

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 | <p>Your federal tax return (Form 1040A) shows a balance due of \$233.00.</p> <p>Your return shows you have elected to pay your balance due of \$233.00 by Direct Debit using the following information:</p> <ul style="list-style-type: none">- Amount Withdrawn: \$233.00- Account Number: [REDACTED]- Routing Transit Number: [REDACTED]- Date of Withdrawal: 04/17/2018 | | | | | | | | | | | | | | | | | | |
| What You Need to Keep | <p>Your Electronic Filing Instructions (this form)</p> <p>Printed copy of your federal return</p> | | | | | | | | | | | | | | | | | | |
| 2017 Federal Tax Return Summary | <table><tr><td>Adjusted Gross Income</td><td>\$</td><td>26,200.00</td></tr><tr><td>Taxable Income</td><td>\$</td><td>15,800.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>2,147.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>1,914.00</td></tr><tr><td>Payment Due</td><td>\$</td><td>233.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>8.19%</td></tr></table> | Adjusted Gross Income | \$ | 26,200.00 | Taxable Income | \$ | 15,800.00 | Total Tax | \$ | 2,147.00 | Total Payments/Credits | \$ | 1,914.00 | Payment Due | \$ | 233.00 | Effective Tax Rate | | 8.19% |
| Adjusted Gross Income | \$ | 26,200.00 | | | | | | | | | | | | | | | | | |
| Taxable Income | \$ | 15,800.00 | | | | | | | | | | | | | | | | | |
| Total Tax | \$ | 2,147.00 | | | | | | | | | | | | | | | | | |
| Total Payments/Credits | \$ | 1,914.00 | | | | | | | | | | | | | | | | | |
| Payment Due | \$ | 233.00 | | | | | | | | | | | | | | | | | |
| Effective Tax Rate | | 8.19% | | | | | | | | | | | | | | | | | |

| | | |
|--|---------------------------------|---|
| Your first name and initial Larry D | Last name Stanley, Jr | OMB No. 1545-0074 Your social security number [REDACTED] |
| If a joint return, spouse's first name and initial | Last name | Spouse's social security number |

| | | | |
|---|-------------------------------|---------------------|---|
| Home address (number and street). If you have a P.O. box, see instructions. PO Box 2397 | | Apt. no. | ▲ Make sure the SSN(s) above and on line 6c are correct. 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 |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Richland WA 99352 | | | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

Filing status Check only one box.

| | |
|---|--|
| 1 <input checked="" type="checkbox"/> Single 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. ▶ | 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. ▶ 5 <input type="checkbox"/> Qualifying widow(er) (see instructions) |
|---|--|

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.

b ☐ **Spouse**

| (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) |
|--------------------------|--|--|-------------------------------------|--|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

d Total number of exemptions claimed. Boxes checked on 6a and 6b **1**

Income

| | | |
|--|----------|---------|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2. | 7 | 26,200. |
|--|----------|---------|

| | | |
|---|------------|---|
| 8a Taxable interest. Attach Schedule B if required. | 8a | |
| b Tax-exempt interest. Do not include on line 8a. | 8b | |
| 9a Ordinary dividends. Attach Schedule B if required. | 9a | |
| b Qualified dividends (see instructions). | 9b | |
| 10 Capital gain distributions (see instructions). | 10 | |
| 11a IRA distributions. | 11a | 11b Taxable amount (see instructions). |
| 12a Pensions and annuities. | 12a | 12b Taxable amount (see instructions). |
| 13 Unemployment compensation and Alaska Permanent Fund dividends. | 13 | |
| 14a Social security benefits. | 14a | 14b Taxable amount (see instructions). |
| 15 Add lines 7 through 14b (far right column). This is your total income. ▶ | 15 | 26,200. |

Adjusted gross income

| | | |
|---|-----------|---------|
| 16 Educator expenses (see instructions). | 16 | |
| 17 IRA deduction (see instructions). | 17 | |
| 18 Student loan interest deduction (see instructions). | 18 | |
| 19 Tuition and fees. Attach Form 8917. | 19 | |
| 20 Add lines 16 through 19. These are your total adjustments. | 20 | |
| 21 Subtract line 20 from line 15. This is your adjusted gross income. ▶ | 21 | 26,200. |

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.

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).

- Traditional and Roth IRA (including *myRA*) contributions for 2017. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2017 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2014 and **before** the due date (including extensions) of your 2017 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you cannot take this credit
- Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37
- Enter the applicable decimal amount shown below.

| (a) You | | (b) Your spouse |
|----------|---------|-----------------|
| 1 | 600. | |
| 2 | 0. | |
| 3 | 600. | |
| 4 | | |
| 5 | 600. | |
| 6 | 600. | |
| 7 | | 600. |
| 8 | 26,200. | |

| If line 8 is— | | And your filing status is— | | |
|------------------|---------------|----------------------------|-------------------|--|
| Over— | But not over— | Married filing jointly | Head of household | Single, Married filing separately, or Qualifying widow(er) |
| Enter on line 9— | | | | |
| --- | \$18,500 | .5 | .5 | .5 |
| \$18,500 | \$20,000 | .5 | .5 | .2 |
| \$20,000 | \$27,750 | .5 | .5 | .1 |
| \$27,750 | \$30,000 | .5 | .2 | .1 |
| \$30,000 | \$31,000 | .5 | .1 | .1 |
| \$31,000 | \$37,000 | .5 | .1 | .0 |
| \$37,000 | \$40,000 | .2 | .1 | .0 |
| \$40,000 | \$46,500 | .1 | .1 | .0 |
| \$46,500 | \$62,000 | .1 | .0 | .0 |
| \$62,000 | --- | .0 | .0 | .0 |

Note: If line 9 is zero, **stop**; you cannot take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Form 1040, line 51; Form 1040A, line 34; or Form 1040NR, line 48

| | |
|-----------|--------|
| 9 | X .1 |
| 10 | 60. |
| 11 | 2,207. |
| 12 | 60. |

*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.

Premium Tax Credit (PTC)

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

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

Name shown on your return

Your social security number

Larry D Stanley, Jr

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

| | | | |
|-----------|--|-----------|---------|
| 1 | Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d | 1 | 1 |
| 2a | Modified AGI. Enter your modified AGI (see instructions) | 2a | 26,200. |
| b | Enter the total of your dependents' modified AGI (see instructions) | 2b | |
| 3 | Household income. Add the amounts on lines 2a and 2b (see instructions) | 3 | 26,200. |
| 4 | 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 <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC | 4 | 11,880. |
| 5 | Household income as a percentage of federal poverty line (see instructions) | 5 | 220 % |
| 6 | Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount. | | |
| 7 | Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions | 7 | 0.0714 |
| 8a | Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount | 8a | 1,871. |
| | b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount | 8b | 156. |

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☒ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12–23 and continue to line 24.
☐ **No.** Continue to lines 12–23. Compute your monthly PTC and continue to line 24.

| Annual Calculation | (a) Annual enrollment premiums (Form(s) 1095-A, line 33A) | (b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B) | (c) Annual contribution amount (line 8a) | (d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-) | (e) Annual premium tax credit allowed (smaller of (a) or (d)) | (f) Annual advance payment of PTC (Form(s) 1095-A, line 33C) |
|--|---|--|---|--|--|--|
| 11 Annual Totals | 3,528. | 3,384. | 1,871. | 1,513. | 1,513. | 1,812. |
| Monthly Calculation | (a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A) | (b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21–32, column B) | (c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation) | (d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-) | (e) Monthly premium tax credit allowed (smaller of (a) or (d)) | (f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C) |
| 12 January | | | | | | |
| 13 February | | | | | | |
| 14 March | | | | | | |
| 15 April | | | | | | |
| 16 May | | | | | | |
| 17 June | | | | | | |
| 18 July | | | | | | |
| 19 August | | | | | | |
| 20 September | | | | | | |
| 21 October | | | | | | |
| 22 November | | | | | | |
| 23 December | | | | | | |
| 24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here | | | | | 24 | 1,513. |
| 25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here | | | | | 25 | 1,812. |
| 26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 | | | | | 26 | |

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

| | | | |
|-----------|---|-----------|------|
| 27 | Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here | 27 | 299. |
| 28 | Repayment limitation (see instructions) | 28 | 750. |
| 29 | Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44 | 29 | 299. |

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

| | | | | |
|---|--|----------------------------------|-----------------------------------|--|
| 30 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| Allocation percentage applied to monthly amounts | | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

Allocation 2

| | | | | |
|---|--|----------------------------------|-----------------------------------|--|
| 31 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| Allocation percentage applied to monthly amounts | | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

Allocation 3

| | | | | |
|---|--|----------------------------------|-----------------------------------|--|
| 32 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| Allocation percentage applied to monthly amounts | | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

Allocation 4

| | | | | |
|---|--|----------------------------------|-----------------------------------|--|
| 33 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| Allocation percentage applied to monthly amounts | | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

34 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 non-allocated 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: [REDACTED]

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.