

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning 02/01 , 2016, ending 09/30 , 20 16		See separate instructions.
Your first name and initial Yayden	Last name Bailey	Your social security number 0 5 2 0 9 8 2 0 0
If a joint return, spouse's first name and initial N/A	Last name N/A	Spouse's social security number N / A
Home address (number and street). If you have a P.O. box, see instructions. 537 N NORMANDIE LOS ANGELES CA 90004-2041 USA		Apt. no. 537
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). 74453 PO BOX LOS ANGELES CA 90004-0453 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 Philippines	Foreign province/state/county Manila	Foreign postal code 2815

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) | |
| 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ | 5 <input type="checkbox"/> Qualifying widow(er) with dependent child |

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 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 Add numbers on lines above ▶
b <input type="checkbox"/> Spouse				
c Dependents:				
(1) First name	Last name	(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)
Tom	Collins	5 2 0 8 5 2 0	brother	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
d Total number of exemptions claimed				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	7 120		
8a Taxable interest. Attach Schedule B if required	8a 220		
b Tax-exempt interest. Do not include on line 8a	8b 50		
9a Ordinary dividends. Attach Schedule B if required	9a 100		
b Qualified dividends	9b 50		
10 Taxable refunds, credits, or offsets of state and local income taxes	10 155		
11 Alimony received	11 123		
12 Business income or (loss). Attach Schedule C or C-EZ	12 120		
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 0		
15a IRA distributions	15a 1000	b Taxable amount	15b 0
16a Pensions and annuities	16a 1000	b Taxable amount	16b 0
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	25 750		
26 Moving expenses. Attach Form 3903	26 800		
27 Deductible part of self-employment tax. Attach Schedule SE	27 950		
28 Self-employed SEP, SIMPLE, and qualified plans	28 100		
29 Self-employed health insurance deduction	29 1055		
30 Penalty on early withdrawal of savings	30 250		
31a Alimony paid b Recipient's SSN ▶ 0 5 4 4 0 5 5 5	31a 520		
32 IRA deduction	32 750		
33 Student loan interest deduction	33 200		
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 1200		
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37 320		

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	100
41	Subtract line 40 from line 38	41	20
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	30
44	Tax (see instructions). Check if any from: a <input checked="" type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	300
45	Alternative minimum tax (see instructions). Attach Form 6251	45	10
46	Excess advance premium tax credit repayment. Attach Form 8962	46	25
47	Add lines 44, 45, and 46	47	40
48	Foreign tax credit. Attach Form 1116 if required	48	120
49	Credit for child and dependent care expenses. Attach Form 2441	49	210
50	Education credits from Form 8863, line 19	50	100
51	Retirement savings contributions credit. Attach Form 8880	51	200
52	Child tax credit. Attach Schedule 8812, if required	52	40
53	Residential energy credits. Attach Form 5695	53	70
54	Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	60
55	Add lines 48 through 54. These are your total credits	55	250
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	200

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	100
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input checked="" type="checkbox"/> 8919	58	200
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	0
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 type="checkbox"/> Form 8959 b <input checked="" 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	4578

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	235
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	1900
b	Routing number 0 5 2 1 0 5 4 2 0 ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 5 2 0 0 0 0 0 0 0 0 0 0 0 2 5 5 4		
77	Amount of line 75 you want applied to your 2017 estimated tax ▶	77	230

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	5682
79	Estimated tax penalty (see instructions)	79	5452

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 ▶ John Wilson	Phone no. ▶ 159304468	Personal identification number (PIN) ▶ 2 7 3 9 0
-------------------------------	-----------------------	--

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>joyden bailey</i>	Date 02/12/1991	Your occupation <i>seller</i>	Daytime phone number 001248952021
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 ▶ ITI company	Firm's EIN ▶ 08021	Phone no. 0394005452	
Firm's address ▶ 5901 S CENTRAL LOS ANGELES CA 90001-1128 USA			