

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning

, 2017, ending

, 20

See separate instructions.

Your first name and initial

Last name

RYAN D

WORK

If a joint return, spouse's first name and initial

Last name

SARAH E

WORK

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

6401 CHARLOTTE HWY

▲ 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).

YORK SC 29745

Presidential Election Campaign

Foreign country name

Foreign province/state/county

Foreign postal code

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**Filing Status**

1 Single 4 Head of household (with qualifying person). (See instructions.)
 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this
 3 Married filing separately. Enter spouse's SSN above child's name here. ►
 and full name here. ► 5 Qualifying widow(er) (see instructions)

Exemptions

	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	6b <input checked="" type="checkbox"/> Spouse	6c Dependents:	(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)	Boxes checked on 6a and 6b	2
(1) First name	Last name							
M	WORK				Daughter	<input checked="" type="checkbox"/>		
I	WORK				Daughter	<input checked="" type="checkbox"/>		
T	WORK				Daughter	<input checked="" type="checkbox"/>		
S	WORK				Daughter	<input checked="" type="checkbox"/>		
d	Total number of exemptions claimed						Add numbers on lines above ►	6

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	152, 323.
8a	Taxable interest. Attach Schedule B if required	8a	29.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	82.
b	Qualified dividends	9b	82.
10	Taxable refunds, credits, or offsets of state and local income taxes	10	198.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	341.
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions <input type="checkbox"/> 15a	b Taxable amount	15b
16a	Pensions and annuities <input type="checkbox"/> 16a	b Taxable amount	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits <input type="checkbox"/> 20a	b Taxable amount	20b
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ►	22	152, 973.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
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	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid <input type="checkbox"/> Recipient's SSN ►	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ►	37	152, 973.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	152,973.	
	39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked ► 39a <input type="checkbox"/>			
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, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b <input type="checkbox"/>			
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	26,365.	
	41	Subtract line 40 from line 38	41	126,608.	
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	24,300.	
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	102,308.	
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> _____	44	17,012.	
	45	Alternative minimum tax (see instructions). Attach Form 6251	45		
	46	Excess advance premium tax credit repayment. Attach Form 8962	46		
	47	Add lines 44, 45, and 46 ►	47	17,012.	
	48	Foreign tax credit. Attach Form 1116 if required	48	14.	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	200.	
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit. Attach Schedule 8812, if required	52	1,850.	
	53	Residential energy credits. Attach Form 5695	53		
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	54		
55	Add lines 48 through 54. These are your total credits	55	2,064.		
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ►	56	14,948.		
Other Taxes	57	Self-employment tax. Attach Schedule SE	57		
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
	60a	Household employment taxes from Schedule H	60a		
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61		
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	62		
	63	Add lines 56 through 62. This is your total tax ►	63	14,948.	
	Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	16,079.
		65	2017 estimated tax payments and amount applied from 2016 return	65	
		66a	Earned income credit (EIC) <input type="checkbox"/> No	66a	
		b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67		Additional child tax credit. Attach Schedule 8812	67		
68		American opportunity credit from Form 8863, line 8	68		
69		Net premium tax credit. Attach Form 8962	69		
70		Amount paid with request for extension to file	70		
71		Excess social security and tier 1 RRTA tax withheld	71		
72		Credit for federal tax on fuels. Attach Form 4136	72		
73		Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	73		
74		Add lines 64, 65, 66a, and 67 through 73. These are your total payments ►	74	16,079.	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,131.	
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ► <input type="checkbox"/>	76a	1,131.	
	► b	Routing number	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	► d	Account number			
77	Amount of line 75 you want applied to your 2018 estimated tax ► 77	77			
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ►	78		
	79	Estimated tax penalty (see instructions) 79			
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No				
Designee's name ►		Phone no. ►	Personal identification number (PIN) ►		
Sign Here	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.				
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation ENGINEER	Daytime phone number	
► Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation ACCOUNTANT		If the IRS sent you an Identity Protection PIN, enter it here (see Inst.)	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Self-Prepared	Date	
	Firm's name ►			Check <input type="checkbox"/> if self-employed	
	Firm's address ►			PTIN	
				Firm's EIN ►	
				Phone no.	