Department of the Treasury-Internal Revenue Service

1040EZ

Income Tax Return for Single and Joint Filers With No Dependents (99)

2016

OMB No. 1545-0074

Your first name a	nd initial		Last name					Your social	security num	ber
James A.										
If a joint return, sp	pouse's first	name and initial	Last name			• •	-	Spouse's so	Half Security Nu	mper
Home address (n	umber and	street). If you have a P.O.	box, see instructions.			,	Apt. no.	1.	; e sure the SSN ove are correct	
City, tourrorposit	onice, state, a	and ZIP code. If you have a f	oreign address, also complete	spaces below (see	instructions).			Presidential	Election Campa	eign
Lubbock, TX									u, or your <mark>spouse</mark> i o go to this fund. I	
Foreign country r	ame		Foreign pr	ovince/state/cou	inty	Foreign	postal code	a box below will	not change your to	tax or
	 							refund.	You !	Spouse
Income	1	•	tips. This should be sho	own in box 1 o	of your Form	(s) W-2.				
Attach		Attach your Form(s) W-2.								00
Form(s) W-2 here.	2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.						2		
Enclose, but do not attach, any payment.	3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).								
payment.	4	Add lines 1, 2, and 3	3. This is your adjusted	gross income	·.			4	0	00
	5	If someone can clair	n you (or your spouse if	a joint return	as a depend					T
		the applicable box(e	s) below and enter the a	mount from th	ne worksheet	on back.				
		You] Spouse							
			you (or your spouse if a	•) if single;				1
			filing jointly. See back					5		<u> </u>
	6		line 4. If line 5 is larger	than line 4. e	nter -0					
		This is your taxable		V 2 1 1000				7	0	1
Payments,	7		withheld from Form(s)			 		/ 8a	18790	07
Credits,	- 8a b		dit (EIC) (see instructi		0L					
and Tax	9	Nontaxable combat	 		8b			9	40770	
	10		These are your total pa			n the			18790	07
	10		Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.					10	0	
	11		ual responsibility (see in		Full-year	coverage [7	11	- 0	00
	112		This is your total tax.	istructions)	1 un-year v	coverage [12	0	00
Refund	13a		an line 12, subtract line	2 from line 9	This is your	refund.				1 -
	204	If Form 8888 is atta		7				13a	18790	07
Have it directly deposited! See instructions and	▶ b	Routing number						ings		
fill in 13b, 13c, and 13d, or Form 8888.	▶ d	Account number								
Amount	14	If line 12 is larger th	an line 9, subtract line 9	from line 12	This is				····	+
You Owe		-	e. For details on how to				>	14		
	Do vo	,	er person to discuss this			tructions)?	□ Ye	s. Complete	below.	No
Third Party			a person to alcouse the		3 II 10 (300 II 13	•	rsonal iden	•	20.01	
Designee	Bame									
Sign Here	accura	itely lists all amounts and	clare that I have examined sources of income I receive reparer has any knowledge	ed during the tax	to the best of k year. Declara	my knowled tion of prepar	ge and be er (other i	blief, it is true, than the taxpa	correct, and yer) is based	
Joint return? See instructions.	. Vour e	ignature		Date	Your occupat	tion		Daytime phon	e number	
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign. Date Spouse'				Spouse's occ	se's occupation		If the IRS sent you an Identity Protection PIN, enter it		
	7 Drint/Tun-	orangrar's name	Propagate signature			Data	here (see inst.)		PTIN	
Paid	CHRO LADO	preparer's name	Preparer's signature			Date	1	Check if self-employed	ì	
Preparer	Einete ==	ma b	<u> </u>		L	Firm's EIN	1	Cilpioyo	1	
Use Only	Firm's name ► Firm's E									
- h: :	Frini s address P Phone n								404057	

Form **4852**

(Rev. September 2014)

Department of the Treasury

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

► Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

ormation about Form 4852 is available at www.ire.cov/form4852

OMB No. 1545-0074

l h	ter year in space provided and check of ave been unable to obtain (or have receive ave notified the IRS of this fact. The amou ade to me and tax withheld by my employ	ed an incorrect) 🔽 unts shown on line 7	Fo or	rm W-2 OR Form 1099-R. line 8 are my best estimates for		ges or payments	
5 Em	ployer's or payer's name, address, and Z	IP code				mployer's or payer's dentification number (if	knowr
7 F	Form W-2. Enter wages, tips, other compe	ensation, and taxes	with	nheld.			
ε	Wages, tips, and other compensation	0	f	State income tax withheld .			
t	Social security wages	0		(Name of state) .			
c	Medicare wages and tips	0	g	Local income tax withheld .			
C				(Name of locality)			
€	Federal income tax withheld	13323.48	h	Social security tax withheld.			430.4
			i	Medicare tax withheld		1	036.1
Ω (Form 1000. P. Enter distributions from non	ocione annuitice rot	iror	nont/profit charing plans IDAs	nn	noo contracto, etc.	
	Form 1099-R. Enter distributions from per		tirer		nsuran	nce contracts, etc.	
ā	Gross distribution	nsions, annuities, ret	f	Federal income tax withheld			
a	Gross distribution		f g	Federal income tax withheld State income tax withheld	 		
a	Gross distribution		f	Federal income tax withheld			

2016 Sworn Statement

By James A

The form 4852 submitted with my 2016 1040EZ is to rebut, and correct information on a document known to have been submitted to the IRS by the party on line 5 of Form 4852 referred to above as "PAYER" thereby erroneously alleging that I (RECIPIENT) received payments from them during, or connected to, a trade or business, federal or federally connected employment, investment, or other taxable activities.

The payments made to me by this payer did not result from any federal taxable activity whatsoever and do not constitute any taxable income under relevant Income Tax Law. The amount shown as withheld are correct per information provided to me by the payer and should already be part of the IRS's records as provided to you by the payer.

Please note that any "Social Security Tax withheld" and "Medicare Tax withheld" are included on line 7 of Form 1040EZ as these were withheld from non-taxable payments. All evidence to my knowledge conclude that this payer is not connected with any activity or of a status which would render payments to me subject to federal income excise tax, nor am I. I cannot attest to as the fact as why the payer reports these payments as Income.

Under penalties of perjury, I declare these statements and accompanying documents (Form 4852) and to the best of my knowledge, and belief, that they are true, correct, and complete.

Signed:

Print James A

Date: 4/7/2017