

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning

04/01

, 2016, ending

08/30

, 20 16

See separate instructions.

Your first name and initial

Andrew

Last name

Murphy

Your social security number

0 5 2 0 5 5 2 0 1

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.

636 N MANHATTAN LOS ANGELES CA 90004-1733 USA

Apt. no.

6360

▲ 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).

200 E 101ST LOS ANGELES CA 90003-4704 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. ☒ You ☐ Spouse

Foreign country name

N/A

Foreign province/state/county

N/A

Foreign postal code

N/A

Filing Status

1 ☒ Single2 ☐ 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 instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ 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)
Grace	Hill	0 8 5 2 0 5 2 0 0	friend	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

d Total number of exemptions claimed

Boxes checked on 6a and 6b	1
No. of children on 6c who:	0
• lived with you	
• did not live with you due to divorce or separation (see instructions)	0
Dependents on 6c not entered above	0
Add numbers on lines above ▶	1

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	20
8a	Taxable interest. Attach Schedule B if required	8a	10
b	Tax-exempt interest. Do not include on line 8a	8b	30
9a	Ordinary dividends. Attach Schedule B if required	9a	50
b	Qualified dividends	9b	30
10	Taxable refunds, credits, or offsets of state and local income taxes	10	60
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	10
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	20
14	Other gains or (losses). Attach Form 4797	14	20
15a	IRA distributions	15a	40
b	Taxable amount	15b	20
16a	Pensions and annuities	16a	40
b	Taxable amount	16b	20
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	50
18	Farm income or (loss). Attach Schedule F	18	30
19	Unemployment compensation	19	20
20a	Social security benefits	20a	30
b	Taxable amount	20b	40
21	Other income. List type and amount 20	21	30
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	360

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.

Adjusted Gross Income

23	Educator expenses	23	10
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	20
25	Health savings account deduction. Attach Form 8889	25	30
26	Moving expenses. Attach Form 3903	26	40
27	Deductible part of self-employment tax. Attach Schedule SE	27	50
28	Self-employed SEP, SIMPLE, and qualified plans	28	60
29	Self-employed health insurance deduction	29	0
30	Penalty on early withdrawal of savings	30	0
31a	Alimony paid b Recipient's SSN ▶ 0 2 3 5 0 1 2 4 0	31a	20
32	IRA deduction	32	70
33	Student loan interest deduction	33	80
34	Tuition and fees. Attach Form 8917	34	50
35	Domestic production activities deduction. Attach Form 8903	35	60
36	Add lines 23 through 35	36	390
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	60

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	50
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 checked="" type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	20
41	Subtract line 40 from line 38	41	50
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	300
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	520
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	0
45	Alternative minimum tax (see instructions). Attach Form 6251	45	50
46	Excess advance premium tax credit repayment. Attach Form 8962	46	20
47	Add lines 44, 45, and 46	47	300
48	Foreign tax credit. Attach Form 1116 if required	48	20
49	Credit for child and dependent care expenses. Attach Form 2441	49	60
50	Education credits from Form 8863, line 19	50	50
51	Retirement savings contributions credit. Attach Form 8880	51	40
52	Child tax credit. Attach Schedule 8812, if required	52	30
53	Residential energy credits. Attach Form 5695	53	10
54	Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	40
55	Add lines 48 through 54. These are your total credits	55	50
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	520

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	20
58	Unreported social security and Medicare tax from Form: a <input checked="" type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	50
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	70
60a	Household employment taxes from Schedule H	60a	80
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	50
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	60
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	80
63	Add lines 56 through 62. This is your total tax	63	500

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	50
65	2016 estimated tax payments and amount applied from 2015 return	65	40
66a	Earned income credit (EIC)	66a	30
b	Nontaxable combat pay election 66b 20		
67	Additional child tax credit. Attach Schedule 8812	67	10
68	American opportunity credit from Form 8863, line 8	68	30
69	Net premium tax credit. Attach Form 8962	69	50
70	Amount paid with request for extension to file	70	80
71	Excess social security and tier 1 RRTA tax withheld	71	70
72	Credit for federal tax on fuels. Attach Form 4136	72	60
73	Credits from Form: a <input checked="" type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	100
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	530

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	890
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	250
b	Routing number 0 8 5 2 4 1 0 0 0 ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 0 1 2 3 4 5 6 4 2 2 2 2 7 7 2 2 2		
77	Amount of line 75 you want applied to your 2017 estimated tax ▶	77	2560
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	235
79	Estimated tax penalty (see instructions)	79	2300

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 ▶ Biden Grey	Phone no. ▶ 0680367387669	Personal identification number (PIN) ▶ 0 5 2 1 2
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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>andrew murphy</i>	Date 12/18/1991	Your occupation bank clerk	Daytime phone number 00182505213
Spouse's signature. If a joint return, both must sign. N/A	Date 10/08/1989	Spouse's occupation N/A	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) N / A

Paid Preparer Use Only

Print/Type preparer's name Susan Gomez	Preparer's signature <i>susan gomez</i>	Date 02/04/1985	Check <input checked="" type="checkbox"/> if self-employed	PTIN 0581254
Firm's name ▶ AMMY company	Firm's EIN ▶ 08520	Phone no. 75240195742		
Firm's address ▶ 215 E 87TH LOS ANGELES CA 90003-3454 USA				