| Tax, credits,                   | 22         | Enter the amount from line 21 (adjusted gross income).   | 22  |
|---------------------------------|------------|--|---|
| and                             | 23a        | Check <b>y</b> You were born before January 2, 1952, Blind <b>\) Total boxes</b>   |   |
| payments                        |            | if: Spouse was born before January 2, 1952, Blind checked ▶ 23a  |   |
| paymonto                        | b          | If you are married filing separately and your spouse itemizes  | <b>—</b>                                  |
| Standard                        |            | deductions, check here ▶ 23b   |   |
| Deduction                       | 24         | Enter your standard deduction.   | 24  |
| for - People who                | 25         | Subtract line 24 from line 22. If line 24 is more than line 22, enter -0   | 25  |
| check any<br>box on line        | 26         | <b>Exemptions.</b> Multiply \$4,050 by the number on line 6d.  | 26  |
| 23a or 23b <b>or</b>            | 27         | Subtract line 26 from line 25. If line 26 is more than line 25, enter -0   |   |
| who can be claimed as a         |            |  | ▶ 27                                      |
| dependent,                      | 28         | Tax, including any alternative minimum tax (see instructions).   |   |
| see instructions.               | 29         | Excess advance premium tax credit repayment. Attach  | _   |
| All others:                     |            | Form 8962. 29  |   |
| Single or                       | 30         | Add lines 28 and 29.   | <br>30                                    |
| Married filing                  | 31         | Credit for child and dependent care expenses. Attach   |   |
| separately,<br>\$6,300          | ٠.         | Form 2441. 31  |   |
| Married filing                  | 32         | Credit for the elderly or the disabled. Attach   | _   |
| jointly or                      | 02         | Schedule R. 32   |   |
| Qualifying<br>widow(er)         | 33         | Education credits from Form 8863, line 19. 33  | <del>_</del>                              |
| \$12,600                        | 34         | Retirement savings contributions credit. Attach Form 8880. 34  | <del>_</del>                              |
| Head of                         | 35         | Child tax credit. Attach Schedule 8812, if required. 35  | <del>_</del>                              |
| household,<br>\$9,300           | 36         | Add lines 31 through 35. These are your <b>total credits.</b>  | <del>-</del> 36                           |
|                                 | 37         | Subtract line 36 from line 30. If line 36 is more than line 30, enter -0   | 37  |
|                                 | 38         | Health care: individual responsibility (see instructions). Full-year coverage  | 38  |
|                                 | 39         | Add line 37 and line 38. This is your <b>total tax.</b>  | 39  |
|                                 | 40         | Federal income tax withheld from Forms W-2 and 1099. 40  |   |
|                                 | 41         | 2016 estimated tax payments and amount applied   | _   |
| If you have a qualifying        | 71         | from 2015 return. 41   |   |
| child, attach                   | 42a        | Earned income credit (EIC). 42a  | _   |
| Schedule                        | b          | Nontaxable combat pay election. 42b  | _   |
|                                 | 43         | Additional child tax credit. Attach Schedule 8812. 43  |   |
|                                 | 44         |  | _   |
|                                 | _          |  | _   |
|                                 | 45         |  | <br>▶ 46                                  |
|                                 | 46<br>47   | Add lines 40, 41, 42a, 43, 44, and 45. These are your <b>total payments.</b> If line 46 is more than line 39, subtract line 39 from line 46.   | ▶ 46                                      |
| Refund                          | 41         |  | 47  |
| Direct                          | 490        | This is the amount you <b>overpaid.</b> Amount of line 47 you want <b>refunded to you.</b> If Form 8888 is attached, check here  | 48a                                       |
| deposit?                        | 48a<br>▶ b |  | 40a                                       |
| See<br>instructions             | <b>P</b> D | Routing number ► c Type: Checking Savings  |   |
| and fill in                     | ►d         | Account  |   |
| 48b, 48c,<br>and 48d or         | 40         | Amount of line 47 you want applied to your   | _   |
| Form 8888.                      | 49         | ,  |   |
| Amount                          | 50         | 2017 estimated tax. 49  Amount you owe. Subtract line 46 from line 39. For details on how to pay,  |   |
| Amount                          | 50         |  | <b>.</b> 50                               |
| you owe                         |            | see instructions.  | ▶ 50                                      |
|                                 | 51         | Estimated tax penalty (see instructions).  51  | Commission the following N                |
| Third party                     |            |  | Complete the following.                   |
| designee                        | Des        | ignee's name Phone no. Personal iden   | tification                                |
| <u></u>                         | Lind       | number (PIN)   | Emy knowledge                             |
| Sign                            | and        | er penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of public they be beginned to all information of this behavior to be a controlled to the provided to the second of the s | preparer (other                           |
| here                            |            | the taxpayer) is based on all information of which the preparer has any knowledge.   | Daytime phone number                      |
| laint ratura?                   | You        | r signature Date Your occupation   | , ,                                       |
| Joint return? See instructions. |            | Data Constitution Marie Land Constitution Co | If the IRS sent you an Identity           |
| Keep a copy                     | Spo        | use's signature. If a joint return, <b>both</b> must sign.  Date  Spouse's occupation  | Protection PIN, enter it here (see inst.) |
| for your records.               |            |  | (See IIISL)                               |
|                                 |            |  | # DTIN                                    |
|                                 | Pre        | parer's signature Date Check ► self-employe  | if PTIN                                   |
| Paid                            | Dein       |  | -   |
| proparor                        |            | t/type preparer's name   | Firm's EIN                                |
| use only                        | _          | 's name  | Firm's EIN   Phone no                     |
|                                 | Firm       | 's address ►   | Phone no.                                 |