| 1040 | | ent of the Treasury—Internal F | | , , | 201 | 7 | OMB N | o. 1545-0074 | IRS Use (| nlv—D | o not write or staple in thi | s snace | |
|---|----------------|--|-------------------|--------------------|----------------|----------|---|----------------------------------|---------------|---|---|----------|--|
| For the year Jan. 1–De | | , or other tax year beginning | 1110 147 | 110101111 | . 2017 | ending | OWID IN | | 20 | · | e separate instructi | | |
| Your first name and | | , or ourse tax your boginning | Last name | | , 2011, | oriding | | ,, | | | ur social security nu | | |
| Sarah If a joint return, spo | use's first | name and initial | Hamblin Last name | | | | | | | 123-43-4321 Spouse's social security number | | | |
| Home address (nun | | street). If you have a P.O. b | oox, see inst | ructions. | | | | | Apt. no. | A | Make sure the SSN(s | | |
| | | nd ZIP code. If you have a fo | reign address | s, also complete s | spaces below | see inst | ructions). | | | P | residential Election Car | mpaign | |
| Madison W | | | - | | | | | | | | ck here if you, or your spous | | |
| Foreign country name Foreign province/state/county Foreign postal cod | | | | | | | | | | | y, want \$3 to go to this fund x below will not change your nd. You | | |
| Filing Status | 1 | Single | | | | 4 | X Head | d of household | d (with qua | lifying | person). (See instruction | ons.) If | |
| g | 2 | Married filing jointly | (even if or | nly one had in | icome) | | | qualifying pers 's name here. | | | not your dependent, er | | |
| Check only one | 3 | Married filing separ | | beth Hamblir | 1 | | | | | | | | |
| box. | | and full name here. | | | | 5 | | lifying widow | . , | depen | | | |
| Exemptions | 6a | Yourself. If some | eone can cl | aim you as a | dependent | , do no | ot check | box 6a. | | . } | Boxes checked on 6a and 6b | 1 | |
| | b | • | | | | | | | under age 1 | | No. of children on 6c who: | | |
| | C (1) First | Dependents: | | | | |) Dependent's tionship to you (4) ✓ if child under a qualifying for child tax | | | | lived with you | | |
| | (1) First | name Last nam | e | | | • | 1 | (see inst | | | did not live with you due to divorce | | |
| If more than four | | | | | | | | | <u></u>] | | or separation (see instructions) | | |
| dependents, see | | | | | | | | | <u>-</u> 1 | | Dependents on 6c | | |
| instructions and check here ▶ | | | | | | | | | <u></u> | | not entered above | | |
| oncorriore P | d | Total number of exen | nptions cla | imed | | | | | | _ | Add numbers on lines above ▶ | _ 1 | |
| Income | 7 | Wages, salaries, tips, | etc. Attacl | h Form(s) W-2 | 2 | | | | | 7 | 34, | 350. | |
| income | 8a | Taxable interest. Atta | | . , | | | | | | 8a | | 565. | |
| | b | Tax-exempt interest | . Do not in | clude on line | 8a | . 8b | , | | 250. | | | | |
| Attach Form(s) W-2 here, Also | 9a | Ordinary dividends. A | Attach Sche | edule B if requ | uired | | | | | 9a | | | |
| attach Forms | b | Qualified dividends | | | | . 9b |) | | | | | | |
| W-2G and | 10 | Taxable refunds, credits, or offsets of state and local income taxes | | | | | | | | | | | |
| 1099-R if tax was withheld. | 11 | Alimony received | | | | | | | | | 16, | 000. | |
| was withheld. | 12 | Business income or (| | | | | | | · <u>-</u> | 12 | | | |
| If you did not | 13 | Capital gain or (loss). | | | | | ired, ch | eck here > | ш | 13 | | | |
| get a W-2, | 14 | Other gains or (losses | ´ 1 1 | form 4797 . | | I . | | | | 14 | | | |
| see instructions. | 15a | IRA distributions . | 15a | | | + | axable a | | | 15b | | | |
| | 16a | Pensions and annuitie | | tnarahina Ca | ovo ovoti o na | | | mount . | | 16b | 11 | 000 | |
| | 17 18 | Rental real estate, roy Farm income or (loss | | | | | | | | 17 18 | 11, | 000. | |
| | 19 | Unemployment comp | | | | | | | 1 | 19 | 1 | 250. | |
| | 20a | Social security benefit | 1 1 | | | 1 | | mount . | | 20b | 1, | 250. | |
| | 21 | Other income. List ty | | ount Rad | io Cont | | | | | 21 | 2. | 000. | |
| | 22 | Combine the amounts i | | | | | | | ne ▶ | 22 | | 165. | |
| | 23 | Educator expenses | | | | 23 | 3 | | | | | | |
| Adjusted | 24 | Certain business expens | ses of reserv | vists, performin | g artists, and | ı | | | | | | | |
| Gross | | fee-basis government officials. Attach Form 2106 or 2106-EZ | | | | | | | | | | | |
| Income | 25 | Health savings account deduction. Attach Form 8889 . 25 | | | | | | | | | | | |
| | 26 | Moving expenses. Attach Form 3903 | | | | | | | | | | | |
| | 27 | Deductible part of self-employment tax. Attach Schedule SE . 27 | | | | | | | | | | | |
| | 28 | Self-employed SEP, SIMPLE, and qualified plans 28 | | | | | | | | | | | |
| | 29 | Self-employed health insurance deduction | | | | | | | | | | | |
| | 30 | Penalty on early withdrawal of savings | | | | | | | | | | | |
| | 31a | Alimony paid b Recipient's SSN ► 31a | | | | | | | | | | | |
| | 32 | IRA deduction | | | | | | | | | | | |
| | 33 | Student loan interest deduction | | | | | | | | | | | |
| | 34 35 | Domestic production a | | | | | | | | | | | |
| | 36 | Add lines 23 through | | | | | _ | | | 36 | | | |
| | 37 | Subtract line 36 from | | | | | | | . ▶ | 37 | 65. | 165 | |

| Form 1040 (2017 |) | | | | | | | | | Page 2 | |
|----------------------------------|--|---|---------------------------|---------|--------------|---------------------------|--|----------------------|----------|---------------|--|
| | 38 | Amount from line 37 (adjusted gross income |) | | | | | 38 | 6 | 55,165. | |
| Tax and | 39a | Check You were born before January if: Spouse was born before January | y 2, 1953 , | □ E | Blind. | Total boxes checked ► 39a | | | | | |
| Credits | b | If your spouse itemizes on a separate return or | 39b | | | | | | | | |
| Standard | 40 | Itemized deductions (from Schedule A) or y | 40 | | 9,350. | | | | | | |
| Deduction for— | 41 | ` ' | | | • | 0 , | | 41 | 5 | 55,815. | |
| • People who | 42 | Exemptions. If line 38 is \$156,900 or less, multiply | \$4,050 by the nu | mber on | line 6d | I. Otherwise, see instr | uctions | 42 | | 4,050. | |
| check any box on line | 43 | Taxable income. Subtract line 42 from line | 43 | 5 | 51,765. | | | | | | |
| 39a or 39b or | 44 | Tax (see instructions). Check if any from: a | 44 | | 7,196. | | | | | | |
| who can be claimed as a | 45 | Alternative minimum tax (see instructions) | 45 | | | | | | | | |
| dependent, see | 46 | Excess advance premium tax credit repayments | | | | | | 46 | | | |
| instructions. | 47 | Add lines 44, 45, and 46 | 47 | | 7,196. | | | | | | |
| All others: | 48 | Foreign tax credit. Attach Form 1116 if requi | | | | | | | | | |
| Single or Married filing | 49 | Credit for child and dependent care expenses. | • | | | | | | | | |
| separately, \$6,350 | 50 | Credit for child and dependent care expenses. Attach Form 2441 Education credits from Form 8863, line 19 | | | | | | | | | |
| Married filing | 51 | Retirement savings contributions credit. Attach Form 8880 51 | | | | | | | | | |
| jointly or | 52 | Child tax credit. Attach Schedule 8812, if required 52 | | | | | | | | | |
| Qualifying widow(er), | 53 | Residential energy credits. Attach Form 5695 53 | | | | | | | | | |
| \$12,700 | 54 | Other credits from Form: a 3800 b 8801 c 54 | | | | | | | | | |
| Head of household, | 55 | Add lines 48 through 54. These are your total | - | | | | | 55 | | | |
| \$9,300 | 56 | Subtract line 55 from line 47. If line 55 is more | | | | | | 56 | | 7,196. | |
| | 57 | Self-employment tax. Attach Schedule SE | <u> </u> | | | | | 57 | | 7,150. | |
| O 4ls s | 58 | Unreported social security and Medicare tax | 58 | | | | | | | | |
| Other | 59 | Additional tax on IRAs, other qualified retirement | 59 | | | | | | | | |
| Taxes | 60a | Household employment taxes from Schedule | 60a | | | | | | | | |
| | b | First-time homebuyer credit repayment. Attacl | 60b | | | | | | | | |
| | 61 | Health care: individual responsibility (see instr | 61 | | | | | | | | |
| | 62 | Taxes from: a Form 8959 b Form 8 | 62 | | | | | | | | |
| | 63 | Add lines 56 through 62. This is your total ta | 63 | | 7,196. | | | | | | |
| Daymaanta | 64 | Federal income tax withheld from Forms W- | | | 64 | | <u>.</u> ▶ 950. | 03 | | 7,190. | |
| Payments | 65 | 2017 estimated tax payments and amount applied | | - | 65 | 0, | 930. | | | | |
| If you have a | 66a | Earned income credit (EIC) No 66a | | | | | | | | | |
| qualifying | b | Nontaxable combat pay election 66b | | | | | | | | | |
| child, attach Schedule EIC. | | . , | 10 | | 67 | | | | | | |
| ochedule Elo. | 67 | Additional child tax credit. Attach Schedule 8812 | | | | | | | | | |
| | 68 | Net premium tax credit. Attach Form 8962 69 | | | | | | | | | |
| | 69 | Amount paid with request for extension to file | | | | | | | | | |
| | 70 74 | Excess social security and tier 1 RRTA tax withheld | | | | | | | | | |
| | 71 72 | Credit for federal tax on fuels. Attach Form 4 | | | | | | | | | |
| | | Credits from Form: a 2439 b Reserved c 88 | _ | | 72 73 | | | | | | |
| | 73 74 | Add lines 64, 65, 66a, and 67 through 73. Th | | otal na | | nte. | . • | 74 | | 6,950. | |
| Refund | | | | | | | | 75 | | 0,950. | |
| neiulia | 75 760 | If line 74 is more than line 63, subtract line 6 Amount of line 75 you want refunded to you | | | | • | paid ▶ □ | | | | |
| | 76a ▶ ь | | _ | 76a | | | | | | | |
| Direct deposit? See | ► b | Routing number X X X X X X X X X X X X X X X X X X X | XXXX | | | Checking Sa | avings ! | | | | |
| instructions. | ► d | Amount of line 75 you want applied to your 2 | | | | AAAAA | j | | | | |
| Amount | 77 78 | Amount you owe. Subtract line 74 from line | | | | nav see instructio | ne 🕨 | 70 | | 246. | |
| You Owe | 79 | Estimated tax penalty (see instructions) . | | 1 | 79 | Jay, see mstructio | 115 | 78 | | 240. | |
| | | you want to allow another person to discuss | | Com | alata balaw | V Na | | | | | |
| Third Party | | ignee's | Yes onal iden | | olete below. | × No | | | | | |
| Designee | | ne P | Phone no. ► | | | | ber (PIN) | | • | | |
| Sign | | enalties of perjury, I declare that I have examined this return and y list all amounts and sources of income I received during the t | | | | | | | | | |
| Here | | y list all amounts and sources of income i received during the t ir signature | ax year. Declaration Date | Your o | | | on an illiori | Daytime phone number | | | |
| Joint return? See | 1.50 | g | | Cle | | | | Layan | p | | |
| instructions. Keep a copy for | Spouse's signature. If a joint return, both must sign. Date Spouse's occupation | | | | | | If the IRS sent you an Identity Protection | | | | |

Paid
Preparer
Use Only

Print/Type preparer's name
Preparer's signature
Preparer's signature
Preparer
Use Only

Print/Type preparer's name
Preparer's signature
Preparer's signature
Preparer's signature
Preparer's signature
Preparer's signature
Print, enter it.
here (see inst.)

Check if self-employed
Firm's name ▶ Self-Prepared
Firm's address ▶
Phone no.

| | ule E (Form 1040) 2017 | | | | | | Attachme | ent Sequence N | | | | Page 2 | |
|------|--|-------------------|--------------------------|----------|---|--|-----------------------------|-----------------------------|---|-----------------|---|---------------------|--|
| , | s) shown on return. Do not enter | f shown (| | | | | | Your social security number | | | | | |
| | ah Hamblin | | | | | | 0 | -111 - (-) 14 | | -43-4 | 4321 | | |
| _ | ion: The IRS compares a | · | - | | | | | | | | | | |
| Par | Income or Loss any amount is not a | | - | | - | | | | | | activity fo | r which | |
| | - | | | | | | | | | | | | |
| 27 | Are you reporting any unallowed loss from a | | | | | | | | | | | | |
| | you answered "Yes," | | | | | I FOIIII | 0002), (| or unreimbu | rseu p | artrier | Yes | No | |
| | | | 501010 0011 | nprount; | (b) Enter P for | (c) (| Check if | (d) En | nployer | | | heck if | |
| 28 | | (a) Name | | | | | | | ication ober | | | nount is at risk | |
| A | Bright Day Flowers | | S | | | 56-35 | 3535 | 3 | | | | | |
| В | | | | | | | | | | | [| | |
| С | | | | | | | | | | | | | |
| D | | | | | | L | | | | | | | |
| | | me and Loss | | | | | and Loss | | | | | | |
| | (f) Passive loss allowed (attach Form 8582 if required | | ssive income chedule K-1 | | (h) Nonpassive I from Schedule I | ection 179 expe tion from Form | | | (j) Nonpassive income from Schedule K-1 | | | | |
| _ | (4.1.46.11.104.11.104.11.104.11.104 | ., | | | | | doddollori ilom i om i ilog | | | 11,000. | | | |
| В | | | | - | | | | | | 1,000. | | | |
| С | | | | | | | | | | | | | |
| D | | | | | | | | | - | | | | |
| 29a | Totals | | | | | | | | | | 1: | 1,000. | |
| b | Totals | | | | | | | | | | | | |
| 30 | Add columns (g) and (j) | of line 29a | | | | | · | | 30 | | 1: | 1,000. | |
| 31 | Add columns (f), (h), and | d (i) of line 29b | | | | | | | 31 | (| |) | |
| 32 | Total partnership and | | | | | | | . Enter the | | | | | |
| _ | result here and include | | | | | | | | 32 | | 13 | L,000. | |
| Part | III Income or Loss | From Estate | s and Trus | sts | | | | | | | | | |
| 33 | 3 (a) Name | | | | | | | | | | Employe ication nur | | |
| _ | | | | | | | | | | Idontii | - Cation nai | | |
| B | | | | | | | | | | | | | |
| | Pass | ive Income and | Loss | | | | No | npassive Ir | come | and | Loss | | |
| | (c) Passive deduction or loss allowed (d) Passi | | | | e income (e) Deduction or lo | | | | (f) Other income from | | | from | |
| | ` ' | | | Schedu | ıle K-1 | from Schedule K-1 | | | | Schedule K-1 | | | |
| Α | | | | | | | | | | | | | |
| В | | | | | | | | | | | | | |
| 34a | Totals | | | | | | | | | | | | |
| b | Totals | | | | | | | | | 1 | | | |
| 35 | Add columns (d) and (f) | | | | | | | | 35 | , | | | |
| 36 | Add columns (c) and (e) | | | | | | | | 36 | (| |) | |
| 37 | Total estate and trust include in the total on li | | | | s 35 and 36. | Enter t | ne resu | it nere and | 37 | | | | |
| Part | | | | | | Cond | uits (R | EMICs) — F | | ual H | older | | |
| | (b) Employer identification (c) E | | | | cess inclusion from (d) Tayable income (net loss) | | | | | (e) Income from | | | |
| 38 | (a) Name | number | illioution | | edules Q, line 2c ee instructions) | fr | om Sched | ules Q, line 1b | ' | Sched | lules Q, lin | e 3b | |
| | | | | | · | | | | | | | | |
| 39 | Combine columns (d) a | nd (e) only. Ente | r the result | here a | nd include in th | ne tota | l on line | 41 below | 39 | | | | |
| Par | | | | | | | | | | | | | |
| 40 | Net farm rental income | , , | | | • | | | | 40 | | | | |
| 41 | Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶ | | | | | | | | | | 1 | 1,000. | |
| 42 | Reconciliation of farm | - | - | | | | | | | | | | |
| | farming and fishing incor | | | | | | | | | | | | |
| | (Form 1065), box 14, coo V; and Schedule K-1 (For | | | | | 42 | | | | | | | |
| 40 | | - | | | | 72 | | | | | | | |
| 43 | Reconciliation for real professional (see instructi | | | | | | | | | | | | |
| | anywhere on Form 1040 o | | | | | | | | | | | | |
| | in which you materially pa | | | | | 43 | | | | | | | |