Electronic Filing Instructions for your 2017 Federal Tax Return Important: Your taxes are not finished until all required steps are completed.



Larry D Stanley, Jr PO Box 2397 Richland, WA 99352

Balance Due/ Refund	ue/							
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return							
2017 Federal Tax Return Summary	Adjusted Gross Income							

1040A	U.S	5. Individual Ir	ncome Ta	ax Return (99)	207	1 /	RS Use Or	ıly—Do	not w	rite or staple in this	space
Your first name and in	nitial		Last name							OMB No. 1545-0074	1
								Y	our s	social security num	ber
Larry D			Stanle	v. Jr							
If a joint return, spous	e's first	name and initial	Last name	17				S	pouse	e's social security nu	ımber
,											
Home address (numb	er and s	street). If you have a P.O.	box, see instru	ctions.			Apt. no.		N/s	ake sure the SSN(s)	ahove
PO Box 2397		, ,	•				·	_ 4		nd on line 6c are co	
	state a	nd ZIP code. If you have a	foreign address a	lso complete spaces below (see	e instructi	ions)		٠,	Droois	dential Election Cam	noian
Richland WA		•	roroigir addrood, a	iloo oompioto opaooo bolow (oo	o iniotraotr	0110).				nere if you, or your spo	
Foreign country name		0.2		Foreign province/state/cou	unts.	For	eign postal o	fil	ing joi	ntly, want \$3 to go to t	his func
Foreign country name	;			Foreign province/state/cot	шцу	FOR	eigii postai t	0	hecking x or re	g a box below will not cha	
	a 6				4 🗀	111.61					Spouse
Filing	=	Single					•			person). (See instr	
status	2		• (only one had income)			.			out not your depe	ndeni
Check only	3		arately. Enter s	spouse's SSN above and		enter this ch			_		
one box.		full name here. ▶			5			. , .	ee ii	nstructions)	
Exemptions	6a	X Yourself. If	someone o	an claim you as a d	epend	dent, do no	ot check	()	Boxes checked on	
•		b	ox 6a.						}	6a and 6b	1
	b	Spouse							J	No. of children	
	C	Dependents:		(0) 5	(0) [S		if child ur		on 6c who:	
f more than six		•		(2) Dependent's social security number		Dependent's onship to you		qualifying x credit (s		 lived with you 	
dependents, see		(1) First name	Last name	Scourty Hamber	relatio	orisinp to you		ructions)	000	did not live	
nstructions.								П		with you due to	
								Ī		divorce or separation (see	
								$\overline{\Box}$	_	instructions)	
								$\overline{\Box}$		Dependents	
								H	_	on 6c not entered above	
										entered above	
										Add numbers	_
	d	Total number of	ovemption	c claimed						on lines above ►	1
l	<u>u</u>	Total Humber of	exemption	5 Ciairrieu.						abover	
Income	7	Wagos salarios	tipe etc /	\ttach Earm(s) \W 2					7	26.2	0.0
Attack		vvages, salaries	, tips, etc. F	Attach Form(s) W-2.						26,2	00.
Attach Form(s) W-2	0-	Tanadala Sataman		de e alcola Differencia d	ı			,	١-		
here. Also	8a			chedule B if required		1-			Ba		
attach	b			ot include on line 8a		D		,			
Form(s)	9a			Schedule B if require					Ва		
1099-R if		Qualified divider			91	b					
tax was	10	Capital gain dist	tributions (s	ee instructions).				1	0		
withheld.	11a				11b	Taxable a					
f you did not		distributions.	11a	,		(see instru		1	1b		
get a W-2, see	12a	Pensions and			12b	Taxable a					
nstructions.		annuities.	12a			(see instru	ıctions).	1:	2b		
	13	Unemployment	compensat	ion and Alaska Pern	nanen [.]	t Fund divi	dends.	1	3		
	14a	Social security			14b	Taxable a	mount				
		benefits.	14a			(see instru	ıctions).	1	4b		
						-	,				
	15	Add lines 7 thro	ugh 14b (fa	r right column). This	is you	ur total inc	ome.	▶ 1	15	26,2	00.
Adjusted			J (***	, -						20,2	
-	16	Educator expen	ses (see ins	structions).	16	6					
gross	17	IRA deduction (s			1						
income	18			tion (see instructions							
		Stadont loan little	J. Jost Goddo		<i>y</i> . 10						
	19	Tuition and fees	Attach Fo	rm 8017	19	Q .					
	20								20		
	 U	Add lines to thr	ougii 19. If	nese are your total a	เนเนรโ	ments.			U		

Subtract line 20 from line 15. This is your adjusted gross income.

26,200.

Form 1040A (2	2017)			Page 2
Tax, credits,	22	Enter the amount from line 21 (adjusted gross income).	22	26,200.
and	23 a	Check (You were born before January 2, 1953, Blind) Total boxes	\neg	
payments		if: Spouse was born before January 2, 1953, ☐ Blind Schecked ▶ 23a		
payments	b			
Standard		deductions, check here ▶ 23b	7	
Deduction for—	24	Enter your standard deduction.		6,350.
• People who	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0	25	19,850.
check any box on line	26	Exemptions. Multiply \$4,050 by the number on line 6d.	26	4,050.
23a or 23b or	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0		
who can be claimed as a		TRUE TO A STATE OF THE STATE OF	2 7	15,800.
dependent,	28	Tax, including any alternative minimum tax (see instructions). 28 1,908.		
see instructions.	29	Excess advance premium tax credit repayment. Attach	<u> </u>	
All others:	25	Form 8962. 29 299.		
Single or Married filing	30	Add lines 28 and 29.	 30	2 207
separately.	31	Credit for child and dependent care expenses. Attach	30	2,207.
\$6,350 Married filing	31	Form 2441. 31		
jointly or	20			
Qualifying widow(er),	32	Credit for the elderly or the disabled. Attach		
\$12,700		Schedule R. 32		
Head of household.	33	Education credits from Form 8863, line 19. 33		
\$9,350	34	Retirement savings contributions credit. Attach Form 8880. 34	<u>).</u>	
	35	Child tax credit. Attach Schedule 8812, if required. 35		
	36	Add lines 31 through 35. These are your total credits.	36	60.
	37	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0	37	2,147.
	38	Health care: individual responsibility (see instructions). Full-year coverage		
	39	Add line 37 and line 38. This is your total tax.	39	2,147.
	40	Federal income tax withheld from Forms W-2 and 1099. 40 1,914.		
If you have	41	2017 estimated tax payments and amount applied		
a qualifying		from 2016 return. 41		
child, attach Schedule	42 a	. , , , , , , , , , , , , , , , , , , ,		
EIC.	b			
	43	Additional child tax credit. Attach Schedule 8812. 43		
	44	American opportunity credit from Form 8863, line 8. 44		
	45	Net premium tax credit. Attach Form 8962. 45		
	46	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments.	<u>▶ 46</u>	1,914.
Refund	47	If line 46 is more than line 39, subtract line 39 from line 46.		
riciana		This is the amount you overpaid.	47	
Direct	48a	Amount of line 47 you want refunded to you. If Form 8888 is attached, check here ▶	☐ 48a	
deposit? See	▶ b	Routing V V V V V V V V V V V V V V V V V V V		
instructions		number		
and fill in 48b, 48c,	▶ d	Account		
and 48d or		number		
Form 8888.	49	Amount of line 47 you want applied to your		
		2018 estimated tax. 49		
Amount	50	Amount you owe. Subtract line 46 from line 39. For details on how to pay,		
you owe		see instructions.	50	233.
you owe	51	Estimated tax penalty (see instructions). 51		
Third party	D	To you want to allow another person to discuss this return with the IRS (see instructions)? \Box Yes. (Complete th	e following. X No
designee	D	esignee's Phone Personal in	dentification	
designee		ame ► no. ► number (P		•
Ciana		nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statement		
Sign		nd belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax nan the taxpayer) is based on all information of which the preparer has any knowledge.	year. Declara	ation of preparer (other
here	Y	our signature Date Your occupation	Daytime pho	ne number
Joint return?		Tasting Room Manager	(509)3	80-1654
See instructions. Keep a copy		pouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the IRS sent	you an Identity Protection
for your records.			PIN, enter it here (see inst.)	
Paid	Р		neck ▶ ☐ if	PTIN
		, , , , , , , , , , , , , , , , , , ,	elf-employed	
preparer	F	irm's name▶ Self-Prepared Fi	rm's EIN ▶	
use only	_	bell liebalea	hone no.	

Credit for Qualified Retirement Savings Contributions

► Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Go to www.irs.gov/Form8880 for instructions and the latest information.

OMB No. 1545-0074 Attachment Sequence No. 54

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Your social security number

Larry D Stanley, Jr

You cannot take this credit if either of the following applies.



- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$31,000 (\$46,500 if head of household; \$62,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2000, (b) is claimed as a dependent on someone else's 2017 tax return, or (c) was a student (see instructions).

						(a) You		(b) Your spouse
				butions for 2017. Do		- -		
		de rollover contributions						
				ployer plan, voluntary				
				contributions for 2017				
		-			2	0.		
Add	l lines 1 an	d2						
				before the due date				
				(see instructions). If				
				unts in both columns.				
		·			4			
			,		5	600.	_	
			aller of line 5 or \$2,0		6	600.	_	(0)
			zero, stop; you cann	m 1040A, line 22; or	i		7	600
					8	26,200.		
			amount shown below		0	20,200.		
LIILO	ег ше аррп	cable decimal	amount shown below	<i>.</i>				
	If line	8 is-	-	And your filing status	is-			
		But not	Married	Head of	Single	, Married filing		
	Over-	over—	filing jointly	household		parately, or		
				n line 9—	Quality	ying widow(er)		
		\$18,500	.5	.5		.5		
	\$18,500	\$20,000	.5	.5		.2		
	\$20,000	\$27,750	.5	.5		.1	9	X .1
1 1	\$27,750	\$30,000	.5	.2				
						.1		
\$	\$30,000	\$31,000	.5	.1		.1		
\$	\$31,000	\$31,000 \$37,000	.5 .5	.1 .1		.1 .0		
\$	\$31,000 \$37,000	\$31,000 \$37,000 \$40,000	.5 .5 .2	.1 .1 .1		.1 .0 .0		
\$ \$	\$31,000 \$37,000 \$40,000	\$31,000 \$37,000 \$40,000 \$46,500	.5 .5 .2 .1	.1 .1 .1 .1		.1 .0 .0 .0		
\$ \$ \$	\$31,000 \$37,000 \$40,000 \$46,500	\$31,000 \$37,000 \$40,000 \$46,500 \$62,000	.5 .5 .2 .1 .1	.1 .1 .1 .1		.1 .0 .0 .0		
\$ \$ \$	\$31,000 \$37,000 \$40,000	\$31,000 \$37,000 \$40,000 \$46,500 \$62,000	.5 .5 .2 .1 .1	.1 .1 .1 .1 .0		.1 .0 .0 .0		
\$ \$ \$ \$ \$ \$	\$31,000 \$37,000 \$40,000 \$46,500 \$62,000	\$31,000 \$37,000 \$40,000 \$46,500 \$62,000 	.5 .5 .2 .1 .1 .0	.1 .1 .1 .0 .0 ou cannot take this cre		.1 .0 .0 .0 .0		
\$ \$ \$ \$ Multi	\$31,000 \$37,000 \$40,000 \$46,500 \$62,000	\$31,000 \$37,000 \$40,000 \$46,500 \$62,000 Note: If by line 9	.5 .5 .2 .1 .1 .0 line 9 is zero, stop; y	.1 .1 .1 .0 .0 ou cannot take this cre		.1 .0 .0 .0 .0 .0	10	60
\$ \$ \$ Mult	\$31,000 \$37,000 \$40,000 \$46,500 \$62,000 Itiply line 7 itation bas	\$31,000 \$37,000 \$40,000 \$46,500 \$62,000 Note: If by line 9 sed on tax lia	.5 .5 .2 .1 .1 .0 line 9 is zero, stop; y	.1 .1 .1 .1 .0 .0 ou cannot take this cre		.1 .0 .0 .0 .0 .0		
\$ \$ \$ Multi Limiti	\$31,000 \$37,000 \$40,000 \$46,500 \$62,000 Itiply line 7 itation bas ructions .	\$31,000 \$37,000 \$40,000 \$46,500 \$62,000 Note: If by line 9 sed on tax lia	.5 .5 .2 .1 .1 .0 line 9 is zero, stop; y	.1 .1 .1 .1 .0 .0 ou cannot take this cre	 t Limit \ 	.1 .0 .0 .0 .0 .0 .0 .0	10	2,205

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

Form **8962**

Department of the Treasury Internal Revenue Service **Premium Tax Credit (PTC)**

► Attach to Form 1040, 1040A, or 1040NR.

► Go to www.irs.gov/Form8962 for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment
Sequence No. 73

Name shown on your return

Larry D Stanley, Jr

Your social security number

V								
You	cannot take the F	PTC if your filing status	is married filing separately	y unless you qualify for ar	exception (see instruction	ons). If you qualify, ch	eck th	e box ▶□
Pa	al Annı	ual and Monthly	Contribution Am	nount				
1			er of exemptions from I		40A. line 6d. or Form	1040NR. line 7d	1	1
2 a	Modified AGI. Enter your modified AGI (see instructions)							
b		•	ts' modified AGI (see i	•		•		
3	Household i	3	26,200.					
4	Federal pov							
	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a \square Alaska b \square Hawaii c \boxtimes Other 48 states and DC							11,880.
5	Household income as a percentage of federal poverty line (see instructions)							220 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%.)							
	X No. Cor	ntinue to line 7.						
		•	take the PTC. If advaded and the state of the taken to the taken the taken to the taken the taken to the taken the t		TC was made, see the	e instructions for		
7	Applicable F	igure. Using your line	5 percentage, locate y	our "applicable figure"	on the table in the inst	tructions	7	0.0714
8a		oution amount. Multiply li			hly contribution amou			
-		to nearest whole dollar a	·		2. Round to nearest who		8b	156.
Pai	t II Pren	nium Tax Credit	Claim and Reco	nciliation of Adva	ance Payment of	Premium Tax	Cre	dit
9	Are you allo	cating policy amount	s with another taxpaye	er or do you want to us	se the alternative calcu	ulation for year of n	narria	ge (see instructions)?
	Yes. Skip	to Part IV, Allocation o	of Policy Amounts, or Part	V, Alternative Calculation	for Year of Marriage.	No. Continue to	line 1	10.
10	See the inst	ructions to determine	e if you can use line 11	or must complete line	es 12 through 23.			
			ompute your annual P	TC. Then skip lines 12	2–23			es 12-23. Compute
	and con	tinue to line 24.				your monthly P1	C an	d continue to line 24.
	Annual	(a) Annual enrollment	(b) Annual applicable SLCSP premium	(c) Annual	(d) Annual maximum premium assistance	(e) Annual premium		(f) Annual advance
C	alculation	premiums (Form(s) 1095-A, line 33A)	(Form(s) 1095-A,	contribution amount (line 8a)	(subtract (c) from (b), if	credit allowed (smaller of (a) or (c		payment of PTC (Form(s) 1095-A, line 33C)
			line 33B)	, ,	zero or less, enter -0-)	, , , ,	"	· ,
11	Annual Totals	3,528.	3,384.	1,871.	1,513.	1,513		1,812.
	(a) Monthly enrollment (b) Monthly applicable (c) Monthly (d) Monthly maximum							
				contribution amount		(e) Monthly premiun	n tax	(f) Monthly advance
c	Monthly	premiums (Form(s)	SLCSP premium	contribution amount (amount from line 8b	premium assistance	credit allowed	p	payment of PTC (Form(s)
c				contribution amount (amount from line 8b or alternative marriage			p	
	Monthly alculation	premiums (Form(s) 1095-A, lines 21–32,	SLCSP premium (Form(s) 1095-A, lines	contribution amount (amount from line 8b	premium assistance (subtract (c) from (b), if	credit allowed	p	payment of PTC (Form(s) 1095-A, lines 21-32,
12	Monthly calculation January	premiums (Form(s) 1095-A, lines 21–32,	SLCSP premium (Form(s) 1095-A, lines	contribution amount (amount from line 8b or alternative marriage	premium assistance (subtract (c) from (b), if	credit allowed	p	payment of PTC (Form(s) 1095-A, lines 21-32,
12 13	Monthly calculation January February	premiums (Form(s) 1095-A, lines 21–32,	SLCSP premium (Form(s) 1095-A, lines	contribution amount (amount from line 8b or alternative marriage	premium assistance (subtract (c) from (b), if	credit allowed	p	payment of PTC (Form(s) 1095-A, lines 21-32,
12 13 14	Monthly calculation January February March	premiums (Form(s) 1095-A, lines 21–32,	SLCSP premium (Form(s) 1095-A, lines	contribution amount (amount from line 8b or alternative marriage	premium assistance (subtract (c) from (b), if	credit allowed	p	payment of PTC (Form(s) 1095-A, lines 21-32,
12 13 14 15	January February March April	premiums (Form(s) 1095-A, lines 21–32,	SLCSP premium (Form(s) 1095-A, lines	contribution amount (amount from line 8b or alternative marriage	premium assistance (subtract (c) from (b), if	credit allowed	p	payment of PTC (Form(s) 1095-A, lines 21-32,
12 13 14 15 16	January February March April May	premiums (Form(s) 1095-A, lines 21–32,	SLCSP premium (Form(s) 1095-A, lines	contribution amount (amount from line 8b or alternative marriage	premium assistance (subtract (c) from (b), if	credit allowed	p	payment of PTC (Form(s) 1095-A, lines 21-32,
12 13 14 15 16 17	January February March April May June	premiums (Form(s) 1095-A, lines 21–32,	SLCSP premium (Form(s) 1095-A, lines	contribution amount (amount from line 8b or alternative marriage	premium assistance (subtract (c) from (b), if	credit allowed	p	payment of PTC (Form(s) 1095-A, lines 21-32,
12 13 14 15 16 17	January February March April May June July	premiums (Form(s) 1095-A, lines 21–32,	SLCSP premium (Form(s) 1095-A, lines	contribution amount (amount from line 8b or alternative marriage	premium assistance (subtract (c) from (b), if	credit allowed	p	payment of PTC (Form(s) 1095-A, lines 21-32,
12 13 14 15 16 17 18 19	January February March April May June July August	premiums (Form(s) 1095-A, lines 21–32,	SLCSP premium (Form(s) 1095-A, lines	contribution amount (amount from line 8b or alternative marriage	premium assistance (subtract (c) from (b), if	credit allowed	p	payment of PTC (Form(s) 1095-A, lines 21-32,
12 13 14 15 16 17	January February March April May June July August September	premiums (Form(s) 1095-A, lines 21–32,	SLCSP premium (Form(s) 1095-A, lines	contribution amount (amount from line 8b or alternative marriage	premium assistance (subtract (c) from (b), if	credit allowed	p	payment of PTC (Form(s) 1095-A, lines 21-32,
12 13 14 15 16 17 18 19 20	January February March April May June July August	premiums (Form(s) 1095-A, lines 21–32,	SLCSP premium (Form(s) 1095-A, lines	contribution amount (amount from line 8b or alternative marriage	premium assistance (subtract (c) from (b), if	credit allowed	p	payment of PTC (Form(s) 1095-A, lines 21-32,
12 13 14 15 16 17 18 19 20 21	January February March April May June July August September October	premiums (Form(s) 1095-A, lines 21–32,	SLCSP premium (Form(s) 1095-A, lines	contribution amount (amount from line 8b or alternative marriage	premium assistance (subtract (c) from (b), if	credit allowed	p	payment of PTC (Form(s) 1095-A, lines 21-32,
12 13 14 15 16 17 18 19 20 21 22	January February March April May June July August September October November December	premiums (Form(s) 1095-A, lines 21–32, column A)	SLCSP premium (Form(s) 1095-A, lines	contribution amount (amount from line 8b or alternative marriage monthly calculation)	premium assistance (subtract (c) from (b), if zero or less, enter -0-)	credit allowed (smaller of (a) or (c	p	payment of PTC (Form(s) 1095-A, lines 21-32,
12 13 14 15 16 17 18 19 20 21 22 23	January February March April May June July August September October November December Total premiu	premiums (Form(s) 1095-A, lines 21–32, column A)	SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	contribution amount (amount from line 8b or alternative marriage monthly calculation)	premium assistance (subtract (c) from (b), if zero or less, enter -0-)	credit allowed (smaller of (a) or (c		payment of PTC (Form(s, 1095-A, lines 21–32, column C)
12 13 14 15 16 17 18 19 20 21 22 23 24 25	January February March April May June July August September October November December Total premit Advance pa	premiums (Form(s) 1095-A, lines 21–32, column A) um tax credit. Enter t yment of PTC. Enter	SLCSP premium (Form(s) 1095-A, lines 21–32, column B) he amount from line 1 the amount from line	contribution amount (amount from line 8b or alternative marriage monthly calculation) 1(e) or add lines 12(e) 11(f) or add lines 12(f)	premium assistance (subtract (c) from (b), if zero or less, enter -0-)	credit allowed (smaller of (a) or (continue) or (a) or (continue) or the total here or the total here	24	payment of PTC (Form(s, 1095-A, lines 21–32, column C)
12 13 14 15 16 17 18 19 20 21 22 23 24	January February March April May June July August September October November December Total premiu Advance pa Net premium on Form 104	premiums (Form(s) 1095-A, lines 21–32, column A) um tax credit. Enter t yment of PTC. Enter n tax credit. If line 24 40, line 69; Form 104	SLCSP premium (Form(s) 1095-A, lines 21–32, column B) he amount from line 1 the amount from line 2 is greater than line 25 10A, line 45; or Form 1	contribution amount (amount from line 8b or alternative marriage monthly calculation) 1(e) or add lines 12(e) 11(f) or add lines 12(f) 5, subtract line 25 from 040NR, line 65. If line	through 23(e) and enter through 23(f) and enter through 24. Enter the diff 24 equals line 25, enter 25, enter 26.	credit allowed (smaller of (a) or (continue) and the continue of (a) or (continue) and the continue of the total here are the total here ference here and continue of the cont	24	payment of PTC (Form(s, 1095-A, lines 21–32, column C)
12 13 14 15 16 17 18 19 20 21 22 23 24 25	January February March April May June July August September October November December Total premiu Advance pa Net premium on Form 104	premiums (Form(s) 1095-A, lines 21–32, column A) um tax credit. Enter t yment of PTC. Enter n tax credit. If line 24 40, line 69; Form 104	SLCSP premium (Form(s) 1095-A, lines 21–32, column B) he amount from line 1 the amount from line	contribution amount (amount from line 8b or alternative marriage monthly calculation) 1(e) or add lines 12(e) 11(f) or add lines 12(f) 5, subtract line 25 from 040NR, line 65. If line	through 23(e) and enter through 23(f) and enter through 24. Enter the diff 24 equals line 25, enter 25, enter 26.	credit allowed (smaller of (a) or (continue) and the continue of (a) or (continue) and the continue of the total here are the total here ference here and continue of the cont	24	payment of PTC (Form(s, 1095-A, lines 21–32, column C)
12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	January February March April May June July August September October November December Total premiumon Form 104 If line 25 is g	um tax credit. Enter tyment of PTC. Enter tax credit. If line 24, line 69; Form 104 greater than line 24, line 64, line	SLCSP premium (Form(s) 1095-A, lines 21–32, column B) he amount from line 1 the amount from line 2 is greater than line 25 10A, line 45; or Form 1	contribution amount (amount from line 8b or alternative marriage monthly calculation) 1(e) or add lines 12(e) 11(f) or add lines 12(f) 5, subtract line 25 from 040NR, line 65. If line d continue to line 27	through 23(e) and enter through 23(f) and enter through 24. Enter the diff 24 equals line 25, enter through 25, enter the diff 24 equals line 25, enter the diff 25 equals line 25, enter the diff 24 equals line 25	credit allowed (smaller of (a) or (continue) and the continue of (a) or (continue) and the continue of the total here are the total here ference here and continue of the cont	24 25	payment of PTC (Form(s, 1095-A, lines 21–32, column C)
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12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	January February March April May June July August September October November December Total premiu Advance pa Net premium on Form 104 If line 25 is g	premiums (Form(s) 1095-A, lines 21–32, column A) um tax credit. Enter t yment of PTC. Enter n tax credit. If line 24 40, line 69; Form 104 greater than line 24, l ayment of Exces	SLCSP premium (Form(s) 1095-A, lines 21–32, column B) the amount from line 1 the amount from line 25 10A, line 45; or Form 1 eave this line blank an ss Advance Payn If line 25 is greater than	contribution amount (amount from line 8b or alternative marriage monthly calculation) 1(e) or add lines 12(e) 11(f) or add lines 12(f) 75, subtract line 25 from 040NR, line 65. If line d continue to line 27	through 23(e) and enter through 23(f) and enter h line 24. Enter the diff 24 equals line 25, enter through 23(f) and enter h line 24. Enter the diff 24 equals line 25, enter the diff 25 equals line 25.	er the total here r the total here ference here and er -0 Stop here.	24 25 26	1,513. 1,812.
12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	January February March April May June July August September October November December Total premiu Advance pa Net premium on Form 104 If line 25 is getted Excess adva Repayment	um tax credit. Enter tyment of PTC. Ilimitation (see instruction)	SLCSP premium (Form(s) 1095-A, lines 21–32, column B) the amount from line 1 the amount from line 25 10A, line 45; or Form 1 eave this line blank an ss Advance Payn If line 25 is greater than	contribution amount (amount from line 8b or alternative marriage monthly calculation) 1(e) or add lines 12(e) 11(f) or add lines 12(f) 5, subtract line 25 from 040NR, line 65. If line d continue to line 27 nent of the Preminal line 24, subtract line 2	through 23(e) and enter through 23(f) and enter through 23(f) and enter through 23(f) and enter through 24 equals line 25, enter the difference to the control of the contr	credit allowed (smaller of (a) or (continue) and the continue of (a) or (continue) and the continue of the total here are the total here ference here and fer -0 Stop here.	24 25 26	1,513. 1,812.

Form 8962 (2017) Page 2 **Allocation of Policy Amounts** Part IV Complete the following information for up to four policy amount allocations. See instructions for allocation details. Allocation 1 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts Allocation 2 (d) Allocation stop month (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month 31 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 3 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 32 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 4 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 33 Allocation percentage (g) Advance Payment of the PTC (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Have you completed all policy amount allocations? ☐ Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and nonallocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24. No. See the instructions to report additional policy amount allocations. Part V Alternative Calculation for Year of Marriage Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Larry D Stanley, Jr

Primary SSN:

Federal Return Submitted: April 16, 2018 04:15 PM PDT

Federal Return Acceptance Date: 04/16/2018

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 17, 2018. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 17, 2018, your Intuit electronic postmark will indicate April 17, 2018, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 17, 2018, and a corrected return is submitted and accepted before April 22, 2018. If your return is submitted after April 22, 2018, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2018 If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2018, and the corrected return is submitted and accepted by October 20, 2018.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.