



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 09-17-2017
Response Date: 09-17-2017
Tracking Number: 100350171978

Tax Return Transcript

SSN Provided: [REDACTED]
Tax Period Ending: Dec. 31, 2016

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

002244

NAME(S) SHOWN ON RETURN: JOSEPH H [REDACTED]

SSN: [REDACTED]
SPOUSE SSN: [REDACTED]

ADDRESS: [REDACTED]

FILING STATUS: Single
FORM NUMBER: 1040EZ
CYCLE POSTED: 20172205
RECEIVED DATE: Apr. 15, 2017
REMITTANCE: \$0.00
EXEMPTION NUMBER: 1
PTIN:
PREPARER EIN:

Income

WAGES, SALARIES, TIPS, ETC:.....\$0.00
TAXABLE INTEREST INCOME:.....\$0.00
TAX-EXEMPT INTEREST:.....\$0.00
UNEMPLOYMENT COMPENSATION:.....\$0.00

Adjustments to Income

ADJUSTED GROSS INCOME:.....\$0.00
ADJUSTED GROSS INCOME PER COMPUTER:.....\$0.00
DEPENDENT ON ANOTHER TP:.....NO
FORM 1040EZ DEDUCTION AND EXEMPTION PER COMPUTER:.....\$10,350.00

Tax and Credits

TAXABLE INCOME:.....\$0.00
TAXABLE INCOME PER COMPUTER:.....\$0.00

Other Taxes

TOTAL TAX LIABILITY TP FIGURES:.....\$0.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$0.00

Payments

FEDERAL INCOME TAX WITHHELD:.....\$0.00
OTHER PAYMENT CREDIT AMOUNT:.....\$0.00
EARNED INCOME CREDIT:.....\$0.00
EARNED INCOME CREDIT PER COMPUTER:.....\$0.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....\$0.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....\$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....1
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00
TOTAL PAYMENTS:.....\$13,007.00
TOTAL PAYMENTS PER COMPUTER:.....\$0.00

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Refund or Amount Owed

REFUND AMOUNT:.....\$-13,007.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$-13,007.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$0.00
FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....
AUTHORIZATION INDICATOR:.....0
THIRD PARTY DESIGNEE NAME:.....

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