1040EZ

Department of the Treasury—Internal Revenue Service
Income Tax Return for Single and Joint Filers With No Dependents (99)

2011

OMB No. 1545-0074

Your first name and initial			Last name	Last name				Your social security number		
If a joint return, sp	ouse's first	st name and initial Last name						Spouse's social security number		
Home address (nu	umber and s	street). If you have a P.	O. box, see instructions.			Apt. no.	A W	fake sure the SSN above are correct		
City, town or post o	ffice, state, a	nd ZIP code. If you have	a foreign address, also comp	olete spaces below (se	e instructions).		President	tial Election Campa	aign	
								if you, or your spouse it	-	
Foreign country na	ame		Foreig	n province/county		Foreign postal co		\$3 to go to this fund. C		
,				,			refund.	will not change your ta	ax or Spouse	
	1	Wages salaries a	nd tine. This should be	shown in hoy 1	of your Form(s) W-2			spouse	
Income		Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.					1		-00	
Attach	-	sames jour sound) in m						0	00	
Form(s) W-2	2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.					2		-	
here.	2						2	23	88	
Enclose, but do				D -					-	
not attach, any	3	Unemployment co	3	0	00					
payment.			10 001 1							
	4		d 3. This is your adjust				4	23	88	
	5		aim you (or your spous							
		the applicable box(es) below and enter the amount from the worksheet on back.								
		You								
			n you (or your spouse i			single;				
		\$19,000 if marrie	ed filing jointly. See ba	ack for explanation	on.		5	9500	00	
	6	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0								
		This is your taxab	ole income.			•	6	0	00	
Danmanta	7	Federal income ta	x withheld from Form((s) W-2 and 1099).		7	1931	81	
Payments,	8a	Earned income c	redit (EIC) (see instru	uctions).			8a	0	00	
Credits,	b	Nontaxable comba	at pay election.		8b					
and Tax	9		a. These are your total	payments and c	redits.	•	9	1931	81	
	10	Tax. Use the amo			the			-		
	20		10	0	00					
	11a							-	- 00	
Refund	114	If Form 8888 is attached, check here						1931	81	
Have it directly	_	II TOIIII 6666 IS at	tactica, check nere				11a	1331	01	
deposited! See instructions and	▶ b	Routing number			▶c Type:	Checking S	avings			
fill in 11b, 11c,										
and 11d or Form 8888.	▶ d	Account number								
	- 12	TC1: 10: 1	d E O Level E	- 0.6 V 10	mi i - i -					
Amount You Owe	12		than line 9, subtract lin we. For details on how				12	-0.17219		
100 0110								to below	l No.	
Third Party	Do you	want to allow anot	her person to discuss t	nis return with th	e IHS (see insti	ructions)?	es. Comple	te below.	No	
Designee	Designee's Phone Personal iden name no.									
01	name	•		no. b	to the best of r	number (Pi		e correct and		
Sign						on of preparer (other				
Here				Date	Your occupation		l Doutiese - b	one number		
Joint return? See			Daytime pn	one number						
instructions.	3/31/2612 Private Sector Worker									
Keep a copy for								If the IRS sent you an Identity Protection PIN, enter it		
your records.							here (see inst.)		
Paid	Print/Type	preparer's name	Preparer's signature		1	Date	Check	if PTIN		
							self-employ			
Preparer -	Firm's nam	ne ►			Firm's EIN ▶					
Use Only	Firm's address ▶ Phone no.									
	Fill adultes F							404057		

Form 4852

(Rev. December 2010)
Department of the Treasury
Internal Revenue Service

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Attach to Form 1040, 1040A, 1040-FZ, or 1040X.

OMB No. 1545-0074

		th to Form 1040, 104	40A, 1040-EZ, or 10	40X.		
1 Na	ame(s) shown on return			2 Your soci	al security numb	er
3 Ac	ddress	<u> </u>				
	nter year in space provided and check on		,		,	
	have been unable to obtain (or have received					
	have notified the IRS of this fact. The amoun nade to me and tax withheld by my employe			est estimates for all	wages or paymer	nts
	mployer's or payer's name, address, and ZIF		on line 5.		6 Employer's or paye	r¹e
O LI	riployer s or payer s riame, address, and Zir				identification numb	
7	Form W-2. Enter wages, tips, other compen	sation, and taxes v	withheld.			
	a Wages, tips, and other compensation	0.00		tax withheld		0.00
	b Social security wages	0.00	(Name of state			
	c Medicare wages and tips	0.00	h Local income	tax withheld		0.00
. 1	d Advance EIC payment	0.00	(Name of local	* *	1	
	e Social security tips	0.00		y tax withheld		1235.02
	f Federal income tax withheld	270.41	j Medicare tax	withheld		426.38
	a Gross distribution	ons, annuities, reti	f Federal incom	ring plans, IRAs, ins ne tax withheld tax withheld	<u> </u>	
- 3			•	tax withheld	::: —	
			i Employee cor	ntributions		
	e Capital gain (included in line 8b) .		j Distribution co	odes		
0 H	ow did you determine the amounts on lines	7 and 8 above?				
	any provided records and the statutory language		one 2401 2121 and	others		
ompa	iny provided records and the statutory language	je benina iko secua	0115 3401, 3121 and	outers.		
10 Ex	xplain your efforts to obtain Form W-2, Form	1099-R. or Form \	W-2c. Corrected V	Vage and Tax State	ment.	
	W-2 was issued before errors were noted. The					
worle.	W-2 Was issued before errors were noted. The	amounts they have	as maniera in inte /	are correct, noweve		
			ement, and	to the best of my kr	nowledge and belief	it is true
Sic	nn l		omony and	to the book of my ha	omeage and bone.	, 10 10 11 10
Sig						
He	re			Date	3/31/2017	2