For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20						Only—Do not write or staple in this space. See separate instructions.						
Your first name and initial				Last name				Your social security number				
				eowner								
If a joint return, spouse's first name and initial				ame						Sp	ouse's social security	number
Home address (nur		street). If you have a P.0	D. box, see i	nstructions.					Apt. no.		Make sure the SSN and on line 6c are	
		and ZIP code. If you have	a foreign addı	ress, also complete s	spaces below	(see instru	ctions).			F	Presidential Election C	ampaign
Anytown C	0 8023	15									eck here if you, or your spo	
Foreign country nai	me			Foreign pro	ovince/state	county		Fo	reign postal co		tly, want \$3 to go to this fu ox below will not change yo	
										refu	nd. You	Spouse
Filing Status	1	X Single				4	Hea	d of hous	sehold (with qu	alifying	person). (See instruc	tions.) If
· ······g • ·······	2	Married filing joir	ntly (even if	only one had in	icome)				•	nild but	not your dependent,	enter this
Check only one	3	Married filing sep	•	nter spouse's SS	SN above			l's name				
box.		and full name he				5			vidow(er) with	deper		
Exemptions	6a	X Yourself. If so	meone car	n claim you as a	dependen	t, do not	checl	box 6a	ı	· · }	Boxes checked on 6a and 6b	1
	b	Spouse .		(0) Danasadasad		(a) Danaada		 (4) ./ i	f child under age	. <u>.</u> ,	No. of children on 6c who:	
	C (1) First	Dependents:	namo	cocial cocurity number rela			tionship to you qualifying for c		ng for child tax cr		 lived with you 	
	(1) FIISE	Tidille Last i	lattie					(St	ee instructions)		 did not live with you due to divorce 	е
If more than four											or separation (see instructions)	
dependents, see	-								$\overline{\Box}$		Dependents on 60 not entered above	
instructions and check here ▶												
	d	Total number of ex	emptions	claimed							Add numbers on lines above ▶	1
Income	7	Wages, salaries, ti	os, etc. Att	ach Form(s) W-2	2					7	51	,000.
meome	8a	Taxable interest. A	Attach Sch	edule B if require	ed					8a		
A 1 = . / \	b	Tax-exempt interes	st. Do not	include on line	8a	. 8b						
Attach Form(s) W-2 here. Also	9a	Ordinary dividends	s. Attach So	chedule B if requ	uired .					9a		
attach Forms	b	Qualified dividends	3			. 9b						
W-2G and	10	Taxable refunds, credits, or offsets of state and local income taxes							10			
1099-R if tax was withheld.	11	Alimony received							11			
	12	Business income or (loss). Attach Schedule C or C-EZ							12			
If you did not	13	. • • •	,		quired. If n	ot require	ed, ch	eck her	e ▶ ⊔	13		
get a W-2,	14 15a	Other gains or (los IRA distributions	. 15a	1		b Tax		mount		14 15b		
see instructions.	16a	Pensions and annui				+				16b		
	17	Rental real estate,			corporation					17		
	18	Farm income or (lo	, , ,		•					18		
	19	Unemployment co								19		
	20a	Social security bene	efits 20a			b Tax	able a	mount		20b		
	21	Other income. List	type and a	amount		_				21		
	22	Combine the amoun	ts in the far							22	51	,000.
Adjusted	23	Educator expenses	3			. 23						
Adjusted Gross	24	Certain business exp			-	1						
Income		fee-basis governmen				24						
moome	25	Health savings acc				. 25				-		
	26	Moving expenses.								-		
	27 28	Deductible part of se				. 27				-		
	29	Self-employed SEl								+		
	30	Self-employed health insurance deduction										
	31a	Alimony paid b R		_		31a						
	32	IRA deduction .				. 32						
	33	Student loan interes				. 33						
	34	Tuition and fees. A										
	35	Domestic production	n activities o	deduction. Attach	Form 8903	35						
	36	Add lines 23 throu	•							36		
	37	Subtract line 36 fro	om line 22.	This is your adju	usted gro	ss incom	e .		▶	37	51	,000.

Form 1040 (2016) Page 2 Amount from line 37 (adjusted gross income) 51,000 38 You were born before January 2, 1952, ☐ Blind. | Total boxes 39a Check Tax and if: Spouse was born before January 2, 1952, ☐ Blind. J checked ▶ 39a **Credits** b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <mark>9,147</mark>/10,934. Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 Standard 40 Deduction 41,853/40,066. 41 41 for-<mark>4,050</mark>/4,050. 42 42 • People who Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions check any box on line 43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- . . . 43 37,803/36,016. 39a or 39b or Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ 5,228/4,940. 44 44 who can be 45 Alternative minimum tax (see instructions), Attach Form 6251 45 claimed as a dependent, 46 Excess advance premium tax credit repayment. Attach Form 8962 . 46 instructions. 47 47 5,228/4,940. Add lines 44, 45, and 46 • All others: 48 Foreign tax credit. Attach Form 1116 if required Single or Married filing 49 Credit for child and dependent care expenses. Attach Form 2441 49 separately, 50 Education credits from Form 8863, line 19 \$6,300 Married filing 51 Retirement savings contributions credit. Attach Form 8880 51 jointly or Qualifying 52 Child tax credit. Attach Schedule 8812, if required . . . 52 widow(er) 53 Residential energy credits. Attach Form 5695 \$12,600 Other credits from Form: **a** 3800 **b** 8801 с 🗌 54 Head of household. 55 Add lines 48 through 54. These are your total credits 55 \$9,300 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-56 56 57 Self-employment tax. Attach Schedule SE 57 58 Unreported social security and Medicare tax from Form: **a** 4137 **b** 8919 58 **Other** 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **Taxes** 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 X 61 62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62 63 Add lines 56 through 62. This is your total tax . 63 5,000. 64 Federal income tax withheld from Forms W-2 and 1099 . . . **Payments** 2016 estimated tax payments and amount applied from 2015 return 65 65 If you have a . . . No 66a Earned income credit (EIC) 66a qualifying b Nontaxable combat pay election 66b child, attach Schedule EIC. 67 Additional child tax credit. Attach Schedule 8812 67 68 American opportunity credit from Form 8863, line 8 . 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 73 Credits from Form: **a** 2439 **b** Reserved **c** 8885 **d** Add lines 64, 65, 66a, and 67 through 73. These are your total payments 5,000. 74 74 Refund 75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 76a Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here . **\Delta** 76a X X X X X X X X X X X ► c Type:

Checking Savings b Routing number Direct deposit? d Account number X $X \mid X \mid X \mid X$ $X \mid X \mid X \mid X$ instructions. 77 Amount of line 75 you want applied to your 2017 estimated tax ▶ 77 Amount **Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions 78 You Owe 79 Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. X No **Third Party** Designee's Phone Personal identification **Designee** name > number (PIN) no. 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 Sign Here Your signature Date Your occupation Daytime phone number

1,787 3,441/4,940 3,441/4,940 1,559/60. 1,559/60. 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. Joint return? See teach9,147er instructions. Spouse's signature. If a joint return, both must sign. If the IRS sent you an Identity Protection Spouse's occupation Keep a copy for PIN, enter it your records. here (see inst.) Print/Type preparer's name Date Preparer's signature Check I if **Paid** self-employed **Preparer** Firm's name ▶ Self-Prepared Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no. REV 01/12/17 TTW Form **1040** (2016) www.irs.gov/form1040

SCHEDULE A (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

Itemized Deductions

► Attach to Form 1040.

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

OMB No. 1545-0074

Attachment Sequence No. 07

Name(s) shown on Form 1040 Your social security number Colorado Homeowner 0 Caution: Do not include expenses reimbursed or paid by others. Medical 1 1 Medical and dental expenses (see instructions) and 2 Enter amount from Form 1040, line 38 2 **Dental** 3 Multiply line 2 by 10% (0.10). But if either you or your spouse was **Expenses** born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-. State and local (check only one box): **Taxes You Paid** a Income taxes, or 5 **b** General sales taxes 2,000. **6** Real estate taxes (see instructions) 6 7 Other taxes. List type and amount 8 Add lines 5 through 8 . . . _ 2,000. Interest 10 Home mortgage interest and points reported to you on Form 1098 7,147/8,934. 11 Home mortgage interest not reported to you on Form 1098. If paid You Paid to the person from whom you bought the home, see instructions Note: and show that person's name, identifying no., and address Your mortgage interest deduction may be limited (see 12 Points not reported to you on Form 1098. See instructions for instructions). 12 **13** Mortgage insurance premiums (see instructions) 13 14 Investment interest. Attach Form 4952 if required. (See instructions.) 14 **15** Add lines 10 through 14 7,147/8,934. Gifts to 16 Gifts by cash or check. If you made any gift of \$250 or more, Charity 16 17 Other than by cash or check. If any gift of \$250 or more, see If you made a instructions. You must attach Form 8283 if over \$500 . . . gift and got a 17 benefit for it. **18** Carryover from prior year see instructions. 19 Add lines 16 through 18 . . **Casualty and Theft Losses 20** Casualty or theft loss(es). Attach Form 4684. (See instructions.) 20 **Job Expenses** Unreimbursed employee expenses—job travel, union dues, and Certain job education, etc. Attach Form 2106 or 2106-EZ if required. Miscellaneous (See instructions.) ▶ 21 **Deductions** 22 23 Other expenses—investment, safe deposit box, etc. List type and amount ▶ _____ 23 **24** Add lines 21 through 23 24 25 Enter amount from Form 1040, line 38 25 Multiply line 25 by 2% (0.02) 26 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 Other Other—from list in instructions. List type and amount ▶ Miscellaneous **Deductions** 29 Is Form 1040, line 38, over \$155,650? Total **Itemized** No. Your deduction is not limited. Add the amounts in the far right column 9,147/10,934. **Deductions** for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ☐ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. 30 If you elect to itemize deductions even though they are less than your standard deduction, check here

Form **8396**

Department of the Treasury

Internal Revenue Service (99)

Name(s) shown on your tax return

Mortgage Interest Credit

(For Holders of Qualified Mortgage Credit Certificates Issued by State or Local Governmental Units or Agencies)

► Information about Form 8396 and its instructions is at www.irs.gov/form8396.

► Attach to Form 1040 or 1040NR.

OMB No. 1545-0074

Attachment Sequence No. **138**

Your social security number

Colorado Homeowner Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return. Name of Issuer of Mortgage Credit Certificate Mortgage Credit Certificate Number Issue Date 087546152 01/01/2016 CHFA Before you begin Part I, figure the amounts of any of the following credits you are claiming: Credit for the elderly or the disabled, alternative motor vehicle credit, and qualified plug-in electric drive motor vehicle credit. Part I Current Year Mortgage Interest Credit Interest paid on the certified indebtedness amount. If someone else (other than your spouse if filing jointly) also held an interest in the home, enter only your share of the interest paid . . . 1 8,934. Enter the certificate credit rate shown on your mortgage credit certificate. Do not enter the 2 20.00 % If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced 3 3 1,787. your mortgage and received a reissued certificate, see the instructions for the amount to enter. You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3. Enter any 2013 credit carryforward from line 16 of your 2015 Form 8396 4 5 Enter any 2014 credit carryforward from line 14 of your 2015 Form 8396 . . . 5 6 Enter any 2015 credit carryforward from line 17 of your 2015 Form 8396 . 6 7 Add lines 3 through 6 7 1,787. 8 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see 8 5,228. Current year mortgage interest credit. Enter the smaller of line 7 or line 8. Also include this amount in the total on Form 1040, line 54, or Form 1040NR, line 51. Check box c on that line and enter "8396" in the space next to that box . Mortgage Interest Credit Carryforward to 2017. (Complete only if line 9 is less than line 7.) 10 10 Add lines 3 and 4 11 Enter the amount from line 7. . 11 12 Enter the **larger** of line 9 or line 10. 12 13 Subtract line 12 from line 11. . . 13 14 **2015 credit carryforward to 2017.** Enter the **smaller** of line 6 or line 13 . 14 15 Subtract line 14 from line 13. . 15 16 **2014 credit carryforward to 2017.** Enter the **smaller** of line 5 or line 15 16 2016 credit carryforward to 2017. Subtract line 9 from line 3. If zero or less, enter -0Colorado Homeowner 1

Smart Worksheets from your 2016 Federal Tax Return

₩₩₩₩₩₩₩₩₩₽₽₽			

Tax Smart Worksheet							
A	Tax						
1	Tax table						
2	Tax Computation Worksheet (see instructions)						
3 4	Schedule D Tax Worksheet						
5	Schedule J						
6 7	Form 8615						
В	Additional tax from Form 8814						
C D	Additional tax from Form 4972						
E	Recapture tax from Form 8863						
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax						
G H	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative						

########\$MART WORKSHEET FOR: Form 1040: Individual Tax Return

Other Credits Smart Worksheet								
A B C D E F	Form 3800 Credit	G 787. H I J K	Form 8910 Credit					

Colorado Homeowner 092-55-5514 2

SMART WORKSHEET FOR: Form 8396: Mortgage Interest Credit

	Li	ne 8 - Credit Limit Smart Worksheet	
Α	Enter the amount from	5,228.	
В	Form 1040 filers:	Enter the amounts from Form 1040,	
		line 48 through 51; line 12 of the Line 11	
		Worksheet in Pub. 972*; Form 5695, line 30;	
		Form 8910, line 15; Form 8936, line 23; and	
		Schedule R (Form 1040A or 1040), line 22.	
	Form 1040NR filers:	Enter the amounts from Form 1040NR, lines 46	
		through 48; line 12 of the Line 11 Worksheet	
		in Pub. 972*; Form 5695, line 30;	
		Form 8910, line 15; and Form 8936, line 23.	
С	Subtract line B from lin		
	line 8 and go to Part II	5,228.	
	* If you are filing Form		
	any, from line 13 of the		
	not claiming the child t		
1			