

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial Michael D. Last name Johnston Your social security number [redacted]

If a joint return, spouse's first name and initial Patricia J. Last name Johnston Spouse's social security number [redacted]

Home address (number and street), if you have a P.O. box, see instructions. 1503 Cuba Ave Apt. no. [redacted] 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). ALAMOGORDO NM 88310 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 2 [x] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 4 [] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter the child's name here. 5 [] Qualifying widow(er) (see instructions)

Exemptions 6a [x] Yourself. If someone can claim you as a dependent, do not check box 6a. b [x] Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit (see instructions) [] [] [] [] d Total number of exemptions claimed 2

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 0 00 8a Taxable interest. Attach Schedule B if required 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 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 [] 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a 15b Taxable amount 15b 16a Pensions and annuities 16a 16b 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 20a 20b 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 0 00

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 b 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 0 00

		38	Amount from line 37 (adjusted gross income)	38	0	00
Tax and Credits	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. Total boxes checked <input type="checkbox"/> 39a				
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b				
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	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	12,700	00
	41	Subtract line 40 from line 38		41	-12,700	00
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions		42	8,100	00
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	0	00
	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		
	45	Alternative minimum tax (see instructions). Attach Form 6251		45		
	46	Excess advance premium tax credit repayment. Attach Form 8962		46	600	00
	47	Add lines 44, 45, and 46		47	600	00
	48	Foreign tax credit. Attach Form 1116 if required		48		
	49	Credit for child and dependent care expenses. Attach Form 2441		49		
	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			
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	0	00	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-		56	600	00	
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	600	00	
Payments	64	Federal income tax withheld from Forms W-2 and 1099		64	9572	34
	65	2017 estimated tax payments and amount applied from 2016 return		65		
	66a	Earned income credit (EIC)		66a		
	b	Nontaxable combat pay election <input type="checkbox"/> 66b		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 checked="" 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	9572	34	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75	8972	34
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		76a	8972	34
Direct deposit? See Instructions.	b	Routing number				
	d	Account number				
	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
77	Amount of line 75 you want applied to your 2018 estimated tax		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.					
	Your signature	Date	Your occupation	Daytime phone number		
	Michael P. Johnston	4-6-18	Construction	575-430-2302		
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)		
Patricia A. Johnston	4-4-18	Leasing				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN	
	Firm's name		Firm's EIN			
	Firm's address		Phone no.			

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.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.
▶ Go to www.irs.gov/Form4852 for the latest information.

1 Name(s) shown on return MICHAEL D. JOHNSTON	2 Your social security number [REDACTED]
3 Address 1503 CUBA AVE ALAMOGORDO NM 88310	
4 Enter year in space provided and check one box. For the tax year ending December 31, 2017 , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.	
5 Employer's or payer's name, address, and ZIP code [REDACTED]	6 Employer's or payer's identification number (if known) [REDACTED]
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.	
a) Wages, tips, and other compensation <u>0</u>	f State income tax withheld <u>856.72</u>
b) Social security wages <u>0</u>	(Name of state) <u>NM</u>
c) Medicare wages and tips <u>0</u>	g Local income tax withheld _____
d) Social security tips <u>0</u>	(Name of locality) _____
e) Federal income tax withheld <u>2922.00</u>	h Social security tax withheld <u>2519.63</u>
	i Medicare tax withheld <u>589.27</u>
8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.	
a) Gross distribution _____	f Federal income tax withheld _____
b) Taxable amount _____	g State income tax withheld _____
c) Taxable amount not determined <input type="checkbox"/>	h Local income tax withheld _____
d) Total distribution <input type="checkbox"/>	i Employee contributions _____
e) Capital gain (included in line 8b) _____	j Distribution codes _____
9 How did you determine the amounts on lines 7 and 8 above? W-2 PROVIDED BY PAYER	
10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. NONE	

General Instructions

Section references are to the Internal Revenue Code.

Future developments. Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

Note: Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit www.SSA.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.

Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R, and regardless of whether the information on any forms received is correct.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

**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.**

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form4852 for the latest information.

<p>1 Name(s) shown on return <u>Patricia J. Johnston</u></p>	<p>2 Your social security number <u>[REDACTED]</u></p>												
<p>3 Address <u>1503 Cuba Ave Alamogordo NM 88310</u></p>													
<p>4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2017</u>. I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.</p>													
<p>5 Employer's or payer's name, address, and ZIP code <u>[REDACTED]</u></p>	<p>6 Employer's or payer's identification number (if known) <u>[REDACTED]</u></p>												
<p>7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a Wages, tips, and other compensation <u>0</u></td> <td style="width:50%;">f State income tax withheld <u>830.88</u></td> </tr> <tr> <td>b Social security wages <u>0</u></td> <td>(Name of state) <u>NM</u></td> </tr> <tr> <td>c Medicare wages and tips <u>0</u></td> <td>g Local income tax withheld _____</td> </tr> <tr> <td>d Social security tips <u>0</u></td> <td>(Name of locality) _____</td> </tr> <tr> <td>e Federal income tax withheld <u>1632.00</u></td> <td>h Social security tax withheld <u>1547.52</u></td> </tr> <tr> <td></td> <td>i Medicare tax withheld <u>361.92</u></td> </tr> </table>		a Wages, tips, and other compensation <u>0</u>	f State income tax withheld <u>830.88</u>	b Social security wages <u>0</u>	(Name of state) <u>NM</u>	c Medicare wages and tips <u>0</u>	g Local income tax withheld _____	d Social security tips <u>0</u>	(Name of locality) _____	e Federal income tax withheld <u>1632.00</u>	h Social security tax withheld <u>1547.52</u>		i Medicare tax withheld <u>361.92</u>
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<p>8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a Gross distribution _____</td> <td style="width:50%;">f Federal income tax withheld _____</td> </tr> <tr> <td>b Taxable amount _____</td> <td>g State income tax withheld _____</td> </tr> <tr> <td>c Taxable amount not determined <input type="checkbox"/></td> <td>h Local income tax withheld _____</td> </tr> <tr> <td>d Total distribution _____</td> <td>i Employee contributions _____</td> </tr> <tr> <td>e Capital gain (included in line 8b) _____</td> <td>j Distribution codes _____</td> </tr> </table>		a Gross distribution _____	f Federal income tax withheld _____	b Taxable amount _____	g State income tax withheld _____	c Taxable amount not determined <input type="checkbox"/>	h Local income tax withheld _____	d Total distribution _____	i Employee contributions _____	e Capital gain (included in line 8b) _____	j Distribution codes _____		
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<p>9 How did you determine the amounts on lines 7 and 8 above? <u>W-2 PROVIDED BY PAYER</u></p>													
<p>10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. <u>NONE</u></p>													

General Instructions

Section references are to the Internal Revenue Code.

Future developments. Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

Note: Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit www.SSA.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.

Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service
Name shown on your return

▶ Attach to Form 1040, 1040A, or 1040NR.
▶ Go to www.irs.gov/Form8962 for instructions and the latest information.

Your social security number

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	2
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	0
b	Enter the total of your dependents' modified AGI (see instructions)	2b	0
3	Household income. Add the amounts on lines 2a and 2b (see instructions)	3	0
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	16,020
5	Household income as a percentage of federal poverty line (see instructions)	5	0 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%) <input type="checkbox"/> No. Continue to line 7. <input checked="" 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	
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	
	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	

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	13,884.00	15,373.92				9852.00	
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 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						821.00	
13 February						821.00	
14 March						821.00	
15 April						821.00	
16 May						821.00	
17 June						821.00	
18 July						821.00	
19 August						821.00	
20 September						821.00	
21 October						821.00	
22 November						821.00	
23 December						821.00	
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	0
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	9852.00
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	9852.00
28	Repayment limitation (see instructions)	28	600.00
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	600.00