

1040 U.S. Individual Income Tax Return 2016

Department of the Treasury—Internal Revenue Service (99) 2016
OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.
For the year Jan. 1—Dec. 31, 2016, or other tax year beginning 2016, ending 20
Your first name and initial Last name
If a joint return, spouse's first name and initial Last name
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Foreign country name Foreign province/state/county Foreign postal code

Filing Status
1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here.
4 [ ] Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 [ ] Qualifying widow(er) with dependent child

Exemptions
6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a
b [ ] Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] If child under age 17 qualifying for child tax credit (see instructions)
d Total number of exemptions claimed 1

Income Table
7 Wages, salaries, tips, etc. Attach Form(s) W-2 18,569
8a Taxable interest. Attach Schedule B if required 0
8b Tax-exempt interest. Do not include on line 8a 0
9a Ordinary dividends. Attach Schedule B if required 0
9b Qualified dividends 0
10 Taxable refunds, credits, or offsets of state and local income taxes 0
11 Alimony received C
12 Business income or (loss). Attach Schedule C or C-EZ C
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here C
14 Other gains or (losses). Attach Form 4797
15a IRA distributions 15a Taxable amount 15b 0
16a Pensions and annuities 16a Taxable amount 16b 0
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 0
18 Farm income or (loss). Attach Schedule F 0
19 Unemployment compensation 0
20a Social security benefits 20a Taxable amount 20b 0
21 Other income. List type and amount 0
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 18,569

Adjusted Gross Income Table
23 Educator expenses C
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ C
25 Health savings account deduction. Attach Form 8889 C
26 Moving expenses. Attach Form 3903 C
27 Deductible part of self-employment tax. Attach Schedule SE C
28 Self-employed SEP, SIMPLE, and qualified plans C
29 Self-employed health insurance deduction C
30 Penalty on early withdrawal of savings C
31a Alimony paid b Recipient's SSN 31a C
32 IRA deduction C
33 Student loan interest deduction C
34 Tuition and fees. Attach Form 8917 C
35 Domestic production activities deduction. Attach Form 8903 C
36 Add lines 23 through 35 0
37 Subtract line 36 from line 22. This is your adjusted gross income 18,569

Tax and Credits

Standard Deduction for... People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-73 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 74-77 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below [X] No

Sign Here

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

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 taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no., Check self-employed, PTIN

\*\*\* Duplicate Pay Stub \*\*\*

ANODYNE MEDICAL SERVICES CORP

[REDACTED]

Employee ID: [REDACTED]  
SSN: [REDACTED]  
Check Number: DD022221  
Check Date: 11/3/2017

MATTAPAN

MA 02126

Code	Description	Pay Rate	Hours	Current Amount	Year-To-Date Hours	Year-To-Date Amount
1100	Hourly	\$12.00	8.00	\$96.00	576.00	7,244.00
1901	MA SICK LEAVE	\$12.00	8.00	\$96.00	8.00	96.00
<b>GROSS PAY</b>				<b>\$192.00</b>		<b>\$7,902.13</b>
	Federal Tax			\$6.99		675.26
	Massachusetts			\$3.75		268.50
	FICA Social Security Tax			\$11.90		489.93
	FICA Medicare Tax			\$2.78		114.58
<b>TAXES WITHHELD</b>				<b>\$25.42</b>		<b>\$1,548.27</b>
<b>NET PAY</b>				<b>\$166.58</b>		<b>\$6,353.86</b>

Direct Deposit Information

Bank [REDACTED] Account [REDACTED]

Amount	Time Off Balance	Hours
\$166.58	Vacation Balance	0.00
	Sick Balance	0.00

\*\*\* Duplicate Pay Stub \*\*\*

ANODYNE MEDICAL SERVICES CORP

[REDACTED]

Employee ID: [REDACTED]  
SSN: [REDACTED]  
Check Number: DD022292  
Check Date: 11/10/2017

MATTAPAN

MA 02126

Code	Description	Pay Rate	Hours	Current	Year-To-Date	
				Amount	Hours	Amount
1100	Hourly	\$12.00	8.00	\$96.00	592.00	7,436.00
1100	Hourly	\$12.00	8.00	\$96.00	592.00	7,436.00
<b>GROSS PAY</b>				<b>\$192.00</b>		<b>\$8,094.13</b>
Federal Tax				\$6.99		682.25
Massachusetts				\$3.75		272.25
FICA Social Security Tax				\$11.91		501.84
FICA Medicare Tax				\$2.78		117.36
<b>TAXES WITHHELD</b>				<b>\$25.43</b>		<b>\$1,573.70</b>
<b>NET PAY</b>				<b>\$166.57</b>		<b>\$6,520.43</b>

Direct Deposit Information

Bank [REDACTED] Account [REDACTED]

Amount	Time Off Balance	Hours
\$166.57	Vacation Balance	0.00
	Sick Balance	0.00

\*\*\* Duplicate Pay Stub \*\*\*

ANODYNE MEDICAL SERVICES CORP

[REDACTED]  
[REDACTED]

Employee ID: [REDACTED]  
SSN: [REDACTED]  
Check Number: DD022365  
Check Date: 11/17/2017

MATTAPAN

MA 02126

Code	Description	Pay Rate	Hours	Current	Year-To-Date	
				Amount	Hours	Amount
1100	Hourly	\$12.00	8.00	\$96.00	614.00	7,716.50
1100	Hourly	\$13.50	8.00	\$108.00	614.00	7,716.50
1100	Hourly	\$12.75	6.00	\$76.50	614.00	7,716.50
GROSS PAY				\$280.50		\$8,374.63
Federal Tax				\$15.84		698.09
Massachusetts				\$7.91		280.16
FICA Social Security Tax				\$17.39		519.23
FICA Medicare Tax				\$4.07		121.43
TAXES WITHHELD				\$45.21		\$1,618.91
NET PAY				\$235.29		\$6,755.72

Direct Deposit Information

Bank [REDACTED] Account [REDACTED]

Amount	Time Off Balance	Hours
\$235.29	Vacation Balance	0.00
	Sick Balance	0.00

\*\*\* Duplicate Pay Stub \*\*\*

ANODYNE MEDICAL SERVICES CORP

[REDACTED]

Employee ID: [REDACTED]  
SSN: [REDACTED]  
Check Number: DD022438  
Check Date: 11/22/2017

MATTAPAN MA 02126

Code	Description	Pay Rate	Hours	Current	Year-To-Date	
				Amount	Hours	Amount
1100	Hourly	\$12.00	8.00	\$96.00	622.00	7,812.50
<b>GROSS PAY</b>				<b>\$96.00</b>		<b>\$8,470.63</b>
	Federal Tax			\$0.00		698.09
	FICA Social Security Tax			\$5.95		525.18
	FICA Medicare Tax			\$1.39		122.82
<b>TAXES WITHHELD</b>				<b>\$7.34</b>		<b>\$1,626.25</b>
<b>NET PAY</b>				<b>\$88.66</b>		<b>\$6,844.38</b>

Direct Deposit Information

Bank	Account	Amount	Time Off Balance	Hours
[REDACTED]	[REDACTED]	\$88.66	Vacation Balance	0.00
			Sick Balance	0.00

Department of the Treasury—Internal Revenue Service (99) **2016** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning [redacted], 2016, ending [redacted], 20. Your first name and initial [redacted] Last name [redacted]. See separate instructions. Your social security number [redacted]. If a joint return, spouse's first name and initial [redacted] Last name [redacted]. Spouse's social security number [redacted]. Home address (number and street). If you have a P.O. box, see instructions. [redacted] Apt. no. [redacted]. Make sure the SSN(s) above and on line 6c are correct. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). ROSLINDALE MA 02131 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. [X] You [ ] Spouse. Foreign country name [redacted] Foreign province/state/county [redacted] Foreign postal code [redacted].

Filing Status 1 [ ] Single 4 [X] Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. 2 [ ] Married filing jointly (even if only one had income) 3 [ ] Married filing separately. Enter spouse's SSN above and full name here. 5 [ ] Qualifying widow(er) with dependent child. Check only one box.

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. b [ ] Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you: (4) [X] If child under age 17 qualifying for child tax credit (see instructions). If more than four dependents, see instructions and check here [ ] [redacted] [redacted] [redacted] Sister. Boxes checked on 6a and 6b: 1. No. of children on 6c who: \* lived with you \* did not live with you due to divorce or separation (see instructions). Dependents on 6c not entered above: 1. Add numbers on lines above: 2.

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 20,699. 8a Taxable interest. Attach Schedule B if required 8a 0. b Tax-exempt interest. Do not include on line 8a 8b 0. 9a Ordinary dividends. Attach Schedule B if required 9a 0. b Qualified dividends 9b 0. 10 Taxable refunds, credits, or offsets of state and local income taxes 10 0. 11 Alimony received 11. 12 Business income or (loss). Attach Schedule C or C-EZ 12 0. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [ ] 13 0. 14 Other gains or (losses). Attach Form 4797 14. 15a IRA distributions 15a b Taxable amount 15b 0. 16a Pensions and annuities 16a b Taxable amount 16b 0. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17. 18 Farm income or (loss). Attach Schedule F 18 0. 19 Unemployment compensation 19. 20a Social security benefits 20a b Taxable amount 20b. 21 Other income. List type and amount 21 0. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 20,699.

Adjusted Gross Income 23 Educator expenses 23. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-F7 24 0. 25 Health savings account deduction. Attach Form 8889 25 0. 26 Moving expenses. Attach Form 3903 26 0. 27 Deductible part of self-employment tax. Attach Schedule SE 27 0. 28 Self-employed SEP, SIMPLE, and qualified plans 28 0. 29 Self-employed health insurance deduction 29. 30 Penalty on early withdrawal of savings 30 0. 31a Alimony paid b Recipient's SSN 31a. 32 IRA deduction 32 0. 33 Student loan interest deduction 33. 34 Tuition and fees. Attach Form 8917 34. 35 Domestic production activities deduction. Attach Form 8903 35 0. 36 Add lines 23 through 35 36 0. 37 Subtract line 36 from line 22. This is your adjusted gross income 37 20,699.

Tax and Credits

Standard Deduction for: People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below [X] No

Sign Here

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.

Table for signatures: Your signature, Spouse's signature, Date, Your occupation (WORKER), Spouse's occupation, Daytime phone number.

Paid Preparer Use Only

Table for preparer information: Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's EIN, Firm's address, Phone no.



**Newton Donuts Inc**  
 940 Boylston Street  
 Newton, MA 02461

Direct Deposit Advice



Check Date  
 November 9, 2017

Voucher Number  
 458

Direct Deposits	Type	Account	Amount
[REDACTED]	C	[REDACTED]	331.39
<b>Total Direct Deposits</b>			<b>331.39</b>

[REDACTED]  
 39099  
 [REDACTED]  
 ROSLINDALE, MA 02131

**Non Negotiable - This is not a check - Non Negotiable**

**Newton Donuts Inc**

**Earnings Statement**

Employee ID	[REDACTED]	Fed Taxable Income	451.23	Check Date	November 9, 2017	Voucher Number	458
Location	100	Fed Filing Status	S-0	Period Beginning	October 29, 2017	Net Pay	331.39
Hourly	\$11.00	State Filing Status	S-0	Period Ending	November 4, 2017		

Earnings	Rate	Hours	Amount	YTD
CASH TIP		0.00	12.00	178.93
OVERTIM				1,075.84
REGULAR	11.00	39.93	439.23	15,128.63
VACATIO				440.00
<b>Gross Earnings</b>		<b>39.93</b>	<b>451.23</b>	<b>16,823.40</b>

  

Taxes	Amount	YTD
FITW	52.08	1,905.10
MA	21.25	793.53
MED	6.54	243.94
SS	27.97	1,043.05
<b>Taxes</b>	<b>107.84</b>	<b>3,985.62</b>

Deductions	Amount	YTD
No Deductions		

Direct Deposits	Type	Account	Amount
Total Direct Deposits			331.39

Time Off	Available	Used
MA SICK	27.00	0.00

**Newton Donuts Inc**  
 940 Boylston Street  
 Newton, MA 02461

Direct Deposit Advice



Check Date  
 November 16, 2017

Voucher Number  
 476

Direct Deposits	Type	Account	Amount
[REDACTED]	C	[REDACTED]	340.29
<b>Total Direct Deposits</b>			<b>340.29</b>

39099  
 ROSLINDALE, MA 02131

**Non Negotiable - This is not a check - Non Negotiable**

**Newton Donuts Inc**

**Earnings Statement**

Employee ID	[REDACTED]	Fed Taxable Income	450.42	Check Date	November 16, 2017	Voucher Number	476
Location	100	Fcd Filing Status	S-0	Period Beginning	November 5, 2017	Net Pay	340.29
Hourly	\$11.00	State Filing Status	S-0	Period Ending	November 11, 2017		

Earnings	Rate	Hours	Amount	YTD
CASH TIP		0.00	2.50	181.43
OVERTIM	16.50	0.48	7.92	1,083.76
REGULAR	11.00	40.00	440.00	15,568.63
VACATIO				440.00
<b>Gross Earnings</b>		<b>40.48</b>	<b>450.42</b>	<b>17,273.82</b>

  

Taxes	Amount	YTD
FTTW	51.96	1,957.06
MA	21.21	814.74
MED	6.53	250.47
SS	27.93	1,070.98
<b>Taxes</b>	<b>107.63</b>	<b>4,093.25</b>

Deductions	Amount	YTD
<b>No Deductions</b>		

  

Direct Deposits	Type	Account	Amount
[REDACTED]		[REDACTED]	340.29
<b>Total Direct Deposits</b>			<b>340.29</b>

  

Time Off	Available	Used
MA SICK	29.00	0.00

**Newton Donuts Inc**  
 940 Boylston Street  
 Newton, MA 02461

Direct Deposit Advice



Check Date  
 November 22, 2017

Voucher Number  
 503

Direct Deposits	Type	Account	Amount
[REDACTED]	C	[REDACTED]	322.95
<b>Total Direct Deposits</b>			<b>322.95</b>

39099

[REDACTED]  
 ROSLINDALE, MA 02131

**Non Negotiable - This is not a check - Non Negotiable**

**Newton Donuts Inc**

**Earnings Statement**

Employee ID [REDACTED]	Fed Taxable Income	426.55	Check Date	November 22, 2017	Voucher Number	503
Location 100	Fed Filing Status	S-0	Period Beginning	November 12, 2017	Net Pay	322.95
Hourly \$11.00	State Filing Status	S-0	Period Ending	November 18, 2017		

Earnings	Rate	Hours	Amount	YTD
CASH TIP		0.00	2.50	183.93
OVERTIM				1,083.76
REGULAR	11.00	38.55	424.05	15,992.68
YACATIO				440.00
<b>Gross Earnings</b>		<b>38.55</b>	<b>426.55</b>	<b>17,700.37</b>
Taxes			Amount	YTD
FITW			48.38	2,005.44
MA	*		20.09	834.83
MED			6.18	256.65
SS			26.45	1,097.43
<b>Taxes</b>			<b>101.10</b>	<b>4,194.35</b>

Deductions	Amount	YTD
No Deductions		

Direct Deposits	Type	Account	Amount
[REDACTED]		[REDACTED]	322.95
<b>Total Direct Deposits</b>			<b>322.95</b>

Time Off	Available	Used
MA SICK	30.00	0.00

**Newton Donuts Inc**  
 940 Boylston Street  
 Newton, MA 02461

Direct Deposit Advice



Check Date  
 November 30, 2017

Voucher Number  
 520

Direct Deposits	Type	Account	Amount
[REDACTED]	C	[REDACTED]	263.90
<b>Total Direct Deposits</b>			<b>263.90</b>

39099  
 ROSLINDALE, MA 02131

**Non Negotiable - This is not a check - Non Negotiable**

**Newton Donuts Inc**

**Earnings Statement**

Employee ID [REDACTED] Fed Taxable Income 345.26 Check Date November 30, 2017 Voucher Number 520  
 Location 100 Fed Filing Status S-0 Period Beginning November 19, 2017 Net Pay 263.90  
 Hourly \$11.00 State Filing Status S-0 Period Ending November 25, 2017

Earnings	Rate	Hours	Amount	YTD
CASH TIP		0.00	2.50	186.43
OVERTIM				1,083.76
REGULAR	11.00	31.16	342.76	16,335.44
VACATIO				440.00
<b>Gross Earnings</b>		<b>31.16</b>	<b>345.26</b>	<b>18,045.63</b>
Taxes			Amount	YTD
FITW			36.19	2,041.63
MA			16.26	851.09
MED			5.01	261.66
SS			21.40	1,118.83
<b>Taxes</b>			<b>78.86</b>	<b>4,273.21</b>

Deductions	Amount	YTD	
<b>No Deductions</b>			
Direct Deposits	Type	Account	Amount
<b>Total Direct Deposits</b>			<b>263.90</b>
<b>Total Direct Deposits</b>			<b>263.90</b>
Time Off	Available	Used	
MA SICK	31.00	0.00	

Notice Preview

DTA - DPC - P.O. Box 4406  
Taunton, MA 02780-0420

Massachusetts Department of Transitional Assistance

[REDACTED]  
MATTAPAN MA 02126-1841

Agency ID: 4821266

Date: 11/17/2017

Re: Income Verification

Department of Transitional Assistance (DTA) computer records indicate that you receive the following monthly benefits:



TAFDC Amount:	\$388.00
EAEDC Amount:	\$0.00
SNAP Amount:	\$640.00
SSI State Supplement Amount Only:	\$0.00
Temporary TSS Stipend Amount:	
Work Expense	\$0.00
Transportation	\$0.00

Our records also show that you received a DOR Child Support payment paid through DTA in the amount of \$0.00.

This information is current as of 11/17/2017.

This letter serves as proof of the income that you receive from DTA.

Luis Manso  
(617) 989-6074

INCOMEVER

Agency ID: 4821266