

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning <u>09/01</u> , 2016, ending <u>02/30</u> , 20 <u>16</u>		See separate instructions.
Your first name and initial <u>Anthony</u>	Last name <u>Gomez</u>	Your social security number <u>0 5 2 0 5 5 2 2 4</u>
If a joint return, spouse's first name and initial <u>N/A</u>	Last name <u>N/A</u>	Spouse's social security number <u>N / A</u>
Home address (number and street). If you have a P.O. box, see instructions. <u>200 W 59TH LOS ANGELES CA 90003-1110 USA</u>		Apt. no. <u>2000</u>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <u>2250 E 105TH LOS ANGELES CA 90002-3825 USA</u>		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 checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name <u>Korea</u>	Foreign province/state/county <u>Busan</u>	Foreign postal code <u>999007</u>

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 <input type="checkbox"/>	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 ▶	1	
	b <input type="checkbox"/> Spouse		0	
	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)
	<u>Taylor Hill</u>	<u>0 8 5 2 0 5 8 6 5</u>	<u>friend</u>	<input checked="" type="checkbox"/>
d Total number of exemptions claimed			1	

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 <u>200</u>		
	8a Taxable interest. Attach Schedule B if required	8a <u>100</u>		
	b Tax-exempt interest. Do not include on line 8a	8b <u>300</u>		
	9a Ordinary dividends. Attach Schedule B if required	9a <u>500</u>		
	b Qualified dividends	9b <u>300</u>		
	10 Taxable refunds, credits, or offsets of state and local income taxes	10 <u>600</u>		
	11 Alimony received	11 <u>100</u>		
	12 Business income or (loss). Attach Schedule C or C-EZ	12 <u>200</u>		
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13 <u>200</u>		
	14 Other gains or (losses). Attach Form 4797	14 <u>200</u>		
	15a IRA distributions	15a <u>400</u>	b Taxable amount	15b <u>200</u>
	16a Pensions and annuities	16a <u>400</u>	b Taxable amount	16b <u>200</u>
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17 <u>500</u>		
	18 Farm income or (loss). Attach Schedule F	18 <u>300</u>		
19 Unemployment compensation	19 <u>200</u>			
20a Social security benefits <u>300</u>	20a <u>300</u>	b Taxable amount	20b <u>400</u>	
21 Other income. List type and amount <u>200</u>	21 <u>300</u>			
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22 <u>3600</u>			

Adjusted Gross Income	23 Educator expenses	23 <u>100</u>	
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24 <u>200</u>	
	25 Health savings account deduction. Attach Form 8889	25 <u>300</u>	
	26 Moving expenses. Attach Form 3903	26 <u>400</u>	
	27 Deductible part of self-employment tax. Attach Schedule SE	27 <u>500</u>	
	28 Self-employed SEP, SIMPLE, and qualified plans	28 <u>600</u>	
	29 Self-employed health insurance deduction	29 <u>0</u>	
	30 Penalty on early withdrawal of savings	30 <u>0</u>	
	31a Alimony paid b Recipient's SSN ▶ <u>0 2 3 5 0 1 2 5 6</u>	31a <u>200</u>	
	32 IRA deduction	32 <u>700</u>	
	33 Student loan interest deduction	33 <u>800</u>	
	34 Tuition and fees. Attach Form 8917	34 <u>500</u>	
	35 Domestic production activities deduction. Attach Form 8903	35 <u>600</u>	
	36 Add lines 23 through 35	36 <u>3900</u>	
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37 <u>600</u>		

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	500
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	200
41	Subtract line 40 from line 38	41	500
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	3000
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	5200
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	500
46	Excess advance premium tax credit repayment. Attach Form 8962	46	200
47	Add lines 44, 45, and 46	47	3000
48	Foreign tax credit. Attach Form 1116 if required	48	200
49	Credit for child and dependent care expenses. Attach Form 2441	49	600
50	Education credits from Form 8863, line 19	50	500
51	Retirement savings contributions credit. Attach Form 8880	51	400
52	Child tax credit. Attach Schedule 8812, if required	52	300
53	Residential energy credits. Attach Form 5695	53	100
54	Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	400
55	Add lines 48 through 54. These are your total credits	55	500
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	5200

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	200
58	Unreported social security and Medicare tax from Form: a <input checked="" type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	500
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	700
60a	Household employment taxes from Schedule H	60a	800
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	500
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	600
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	800
63	Add lines 56 through 62. This is your total tax	63	5000

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	500
65	2016 estimated tax payments and amount applied from 2015 return	65	400
66a	Earned income credit (EIC)	66a	300
b	Nontaxable combat pay election 66b 200		
67	Additional child tax credit. Attach Schedule 8812	67	100
68	American opportunity credit from Form 8863, line 8	68	300
69	Net premium tax credit. Attach Form 8962	69	500
70	Amount paid with request for extension to file	70	800
71	Excess social security and tier 1 RRTA tax withheld	71	700
72	Credit for federal tax on fuels. Attach Form 4136	72	600
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	1000
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	5300

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	8900
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	2500
b	Routing number 0 2 8 5 6 2 1 0 ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 0 1 2 3 4 5 6 5 2 4 1 0 2 8 5 4 2		

Amount You Owe

77	Amount of line 75 you want applied to your 2017 estimated tax ▶	77	25600
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	2350
79	Estimated tax penalty (see instructions)	79	23000

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 ▶ Abel White	Phone no. ▶ 1366575089	Personal identification number (PIN) ▶ 2 5 8 3 0
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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>anthony gomez</i>	Date 12/18/1991	Your occupation stockbroker	Daytime phone number 001825012852
Spouse's signature. If a joint return, both must sign. N/A	Date N/A	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 Justin Bieber	Preparer's signature <i>justin bieber</i>	Date 02/04/1985	Check <input checked="" type="checkbox"/> if self-employed	PTIN 062144
Firm's name ▶ AMMYGOS company			Firm's EIN ▶ 0562	
Firm's address ▶ 1450 E 81ST LOS ANGELES CA 90001-3836 USA			Phone no. 00135465214	