

Form

1040EZ

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

2016

OMB No. 1545-0074

Your first name and initial: STEVEN
Last name: TILDEN
Your social security number: [redacted]
If a joint return, spouse's first name and initial:
Last name:
Spouse's social security number: [redacted]

Home address (number and street). If you have a P.O. box, see instructions.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Foreign country name: NORTH DAKOTA
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

Income
1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. 1 0 00
2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. 2
3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions). 3
4 Add lines 1, 2, and 3. This is your adjusted gross income. 4 0 00
5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. [ ] You [ ] Spouse
6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income. 6

Payments, Credits, and Tax
7 Federal income tax withheld from Form(s) W-2 and 1099. 7 25120 00
8a Earned income credit (EIC) (see instructions) 8a
b Nontaxable combat pay election. 8b
9 Add lines 7 and 8a. These are your total payments and credits. 9 25120 00
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 00
11 Health care: individual responsibility (see instructions) Full-year coverage [x] 11
12 Add lines 10 and 11. This is your total tax. 12 0 00

Refund
13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund. If Form 8888 is attached, check here [ ] 13a 25120 00
b Routing number [ ] Type: [ ] Checking [ ] Savings
d Account number [ ]

Amount You Owe
14 If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe. For details on how to pay, see instructions. 14

Third Party Designee
Do you want to allow another person to discuss this return with the IRS (see instructions)? [ ] Yes. Complete below. [ ] 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, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.
Your signature: [Signature] Date: 02/16/17 Your occupation: Not Privileged Daytime phone number:
Spouse's signature: [Signature] Date: Spouse's occupation:
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: Date: Check [ ] if self-employed PTIN:
Firm's name: Firm's EIN:
Firm's address: Phone no.:

Form **4852**

(Rev. September 2014)

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

OMB No. 1545-0074

<b>1</b> Name(s) shown on return <b>STEVEN TILDEN</b>	<b>2</b> Your social security number [REDACTED]
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**3** Address  
[REDACTED]

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2016,  
I have been unable to obtain (or have received an incorrect)  Form W-2 OR  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.

<b>5</b> Employer's or payer's name, address, and ZIP code [REDACTED]	<b>6</b> Employer's or payer's identification number (if known) [REDACTED]
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**7** Form W-2. Enter wages, tips, other compensation, and taxes withheld.

<b>a</b> Wages, tips, and other compensation	<u>0.00</u>	<b>f</b> State income tax withheld . . . . .	<u>1528.00</u>
<b>b</b> Social security wages . . . . .	<u>0.00</u>	(Name of state) .	<u>NORTH DAKOTA</u>
<b>c</b> Medicare wages and tips . . . . .	<u>0.00</u>	<b>g</b> Local income tax withheld . . . . .	<u>                    </u>
<b>d</b> Social security tips . . . . .	<u>0.00</u>	(Name of locality)	<u>                    </u>
<b>e</b> Federal income tax withheld . . . . .	<u>16284.00</u>	<b>h</b> Social security tax withheld . . . . .	<u>6841.00</u>
		<b>i</b> Medicare tax withheld . . . . .	<u>1600.00</u>

**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

<b>a</b> Gross distribution . . . . .	<u>                    </u>	<b>f</b> Federal income tax withheld . . . . .	<u>                    </u>
<b>b</b> Taxable amount . . . . .	<u>                    </u>	<b>g</b> State income tax withheld . . . . .	<u>                    </u>
<b>c</b> Taxable amount not determined .	<input type="checkbox"/>	<b>h</b> Local income tax withheld . . . . .	<u>                    </u>
<b>d</b> Total distribution . . . . .	<input type="checkbox"/>	<b>i</b> Employee contributions . . . . .	<u>                    </u>
<b>e</b> Capital gain (included in line 8b) .	<u>                    </u>	<b>j</b> Distribution codes . . . . .	<u>                    </u>

**9** How did you determine the amounts on lines 7 and 8 above?

Per records provided by the payer listed on Line 5

**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.