

Your first name and initial: Terry L	Last name: [REDACTED]	OMB No. 1545-0074 Your social security number: [REDACTED]
If a joint return, spouse's first name and initial: Alisa G	Last name: [REDACTED]	Spouse's social security number: [REDACTED]
Home address (number and street) If you have a P.O. box, see instructions: [REDACTED]		▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions): [REDACTED]		
Foreign country name: [REDACTED]	Foreign province/state/country: [REDACTED]	Foreign postal code: [REDACTED]

Filing status Check only one box.

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

6 a Yourself. If someone can claim you as a dependent, do not check box 6a.

b Spouse

c Dependents:	(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)	
If more than six dependents, see instructions. (1) First name Last name: [REDACTED] [REDACTED]	[REDACTED]	Son	<input type="checkbox"/>	Boxes checked on 6a and 6b: No. of children on 6c who: ● lived with you: 2 ● did not live with you due to divorce or separation (see instr): Dependents on 6c not entered above:
[REDACTED] [REDACTED]	[REDACTED]	Son	<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
d Total number of exemptions claimed.				Add numbers on lines above ► 4

Income Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see instructions.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.		7
8a Taxable interest. Attach Schedule B if required.		8a 420
b Tax-exempt interest. Do not include on line 8a.	8b	
9a Ordinary dividends. Attach Schedule B if required.		9a
b Qualified dividends (see instructions).	9b	
10 Capital gain distributions (see instructions).		10
11a IRA distributions. 11a	11b Taxable amount (see instructions).	11b
12a Pensions and annuities. 12a	12b Taxable amount (see instructions).	12b 30,019
13 Unemployment compensation and Alaska Permanent Fund dividends.		13
14a Social security benefits. 14a 23,207	14b Taxable amount (see instructions).	14b 5,022
15 Add lines 7 through 14b (far right column). This is your total income.	► 15	35,461
Adjusted gross income		
16 Educator expenses (see instructions).	16	
17 IRA deduction (see instructions).	17	
18 Student loan interest deduction (see instructions).	18	
19 Tuition and fees. Attach Form 8917.	19	
20 Add lines 16 through 19. These are your total adjustments.	20	
21 Subtract line 20 from line 15. This is your adjusted gross income.	► 21	35,461

Tax, credits, and payments	22 Enter the amount from line 21 (adjusted gross income).	22	35,461
	23a Check <input checked="checked" type="checkbox"/> You were born before January 2, 1952, if: <input type="checkbox"/> Spouse was born before January 2, 1952,	Blind } Total boxes checked Blind }	23a 1
	b If you are married filing separately and your spouse itemizes deductions, check here		23b <input type="checkbox"/>

Standard Deduction for -
• People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er) \$12,600
Head of household, \$9,300

24 Enter your standard deduction.	24	13,850
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	21,611
26 Exemptions. Multiply \$4,050 by the number on line 6d.	26	16,200
27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.	27	5,411
This is your taxable income.		
28 Tax, including any alternative minimum tax (see instructions).	28	543
29 Excess advance premium tax credit repayment. Attach Form 8962.	29	
30 Add lines 28 and 29.	30	543
31 Credit for child and dependent care expenses. Attach Form 2441.	31	
32 Credit for the elderly or the disabled. Attach Schedule R.	32	
33 Education credits from Form 8863, line 19.	33	
34 Retirement savings contributions credit. Attach Form 8880.	34	
35 Child tax credit. Attach Schedule 8812, if required.	35	
36 Add lines 31 through 35. These are your total credits.	36	
37 Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	543
38 Health care: individual responsibility (see instructions). Full-year coverage	<input checked="checked" type="checkbox"/>	38
39 Add line 37 and line 38. This is your total tax.	39	543
40 Federal income tax withheld from Forms W-2 and 1099.	40	7,948
41 2016 estimated tax payments and amount applied from 2015 return.	41	
42a Earned Income credit (EIC).	42a	NO
b Nontaxable combat pay election.	42b	
43 Additional child tax credit. Attach Schedule 8812.	43	
44 American opportunity credit from Form 8863, line 8.	44	
45 Net premium tax credit. Attach Form 8962.	45	
46 Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments.	46	7,948

If you have a qualifying child, attach Schedule EIC.

Refund	47 If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid.	47	7,405
	48a Amount of line 47 you want refunded to you. If Form 8888 is attached, check here	48a	7,405
	b Routing number <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/> <input checked="checked" type="checkbox"/>		
	49 Amount of line 47 you want applied to your 2017 estimated tax.	49	

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

Amount you owe	50 Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions.	50	
	51 Estimated tax penalty (see instructions).	51	

Third party designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. 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 the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Your signature _____	Date 17 MAR 2017	Your occupation retired	Daytime phone number _____
	Spouse's signature. If a joint return, both must sign. _____	Date 5/1/17	Spouse's occupation housewife	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Preparer's signature _____ Date _____ Check if self-employed PTIN _____

Paid preparer use only	Print/preparer's name _____	Firm's EIN _____
	Firm's name _____	Phone no. _____
	Firm's address _____	

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.

1 Name(s) shown on return

2 Your social security number

3 Address

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.

hereby NOTIFY

5 Employer's or payer's name, address, and ZIP code

6 Employer's or payer's identification number (if known)

State Street Retiree Services for
PO Box 151750
Alexandria VA 22315-1750

04-6748526

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld

- a Wages, tips, and other compensation _____
- b Social security wages _____
- c Medicare wages and tips _____
- d Social security tips _____
- e Federal income tax withheld _____

- f State income tax withheld _____
(Name of state) _____
- g Local income tax withheld _____
(Name of locality) _____
- h Social security tax withheld _____
- i Medicare tax withheld _____

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

- a Gross distribution _____
- b Taxable amount _____ **0**
- c Taxable amount not determined
- d Total distribution
- e Capital gain (included in line 8b) _____

- f Federal income tax withheld _____ **4,671**
- g State income tax withheld _____
- h Local income tax withheld _____
- i Employee contributions _____
- j Distribution codes _____ **7**

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

Amount on line 8f from 1099R from company listed on line 5, is correct. Line 8b above is zero (0) per statutory language IRC sec 3401 & 3121, others.

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

1099R received should show taxable amount, (Line 2a) as 0. Issuer correctly declines to make this determination, and no one alleges any other amount.