Form 1040A		tment of the Treasury -				~	04.0						
	0.5	. Individual I	ncome Tax Return (99) 2016 IRS					S Use On	Use Only - Do not write or staple in this space.				
Your first name and initial		Last name							OMB No. 1545-0074				
									Yo	our s	ocial secu	rity number	
If a joint return, spouse's f	nd initial	Last name						Sp	Spouse's social security number				
Home address (number a	nd street). I	f you have a P.O. box, see	instructions.					Apt. no.			Make s	ure the SSN(s) above
												ine 6c are co	
City, town or post office, s	tate, and Z	IP code. If you have a forei	gn address, also c	omplete sp	aces below (see instruct	tions).			Ch			Iection Campai or your spouse i	-
Foreign country name		Foreigr	n province/state/county		Foreig	n nootol oodo				go to this fund. C	-		
r oroign ocurity name				lineigi	i provinco/state/county		Foleig	n postal code		oox b fund.		ot change your ta	spouse
Filing	1	Single				4	Head of I	nousehold (wit	h qualifyiı	ng pe	erson). (See	e instructions.)	opouse
status	2	Married filing joint	l income)	If the qualifying person is enter this child's name h				but I	pot your de	pendent,			
	3	and											
Check only one box.		full name here.				5	Qualifyin	g widow(er) wi	th depend	dent	child (see i	nstructions)	
Exampliana	6 a	Yourself. If s	omeone can c	claim vo	u as a dependent,	do no	t check				٦	Boxes	
Exemptions			6a.							>	checked on 6a and 6b		
	b	Spouse										No. of childre on 6c who:	n
If more than six	с	Dependents:			(2) Dependent's social		(3) Deper	dent's	(4) If o age 17	quali	ifying for		
dependents, see (1)	First name	Last na	ame		security number		relationship	o to you	child ta	x cre	dit (see ions)	 lived with you 	
instructions 												 did not live with you due 	•
												to divorce or separation	
												(see instr)	
												Dependents on 6c not	
										\exists		entered above	e
	d	Total number of ex	emptions clair	ned.								Add numbers on lines above	
Income		,,											
Attach	7	7 Wages, salaries, tips, etc. Attach Form(s) W-2.									7		
Form(s) W-2	0	Touchis interest Attack Calesdula D if non-in-d									0-		
here. Also attach	8a b	Taxable interest. Attach Schedule B if required. Tax-exempt interest. Do not include on line 8a. 8b									8a		
Form(s)	9a			Do not include on line 8a. 8b Attach Schedule B if required.				9a					
1099-R if tax was withheld.	b	Qualified dividends			required.		9b				34		
	10	Capital gain distrib	`		5).		0.0			—	10		
If you did not	11a	IRA			/	11b	Taxable	amount			-		
get a W-2, see instructions.		distributions.	11a				(see ins	tructions).			11b		
	12a	Pensions and				12b	Taxable	amount					
		annuities.	12a				(see ins	tructions).			12b		
	13		Permanent Fund dividends. 14b Taxable amount						13				
	14a	Social security	4.4-			14b					4.41		
		benefits.	14a				(see ins	tructions).			14b		
	15	Add lines 7 through 14b (far right column). This is your total income.								►	15		
Adjusted													
gross income	16	Educator expenses		ons).			16						
	17	IRA deduction (see	17										
	18	Student loan intere	est deduction (s	see instri	uctions).		18						
	19	Tuition and fees. A	ttach Form 89	17.			19						
	20	Add lines 16 through 19. These are your total adjustments									20		
	21				r adjusted gross					►	21		
For Disclosure, Pri	ivacy Ac	t, and Paperwork R	eduction Act	Notice,	see separate inst	ructio	ons.					Form 104	0A (2016