

Form
1040EZ

Income Tax Return for Single and Joint Filers With No Dependents (99)

2017

OMB No. 1545-0074

Your first name and initial Steven ■	Last name Miranda ■	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 are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Austin, Texas ■■■■■■		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/country	Foreign postal code

Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment.	1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	0	00
	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	0	00
	3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	0	00
	4 Add lines 1, 2, and 3. This is your adjusted gross income.	4	0	00
	5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if single; \$20,800 if married filing jointly. See back for explanation.	5	10400	00
6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income.	6	0	00	

Payments, Credits, and Tax	7 Federal income tax withheld from Form(s) W-2 and 1099.	7	7494	39
	8a Earned income credit (EIC) (see instructions)	8a	0	00
	b Nontaxable combat pay election. 8b			
	9 Add lines 7 and 8a. These are your total payments and credits.	9	7494	39
	10 Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	0	00
11 Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	11	0	00	
12 Add lines 10 and 11. This is your total tax.	12	0	00	

Refund Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.	13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund. If Form 8888 is attached, check here <input type="checkbox"/>	13a	7494	39
	b Routing number ■■■■■■■■■■ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d Account number ■■■■■■■■■■				

Amount You Owe	14 If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe. For details on how to pay, see instructions.	14		
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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, to the best of my knowledge and belief, it is true, correct, and accurately lists 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.

Joint return? See instructions.	Your 3/4/18	Your occupation	Daytime phone number
Keep a copy for your records.	Spouse ■■■■■■■■■■ must sign.	Insurance	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ■■■■■■■■■■
	Date	Spouse's occupation	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

