

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20

Your first name and initial _____ Last name _____ **Your social security number** _____

If a joint return, spouse's first name and initial _____ Last name _____ **Spouse's social security number** _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____ **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). _____ **Presidential Election Campaign**
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. **You** **Spouse**

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

Filing Status

1 Single

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

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

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

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b **Spouse**

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed

Boxes checked on 6a and 6b _____
No. of children on 6c who:
• **lived with you** _____
• **did not live with you due to divorce or separation** (see instructions) _____
Dependents on 6c not entered above _____
Add numbers on lines above ▶

Income

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

Adjusted Gross Income

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

Tax and Credits

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

38 Amount from line 37 (adjusted gross income) 38
39a Check [] You were born before January 2, 1953, [] Blind. Total boxes checked 39a
if: [] Spouse was born before January 2, 1953, [] Blind.
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40
41 Subtract line 40 from line 38 41
42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions 42
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43
44 Tax (see instructions). Check if any from: a [] Form(s) 8814 b [] Form 4972 c [] 44
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Excess advance premium tax credit repayment. Attach Form 8962 46
47 Add lines 44, 45, and 46 47
48 Foreign tax credit. Attach Form 1116 if required 48
49 Credit for child and dependent care expenses. Attach Form 2441 49
50 Education credits from Form 8863, line 19 50
51 Retirement savings contributions credit. Attach Form 8880 51
52 Child tax credit. Attach Schedule 8812, if required. 52
53 Residential energy credits. Attach Form 5695 53
54 Other credits from Form: a [] 3800 b [] 8801 c [] 54
55 Add lines 48 through 54. These are your total credits 55
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56
57 Self-employment tax. Attach Schedule SE 57
58 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919 58
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59
60a Household employment taxes from Schedule H 60a
b First-time homebuyer credit repayment. Attach Form 5405 if required 60b
61 Health care: individual responsibility (see instructions) Full-year coverage [] 61
62 Taxes from: a [] Form 8959 b [] Form 8960 c [] Instructions; enter code(s) 62
63 Add lines 56 through 62. This is your total tax 63

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64
65 2017 estimated tax payments and amount applied from 2016 return 65
66a Earned income credit (EIC) 66a
b Nontaxable combat pay election 66b
67 Additional child tax credit. Attach Schedule 8812 67
68 American opportunity credit from Form 8863, line 8 68
69 Net premium tax credit. Attach Form 8962 69
70 Amount paid with request for extension to file 70
71 Excess social security and tier 1 RRTA tax withheld 71
72 Credit for federal tax on fuels. Attach Form 4136 72
73 Credits from Form: a [] 2439 b [] Reserved c [] 8885 d [] 73
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74

Refund

Direct deposit? See instructions.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a
b Routing number [] Type: [] Checking [] Savings
d Account number []
77 Amount of line 75 you want applied to your 2018 estimated tax 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78
79 Estimated tax penalty (see instructions) 79

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete below. [] No
Designee's name [] Phone no. [] Personal identification number (PIN) []

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature [] Date [] Your occupation [] Daytime phone number []
Spouse's signature. If a joint return, both must sign. [] Date [] Spouse's occupation [] If the IRS sent you an Identity Protection PIN, enter it here (see inst.) []

Paid Preparer Use Only

Print/Type preparer's name [] Preparer's signature [] Date [] Check [] if self-employed PTIN []
Firm's name [] Firm's EIN []
Firm's address [] Phone no. []