

U.S. Individual Income Tax Return (99) 2017

OMB No. 1545-0074

Personal information section including name, address, and filing status.

Filing status section with checkboxes for Single, Married, etc.

Exemptions section with a table for dependents and exemptions.

Income section with a table for various income types and exemptions.

22	Enter the amount from line 21 (adjusted gross income).	22	22,513
23a	Check <input type="checkbox"/> You were born before January 2, 1953, and <input type="checkbox"/> Spouse was born before January 2, 1953.	Blind <input type="checkbox"/> Total boxes checked	23a <input type="checkbox"/>
b	If you are married filing separately and your spouse itemizes deductions, check here		23b <input type="checkbox"/>
24	Enter your standard deduction.	24	12,700
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	9,813
26	Exemptions. Multiply \$4,050 by the number on line 6d.	26	12,150
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income.	27	0
28	Tax, including any alternative minimum tax (see instructions).	28	0
29	Excess advance premium tax credit repayment. Attach Form 8962.	29	
30	Add lines 28 and 29.	30	0
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	0
37	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	0
38	Health care: individual responsibility (see instructions). Full-year coverage	38	695
39	Add line 37 and line 38. This is your total tax.	39	695
40	Federal income tax withheld from Forms W-2 and 1099.	40	79
41	2017 estimated tax payments and amount applied from 2016 return.	41	
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	79
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	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
49	Amount of line 47 you want applied to your 2018 estimated tax.	49	
50	Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions.	50	616
51	Estimated tax penalty (see instructions).	51	

**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, \$6,350
  - Married filing jointly or Qualifying widow(er) \$12,700
  - Head of household, \$9,350

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

**Amount you owe**

**Third party designee**

**Sign here**

Joint return? See instructions. Keep a copy for your records.

**Paid preparer use only**

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 no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

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 04-03-2018 Your occupation cook Daytime phone number \_\_\_\_\_

Spouse's signature \_\_\_\_\_ Date 04-03-2018 Spouse's occupation Helper If the IRS sent you an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

Preparer's signature Eddy Fernezan Date 04-03-2018 Check  if self-employed PTIN P01235339

Print preparer's name Eddy Fernezan Firm's name United Esj Multi Services Firm's EIN \_\_\_\_\_

Firm's address 526 Cambridge Street Cambridge, MA 02141 Phone no. 617-492-435