment (asset type A), was asset used exclusively at your regular business establishment? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15	If video, photo, or phono equipment (asset type B), was asset used exclusively at your regular business establishment, or in connection with your principal trade or business? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
16	If rental appliances, carpeting, or furniture (asset type F), have you amended a prior year tax return to change the recovery period to 5 years? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
17	Enter the IRC section under which you amortize the cost of intangibles (asset type L) . . . . .		

**Dispositions** — Complete this part only if you sold or otherwise disposed of this asset in 2016

18 Date sold, given away, or abandoned in 2016 . . . . . Example: 12/01/2016

19 Date acquired, if different from line 2. . . . . If converted from personal use

20 Asset sales price . . . . . Enter business portion only

21 Asset expense of sale . . . . . Enter business portion only

22 Property type . . . . .

23 Land sales price . . . . . Enter business portion only

24 Land expense of sale . . . . . Enter business portion only

25 Section 179 deduction allowed . . . . .

26 If Section 1250:

    a Additional depreciation after 12/31/76 . . . . .

    b Applicable percentage . . . . . %

    c Additional depreciation after 12/31/70 and before 1/1/77 . . . . .

27 a Double click to link sale to Form 3805E . . . . . ▶

    b Double click to link sale to Home Sale Wks . . . . . ▶

28 Basis for gain or loss, if different from line 3 . . . . . Enter 100% of basis

29 Basis for AMT gain or loss, if diff from line 50 . . . . . Enter 100% of basis

30 Gain or loss . . . . .

31 AMT gain or loss . . . . .

32 Part of Schedule D-1 that gain or loss carries to . . . . .

33 Land gain or loss (if separate) . . . . . Only applies if line 23 is entered

34 Part of Schedule D-1 that land gain or loss carries to (if separate) . . . . .

35 Check to compute personal residence depreciation after May 6, 1997 . . . . . ☐

    Regular tax after 5/6/97 . . . . . AMT after 5/6/97 . . . . .

**Detail Asset Information** — This section is calculated for most assets from the data above.  
Use Find Next Error feature to check for any required entries.

36	Listed property? . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	See Tax Help
37	Subject to automobile limitations? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
38	Truck or van? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
39	Electric passenger vehicle? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
40	Heavy SUV? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
41	Eligible Section 179 property? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Applies to current year assets only.
42	Use IRS tables for MACRS property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	

**Regular Depreciation**

43 Depreciation Type . . . . . MACRS

44 Asset class . . . . . 5

45 Depreciation Method . . . . . ALT

46 MACRS convention . . . . . HY

47 QuickZoom to set 2016 convention . . . . . ▶

48 Recovery period . . . . . 5.0

49 Year of depreciation . . . . . 13

50 Depreciable basis . . . . . 512. See Tax Help for computation

**Alternative Minimum Tax Depreciation**

51 AMT basis, if different from line 3. . . . .

52 If placed in service before 1987, is asset . . . . .

53 AMT depreciation method . . . . . SL

54 AMT recovery period . . . . . 5.0

55 AMT depreciable basis . . . . . 512.

**MACRS Property Involved in a Like-kind Exchange or Involuntary Conversion**

- 56 Elect OUT of regs under Sec 1.168(i)-6T(i) . . . . . ☐ Yes ☐ No ☒ N/A
- 57 Asset ID (Enter same ID on all related assets) . . . . . \_\_\_\_\_
- 58 If this asset represents entire basis of replacement property, enter excess basis . . . . \_\_\_\_\_
- 59 If this asset represents exchanged basis of replacement property, enter:
- a Date placed in service of relinquished property . . . . . \_\_\_\_\_
  - b Date of disposition of relinquished property . . . . . \_\_\_\_\_
  - c MACRS convention for relinquished property . . . . . \_\_\_\_\_
  - d Depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_
  - e AMT depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_



# California Asset Entry Worksheet

2016

QuickZoom to another copy of Asset Entry Worksheet . . . . .

Name as Shown on Return Kristian D & Deborah C Secor	Social Security Number 041-80-2377
---	---------------------------------------

Activity: Sch A Misc Deductions

## Asset Information

1	Description of asset . . . . .	HP PAVILION XT963	Example: Laser printer
2	Date placed in service . . . . .	05/01/2004	Example: 06/15/2016
3	Enter the total cost when asset was acquired . .	512.	Include land for asset type I or J
4	Type of asset. . . . .	A - Computer	
5	Percentage of business use . . . . .	100.00 %	Range: 1.00 to 100.00 If blank, 100.00% is used
6	Enter the amount of Sec 179 expense elected .		Applicable for asset type A-G, P, Q. Subject to limitation. See Tax Help.
7	Total amount of land included in the cost . . .		Applicable for asset type I or J If blank, prior depreciation from Asset Life History is used.
8	Prior depreciation . . . . .	512.	Required if asset was sold.
9	<b>Depreciation deduction</b> . . . . . ▶	0.	If blank, prior depreciation from Asset Life History is used.
10	AMT prior depreciation . . . . .	512.	Required if asset was sold.
11	AMT depreciation deduction . . . . .	0.	
12	AMT adjustment/preference . . . . .	0.	See Tax Help for computation
13	<b>QuickZoom</b> to Asset Life History . . . . . ▶		
14	If a computer or peripheral equipment (asset type A), was asset used exclusively at your regular business establishment? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15	If video, photo, or phono equipment (asset type B), was asset used exclusively at your regular business establishment, or in connection with your principal trade or business? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
16	If rental appliances, carpeting, or furniture (asset type F), have you amended a prior year tax return to change the recovery period to 5 years? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
17	Enter the IRC section under which you amortize the cost of intangibles (asset type L) . . . . .		

**Dispositions** — Complete this part only if you sold or otherwise disposed of this asset in 2016

18	Date sold, given away, or abandoned in 2016 . . . . .	_____	Example: 12/01/2016
19	Date acquired, if different from line 2. . . . .	_____	If converted from personal use
20	Asset sales price . . . . .	_____	Enter business portion only
21	Asset expense of sale . . . . .	_____	Enter business portion only
22	Property type . . . . .	_____	
23	Land sales price . . . . .	_____	Enter business portion only
24	Land expense of sale . . . . .	_____	Enter business portion only
25	Section 179 deduction allowed . . . . .	_____	
26	If Section 1250:		
a	Additional depreciation after 12/31/76 . . . . .	_____	
b	Applicable percentage . . . . .	_____ %	
c	Additional depreciation after 12/31/70 and before 1/1/77 . . . . .	_____	
27 a	Double click to link sale to Form 3805E . . . . .	▶ _____	
b	Double click to link sale to Home Sale Wks . . . . .	▶ _____	
28	Basis for gain or loss, if different from line 3 . . . . .	_____	Enter 100% of basis
29	Basis for AMT gain or loss, if diff from line 50 . . . . .	_____	Enter 100% of basis
30	Gain or loss . . . . .	_____	
31	AMT gain or loss . . . . .	_____	
32	Part of Schedule D-1 that gain or loss carries to . . . . .	_____	
33	Land gain or loss (if separate) . . . . .	_____	Only applies if line 23 is entered
34	Part of Schedule D-1 that land gain or loss carries to (if separate) . . . . .	_____	
35	Check to compute personal residence depreciation after May 6, 1997 . . . . .	<input type="checkbox"/>	
	Regular tax after 5/6/97 . . . . .		AMT after 5/6/97 . . . . .

**Detail Asset Information** — This section is calculated for most assets from the data above.  
Use Find Next Error feature to check for any required entries.

36	Listed property? . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	See Tax Help
37	Subject to automobile limitations? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
38	Truck or van? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
39	Electric passenger vehicle? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
40	Heavy SUV? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Applies to current year assets only.
41	Eligible Section 179 property? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
42	Use IRS tables for MACRS property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	

**Regular Depreciation**

43	Depreciation Type . . . . .	MACRS	
44	Asset class . . . . .	5	
45	Depreciation Method . . . . .	ALT	
46	MACRS convention . . . . .	HY	
47	QuickZoom to set 2016 convention . . . . .	▶	
48	Recovery period . . . . .	5.0	
49	Year of depreciation . . . . .	13	
50	Depreciable basis . . . . .	512.	See Tax Help for computation

**Alternative Minimum Tax Depreciation**

51	AMT basis, if different from line 3. . . . .	_____
52	If placed in service before 1987, is asset . . . . .	_____
53	AMT depreciation method . . . . .	SL
54	AMT recovery period . . . . .	5.0
55	AMT depreciable basis . . . . .	512.

**MACRS Property Involved in a Like-kind Exchange or Involuntary Conversion**

- 56 Elect OUT of regs under Sec 1.168(i)-6T(i) . . . . . ☐ Yes ☐ No ☒ N/A
- 57 Asset ID (Enter same ID on all related assets) . . . . . \_\_\_\_\_
- 58 If this asset represents entire basis of replacement property, enter excess basis . . . . \_\_\_\_\_
- 59 If this asset represents exchanged basis of replacement property, enter:
- a Date placed in service of relinquished property . . . . . \_\_\_\_\_
  - b Date of disposition of relinquished property . . . . . \_\_\_\_\_
  - c MACRS convention for relinquished property . . . . . \_\_\_\_\_
  - d Depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_
  - e AMT depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_

# California Asset Life History

2016

Yearly Allowable Depreciation

Name as Shown on Return Kristian D & Deborah C Secor	Social Security Number 041-80-2377
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Description: HP PAVILION XT963 Depreciation type: MACRS Asset class: 5  
 Cost/  
 Basis: 512. Depreciable Basis: 512. Method: ALT Life: 5.00  
 AMT Cost/ AMT Depreciable AMT AMT  
 Basis: 512. Basis: 512. Method: ALT Life: 5.00

Tax Year	Prior Depreciation	Deduction for the Year	AMT Prior Depreciation	AMT Deduction for the Year
1 2004	0.	51.	0.	51.
2 2005	51.	102.	51.	102.
3 2006	153.	103.	153.	103.
4 2007	256.	102.	256.	102.
5 2008	358.	103.	358.	103.
6 2009	461.	51.	461.	51.
7				
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# California Asset Life History

2016

Yearly Allowable Depreciation

Name as Shown on Return Kristian D & Deborah C Secor	Social Security Number 041-80-2377
---	---------------------------------------

Description: HP PAVILION XT963 Depreciation type: MACRS Asset class: 5  
 Cost/  
 Basis: 512. Depreciable Basis: 512. Method: ALT Life: 5.00  
 AMT Cost/ AMT Depreciable AMT AMT  
 Basis: 512. Basis: 512. Method: ALT Life: 5.00

Tax Year	Prior Depreciation	Deduction for the Year	AMT Prior Depreciation	AMT Deduction for the Year
1 2004	0.	51.	0.	51.
2 2005	51.	102.	51.	102.
3 2006	153.	103.	153.	103.
4 2007	256.	102.	256.	102.
5 2008	358.	103.	358.	103.
6 2009	461.	51.	461.	51.
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## Depreciation and Amortization Report

Tax Year 2016

- Keep for your records

## 2016

Kristian D & Deborah C Secor

Sch A - Misc Deductions

041-80-2377

[illegible]

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office

## Depreciation and Amortization Report

Tax Year 2016

- Keep for your records

## 2016

Kristian D & Deborah C Secor

Sch A - Misc Deductions

041-80-2377

[illegible]

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office

041-80-2377

Page 1 of 1



041-80-2377

Page 1 of 1

# California Asset Entry Worksheet

2016

QuickZoom to another copy of Asset Entry Worksheet . . . . .

Name as Shown on Return Kristian D & Deborah C Secor	Social Security Number 041-80-2377
---	---------------------------------------

Activity: Sch A Misc Deductions

## Asset Information

1	Description of asset . . . . .	<u>HP PAVILION XT963</u>	Example: Laser printer
2	Date placed in service . . . . .	<u>05/01/2004</u>	Example: 06/15/2016
3	Enter the total cost when asset was acquired . .	<u>512.</u>	Include land for asset type I or J
4	Type of asset. . . . .	<u>A - Computer</u>	
5	Percentage of business use . . . . .	<u>100.00 %</u>	Range: 1.00 to 100.00 If blank, 100.00% is used
6	Enter the amount of Sec 179 expense elected .	<u></u>	Applicable for asset type A-G, P, Q. Subject to limitation. See Tax Help.
7	Total amount of land included in the cost . . .	<u></u>	Applicable for asset type I or J If blank, prior depreciation from Asset Life History is used.
8	Prior depreciation . . . . .	<u>512.</u>	Required if asset was sold.
9	<b>Depreciation deduction</b> . . . . . ▶	<u>0.</u>	If blank, prior depreciation from Asset Life History is used.
10	AMT prior depreciation . . . . .	<u>512.</u>	Required if asset was sold.
11	AMT depreciation deduction . . . . .	<u>0.</u>	
12	AMT adjustment/preference . . . . .	<u>0.</u>	See Tax Help for computation
13	<b>QuickZoom</b> to Asset Life History . . . . . ▶		
14	If a computer or peripheral equipment (asset type A), was asset used exclusively at your regular business establishment? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15	If video, photo, or phono equipment (asset type B), was asset used exclusively at your regular business establishment, or in connection with your principal trade or business? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
16	If rental appliances, carpeting, or furniture (asset type F), have you amended a prior year tax return to change the recovery period to 5 years? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
17	Enter the IRC section under which you amortize the cost of intangibles (asset type L) . . . . . <u></u>		

**Dispositions** — Complete this part only if you sold or otherwise disposed of this asset in 2016

18 Date sold, given away, or abandoned in 2016 . . . . . Example: 12/01/2016

19 Date acquired, if different from line 2. . . . . If converted from personal use

20 Asset sales price . . . . . Enter business portion only

21 Asset expense of sale . . . . . Enter business portion only

22 Property type . . . . .

23 Land sales price . . . . . Enter business portion only

24 Land expense of sale . . . . . Enter business portion only

25 Section 179 deduction allowed . . . . .

26 If Section 1250:

    a Additional depreciation after 12/31/76 . . . . .

    b Applicable percentage . . . . . %

    c Additional depreciation after 12/31/70 and before 1/1/77 . . . . .

27 a Double click to link sale to Form 3805E . . . . . ▶

    b Double click to link sale to Home Sale Wks . . . . . ▶

28 Basis for gain or loss, if different from line 3 . . . . . Enter 100% of basis

29 Basis for AMT gain or loss, if diff from line 50 . . . . . Enter 100% of basis

30 Gain or loss . . . . .

31 AMT gain or loss . . . . .

32 Part of Schedule D-1 that gain or loss carries to . . . . .

33 Land gain or loss (if separate) . . . . . Only applies if line 23 is entered

34 Part of Schedule D-1 that land gain or loss carries to (if separate) . . . . .

35 Check to compute personal residence depreciation after May 6, 1997 . . . . . ☐

    Regular tax after 5/6/97 . . . . . AMT after 5/6/97 . . . . .

**Detail Asset Information** — This section is calculated for most assets from the data above.  
Use Find Next Error feature to check for any required entries.

36	Listed property? . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	See Tax Help
37	Subject to automobile limitations? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
38	Truck or van? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
39	Electric passenger vehicle? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
40	Heavy SUV? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
41	Eligible Section 179 property? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Applies to current year assets only.
42	Use IRS tables for MACRS property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	

**Regular Depreciation**

43 Depreciation Type . . . . . MACRS

44 Asset class . . . . . 5

45 Depreciation Method . . . . . ALT

46 MACRS convention . . . . . HY

47 QuickZoom to set 2016 convention . . . . . ▶

48 Recovery period . . . . . 5.0

49 Year of depreciation . . . . . 13

50 Depreciable basis . . . . . 512. See Tax Help for computation

**Alternative Minimum Tax Depreciation**

51 AMT basis, if different from line 3. . . . .

52 If placed in service before 1987, is asset . . . . .

53 AMT depreciation method . . . . . SL

54 AMT recovery period . . . . . 5.0

55 AMT depreciable basis . . . . . 512.

**MACRS Property Involved in a Like-kind Exchange or Involuntary Conversion**

- 56 Elect OUT of regs under Sec 1.168(i)-6T(i) . . . . . ☐ Yes ☐ No ☒ N/A
- 57 Asset ID (Enter same ID on all related assets) . . . . . \_\_\_\_\_
- 58 If this asset represents entire basis of replacement property, enter excess basis . . . . \_\_\_\_\_
- 59 If this asset represents exchanged basis of replacement property, enter:
- a Date placed in service of relinquished property . . . . . \_\_\_\_\_
  - b Date of disposition of relinquished property . . . . . \_\_\_\_\_
  - c MACRS convention for relinquished property . . . . . \_\_\_\_\_
  - d Depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_
  - e AMT depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_

# California Asset Entry Worksheet

2016

QuickZoom to another copy of Asset Entry Worksheet . . . . .

Name as Shown on Return Kristian D & Deborah C Secor	Social Security Number 041-80-2377
---	---------------------------------------

Activity: Sch A Misc Deductions

## Asset Information

1	Description of asset . . . . .	<u>HP PAVILION XT963</u>	Example: Laser printer
2	Date placed in service . . . . .	<u>05/01/2004</u>	Example: 06/15/2016
3	Enter the total cost when asset was acquired . .	<u>512.</u>	Include land for asset type I or J
4	Type of asset. . . . .	<u>A - Computer</u>	
5	Percentage of business use . . . . .	<u>100.00 %</u>	Range: 1.00 to 100.00 If blank, 100.00% is used
6	Enter the amount of Sec 179 expense elected .		Applicable for asset type A-G, P, Q. Subject to limitation. See Tax Help.
7	Total amount of land included in the cost . . .		Applicable for asset type I or J If blank, prior depreciation from Asset Life History is used.
8	Prior depreciation . . . . .	<u>512.</u>	Required if asset was sold.
9	<b>Depreciation deduction</b> . . . . . ▶	<u>0.</u>	If blank, prior depreciation from Asset Life History is used.
10	AMT prior depreciation . . . . .	<u>512.</u>	Required if asset was sold.
11	AMT depreciation deduction . . . . .	<u>0.</u>	
12	AMT adjustment/preference . . . . .	<u>0.</u>	See Tax Help for computation
13	<b>QuickZoom</b> to Asset Life History . . . . . ▶		
14	If a computer or peripheral equipment (asset type A), was asset used exclusively at your regular business establishment? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15	If video, photo, or phono equipment (asset type B), was asset used exclusively at your regular business establishment, or in connection with your principal trade or business? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
16	If rental appliances, carpeting, or furniture (asset type F), have you amended a prior year tax return to change the recovery period to 5 years? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
17	Enter the IRC section under which you amortize the cost of intangibles (asset type L) . . . . .		

**Dispositions** — Complete this part only if you sold or otherwise disposed of this asset in 2016

18 Date sold, given away, or abandoned in 2016 . . . . . Example: 12/01/2016

19 Date acquired, if different from line 2. . . . . If converted from personal use

20 Asset sales price . . . . . Enter business portion only

21 Asset expense of sale . . . . . Enter business portion only

22 Property type . . . . .

23 Land sales price . . . . . Enter business portion only

24 Land expense of sale . . . . . Enter business portion only

25 Section 179 deduction allowed . . . . .

26 If Section 1250:

    a Additional depreciation after 12/31/76 . . . . .

    b Applicable percentage . . . . . %

    c Additional depreciation after 12/31/70 and before 1/1/77 . . . . .

27 a Double click to link sale to Form 3805E . . . . . ▶

    b Double click to link sale to Home Sale Wks . . . . . ▶

28 Basis for gain or loss, if different from line 3 . . . . . Enter 100% of basis

29 Basis for AMT gain or loss, if diff from line 50 . . . . . Enter 100% of basis

30 Gain or loss . . . . .

31 AMT gain or loss . . . . .

32 Part of Schedule D-1 that gain or loss carries to . . . . .

33 Land gain or loss (if separate) . . . . . Only applies if line 23 is entered

34 Part of Schedule D-1 that land gain or loss carries to (if separate) . . . . .

35 Check to compute personal residence depreciation after May 6, 1997 . . . . . ☐

    Regular tax after 5/6/97 . . . . . AMT after 5/6/97 . . . . .

**Detail Asset Information** — This section is calculated for most assets from the data above.  
Use Find Next Error feature to check for any required entries.

36	Listed property? . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	See Tax Help
37	Subject to automobile limitations? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
38	Truck or van? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
39	Electric passenger vehicle? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
40	Heavy SUV? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
41	Eligible Section 179 property? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Applies to current year assets only.
42	Use IRS tables for MACRS property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	

**Regular Depreciation**

43 Depreciation Type . . . . . MACRS

44 Asset class . . . . . 5

45 Depreciation Method . . . . . ALT

46 MACRS convention . . . . . HY

47 QuickZoom to set 2016 convention . . . . . ▶

48 Recovery period . . . . . 5.0

49 Year of depreciation . . . . . 13

50 Depreciable basis . . . . . 512. See Tax Help for computation

**Alternative Minimum Tax Depreciation**

51 AMT basis, if different from line 3. . . . .

52 If placed in service before 1987, is asset . . . . .

53 AMT depreciation method . . . . . SL

54 AMT recovery period . . . . . 5.0

55 AMT depreciable basis . . . . . 512.

**MACRS Property Involved in a Like-kind Exchange or Involuntary Conversion**

- 56 Elect OUT of regs under Sec 1.168(i)-6T(i) . . . . . ☐ Yes ☐ No ☒ N/A
- 57 Asset ID (Enter same ID on all related assets) . . . . . \_\_\_\_\_
- 58 If this asset represents entire basis of replacement property, enter excess basis . . . . \_\_\_\_\_
- 59 If this asset represents exchanged basis of replacement property, enter:
- a Date placed in service of relinquished property . . . . . \_\_\_\_\_
  - b Date of disposition of relinquished property . . . . . \_\_\_\_\_
  - c MACRS convention for relinquished property . . . . . \_\_\_\_\_
  - d Depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_
  - e AMT depreciation claimed on relinquished property in year of disposition . . . . . \_\_\_\_\_

# California Asset Life History

2016

Yearly Allowable Depreciation

Name as Shown on Return Kristian D & Deborah C Secor	Social Security Number 041-80-2377
---	---------------------------------------

Description: HP PAVILION XT963 Depreciation type: MACRS Asset class: 5  
 Cost/  
 Basis: 512. Depreciable Basis: 512. Method: ALT Life: 5.00  
 AMT Cost/ AMT Depreciable AMT AMT  
 Basis: 512. Basis: 512. Method: ALT Life: 5.00

Tax Year	Prior Depreciation	Deduction for the Year	AMT Prior Depreciation	AMT Deduction for the Year
1 2004	0.	51.	0.	51.
2 2005	51.	102.	51.	102.
3 2006	153.	103.	153.	103.
4 2007	256.	102.	256.	102.
5 2008	358.	103.	358.	103.
6 2009	461.	51.	461.	51.
7				
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# California Asset Life History

2016

Yearly Allowable Depreciation

Name as Shown on Return Kristian D & Deborah C Secor	Social Security Number 041-80-2377
---	---------------------------------------

Description: HP PAVILION XT963 Depreciation type: MACRS Asset class: 5  
 Cost/  
 Basis: 512. Depreciable Basis: 512. Method: ALT Life: 5.00  
 AMT Cost/ AMT Depreciable AMT AMT  
 Basis: 512. Basis: 512. Method: ALT Life: 5.00

Tax Year	Prior Depreciation	Deduction for the Year	AMT Prior Depreciation	AMT Deduction for the Year
1 2004	0.	51.	0.	51.
2 2005	51.	102.	51.	102.
3 2006	153.	103.	153.	103.
4 2007	256.	102.	256.	102.
5 2008	358.	103.	358.	103.
6 2009	461.	51.	461.	51.
7				
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## Depreciation and Amortization Report

Tax Year 2016

- Keep for your records

## 2016

Kristian D & Deborah C Secor

Sch A - Misc Deductions

041-80-2377

[illegible]

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office

## Depreciation and Amortization Report

Tax Year 2016

- Keep for your records

## 2016

Kristian D & Deborah C Secor

Sch A - Misc Deductions

041-80-2377

[illegible]

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office





# Tax Payments Worksheet

2016

► Keep for your records

Name Kristian D & Deborah C Secor	Social Security Number 041-80-2377
--------------------------------------	---------------------------------------

## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .	6	
7	Amount paid with current year extension . . . . .	7	
8	<b>Total tax payments . . . . .</b>	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	8,471.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	523.
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld . . . . .</b>	14	8,994.
15	Date return will be filed and balance paid . . . . .	15	

# Other Taxes and Credit Recaptures Worksheet

2016

► Keep for your records

Name as Shown on Return	Social Security Number
Kristian D & Deborah C Secor	041-80-2377

## Part I – For Form 540, line 34 or 540NR, line 41

1	FTB 5870A (Tax on accumulation distribution of trusts) . . . . .	1	
2	Schedule G-1 (Tax on lump-sum distributions) . . . . .	2	
3	Total additional tax. . . . .	3	

## Part II – For Form 540, line 63 or 540NR, line 73

1	FTB 3540 Employer Childcare Program/Farm Worker Housing . . . . .	1	
2	FTB 3554 (New Employment Credit). . . . .	2	
3	FTB 3805P (Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts) . . . . .	3	633.
4	FTB 3805Z (Enterprise Zone Deduction and Credit Summary) . . . . .	4	
5	FTB 3807 (Local Agency Military Base Recovery Area Deduction and Credit Summary). . . . .	5	
6	FTB 3808 (Manufacturing Enhancement Area Credit Summary) . . . . .	6	
7	FTB 3809 (Targeted Tax Area Deduction and Credit Summary) . . . . .	7	
8	IRC Section 197 tax . . . . .	8	
9	IRC Section 409A, tax on nonqualified deferred compensation plan . . . . .	9	
10	Interest on deferred tax from installment obligations (IRC Section 453A) . . . . .	10	
11	Other taxes/recaptures: Description . . . . .	11	
12	Total other taxes and credits recaptures . . . . .	12	633.

# California Carryover Worksheet

2016

Use this worksheet to enter information from your 2015 tax return  
which will be used on your 2016 tax return

► Keep for your records

Name as Shown on Return Kristian D & Deborah C Secor	Social Security Number 041-80-2377
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## 2015 Tax and Income Information

1	Filing status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate	
		<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)		
2	Tax liability (Form 540, lines 48, 61, 62; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72; plus any IRC Section 453A interest from Form 540 line 63 or Form 540NR line 73) . . . . .	2		0.	
3	Tax on lump-sum distributions (Schedule G-1) . . . . .	3			
4	California income tax withheld (Form 540, lines 71 and 73; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83) . . . . .	4			
5	Excess California SDI withheld (Form 540, line 74; or Form 540NR, line 84) . . . . .	5			
6	California adjusted gross income (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32) . . . . .	6		0.	
7	Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125) . . . . .	7		0.	
8	Balance Due (Form 540, line 114; Form 540 2EZ, line 27; or Form 540NR, line 124) . . . . .	8			

## Loss Carryovers (Non-passive)

		Regular Tax	AMT
9 a	Capital loss carryover . . . . .	9 a	
b	Capital loss carryover (nonresidents) . . . . .	b	
10	Schedule D-1 - Nonrecaptured net section 1231 losses from:		
a	2015 . . . . .	10 a	
b	2014 . . . . .	b	
c	2013 . . . . .	c	
d	2012 . . . . .	d	
e	2011 . . . . .	e	

## Other Carryovers

11	Disallowed investment interest expense carryforward (Form 3526, line 7) . . . . .	11	
12	Disallowed alternative minimum tax investment interest expense carryforward (Form 3526-AMT, line 7) . . . . .	12	
13	Net operating loss carryforward from Form 3805V . . . . .	13	
14	Disaster loss carryforward from Form 3805V . . . . .	14	



**Form 3510 (Credit for Prior Year Alternative Minimum Tax)**

<b>15</b>	<b>Form 3510 information - 2015 Resident filers</b>	
<b>a</b>	Schedule P, Part I, line 15 through line 18 . . . . .	<b>15 a</b> _____
<b>b</b>	Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions on a line other than those listed . . . . .	<b>b</b> _____
<b>c</b>	Schedule P, Part II, line 25 . . . . .	<b>c</b> _____
<b>d</b>	Schedule P, Part II, line 26 . . . . .	<b>d</b> _____
<b>e</b>	Schedule P, Part III, Section C, lines 22 and 23, column b. . . . .	<b>e</b> _____
<b>16</b>	<b>Form 3510 information - 2015 Nonresident or Part-year residents</b>	
<b>a</b>	Schedule P(NR), Part I, line 15 through line 18 . . . . .	<b>16 a</b> _____
<b>b</b>	Schedule P(NR), Part I, line 1 through line 7, 13b, 13i and any other exclusions on a line other than those listed . . . . .	<b>b</b> _____
<b>c</b>	Schedule P(NR), Part II, line 35 . . . . .	<b>c</b> _____
<b>d</b>	Schedule P(NR), Part II, line 28 . . . . .	<b>d</b> _____
<b>e</b>	Schedule P(NR), Part II, line 29a and 29h . . . . .	<b>e</b> _____
<b>f</b>	Schedule P(NR), Part II, line 44 . . . . .	<b>f</b> _____
<b>g</b>	Schedule P(NR), Part II, line 45 . . . . .	<b>g</b> _____
<b>h</b>	Schedule P(NR), Part III, Section C, lines 22 and 23, column b . . . . .	<b>h</b> _____

**Schedule P/P(NR)**  
**Line 17**

**AMT Exclusion Worksheet**

► Keep for your records

**2016**

Name as Shown on Return Kristian D & Deborah C Secor		Social Security Number 041-80-2377
	<b>(A)</b> Gross Receipts Less Returns and Allowances	<b>(B)</b> AMT Exclusion
1 Schedule C . . . . .		
2 Schedule D . . . . .		
3 Schedule D-1 . . . . .		
4 Schedule E . . . . .		
5 Schedule F . . . . .		
6 Schedule K-1 (Partnerships) . . . . .		
7 Schedule K-1 (S Corporations) . . . . .		
8 Form 3805E . . . . .		
9 Form 4684 . . . . .		
10 Form 4835 . . . . .		
11 Form 8824 . . . . .		
12 One-half self-employment tax and Keogh/SEP deduction . . . . .		
13 Other . . . . .		
14 Total . . . . .		

# Credits Worksheet

► Keep for your records

2016

Name Kristian D & Deborah C Secor	Social Security Number 041-80-2377
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Code	Current Credits	Carryover Amount	Available Credit
233	California Competes, FTB 3531 . . . . .		
223	Motion Picture and Television Production, FTB 3541 . . . . .		
197	Child Adoption . . . . .		
232	Child and Dependent Care Expenses Credit, FTB 3506 . . . . .		
235	College Access, FTB 3592. . . . .		
209	Community Development Financial Institutions Investment . . . . .		
173	Dependent Parent . . . . .		
205	Disabled Access Credit current year amount from Form 3548 line 6 . . . . .		
205	Disabled Access for Eligible Small Businesses, FTB 3548 . . . . .		
204	Donated Agricultural Products Transportation, FTB 3547 . . . . .		
224	Donated Fresh Fruits or Vegetables Credit, FTB 3811 . . . . .		
203	Enhanced Oil Recovery, FTB 3546 . . . . .		
176	Enterprise Zone Hiring, FTB 3805Z . . . . .		
218	Environmental Tax, FTB 3511 . . . . .		
170	Joint Custody Head of Household . . . . .		
198	Local Agency Military Base Recovery Area Hiring, FTB 3807 . . . . .		
172	Low-Income Housing, FTB 3521 . . . . .		
211	Manufacturing Enhancement Area Hiring, FTB 3808 . . . . .		
213	Natural Heritage Preservation, FTB 3503 . . . . .		
237	New California Motion Picture and Television Production, FTB 3541 . . . . .		
234	New Employment, FTB 3554 . . . . .		
None	Nonrefundable Renter's Credit . . . . .		
187	Other State Tax, Schedule S . . . . .		
188	Prior Year Alternative Minimum Tax, FTB 3510 . . . . .		
162	Prison Inmate Labor, FTB 3507 . . . . .		
183	Research, FTB 3523 . . . . .		
163	Senior Head of Household . . . . .		
210	Targeted Tax Area Hiring, FTB 3809 . . . . .		
<b>Repealed Credits with Carryover Provision — FTB 3540</b>			
175	Agricultural Products . . . . .		
196	Commercial Solar Electric System . . . . .		
181	Commercial Solar Energy . . . . .		
194	Employee Ridesharing . . . . .		
190	Employer Childcare Contribution . . . . .		
189	Employer Childcare Program . . . . .		
191	Employer Ridesharing (Large Employer) . . . . .		
192	Employer Ridesharing (Small Employer) . . . . .		
193	Employer Ridesharing (Public Transit Passes) . . . . .		
182	Energy Conservation . . . . .		
176	Enterprise Zone Sales or Use Tax, FTB 3805Z . . . . .		
207	Farmworker Housing . . . . .		
198	Local Agency Military Base Recovery Area Sales or Use Tax, 3807 . . . . .		
160	Low-Emission Vehicles. . . . .		
220	New Jobs . . . . .		
185	Orphan Drug . . . . .		
184	Political Contributions . . . . .		
174	Recycling Equipment. . . . .		
186	Residential Rental and Farm Sales . . . . .		
206	Rice Straw. . . . .		
171	Ridesharing . . . . .		
200	Salmon and Steelhead Trout Habitat Restoration . . . . .		
180	Solar Energy . . . . .		
179	Solar Pump . . . . .		
210	Targeted Tax Area Sales or Use Tax . . . . .		
178	Water Conservation . . . . .		
161	Young Infant . . . . .		

## Schedule C

# California Profit or Loss from Business Worksheet

2016

► Keep for your records

Name of Proprietor  
Kristian D Secor

Social Security Number  
041-80-2377

**A** Principal business or profession, including product or service:  
Service: Programming

**B** Principal business code . . . . . ► 999999

**C** Business name. If no separate business name, leave blank.

**D** If this business was operated by spouse, check this box . . . . . ☐  
**E** If this business was operated jointly by taxpayer and spouse, check this box . . . . . ☐  
**F** Check this box if you completely disposed of this business during 2016 . . . . . ☐  
**G** Did you 'materially participate' in the operation of this business during 2016? . . . . Yes ☒ No ☐  
**H** Check this box if all investment is at risk . . . . . ☐  
**I** Check this box if some of your investment is **not** at risk . . . . . ☐  
**J** Single member limited liability company . . . . . ☐  
**K** Federal profit (loss) before passive loss limitation, if any . . . . . 0.  
**L** If this activity is a passive activity, enter the current year net income or the current year net loss recorded on the federal Passive Activities Worksheet 1 **or** Passive Activities Worksheet 3, column A or column B, whichever is applicable . . . . .  
**M** Gross receipts less returns and allowances . . . . .

<b>1</b> Federal tentative profit (loss) . . . . .	<b>1</b>	
<b>2</b> Depreciation:		
<b>a</b> Federal . . . . . <b>2 a</b>		
<b>b</b> California . . . . . <b>b</b>		
<b>c</b> Federal/California adjustment . . . . .	<b>2 c</b>	
<b>3</b> Amortization:		
<b>a</b> Federal . . . . . <b>3 a</b>		
<b>b</b> California . . . . . <b>b</b>		
<b>c</b> Federal/California adjustment . . . . .	<b>3 c</b>	
<b>4</b> Car and truck expenses:		
<b>a</b> Federal . . . . . <b>4 a</b>		
<b>b</b> California . . . . . <b>b</b>		
<b>c</b> Federal/California adjustment . . . . .	<b>4 c</b>	
<b>5</b> Other federal/California adjustments:		
<b>a</b> Reduction in federal wages due to work credits . . . . .	<b>5 a</b>	
<b>b</b> Reduction in federal qualified pension plan startup costs due to Form 8881 credit . . . . .	<b>b</b>	
<b>c</b> Reduction in federal employee benefits due to health insurance credit . . . . .	<b>c</b>	
<b>d</b> At-risk suspended loss carryover (Section 465(d)) . . . . .	<b>d</b>	
<b>e</b> . . . . .	<b>e</b>	
<b>f</b> . . . . .	<b>f</b>	
<b>g</b> . . . . .	<b>g</b>	
<b>h</b> . . . . .	<b>h</b>	
<b>i</b> . . . . .	<b>i</b>	
<b>6</b> California tentative profit (loss). Add lines 1, 2c, 3c, 4c and 5a through 5i . . . . .	<b>6</b>	
<b>7</b> Expenses for business use of your home . . . . .	<b>7</b>	
<b>8</b> At-risk adjustment . . . . .	<b>8</b>	
<b>9</b> Prior year suspended loss . . . . .	<b>9</b>	
<b>10</b> Current year unallowed passive loss . . . . .	<b>10</b>	
<b>11</b> Net California profit or (loss) allowed. Line 6 minus line 7, plus lines, 8 - 10 . . . . .	<b>11</b>	
<b>12</b> Net federal profit or (loss) allowed . . . . .	<b>12</b>	0.
<b>13</b> Federal/California adjustment. Subtract line 12 from line 11 . . . . .	<b>13</b>	0.

► Keep for your records

Name as Shown on Return

Kristian D &amp; Deborah C Secor

Social Security Number

041-80-2377

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any

**Investment Interest Expense** (Form 3526, line 1)

<b>1</b>	Investment interest expense from Schedule K-1 . . . . .		
<b>2</b>	Investment interest expense from royalties . . . . .		
<b>3</b>	Other investment interest expense:		
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>4</b>	<b>Total investment interest expense.</b> Add lines 1 through 3 . . . . .		

**Gross Income from Property Held for Investment** (Form 3526, line 4a)

<b>5</b>	Taxable investment income from Schedule B, K-1s and Form 3803. . . . .		
<b>6</b>	Royalty income from Schedule E . . . . .		
<b>7</b>	Net passive income from publicly traded partnerships . . . . .		
<b>8</b>	Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .		
<b>9</b>	Other investment income:		
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>10</b>	<b>Total investment income.</b> Add lines 5 through 9 . . . . .		

**Net Gain from the Disposition of Property Held for Investment** (Form 3526, line 4b)

<b>11 a</b>	Net gains from Schedule D, line 8 . . . . .		
<b>b</b>	Less net gains from property not held for investment . . . . .		
<b>c</b>	<b>Net gains from property held for investment.</b> Line 11a less line 11b . . . . .		

**Net Capital Gain from the Disposition of Property Held for Investment** (Form 3526, line 4c)

<b>12</b>	Net capital gain from the disposition of property held for investment . . . . .		
-----------	--	--	--

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any
--	--	--

**Investment Expenses** (Form 3526, line 5)

<b>13</b>	Royalty expenses . . . . .		
<b>14 a</b>	Investment expenses included as itemized deductions (after the 2% limitation) . . . . .		
<b>b</b>	Investment expenses included as itemized deductions (not 2% limitation) . . . . .		
<b>15</b>	Expenses from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .		
<b>16</b>	Other investment expenses:		
<b>a</b>	_____		
<b>b</b>	_____		
<b>c</b>	_____		
<b>d</b>	_____		
<b>17</b>	<b>Total investment expenses.</b> Add lines 13 through 16. . . . .		
		(a) Regular Tax	(b) Alternative Minimum Tax

**Allocation of Investment Interest Expense**

<b>18</b>	Allowed investment interest expense, from Form 3526, line 8 . . . . .		
<b>19</b>	Less interest expense deducted on other forms and schedules:		
<b>a</b>	Deducted on Schedule E, page 2 for passthru entities . . . . .		
<b>b</b>	Deducted on Schedule E, page 1 for royalties . . . . .		
<b>c</b>	Other amounts deducted on other forms and schedules . . . . .		
<b>d</b>	Total amount deducted on other forms and schedules . . . . .		
<b>20</b>	California investment interest expense. . . . .		
<b>21</b>	Allowed federal investment interest expense deducted elsewhere . .		
<b>22</b>	Allowed federal Schedule A investment interest expense . . . . .		
<b>23</b>	Adjustment for interest expense deducted on other forms and schedules. Subtract line 21 from line 19 . . . . .		
<b>24</b>	Adjustment for itemized deductions. Subtract line 22 from line 20. Enter here and on Schedule CA, line 41 . . . . .		

# California Depreciation Options

2016

Name as Shown on Return Kristian D & Deborah C Secor	Social Security Number 041-80-2377
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## MACRS Convention

The program uses the half-year convention for all MACRS personal property assets placed in service in 2016 unless you check 'Mid-quarter convention' below.

- 1 ☒ Half-year convention  
2 ☐ Mid-quarter convention

## MACRS Computation

Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

## Section 179 Limitation

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of the Section 179 Worksheet. This is the copy that appears on the menu as Form 3885A: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 Section 179 Worksheet for that activity.

## Section 179 Information

1 a	Calculated "Total cost of Section 179 property placed in service" . . . . .	1 a	0.
b	Additions or subtractions to calculated value . . . . .	b	
2	If Married Filing Separately, enter:		
a	Total cost of eligible property placed in service this year by spouse. . . . .	2 a	
b	Allocation percentage elected for your return, if other than 50%. . . . .	b	%
3	Taxable Income for the Section 179 Limitation		
a	Federal taxable income for the Section 179 limitation . . . . .	3 a	171,116.
b	California Adjustments (calculated) . . . . .	b	
c	Other additions or subtractions to taxable income . . . . .	c	
d	California Taxable Income for the Section 179 Limitation . . . . .	d	171,116.

## Two-Year Comparison

2016

Kristian D &amp; Deborah C Secor

Income	2015	2016	Difference	%
<b>Federal AGI and California Adjustments:</b>				
Federal adjusted gross income . . . . .	0.	197,583.	197,583.	
California adjustments . . . . .				
<b>Adjusted Gross Income . . . . .</b>	0.	197,583.	197,583.	
<b>Standard or Itemized Deduction . . .</b>	8,088.	8,258.	170.	2.10
<b>Taxable Income . . . . .</b>	0.	189,325.	189,325.	
Tax . . . . .	0.	12,454.	12,454.	
Exemption credits . . . . .	218.	222.	4.	1.83
Tax less exemption credits . . . . .	0.	12,232.	12,232.	
Schedule G-1 and Form 5870A tax . . .				
Tax before credits . . . . .	0.	12,232.	12,232.	
Credits . . . . .				
Tax after credits . . . . .	0.	12,232.	12,232.	
Alternative minimum tax . . . . .				
Other taxes and IRC interest . . . . .		633.	633.	
<b>Total Tax After Credits . . . . .</b>	0.	12,865.	12,865.	
Withholding . . . . .		8,994.	8,994.	
Estimated payments . . . . .				
Other payments . . . . .				
<b>Total Payments . . . . .</b>		8,994.	8,994.	
Use tax . . . . .				
Contributions . . . . .				
Form 5805/5805F penalty . . . . .				
Other penalties and interest . . . . .				
Applied to next year's estimated tax . . .				
<b>Amount Refund . . . . .</b>	0.		0.	
<b>Amount Due . . . . .</b>		3,871.	3,871.	

Current year effective tax rate . . . . . 6.19 %



**Tax Summary**  
 ► Keep for your records

**2016**

Name(s) Kristian D & Deborah C Secor	
<b>Federal adjusted gross income</b> . . . . .	197,583.
<b>Net California adjustments</b> . . . . .	
<b>California adjusted gross income</b> . . . . .	197,583.
<b>Itemized/standard deduction</b> . . . . .	8,258.
<b>California taxable income</b> . . . . .	189,325.
<b>Tax</b> . . . . .	12,454.
<b>Exemption credits</b> . . . . .	222.
<b>Tax less exemptions</b> . . . . .	12,232.
<b>Tax from Schedule G-1/FTB 5870A</b> . . . . .	
<b>Credits</b> . . . . .	
<b>Other taxes</b> . . . . .	633.
<b>Total tax</b> . . . . .	12,865.
<b>Total payments</b> . . . . .	8,994.
<b>Use tax</b> . . . . .	
<b>Contributions</b> . . . . .	
<b>Underpayment penalty</b> . . . . .	
<b>Interest, late filing and late payment penalties</b> . . . .	
<b>Refund</b> . . . . .	
<b>Balance due</b> . . . . .	3,871.
<b>Tax bracket</b> . . . . .	9.3%

# California Electronic Filing Information Worksheet

2016

► Keep for your records

Name as Shown on Return <u>Kristian D &amp; Deborah C Secor</u>	Social Security Number <u>041-80-2377</u>
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## Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name			Social Security Number/Preparer Tax ID Number	
Name			Phone Number	Fax Number
Address			Employer Identification Number	
City	State	Zip Code	EFIN	
Country	E-mail Address			

## Paid Preparer Information

Firm Name			Social Security Number/Preparer Tax ID Number	
Name			Employer Identification Number	
Address			Phone Number	Fax Number
City	State	Zip Code		
Country	E-mail Address			

## Electronic Filing Review Check

If any of the questions below are checked yes, the return may not be filed electronically		Yes	No
1	Are there more than fifty W-2s, or twenty 1099-Rs? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Are there more than ten copies of Form 3803 or ten copies of Form 3805E? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Are there more than twenty five copies of Schedule S? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Is this an amended return, or is there an amended Form 3805P attached? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Are any invalid entries made on Form 3805V page 3, part III? (See help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
8	Are there more than 97 detail lines on forms to be filed? (See help) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Is this a fiscal year filer? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Is the Federal filing status married filing joint and the California filing status married filing separate? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Is Federal Form 4852 (substitute W2) being used? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
13	Check that you have the correct selections for the RDP return? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	On the 3506, are there any foreign care providers? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Is Direct Debit selected and no balance due on the return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**California  
Smart Look Worksheet**

**2016**

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Check this box if you are PRO

☐

Enter preparer code from Firm/Preparer Info (See Help) . . . \_\_\_\_\_

## Smart Worksheets from your 2016 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

Form 540 California Income Tax Withheld Smart Worksheet	
<b>A</b>	California income tax withheld from the Tax Payments Worksheet . . . . . <u>8,994.</u>
<b>B</b>	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A . . . . . _____ <b>Note:</b> Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.
<b>C</b>	California income tax withheld for line 71. Subtract line B from line A . . . . . <u>8,994.</u>

SMART WORKSHEET FOR: Form 3805P, TP: Retirement Plan Taxes

Line 1 Smart Worksheet	
<input type="checkbox"/>	Check this box to activate the Roth IRA Distribution calculations if: * you received a Roth IRA Distribution in 2016 or * you made a conversion from a traditional IRA to a Roth IRA in 2016 or prior year, and * the federal basis of the traditional IRA is different from the California basis
<b>Roth IRA Distributions</b>	
<b>A 1</b>	Enter the amount from 2016 FTB Pub. 1005, page 9, line 19. This is the 2016 California taxable amount of Roth IRA conversions . . . . . _____
<b>2</b>	Enter the portion of the 2016 federal Form 8606, line 23 allocable to a prior year Roth IRA conversion . . . . . _____
<b>3</b>	Refigure the amount from 2016 federal Form 8606, line 25 using California amounts, and enter the result . . . . . _____
<b>B</b>	Add lines A1, A2 and A3. . . . . _____
<b>C</b>	Enter the amount from 2016 federal Form 8606, line 23 . . . . . _____
<b>D</b>	Smaller of line B or line C . . . . . _____
<b>Other Non SIMPLE Distributions</b>	
<b>E</b>	Early Non SIMPLE distributions included in gross income . . . . . <u>25,300.</u>
<b>SIMPLE Distributions</b>	
<b>F</b>	Early SIMPLE distributions included in gross income . . . . . _____
<b>HSA Rollover</b>	
<b>G</b>	IRA to HSA Rollover . . . . . _____

SMART WORKSHEET FOR: Form 3805P, TP: Retirement Plan Taxes

Line 3 Smart Worksheet	
<b>A</b>	Amount subject to the 2.5% tax . . . . . <u>25,300.</u>
<b>B</b>	Amount subject to the 6% tax . . . . . <u>0.</u>

## SMART WORKSHEET FOR: Form 3805P, TP: Retirement Plan Taxes

**Line 10 Smart Worksheet**

<b>A</b>	Taxable MSA distribution from line 9 above . . . . .	_____
<b>B</b>	Over age 65 exception to penalty . . . . .	_____
<b>C</b>	Exception due to disability . . . . .	_____
<b>D</b>	Exception due to death . . . . .	_____
<b>E</b>	Return of excess contributions made by employer . . . . .	_____
<b>F</b>	Death or disability exception with code 1 on 1099-SA . . . . .	_____
<b>G</b>	Distribution subject to penalty	
	Line A minus lines B, C, D, E and F . . . . .	_____ 0.

## SMART WORKSHEET FOR: Sch C Wks (Service: Programming): Profit or Loss from Business

**Activity Summary Smart Worksheet**

Supporting information provided by program. NO ENTRIES ARE NEEDED.

	Regular Tax	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer	
<b>B</b> At risk status . . . . .	All	
<b>C</b> Passive status . . . . .	Nonpassive	
<b>Schedule C</b>		
<b>D</b> Tentative profit (loss) . . . . .		
<b>E</b> Other preferences and adjustments . . . . .		
<b>F</b> At risk disallowed loss . . . . .		
<b>G</b> Passive carryover loss . . . . .		
<b>H</b> Passive disallowed loss . . . . .		
<b>I</b> Net profit (loss) allowed . . . . .		
<b>Related Dispositions</b>		
<b>J</b> Tentative profit (loss) . . . . .		
<b>K</b> At risk disallowed loss . . . . .		
<b>L</b> Passive carryover loss . . . . .		
<b>M</b> Passive disallowed loss . . . . .		
<b>N</b> Net profit (loss) allowed . . . . .		
<b>AMT Exclusion</b>		
<b>O</b> Schedule C income/loss . . . . .		

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20		See separate instructions.
Your first name and initial <b>Kristian D</b>	Last name <b>Secor</b>	<b>Your social security number</b> <b>041-80-2377</b>
If a joint return, spouse's first name and initial <b>Deborah C</b>	Last name <b>Secor</b>	<b>Spouse's social security number</b> <b>350-50-3135</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>3437 46th St</b>		Apt. no. <b>▲</b> Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>San Diego CA 92105</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

**Filing Status**

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

Check only one box.

**Exemptions**

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .	Boxes checked on 6a and 6b <b>2</b>		
b <input checked="" type="checkbox"/> Spouse . . . . .	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)		
c Dependents:			
(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
d Total number of exemptions claimed . . . . .			
			Add numbers on lines above ▶ <b>2</b>

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

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . DCB	7	172,283.
8a Taxable interest. Attach Schedule B if required . . . . .	8a	
b Tax-exempt interest. Do not include on line 8a . . . . . 8b		
9a Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b Qualified dividends . . . . . 9b		
10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	
11 Alimony received . . . . .	11	
12 Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797 . . . . .	14	
15a IRA distributions . . . . . 15a	b Taxable amount . . . . . 15b	25,300.
16a Pensions and annuities . . . . . 16a	b Taxable amount . . . . . 16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F . . . . .	18	
19 Unemployment compensation . . . . .	19	
20a Social security benefits . . . . . 20a	b Taxable amount . . . . . 20b	
21 Other income. List type and amount . . . . .	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	197,583.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

**Adjusted Gross Income**

23 Educator expenses . . . . .	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889 . . . . .	25	
26 Moving expenses. Attach Form 3903 . . . . .	26	
27 Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	
28 Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29 Self-employed health insurance deduction . . . . .	29	
30 Penalty on early withdrawal of savings . . . . .	30	
31a Alimony paid b Recipient's SSN ▶	31a	
32 IRA deduction . . . . .	32	
33 Student loan interest deduction . . . . .	33	
34 Tuition and fees. Attach Form 8917 . . . . .	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 35 . . . . .	36	
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	197,583.

REV 01/25/17 Intuit.ca.cfp.sp Form **1040** (2016)

**Child and Dependent Care Expenses**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Information about Form 2441 and its separate instructions is at  
[www.irs.gov/form2441](http://www.irs.gov/form2441).1040  
1040A  
1040NR

2441

OMB No. 1545-0074

**2016**Attachment  
Sequence No. **21**

Name(s) shown on return

Kristian D &amp; Deborah C Secor

Your social security number

041-80-2377

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)

Did you receive  
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2016 for the person listed in column (a)
First	Last		

**3** Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31**3****4** Enter your **earned income**. See instructions**4****5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4**5****6** Enter the **smallest** of line 3, 4, or 5**6****7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37**7****8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0—15,000		.35
15,000—17,000		.34
17,000—19,000		.33
19,000—21,000		.32
21,000—23,000		.31
23,000—25,000		.30
25,000—27,000		.29
27,000—29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000—31,000		.27
31,000—33,000		.26
33,000—35,000		.25
35,000—37,000		.24
37,000—39,000		.23
39,000—41,000		.22
41,000—43,000		.21
43,000—No limit		.20

**8**

X

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions**9****10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions**10****11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47**11**For Paperwork Reduction Act Notice, see your tax return instructions. **BAA**

REV 01/25/17 Intuit.cq.dfp.sp

Form **2441** (2016)



**Part III Dependent Care Benefits**

<b>12</b>	Enter the total amount of <b>dependent care benefits</b> you received in 2016. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership . . . . .	<b>12</b>	1,167.
<b>13</b>	Enter the amount, if any, you carried over from 2015 and used in 2016 during the grace period. See instructions . . . . .	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2017. See instructions . . . . .	<b>14</b>	( )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	1,167.
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2016 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	0.
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	171,116.
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>	
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	0.
<b>21</b>	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19). . . . .	<b>21</b>	5,000.
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	0.
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	1,167.
<b>24</b>	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions . . . . .	<b>24</b>	0.
<b>25</b>	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	<b>25</b>	0.
<b>26</b>	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB". . . . .	<b>26</b>	1,167.

To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>	
<b>28</b>	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	<b>28</b>	
<b>29</b>	Subtract line 28 from line 27. If zero or less, <b>stop</b> . You cannot take the credit. <b>Exception.</b> If you paid 2015 expenses in 2016, see the instructions for line 9 . . . . .	<b>29</b>	
<b>30</b>	Complete line 2 on the front of this form. <b>Do not</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here. . . . .	<b>30</b>	
<b>31</b>	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11 . . . . .	<b>31</b>	

# Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

OMB No. 1545-0074

**2016**

► Information about Form 4868 and its instructions is available at [www.irs.gov/form4868](http://www.irs.gov/form4868).

There are three ways to request an automatic extension of time to file a U.S. individual income tax return.

1. You can pay all or part of your estimated income tax due and indicate that the payment is for an extension using Direct Pay, the Electronic Federal Tax Payment System, or using a credit or debit card. See *How To Make a Payment*, on page 3.
2. You can file Form 4868 electronically by accessing IRS *e-file* using your home computer or by using a tax professional who uses *e-file*.
3. You can file a paper Form 4868 and enclose payment of your estimate of tax due.



**It's Convenient,  
Safe, and Secure**

IRS *e-file* is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You'll receive an electronic acknowledgment once you complete the transaction. Keep it with your records. Don't mail in Form 4868 if you file electronically, unless you're making a payment with a check or money order (see page 3).

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you'll need to estimate your total tax liability and subtract how much you've already paid (lines 4, 5, and 6 below).

Several companies offer free e-filing of Form 4868 through the Free File program. For more details, go to [IRS.gov](http://IRS.gov) and click on *freefile*.



## Pay Electronically

You **don't** need to file Form 4868 if you make a payment using our electronic payment options. Your extension will be automatically processed when you pay part or all of your estimated income tax electronically. You can pay online or by phone (see page 3).



## E-file Using Your Personal Computer or Through a Tax Professional

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2015 tax return—you'll be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal or send your check or money order to the address shown in the middle column under *Where To File a Paper Form 4868* (see page 4).



## File a Paper Form 4868

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown on page 4.

For information on using a private delivery service, see page 4.

**Note:** If you're a fiscal year taxpayer, you must file a paper Form 4868.

## General Instructions

### Purpose of Form

Use Form 4868 to apply for 6 more months (4 if "out of the country" (defined on page 2) and a U.S. citizen or resident) to file Form 1040, 1040A, 1040EZ, 1040NR, 1040NR-EZ, 1040-PR, or 1040-SS.

**Gift and generation-skipping transfer (GST) tax return (Form 709).** An extension of time to file your 2016 calendar year income tax return also extends the time to file Form 709 for 2016. However, it doesn't extend the time to pay any gift and GST tax you may owe for 2016. To make a payment of gift and GST tax, see Form 8892. If you don't pay the amount due by the regular due date for Form 709, you'll owe interest and may also be charged penalties. If the donor died during 2016, see the instructions for Forms 709 and 8892.

### Qualifying for the Extension

To get the extra time you must:

1. Properly estimate your 2016 tax liability using the information available to you,
2. Enter your total tax liability on line 4 of Form 4868, and
3. File Form 4868 by the regular due date of your return.



*Although you aren't required to make a payment of the tax you estimate as due, Form 4868 doesn't extend the time to pay taxes. If you don't pay the amount due by the regular due date, you'll owe interest. You may also be charged penalties. For more details, see Interest and Late Payment Penalty on page 2. Any remittance you make with your application for extension will be treated as a payment of tax.*

You don't have to explain why you're asking for the extension. We'll contact you only if your request is denied.

Don't file Form 4868 if you want the IRS to figure your tax or you're under a court order to file your return by the regular due date.

▼ DETACH HERE ▼

# Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

REV 03/07/17 INTUIT.CG.CFP.SP 1555

**2016**

For calendar year 2016, or other tax year beginning

, 2016, ending

Part I Identification		Part II Individual Income Tax	
1 KRISTIAN D & DEBORAH C SECOR		4 Estimate of total tax liability for 2016 .. \$ 1,000.	
3437 46TH ST		5 Total 2016 payments ..... 0.	
SAN DIEGO CA 92105		6 <b>Balance due.</b> Subtract line 5 from line 4 (see instructions)..... 1,000.	
2 041-80-2377		7 Amount you are paying (see instructions)..... 0.	
3 350-50-3135		8 Check here if you are 'out of the country' and a U.S. citizen or resident (see instructions) ..... <input type="checkbox"/>	
		9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ..... <input type="checkbox"/>	

041802377 JI SEC0 30 0 201612 670

# Tax History Report

2016

► Keep for your records

Name(s) Shown on Return

Kristian D & Deborah C Secor

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status . . . . .	MFJ	MFJ	MFJ	MFJ	MFJ
Total income . . . . .	87,931.	93,434.	91,070.		197,583.
Adjustments to income	576.	976.	427.		
Adjusted gross income	87,355.	92,458.	90,643.		197,583.
Tax expense . . . . .	3,355.	3,369.	3,258.	1,249.	10,245.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions. . . . .					0.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .	11,900.	12,200.	12,400.	12,600.	12,600.
Exemption amount . .	7,600.	7,800.	7,900.	8,000.	8,100.
Taxable income . . . .	67,855.	72,458.	70,343.		176,883.
Tax. . . . .	9,311.	9,979.	9,641.		36,513.
Alternative min tax . .					
Total credits . . . . .	123.	310.	1,318.		
Other taxes . . . . .	128.	133.	2,245.		2,530.
Payments . . . . .	8,520.	9,816.	9,887.		27,921.
Form 2210 penalty . .					
Amount owed . . . . .	796.		681.		11,122.
Applied to next year's estimated tax .					
Refund. . . . .		14.			
Effective tax rate % . .	10.52	10.46	9.18	0.00	18.48
**Tax bracket % . . .	15.0	15.0	15.0	10.0	28.0

\*\*Tax bracket % is based on Taxable income.

## Smart Worksheets from your 2016 California Tax Return Attachment

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
<b>A</b>	Tax . . . . . 36,513.
	Check if from:
<b>1</b>	Tax table . . . . . <input type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input checked="" type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . .
<b>C</b>	Additional tax from Form 4972 . . . . .
<b>D</b>	Tax from additional Form(s) 4972 . . . . .
<b>E</b>	Recapture tax from Form 8863 . . . . .
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . .
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . .
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . 36,513.

SMART WORKSHEET FOR: Form 4868: Application for Automatic Extension

### Mailing Address and Filing Instruction Smart Worksheet

WHERE TO FILE YOUR EXTENSION

MAIL FORM 4868 (WITH PAYMENT IF APPLICABLE) TO THE ADDRESS LISTED BELOW

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
FRESNO CA 93888-0045