

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

Your first name and initial **JORDAN** Last name \_\_\_\_\_ Your social security number \_\_\_\_\_

If a joint return, spouse's first name and initial \_\_\_\_\_ Last name \_\_\_\_\_ Spouse's social security number \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. \_\_\_\_\_ Apt. no. \_\_\_\_\_ **▲** 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). \_\_\_\_\_ **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 4  Head of household (with qualifying person). (See Instructions.)  
 2  Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. **▶**  
 3  Married filing separately. Enter spouse's SSN above and full name here. **▶** 5  Qualifying widow(er) (see instructions)

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . . } **Boxes checked on 6a and 6b**  
 b  Spouse } **No. of children on 6c who:**  
 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) **• lived with you**  
 \_\_\_\_\_ **• did not live with you due to divorce or separation (see instructions)**  
 If more than four dependents, see instructions and check here  **Dependents on 6c not entered above**  
**Add numbers on lines above**

d Total number of exemptions claimed . . . . .

<b>Income</b>	7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	-0-
	8a	Taxable interest. Attach Schedule B if required . . . . .	8a	161.92
	b	Tax-exempt interest. Do not include on line 8a . . . . . 8b		
	9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	
	b	Qualified dividends . . . . . 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	-0-
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> <b>▶</b>	13	
	14	Other gains or (losses). Attach Form 4797 . . . . .	14	
	15a	IRA distributions . . . . . 15a	b	Taxable amount
	16a	Pensions and annuities . . . . . 16a	b	Taxable amount
	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	b	Taxable amount
	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 <b>▶</b>	22	161.92

<b>Adjusted Gross Income</b>	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 <b>▶</b> _____	31a	
	32	IRA deduction . . . . .	32	
	33	Student loan interest deduction . . . . .	33	
	34	Reserved for future use . . . . .	34	
	35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
	36	Add lines 23 through 35 . . . . .	36	-0-
	37	Subtract line 36 from line 22. This is your adjusted gross income <b>▶</b>	37	161.92

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)	38	161.92
	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 ▶ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
<b>Standard Deduction for—</b> • 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	6350
	41	Subtract line 40 from line 38	41	(6188.08)
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	-0-
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	-0-
	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	-0-
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	-0-
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	-0-
	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 credit. 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-
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	-0-
<b>Other Taxes</b>	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 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	-0-
<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099	64	4409.96
	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	4409.96
<b>Refund</b>	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4409.96
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input checked="" type="checkbox"/>	76a	4409.96
Direct deposit? See instructions.	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
	77	Amount of line 75 you want applied to your 2018 estimated tax	77	-0-
<b>Amount You Owe</b>	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	-0-
	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)?  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 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 <b>PRIVATE SECTOR PROGRAMMER</b>	Daytime phone number
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.)

**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.**

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.  
▶ Go to [www.irs.gov/Form4852](http://www.irs.gov/Form4852) for the latest information.

**1** Name(s) shown on return  
**JORDAN**

**2** Your social security number

**3** Address

**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)  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.

**5** Employer's or payer's name, address, and ZIP code  
[payer B]

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

**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>1607.00</u>
<b>b</b> Social security wages	<u>0.00</u>	(Name of state)	<u>MN</u>
<b>c</b> Medicare wages and tips	<u>0.00</u>	<b>g</b> Local income tax withheld	
<b>d</b> Social security tips		(Name of locality)	
<b>e</b> Federal income tax withheld	<u>312.50</u>	<b>h</b> Social security tax withheld	<u>3320.82</u>
		<b>i</b> Medicare tax withheld	<u>776.64</u>

**8 Form 1099-R.** Enter distributions from pensions, annuities, retirement or 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?  
Records provided by the payer listed on line 5. Please see attached sworn declaration (Exhibit B).

**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
None. Withholdings are correct.

**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](http://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](http://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:

**Exhibit B**

Sworn Declaration for Form 4852 (payer **B** dated 02/10/2018:

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

\_\_\_\_\_  
Jordan

\_\_\_\_\_  
Date

Form **4852**

(Rev. September 2017)

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.**

OMB No. 1545-0074

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.  
▶ Go to [www.irs.gov/Form4852](http://www.irs.gov/Form4852) for the latest information.

**1** Name(s) shown on return  
**JORDAN**

**2** Your social security number

**3** Address

**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)  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.

**5** Employer's or payer's name, address, and ZIP code  
[payer A]

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

**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	_____
<b>b</b> Social security wages	<u>0.00</u>	(Name of state) <u>MN</u>	_____
<b>c</b> Medicare wages and tips	<u>0.00</u>	<b>g</b> Local income tax withheld	_____
<b>d</b> Social security tips	_____	(Name of locality)	_____
<b>e</b> Federal income tax withheld	_____	<b>h</b> Social security tax withheld	_____
		<b>i</b> Medicare tax withheld	_____

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

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

**9** How did you determine the amounts on lines 7 and 8 above?  
Records provided by the payer listed on line 5. Please see attached sworn declaration (Exhibit A).

**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
None, Withholdings are correct.

**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](http://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](http://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:

**Exhibit A**

Sworn Declaration for Form 4852 (payer ~~A~~ dated 02/10/2018:

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

\_\_\_\_\_

Jordan

\_\_\_\_\_

Date

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)	OMB No. 1545-0112		<b>2017</b>	<b>Interest Income</b>	
		1 Interest income					
		\$ 161.92	Form 1099-INT				
PAYER'S federal identification number		RECIPIENT'S identification number	2 Early withdrawal penalty		<b>Copy B</b>	<b>For Recipient</b>	
		XXX-XX	3 Interest on U.S. Savings Bonds and Treas. obligations				
			4 Federal income tax withheld				
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code		5 Investment expenses		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.			
JORDAN		6 Foreign tax paid				7 Foreign country or U.S. possession	
		8 Tax-exempt interest				9 Specified private activity bond interest	
		10 Market discount				11 Bond premium	
		12 Bond premium on Treasury obligations				13 Bond premium on tax-exempt bond	
		14 Tax-exempt and tax credit bond CUSIP no.				15 State	
						16 State identification no.	
						17 State tax withheld	

Form 1099-INT

(keep for your records)

www.irs.gov/form1099int

Department of the Treasury - Internal Revenue Service

**Instructions for Recipient (Continued)**

**Box 11.** For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in this box is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

**Box 12.** For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in this box is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

**Box 13.** For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of

interest in box 8 or 9, whichever is applicable. If the amount in this box is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

**Box 14.** Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

**Boxes 15-17.** State tax withheld reporting boxes.

**Nominees.** If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

**Future developments.** For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/form1099int](http://www.irs.gov/form1099int).

# Allocation of Refund (Including Savings Bond Purchases)

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8888](http://www.irs.gov/Form8888) for the latest information.  
▶ Attach to your income tax return.

**2017**  
Attachment  
Sequence No. **56**

Name(s) shown on return

Your social security number

JORDAN


## Part I Direct Deposit

Complete this part if you want us to directly deposit a portion of your refund to one or more accounts.

<b>1a</b> Amount to be deposited in first account (see instructions) . . . . .	<b>1a</b>	
<b>b</b> Routing number <input type="text"/> ▶ <b>c</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b> Account number <input type="text"/>		
<b>2a</b> Amount to be deposited in second account . . . . .	<b>2a</b>	
<b>b</b> Routing number <input type="text"/> ▶ <b>c</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b> Account number <input type="text"/>		
<b>3a</b> Amount to be deposited in third account . . . . .	<b>3a</b>	
<b>b</b> Routing number <input type="text"/> ▶ <b>c</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b> Account number <input type="text"/>		

## Part II U.S. Series I Savings Bond Purchases

Complete this part if you want to buy paper bonds with a portion of your refund.

 **CAUTION** If a name is entered on line 5c or 6c below, co-ownership will be assumed unless the beneficiary box is checked. See instructions for more details.

<b>4</b> Amount to be used for bond purchases for yourself (and your spouse, if filing jointly) . . . . .	<b>4</b>	
<b>5a</b> Amount to be used to buy bonds for yourself, your spouse, or someone else . . . . .	<b>5a</b>	
<b>b</b> Enter the owner's name (First then Last) for the bond registration		<input type="text"/>
<b>c</b> If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here ▶ <input type="checkbox"/>		<input type="text"/>
<b>6a</b> Amount to be used to buy bonds for yourself, your spouse, or someone else . . . . .	<b>6a</b>	
<b>b</b> Enter the owner's name (First then Last) for the bond registration		<input type="text"/>
<b>c</b> If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here ▶ <input type="checkbox"/>		<input type="text"/>

## Part III Paper Check

Complete this part if you want a portion of your refund to be sent to you as a check.

<b>7</b> Amount to be refunded by check . . . . .	<b>7</b>	4409.96
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## Part IV Total Allocation of Refund

<b>8</b> Add lines 1a, 2a, 3a, 4, 5a, 6a, and 7. The total must equal the refund amount shown on your tax return . . . . .	<b>8</b>	4409.96
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