Form

1040A

Department of the Treasury—Internal Revenue Service

2016 IRS Use Only—Do not write or staple in this space.

U.S. Individual Income Tax Return (99)

Your first name and initial Last name OMB No. 1545-0074

Your social security number

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

▲

and on line 6c are correct.

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) above

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

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

Filing

status

Check only

one box.

1 Single 4 Head of household (with qualifying person). (See instructions.)

2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent,

3 Married filing separately. Enter spouse’s SSN above and enter this child’s name here. ▶

full name here. ▶ 5 Qualifying widow(er) with dependent child (see instructions)

Exemptions

box 6a.

}

(4)

✓

if child under

security number relationship to you child tax credit (see

Boxes

6a Yourself. If someone can claim you as a dependent, do not check checked on

6a and 6b

b Spouse No. of children

on 6c who:

c Dependents: (2) Dependent’s social (3) Dependent’s age 17 qualifying for • lived with

you

(1) First name Last name instructions) • did not live

with you due to

divorce or

separation (see

instructions)

Dependents

on 6c not

entered above

Add numbers

on lines

d Total number of exemptions claimed. 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 (see instructions). 9b

10 Capital gain distributions (see instructions). 10

distributions. 11a

11a IRA 11b Taxable amount

(see instructions). 11b

12a Pensions and

annuities. 12a

12b Taxable amount

(see instructions). 12b

13 Unemployment compensation and Alaska Permanent Fund dividends. 13

14a Social security 14b Taxable amount

benefits. 14a (see instructions). 14b

15 Add lines 7 through 14b (far right column). This is your total income. ▶ 15

Adjusted

gross

income

16 Educator expenses (see instructions). 16

17 IRA deduction (see instructions). 17

18 Student loan interest deduction (see instructions). 18

19 Tuition and fees. Attach Form 8917. 19

20 Add lines 16 through 19. These are your total adjustments. 20

21 Subtract line 20 from line 15. This is your adjusted gross income. ▶ 21

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Tax, credits,

and

payments

22 Enter the amount from line 21 (adjusted gross income). 22

{ }

23a Check You were born before January 2, 1952, Blind Total boxes

if: Spouse was born before January 2, 1952, Blind checked ▶ 23a

b If you are married filing separately and your spouse itemizes

deductions, check here ▶ 23b

Standard

Deduction

for—

• People who

check any

box on line

23a or 23b or

who can be

claimed as a

dependent,

see

instructions.

• All others:

Single or

Married filing

separately,

$6,300

Married filing

jointly or

Qualifying

widow(er),

$12,600

Head of

household,

$9,300

24 Enter your standard deduction. 24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25

26 Exemptions. Multiply $4,050 by the number on line 6d. 26

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.

This is your taxable income. ▶ 27

28 Tax, including any alternative minimum tax (see instructions). 28

29 Excess advance premium tax credit repayment. Attach

Form 8962. 29

30 Add lines 28 and 29. 30

31 Credit for child and dependent care expenses. Attach

Form 2441. 31

32 Credit for the elderly or the disabled. Attach

Schedule R. 32

33 Education credits from Form 8863, line 19. 33

34 Retirement savings contributions credit. Attach Form 8880. 34

35 Child tax credit. Attach Schedule 8812, if required. 35

36 Add lines 31 through 35. These are your total credits. 36

37 Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-. 37

38 Health care: individual responsibility (see instructions). Full-year coverage 38

39 Add line 37 and line 38. This is your total tax. 39

40 Federal income tax withheld from Forms W-2 and 1099. 40

41 2016 estimated tax payments and amount applied

from 2015 return. 41

If you have

a qualifying

child, attach

Schedule

EIC.

42a Earned income credit (EIC). 42a

b Nontaxable combat pay election. 42b

43 Additional child tax credit. Attach Schedule 8812. 43

44 American opportunity credit from Form 8863, line 8. 44

45 Net premium tax credit. Attach Form 8962. 45

46 Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. ▶ 46

Refund 47

If line 46 is more than line 39, subtract line 39 from line 46.

This is the amount you overpaid. 47

48a

Amount of line 47 you want refunded to you. If Form 8888 is attached, check here ▶ 48a

▶ b

number

Routing ▶ c Type: Checking Savings

▶ d

Account

number

49

Amount of line 47 you want applied to your

2017 estimated tax. 49

Amount 50

Amount you owe. Subtract line 46 from line 39. For details on how to pay,

see instructions. ▶ 50

you owe 51

Estimated tax penalty (see instructions). 51

designee

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

Designee’s

name ▶

Phone Personal identification

no. ▶ number (PIN) ▶

Sign

here

Joint return?

See instructions.

for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge

and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other

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

▲

Your signature Date Your occupation Daytime phone number

Keep a copy 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

self-employed

Date Check ▶ if PTIN

Firm’s name ▶

Firm’s address ▶

Firm’s EIN ▶

Phone no.

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