

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning 03/01, 2016, ending 10/30, 2016		See separate instructions.
Your first name and initial Michelle	Last name Bailey	Your social security number 9 8 7 6 5 4 0 5 2
If a joint return, spouse's first name and initial N/A	Last name N/A	Spouse's social security number 0 5 5 2 0 4 6 8 0
Home address (number and street). If you have a P.O. box, see instructions. 2201 E MANCHESTER LOS ANGELES CA 90001-4147 USA		Apt. no. 2201
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). 4727 OAKWOOD LOS ANGELES CA 90004-2492 USA		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 England	Foreign province/state/county Coventry	Foreign postal code 07695

Filing Status

Check only one box.

- | | |
|--|--|
| 1 <input checked="" type="checkbox"/> Single | 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ |
| 2 <input type="checkbox"/> Married filing jointly (even if only one had income) | 5 <input type="checkbox"/> Qualifying widow(er) with dependent child |
| 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ | |

Exemptions

If more than four dependents, see instructions and check here ☐

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b 1	
b <input type="checkbox"/> Spouse					
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) 0
(1) First name	Last name				
Mark	Collins	9 8 6 7 0 8 6 5 5	friend	<input checked="" type="checkbox"/>	
Kirsten	Hunk	3 8 7 5 2 1 9 9 8		<input type="checkbox"/>	
				<input type="checkbox"/>	
d Total number of exemptions claimed					Dependents on 6c not entered above 1
					Add numbers on lines above ▶ 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	1000
8a Taxable interest. Attach Schedule B if required	8a	2000
b Tax-exempt interest. Do not include on line 8a	8b	500
9a Ordinary dividends. Attach Schedule B if required	9a	1000
b Qualified dividends	9b	500
10 Taxable refunds, credits, or offsets of state and local income taxes	10	1000
11 Alimony received	11	1000
12 Business income or (loss). Attach Schedule C or C-EZ	12	1000
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	0
14 Other gains or (losses). Attach Form 4797	14	1000
15a IRA distributions	15a	1000
b Taxable amount	15b	200
16a Pensions and annuities	16a	1000
b Taxable amount	16b	200
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	1000
18 Farm income or (loss). Attach Schedule F	18	1000
19 Unemployment compensation	19	1000
20a Social security benefits	20a	500
b Taxable amount	20b	5000
21 Other income. List type and amount N/A	21	1000
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	5520

Adjusted Gross Income

23 Educator expenses	23	500
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	600
25 Health savings account deduction. Attach Form 8889	25	700
26 Moving expenses. Attach Form 3903	26	800
27 Deductible part of self-employment tax. Attach Schedule SE	27	900
28 Self-employed SEP, SIMPLE, and qualified plans	28	100
29 Self-employed health insurance deduction	29	1000
30 Penalty on early withdrawal of savings	30	250
31a Alimony paid b Recipient's SSN ▶	31a	500
32 IRA deduction	32	750
33 Student loan interest deduction	33	2000
34 Tuition and fees. Attach Form 8917	34	1300
35 Domestic production activities deduction. Attach Form 8903	35	400
36 Add lines 23 through 35	36	12000
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	3200

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

38	Amount from line 37 (adjusted gross income)	38	
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a 0		
	if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	1000
41	Subtract line 40 from line 38	41	200
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	2000
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	300
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input checked="" type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	3000
45	Alternative minimum tax (see instructions). Attach Form 6251	45	100
46	Excess advance premium tax credit repayment. Attach Form 8962	46	250
47	Add lines 44, 45, and 46	47	400
48	Foreign tax credit. Attach Form 1116 if required	48	1200
49	Credit for child and dependent care expenses. Attach Form 2441	49	2100
50	Education credits from Form 8863, line 19	50	1000
51	Retirement savings contributions credit. Attach Form 8880	51	2000
52	Child tax credit. Attach Schedule 8812, if required	52	400
53	Residential energy credits. Attach Form 5695	53	700
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input checked="" type="checkbox"/> 8801 c <input type="checkbox"/>	54	600
55	Add lines 48 through 54. These are your total credits	55	2250
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	2300

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	1000
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input checked="" type="checkbox"/> 8919	58	2300
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	2000
60a	Household employment taxes from Schedule H	60a	250
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	750
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	1000
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	1500
63	Add lines 56 through 62. This is your total tax	63	5570

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	100
65	2016 estimated tax payments and amount applied from 2015 return	65	0
66a	Earned income credit (EIC)	66a	0
b	Nontaxable combat pay election 66b 20		
67	Additional child tax credit. Attach Schedule 8812	67	1200
68	American opportunity credit from Form 8863, line 8	68	420
69	Net premium tax credit. Attach Form 8962	69	700
70	Amount paid with request for extension to file	70	320
71	Excess social security and tier 1 RRTA tax withheld	71	500
72	Credit for federal tax on fuels. Attach Form 4136	72	740
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input checked="" type="checkbox"/> 8885 d <input type="checkbox"/>	73	450
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	5578

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	535
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	1000
b	Routing number 5 0 5 5 5 2 8 2 0 ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 0 0 0 0 5 2 8 5 0 0 5 2 2 5 2		
77	Amount of line 75 you want applied to your 2017 estimated tax ▶	77	2500
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	5420
79	Estimated tax penalty (see instructions)	79	5400

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

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.

Your signature <i>michelle bailey</i>	Date 02/12/1991	Your occupation <i>businessman</i>	Daytime phone number 001428882652
Spouse's signature. If a joint return, both must sign. <i>N/A</i>	Date N/A	Spouse's occupation N/A	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <i>N / A</i>

Paid Preparer Use Only

Print/Type preparer's name James Collins	Preparer's signature <i>james collins</i>	Date 07/28/1985	Check <input type="checkbox"/> if self-employed PTIN 06505
Firm's name ▶ ARM company	Firm's EIN ▶ 00520	Phone no. 51254105024	
Firm's address ▶ 5901 S MAIN LOS ANGELES CA 90003-1216 USA			