

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er) N/A

Your first name and initial: Jacqueline Last name: Porter Your social security number: 2 5 8 5 4 1 6 8 4

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: Gretchen Last name: Ward Spouse's social security number: 2 6 5 2 5 9 7 4 1

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. 5 Pleasant Rd. Apt. no. 23D Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Chesterton, IN 46304 If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Brandy	Cortez	1 7 8 4 9 8 4 6 5	son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jasmine	Mcki	1 4 8 4 4 6 4 5 1	daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Joan	Copeland	8 8 9 7 4 3 9 4 1	daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doris	Gutierrez	6 6 3 5 8 2 5 6 4	son	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 complete. 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 <u>Jacqueline Porter</u>	Date <u>03/18/2018</u>	Your occupation <u>nurse</u>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <u>5 8 9 7 8 4</u>
	Spouse's signature. If a joint return, both must sign. <u>Gretchen Ward</u>	Date <u>03/18/2018</u>	Spouse's occupation <u>dentist</u>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <u>2 8 9 7 4 9</u>

Paid Preparer Use Only	Preparer's name	Preparer's signature <u>Amelia Alvarado</u>	PTIN <u>172603175</u>	Firm's EIN <u>654986163</u>	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
	Firm's name ▶ <u>Fernando Walters</u>	Phone no. <u>942063559</u>			
	Firm's address ▶ <u>66 Amerige RoadBattle Ground, WA 98604</u>				

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for —
 • Single or married filing separately, \$12,000
 • Married filing jointly or Qualifying widow(er), \$24,000
 • Head of household, \$18,000
 • If you checked any box under Standard deduction, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	\$7,315	1
2a	Tax-exempt interest	2a \$5,892 1	2b	Taxable interest	2b \$17,331 1
3a	Qualified dividends	3a \$17,331 1	3b	Ordinary dividends	3b \$28,054 1
4a	IRAs, pensions, and annuities	4a \$28,054 1	4b	Taxable amount	4b \$30,460 1
5a	Social security benefits	5a \$7,315 1	5b	Taxable amount	5b \$33,267 1
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	\$30,460	6	\$5,892	1
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	\$30,460	1
8	Standard deduction or itemized deductions (from Schedule A)		8	\$28,054	1
9	Qualified business income deduction (see instructions)		9	\$33,267	1
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	\$17,331	1
11	a Tax (see inst.) \$7,315 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input checked="" type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	\$5,892	1
	b Add any amount from Schedule 2 and check here <input checked="" type="checkbox"/>		12	\$17,331	1
12	a Child tax credit/credit for other dependents \$5,892 b Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>		13	\$28,054	1
13	Subtract line 12 from line 11. If zero or less, enter -0-		14	\$33,267	1
14	Other taxes. Attach Schedule 4		15	\$5,892	1
15	Total tax. Add lines 13 and 14		16	\$30,460	1
16	Federal income tax withheld from Forms W-2 and 1099		17	\$33,267	1
17	Refundable credits: a EIC (see inst.) \$17,331 b Sch. 8812 \$33,267 c Form 8863 \$7,315		18	\$28,054	1
	Add any amount from Schedule 5 \$30,460		19	\$17,331	1
18	Add lines 16 and 17. These are your total payments		20a	\$5,892	1
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid				
20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input checked="" type="checkbox"/>				
b	Routing number 1 5 4 1 9 8 4 1 6 c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings				
d	Account number 9 8 9 5 2 1 6 9 8 7 4 5 1 3 6 5 1				
21	Amount of line 19 you want applied to your 2019 estimated tax	21 \$5,892 1			
22	Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	22 \$17,331 1			
23	Estimated tax penalty (see instructions)	23 \$28,054 1			