2017 TAX RETURN

CLIENT COPY

Client:	
Prepared for:	JOSHUA D AND ERIN M HAWLEY
	PARTS INGS

Prepared by:



Date:

SEPTEMBER 7, 2018

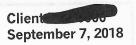
Comments:

MISSOURI FORMS
2017 Missouri Individual Income Tax Return
Missouri Individual Income Tax Adjustmen
Missouri Miscellaneous Income Tax Credit
Wissouri Underpayment of Estimated Tax
Missouri Estimated Tax Declaration for Ind

Route to:

EVERS & COMPANY, CPA'S, LLC

520 DIX ROAD JEFFERSON CITY, MO 65109 (573) 635-0227



JOSHUA D and ERIN M HAWLEY



	FEDERAL FORMS	
Form 1040	2017 U.S. Individual Income Tax Return	\$ 24.00
Form 1040-ES	Estimated Tax Payment Vouchers	1.00
Form 1040-V	Payment Voucher	1.00
Schedule A	Itemized Deductions	1.00
Schedule B	Interest and Dividend Income	1.00
Schedule C	Profit or Loss From Business	1.00
Schedule D	Capital Gains and Losses	1.00
Schedule E p2	Supplemental Income and Loss	1.00
Schedule H	Household Employment Taxes	1.00
Schedule SE	Self-Employment Tax	2.00
Form 1116	Foreign Tax Credit	1.00
Form 2441	Child and Dependent Care Credit	1.0
Form 4797	Sale of Business Property	1.0
Form 6251	Alternative Minimum Tax	1.0
Form 8283	Noncash Charitable Contributions	1.0
Form 8879	IRS e-file Signature Authorization	1.0
Form 8949	Sales and Other Dispositions of Capital Assets	
Form 8959	Additional Medicare Tax	
Form 8960	Net Investment Income Tax	

	MISSOURI FORMS	
Form MO-1040 Form MO-A Form MO-TC Form MO-2210 Form MO-1040ES Form MO-1040V	2017 Missouri Individual Income Tax Return Missouri Individual Income Tax Adjustments Missouri Miscellaneous Income Tax Credits Missouri Underpayment of Estimated Tax Missouri Estimated Tax Declaration for Individuals Missouri Individual Income Tax Payment Voucher	\$ 13.00 1.00 1.00 1.00 1.00

EVERS & COMPANY, CPA'S, LLC

520 DIX ROAD JEFFERSON CITY, MO 65109 (573) 635-0227 Client 53046000 September 7, 2018

JOSHUA D and ERIN M HAWLEY

FEE SUMMARY

Processing Charge Accountants' Time

\$ 58.00 1,337.00

Business Fee Personal Fee

1,150.00 245.00

Amount Due

\$ 1,395.00

Thank you for allowing us to be of service to you!

FILE ONLY IF YOU ARE MAKING A PAYMENT WITH FORM 1040. RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE "UNITED STATES TREASURY," PLEASE WRITE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND " 2017 FORM 1040" ON YOUR CHECK OR MONEY ORDER. PLEASE DO NOT SEND CASH. ENCLOSE, BUT DO NOT STAPLE OR ATTACH, YOUR PAYMENT WITH THIS VOUCHER.

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" AND MAIL FORM 1040-V PAYMENTS TO:

> INTERNAL REVENUE SERVICE P.O. BOX 37008 HARTFORD, CT 06176-7008

Detach Here and Mail With Your Payment and Return

Form 1040-V (2017)

Department of the Treasury Internal Revenue Service

(99)

2017

Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'
 ► Write your social security number (SSN) on your check or money order.

Enter the amount 4-946. of your payment 1030 FDIA8601L 07/21/17

JOSHUA D & FRIN M HAWLEY

INTERNAL REVENUE SERVICE P.O. BOX 37008 HARTFORD CT O6176-7008

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ERIN M HAWLEY Home address (number and street). If you have a P.O. to the provided per part of self-experience and street). If you have a P.O. to the provided per part of self-experience and powers and check here. Attach Form(s) W-2 here. Also attach Forms (if tax was withheld. If you did not get a W-2, see instructions. If a Pensions and annum 17 Rental real estate, 18 Farm income 20 a Social security benefits 21 Other income. List type 22 Combine the amounts in the provided part of self-experience and penalty on early wind alimony paid b Recipie 32 Educator expenses. Penalty on early wind alimony paid b Recipie 32 Educator expenses. Penalty on early wind alimony paid b Recipie 32 Educator expenses. Penalty on early wind alimony paid b Recipie 32 IRA deduction		SATISTICALIST DESCRIPTION					110	
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The check only one box. Exemptions 6a		4 mol 4	Head o	f household (with qua	alifyin	nerson) (Soo	
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AA For Disclosure, Privacy Act, and Pape	n line // This is vour	adjusted ans	•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	> 3	37	295,9	925.

orm 1040 (2017)	JOSHUA D AND ERIN M HAWLEY	Page 2 295, 925.
	38 Amount from line 3/ (adjusted dross income)	293, 923.
ax and	39a Check You were born before January 2, 1953, Blind. Total boxes checked ► 39a Total boxes Total boxes Spouse was born before January 2, 1953, Blind. Total boxes Total boxes Spouse Total boxes Total	1,100,000,000,000,000,000
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tandard	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39 b	40 38,610.
eduction	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	41 257,315.
or –	41 Subtract line 40 from line 38	42 16,200.
People who	43 T. Ila images Cubtroot line /// trom line //	V 1 1 M V NA - 11 - 16 T A I S
heck any box n line 39a or	If line 42 is more than line 41 enter -U	43 241,115.
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be claimed as a lependent, see	b Form 4972	44 46,030. 45 3,763.
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All others:	46 Excess advance premium tax credit repayment. Attach Form 8962	47 49,793.
Single or	47 Add lines 44, 45, and 46	49, 193.
Married filing separately,	48 Foreign tax credit. Attach Form 1116 if required	
\$6,350	49 Credit for child and dependent care expenses. Attach Form 2441	epista polif
Married filing	50 Education credits from Form 8863, line 19	
ointly or	51 Retirement savings contributions credit. Attach Form 8880	E so ofne Ross
Qualifying widow(er),	52 Child tax credit. Attach Schedule 8812, if required	And six
\$12,700	53 Residential energy credits. Attach Form 5695	amellonesic
Head of	54 Other crs from Form: a 3800 b 8801 c 54	1 500
household, \$9,350	55. Add lines 48 through 54. These are your total credits	55 1,538
φ3,550	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	56 48,255
Dalle e u	57 Self-employment tax. Attach Schedule SE	57 15,390
Other Faxes	58 Unreported social security and Medicare tax from Form: a 4137 b 8919	58
Iaxes	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
	60 a Household employment taxes from Schedule H	60a 2,226
	h First-time homebuyer credit repayment. Attach Form 5405 if required	60 b
	Health care: individual responsibility (see instructions) Full-year coverage X	61
	62 Taxes from: a X Form 8959 b X Form 8960 c Instrs; enter code(s)	62 1,825
	63 Add lines 56 through 62. This is your total tax.	63 67,696
Damanda	64 Federal income tax withheld from Forms W-2 and 1099 64 31, 450.	
Payments	65 2017 estimated tax payments and amount applied from 2016 return 65 31,300.	
If you have a [gualifying	66 a Earned income credit (EIC)	Carolina (State Control
child, attach	b Nontaxable combat pay election ▶ 66 b	The second second
Schedule EIC.	67 Additional child tax credit. Attach Schedule 8812	the Plant is near that had he
	68 American opportunity credit from Form 8863, line 8	din disikhazar n
	69 Net premium tax credit. Attach Form 8962	
	70 Amount paid with request for extension to file	
	71 Excess social security and tier 1 RRTA tax withheld	el industriant
	72 Credit for federal tax on fuels. Attach Form 4136 72	-
	73 Credits from Form: a 2439 b Reserved c 8885 d 73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74 62,750
Refund	75. If line 74 is more than line 63 subtract line 63 from line 74. This is the amount you overpaid	75
Retutio	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here .	76a
	▶ b Routing number C Type: Checking Savings	
Direct deposit?	d Account number	
See instructions.	Amount of line 75 you want applied to your 2018 estimated tax	1 946
Amount	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78 4,946
You Owe	79 Estimated tax penalty (see instructions)	
Third Party	Parameter to allow another person to discuss this return with the IRS (see instructions)?	nplete below.
Designee	Phone	Personal identification number (PIN)
Designee	Designee's NOORE, CPA no.	est of my knowledge and belief, they
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the be are true, correct, and accurately list and sources of income I received during the tax year. Declaration of preparer (or	ther than taxpayer) is based on all
Here	information of which preparer has any knowledge. Your occupation Your occupation	Daytime phone number
Joint return?	ATTORNEY GENERAL	4.14 3 9 £
See instructions.	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
Keep a copy for your records.	LAW PROFESSOR	here (see inst.)
	Print/Type preparer's name Preparer's signature Date Check	if PTIN
Paid	JO L. MOORE, CPA	oyed 📥 💮
	CDAIG TIC	
Preparer	Firm's name FVERS & COMPANY, CPA'S, LLC	THE RESERVE OF THE PARTY OF THE
Preparer Use Only	Firm's name ► EVERS & COMPANY, CPA'S, LLC Firm's address ► 520 DIX ROAD Firm's E	no. (573) 635-0227

SCHEDULE B (Form 1040A or 1040)

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040. ► Go to www.irs.gov/ScheduleB for instructions and the latest information. OMB No. 1545-0074

2017

Attachment Sequence No. **08**

Your social security number

JOSHUA D AND FRIN M HAWLEY List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, Part I Interest show that buyer's social security number and address (See instructions AMERIGAS PARTNERS, L.P 17. and the ENTERPRISE PRODUCTS PARTNERS LP instructions for Form 1040A, or 1. Form 1040, 9. line 8a.) Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on 1 interest shown on that form. Add the amounts on line 1.... 2 27. Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach 3 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a 4 27. Note: If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of payer ▶ LPL FINANCIAL 9,455 Ordinary **Dividends** (See instructions and the instructions for Form 1040A, or Form 1040, line 9a.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form. 5 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a. 9,455. Note: If line 6 is over \$1,500, you must complete Part III Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Yes No Foreign 7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? Accounts and Trusts See instructions... If Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing X (See instructions.) requirements and exceptions to those requirements..... b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located > During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions.....

SCHEDULE A (Form 1040)

Department of the Treasury (99) Internal Revenue Service

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information. ► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

Attachment Sequence No. 07

Your social security number

Name(s) shown on Fo	rm 10	940		Your so	cial securi	ly number
JOSHUA D A	ND	ERIN M HAWLEY				A AUMEDI
Medical and		Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions)	11 S 1	eme of payer. If any locarly sela person		
Dental Expenses	2	Enter amount from Form 1040, line 38 2				
EXPONDED.	3	Multiply line 2 by 7.5% (0.075)	3		domestic.	srif bris
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4	rot artollour 0.
Taxes You	5	State and local (check only one box):		THE VIEW LA		
Paid	а	X Income taxes, or	5	12,304.		
	b	General sales taxes	6	4,250.		
	6	Real estate taxes (see instructions)	7	1,118.		
	7	Personal property taxes		1,110.		
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8			9	17,672.
l	-	Home mortgage interest and points reported to you on Form 1098 SEE . ST . 4	10	10,638.		
Interest You Paid	10 11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►				
Note:						
Your mortgage interest						
deduction may be limited (see		BOATA, ESCI ISTIS COURSE SUITO EQUIVOS GO FOI		3102		
instructions).			11			
	12	Points not reported to you on Form 1098. See instructions for special rules	12		100 / 100	
		Mortgage insurance premiums (see instructions)	13			
	14	Investment interest. Attach Form 4952 if required.	14	FIMANCIAL		
	45	See instructions	And the second second second		15	10,638.
	-					20,000.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions. STATEMENT 5	16	9,700.		
If you made a	17					
gift and got a		more, see instructions. You must attach Form 8283 II	17	600.		
benefit for it, see instructions.		over \$500	18	000.		
GGG Michigan Grand	18	Carryover from prior year			19	10 200
		Add lines 16 through 18	Attach	Earm 1691 and	19	10,300.
Casualty and Theft Losses	20	enter the amount from line 18 of that form. See instructions	. Attacii		20	0.
Job Expenses and Certain Miscellaneous	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions.				
Deductions			21			
	22	Tax preparation fees	22	800.		
	23					
		ADVISORY FEE 4,417.		4,417.		
	24	Add lines 21 through 23	24	5,217.		
	25	205 025				
	26	Multiply line 25 by 2% (0.02)	26	5,919.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, ent	er -0		27	0.
Other	28	Other—from list in instructions. List type and amount ▶			1	
Miscellaneous Deductions				<u>A ce de la la contraction</u> Sinusinones	28	ereint 0.
Total Itemized Deductions	29	No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. X Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		tel mancial interes mode and exception to the color to the fill this located a	29	38,610.
	30	If you elect to itemize deductions even though they are less than your standard		extensi mis up 🗘 😼		

FDIA0301L 02/22/18

SCHEDULE C (Form 1040)

Name of proprietor

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business (Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017

m 1065. Attachment Sequence No. 09
Social security number (SSN)

	IN M HAWLEY			ocial security nui	mber (SSN)
A	Principal business or profession, including	g product or service (se	ee instructions)	Enter code fro	<u> </u>
	CONSULTING			Enter code fro	minstructions
С	Tames in the Separate business i		D	Employer ID no	umber (EIN), (see instr.)
	THE HAWLEY LAW FIRM	LLC	to the second se		(and) (acc mad.)
Ε	Business address (including suite or room				y
	City, town or post office, state, and ZIP co	ode			
F			Accrual (3) Other (specify) ►		
G	Did you 'materially participate'	in the operation of	of this business during 2017? If 'No' see instructions for	limit on loss	es. X Yes No
Н	if you started or acquired this b	dusiness during 20	017, check here		. [
I	Did you make any payments in	2017 that would	require you to file Form(s) 1099? (see instructions)		[V].
J	If 'Yes,' did you or will you file	required Forms 1	0997		Yes X No
Pa	rt I Income				Yes No
1	Gross receipts or sales. See in	structions for line	1 and check the box if this income was reported to you		
	on rollin w 2 and the Statutory	r employee box c	ON INST form was checked		120 000
2	Returns and allowances			CALLED TO BOTH TO	130,000.
3	Subtract line 2 from line 1		HERPO AND THE AREA LINE SELECTION SERVICE OF THE AREA AND AND THE AREA.	2	130,000.
4	oust of goods sold (from life 42	<)	and the same of th		130,000.
5 6	Gioss profit. Subtract line 4 fro	m line 3		-	130,000.
0			ne or fuel tax credit or refund		130,000.
7	Gross income. Add lines 5 and	6		6	
Pa	rt II Expenses. Enter expens	ses for business	use of your home only on line 30.	▶ 7	130,000.
8	Advertising	. 8	18 Office expense (see instructions)	110	
9	Car and truck expenses		19 Pension and profit-sharing plans	18	2241.51.2
10	(see instructions)		20 Rent or lease (see instructions):	19	
11	Commissions and fees Contract labor	. 10	a Vehicles, machinery, and equipment	20a	
oM	(see instructions)	. 11	b Other business property	20a	
12	Depletion		21 Repairs and maintenance	21	LORDAN HAR STO 28
13	Depreciation and section		22 Supplies (not included in Part III)		٥٢
	179 expense deduction (not included in Part III)		23 Taxes and licenses	23	95.
	(see instructions)	13	24 Travel, meals, and entertainment:	23	
14	Employee benefit programs (other than on line 19)	aa Eenine 3	a Travel	24a	530.
15	Insurance (other than health)	14	b Deductible meals and entertainment	- Section 1	330.
	Interest:	15	(see instructions)	24b	in the second
	Mortgage (paid to banks, etc.)	16a	25 Utilities	25	
	Other		26 Wages (less employment credits)	26	-1916
17	Legal and professional services	17	27a Other expenses (from line 48)	27a	1,826.
			1,000. b Reserved for future use of home. Add lines 8 through 27a	27b	The second second
29	Tentative profit or (loss). Subtract	ct line 28 from lir	ne 7	► 28	3,451.
30	EXPENSES IOI DUSINESS LISE OF VO	nir home Do not	roport those average I I average	29	126,549.
	and doing the simplified metil	ou (see instruction	DDS).		
	and (b) the part of vour nome used	for husinges:	are footage of: (a) your home: 3,232		
	Method Worksheet in the instruct	tions to figure the	amount to enter on line 30	30	880.
31	Net profit or (loss). Subtract line	30 from line 29.			
	• If a profit, enter on both Form Schedule SE, line 2. (If you checand trusts, enter on Form 1041)	1040, line 12 (or	Form 1040NR, line 13) and on		
	and dusts, enter on Form 1041,	line 3.	ne i, see instructions). Estates	31	100.000
	 If a loss, you must go to line 3 			31	125,669.
32	If you have a loss, check the box	that describes y	our investment in this activity (see instructions).		
	If you checked 32a enter the I	loss on both Forn	n 1040, line 12, (or Form 1040NR, line 13) and on ine 1, see the line 31 instructions). Estates and	32a	All investment is
	West massing a supplementary	J.		201 □	at risk.
ΔΔ	If you checked 32b, you must a For Paperwork Reduction Act N	attach Form 6198	3. Your loss may be limited.	32b	Some investment is not at risk.

	dule C (Form 1040) 2017 ERIN M HAWLEY	=		Page 2
Par	t III Cost of Goods Sold (see instructions)	evnla	anation)	
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach	expid	ariation	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation		Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35		A A
6	Purchases less cost of items withdrawn for personal use	36		
7	Cost of labor. Do not include any amounts paid to yourself	37	1354 as As a 3, 971	
38	Materials and supplies	38	Mari partition of the control of the	a a
39	Other costs.	39	ne vieni uov	(1 H
40	Add lines 35 through 39	40	0.000 0.000 0.000	
41	Inventory at end of year	41		
12	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
43 44	When did you place your vehicle in service for business purposes? (month, day, year) Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:			
	COther			
	Paris Septia principal and principal septial s			
45	Was your vehicle available for personal use during off-duty hours?		Yes	
46	Do you (or your spouse) have another vehicle available for personal use?			∐ N
47	a Do you have evidence to support your deduction?		Yes	∐ N
	b If 'Yes,' is the evidence written?		····· Yes	N
Pa	ort V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
CC	NFERENCE REGISTRATION			100
DU	ES AND SUBSCRIPTIONS		and Manual Association	75
I	TERNET FEES @ 50%			280
SC	FTWARE			1,371
	entre service de la company de	2768	t adaso beli lo	mie brie
	ge general of care to the second of care to	300 -	and the state of	rest.
	10. From TD40 ilos 12 to Ferm 1040F4, Was 131 and on			ij a doži
	(18 . 8 C)		212 0 0 201 %	11 18
	ne ook praconspilaes your neverthent his activity (see jostes horis). Facilitation Ferial 1040, Ear 12, for Foun 1046Weighte For any on			1,826
1	Total other expenses. Enter here and on line 27a.	. 48		1,020

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/ScheduleD for instructions and the latest information. ► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2017

Attachment Sequence No. 12 Your social security number

4.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

JOSHUA D AND ERIN M HAWLEY

Part I	Short-Term C	apital Gains and	Losses -	Assets	Held One	Year or Less	-
	11 4 1			111111111111111111111111111111111111111	SOCIETY DIT		

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and
		(0. 01.101 50313)	line 2, column (g)	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).		to ine.22.	e tracas domain 81	No. Skip line
However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	0.00 (another the contract of		en line? of that works	18 If you are require amount, if any, fi
	17,881.	20,733.		-2,852.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	19873		to complete the Unit t the amount, if any, it	19 if you are require instructions), erfor
Totals for all transactions reported on Form(s) 8949 with Box B checked			9 both sero or blank?	one 81 and one 02
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	R, line 421. Don't con	as and Capital Caun Te uctions for Form 1040	rani edi ni to) 44 enil ;	tot Form 104
4 Short-term gain from Form 6252 and short-term	gain or (loss) from Fo	orms 4684, 6781, and 8	824 4	No. Complete No. Complete St. and SZ be
5 Net short-term gain or (loss) from partnerships,	S corporations, estate	s and trusts from Sch	edule(s) K-1 5	solis at 31 amil to 15
6 Short-term capital loss carryover. Enter the amo Worksheet in the instructions	ount, if any, from line 8	of your Capital Loss	Carryover 6	ing agol sell *
7 Net short-term capital gain or (loss). Combine lines capital gains or losses, go to Part II below. Other	1a through 6 in column	(h). If you have any long	aeredes Buriu per ist. 	

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

AA	For Paperwork Reduction Act Notice, see your	tax return instructions		5		59,619 D (Form 1040) 2017
	Net long-term capital gain or (loss). Combine lines 8 the back			on	15	EQ (10
14	Long-term capital loss carryover. Enter the amo Worksheet in the instructions	unt, if any, from line 13	3 of your Capital Loss	Carryover	14	394
13	Capital gain distributions. See the instrs SEE , ST , 6.				13	394
12	Net long-term gain or (loss) from partnerships,	S corporations, estates	, and trusts from Sche	edule(s) K-1	12	
11	Gain from Form 4797, Part I; long-term gain fro Forms 4684, 6781, and 8824	m Forms 2439 and 625	52; and long-term gain	or (loss) from	11	
10	Totals for all transactions reported on Form(s) 8949 with Box F checked		11//01.	1,0	114.	2,394
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	18,159.	14,751.	-1,0	11.4	2 204
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					50, 651
V 10:	on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.	222,636.	165,805.	000 200 10 12		56,831
88	Totals for all long-term transactions reported		Characa marka	line 2, column	(g)	column (g)
Γhis	e instructions for how to figure the amounts to er on the lines below. Is form may be easier to complete if you round cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustment to gain or loss Form(s) 8949, F	from Part II.	(h) Gain or (loss Subtract column (e) from column (d) and combine the result wit

Part III Si	ummary
-------------	--------

16 Combine lines 7 and 15 and enter the result	16	56,767.
• If line 16 is a gain , enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then		GWA C ALBEOT
 go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? X Yes. Go to line 18.	. 191	
No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	ser) einerdzuse serven evervet 0.
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	nor op mer ans d nov his tot alche i dit hwa his account
20 Are lines 18 and 19 both zero or blank? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.		
No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:	1	
 The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	21	
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2017

SCHEDULE D (Form 1040)

ALTERNATIVE MINIMUM TAX
Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/ScheduleD for instructions and the latest information.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2017

Attachment Sequence No. 12

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

JOSHUA D AND ERIN M HAWLEY

Your social security number

enter on the lines below.	(4)		(g)	0 00	(h) Gain or (loss)
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustments to gain or loss fro Form(s) 8949, Par line 2, column (rt I. I	Subtract column (e) from column (d) and combine the result with column (q)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	17,881.	20,733.	llemogh 21, end go complete the 23% has 2 of their auto		No. Skip line la if you are require amount if city. I
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	Gajn Worksheet (see sheet	apitired section 1250 on tine 18 of that wor	complete the Dand e engunt, if any	ol be	-2,852
Totals for all transactions reported on Form(s) 8949 with Box B checked			Sknald to ores rijor	d (t)	20 Are times 18 and
Totals for all transactions reported on Form(s) 8949 with Box C checked	en an in semanoers moothood (Skieni) Al	se and trapital sain 10 uctions for Form 10401	e quanter ombes se 44 for in the sis	818 S S	tor Form 10
4 Short-term gain from Form 6252 and short-term	n gain or (loss) from Fo	orms 4684, 6781, and 9	Checule D Tax VII	4	Me Compis
5 Net short-term gain or (loss) from partnerships					or an arms in
6 Short-term capital loss carryover. Enter the am	ount if any from line	0 -4 0 - 11 11	_	5	a The loss on
7 Net short-term capital gain or (loss) Combine line	s 12 through 6 in actions	(L) 16	olaladoz grafii be	6	
- Supricinguins of losses, go to Fart II below. Oth	erwise, go to Part III o	n the back		7	-2,852
ee instructions for how to figure the amounts to need the lines below.	Joses — Assets He	eid Wore I han One	(g) Adjustments	T	(h) Gain or (loss)
his form may be easier to complete if you round	(d) Proceeds	(e) Cost	Adjustments	2 2 1 1 E	(ii) Gaill Of (1055)
T cents to whole dollars.	(sales price)	Cost (or other basis)	to gain or loss from Form(s) 8949, Part	t 11.	Subtract column (e) from column (d) and combine the result with
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go	(sales price)	(or other basis)	I to gain or loss from	t 11.	Subtract column (e) from column (d) and combine the result with column (g)
Ba Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b		Cost (or other basis) 165,805.	to gain or loss from Form(s) 8949, Part	t 11.	Subtract column (e) from column (d) and combine the result with column (g)
Ba Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked.	(sales price) 222, 636.	(or other basis)	to gain or loss fror Form(s) 8949, Part line 2, column (g	t II, j)	Subtract column (e) from column (d) and combine the result with column (g)
Rents to whole dollars. 3a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. 3b Totals for all transactions reported on Form(s) 8949 with Box D checked.	(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part	t II, j)	Subtract column (e) from column (d) and combine the result with column (g)
Rate Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. By Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Gain from Form 4797, Part I: long-term gain from Form form 4797, Part I: long-term gain from Form form 4797, Part I: long-term gain from Form 4797, Part II: long-term gain from Form 4797, Part III III III II II II II II II II II II	(sales price) 222, 636. 18, 159.	165,805. 14,751.	to gain or loss fror Form(s) 8949, Part line 2, column (g	4.	Subtract column (e) from column (d) and combine the result with column (g)
Rents to whole dollars. 3a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. 3b Totals for all transactions reported on Form(s) 8949 with Box D checked. 7 Totals for all transactions reported on Form(s) 8949 with Box E checked. 7 Totals for all transactions reported on Form(s) 8949 with Box F checked. 1 Gain from Form 4797, Part I; long-term gain from Forms 4684, 6781, and 8824.	(sales price) 222, 636. 18, 159. m Forms 2439 and 629	(or other basis) 165,805. 14,751.	to gain or loss fror Form(s) 8949, Part line 2, column (g	4.	Subtract column (e) from column (d) and combine the result with column (g) 56, 831
Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Net long-term gain or (loss) from partnerships,	(sales price) 222, 636. 18, 159. m Forms 2439 and 629. S corporations, estates	165,805. 14,751. 52; and long-term gain	or (loss) from	4.	Subtract column (e) from column (d) and combine the result with column (g) 56, 831
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. 8b Totals for all transactions reported on Form(s) 8949 with Box D checked. 9 Totals for all transactions reported on Form(s) 8949 with Box E checked. 1 Totals for all transactions reported on Form(s) 8949 with Box F checked. 1 Gain from Form 4797, Part I; long-term gain from Forms 4684, 6781, and 8824. 2 Net long-term gain or (loss) from partnerships, 3 Capital gain distributions. See the instrs. SEE ST 7.	222, 636. 18, 159. m Forms 2439 and 629. S corporations, estates	165,805. 14,751. 52; and long-term gain s, and trusts from Sche	or (loss) from	4.	Subtract column (e) from column (d) and combine the result with
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. 8b Totals for all transactions reported on Form(s) 8949 with Box D checked. 9 Totals for all transactions reported on Form(s) 8949 with Box E checked. 1 Totals for all transactions reported on Form(s) 8949 with Box F checked. 1 Gain from Form 4797, Part I; long-term gain from Forms 4684, 6781, and 8824. 2 Net long-term gain or (loss) from partnerships, 3 Capital gain distributions. See the instrs. SEE ST 7.	222, 636. 18, 159. m Forms 2439 and 629. S corporations, estates out, if any, from line 1	165,805. 14,751. 52; and long-term gain s, and trusts from Sche	or (loss) from	4.	Subtract column (e) from column (d) and combine the result with column (g) 56, 831

Part III Summary	ALTERNATIVE MINIMUM T	TAX		
go to line 17 below. If line 16 is a loss, skip line	ter the result	16	56,539.	
17 Are lines 15 and 16 both gains? X Yes. Go to line 18.	(e.m. (e.m. 1992) (e.m. 1994) server)			
No. Skip lines 18 through 2 18 If you are required to complete amount, if any, from line 7 of the	the 28% Rate Gain Worksheet (see instructions), enter the nat worksheet	18	tens and and a service of the control of the contro	
19 If you are required to complete instructions), enter the amount,	the Unrecaptured Section 1250 Gain Worksheet (see , if any, from line 18 of that worksheet	19	15 To the for all bar Epigeno Barelon	
for Form 1040, line 44 (or i 21 and 22 below. No. Complete the Schedule	or blank? d Dividends and Capital Gain Tax Worksheet in the instructions n the instructions for Form 1040NR, line 42). Don't complete lines e D Tax Worksheet in the instructions. Don't complete lines			
21 and 22 below. 21 If line 16 is a loss, enter here a	and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:			
The loss on line 16 or(\$3,000), or if married filing	g separately, (\$1,500)	21	angso mbabanin'i di an di territorio	
Note: When figuring which amo	ount is smaller, treat both amounts as positive numbers.			
	s on Form 1040, line 9b, or Form 1040NR, line 10b? In the instructions for Form 1040NR, line 42).			
No. Complete the rest of F	orm 1040 or Form 1040NR.			

Schedule D (Form 1040) 2017

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

SSN or taxpayer identification number

JOSHUA D AND ERIN M HAWLEY

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your proker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F I Form 8949, page 2, for each complete as many forms wit	pelow. Check only on applicable box. If h the same box ch	you have more than ecked as you nee	one box applies for	r your long-term trar tions than will fit o	nsactions, com on this page	plete a separate for one or more	of the boxes,
(D) Long-term transacti X (E) Long-term transa (F) Long-term transa	ons reported on Forn ctions reported on	n(s) 1099-B showing Form(s) 1099-B s	g basis was reporte showing basis wa	ed to the IRS (see N asn't reported to t	lote above) he IRS		
1 (a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	Proceeds (sales price)	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an a enter a coo See the sepa	(h) Gain or (loss). Subtract column (
Mary still statistics (1975) to 57, or of 1975 or of 19	PROPERTY I	(Mo., day, yr.)	(see instructions)	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
AMERIGAS PARTNERS ENTERPRISE PROD PT	VARIOUS	9/07/17	7,244.	5,497.	0	742.	2,489
ENTERFRISE PROD PI	1/20/16	9/07/17	4,303.	3,040.	0	-1,756.	-493.
GOLDMAN SACHS	VARIOUS	9/07/17	6,593.	6,195.	BOIMAV	231	398.
SPDR GOLD TRUST GI	OD ETF VARIOUS	VARIOUS	19.	901847 19.	MOIBAV		0.
							And the second s

		,					
2 Totals. Add the amounts in (subtract negative amount include on your Schedule checked), line 9 (if Box F above is checked).	S). Enter each tota D, line 8b (if Box I above is checked),	here and above is	18,159.	14,751.	dia kana dia kana garaban dia kana	-1,014.	2,394.

of the adjustment.

SSN or taxpayer identification number

JOSHUA D AND ERIN M HAWLEY

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

(D) Long-term transaction X (E) Long-term transaction (F) Long-term transaction	ctions reported on	Form(s) 1099-B s	howing basis wa		ne IRS	rottiseest mist foliosanat mist	(h)
Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below	If you enter an a enter a coo See the sepa	Adjustment, if any, to gain or loss. you enter an amount in column (g), enter a code in column (f). See the separate instructions.	
en (O monto erro (p) Sues en med erro (p)	men Metuc	(Mo., day, yr.)	(see instructions)	and see <i>Column (e)</i> in the separate instructions	Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
AMERIGAS PARTNERS	VARIOUS	9/07/17	7,244.	5,497.	0	742.	2,489
ENTERPRISE PROD PT	NRS 1/20/16	9/07/17	4,303.	3,040.	0	-1,756.	-493
GOLDMAN SACHS	VARIOUS	9/07/17	6,593.	6,195.	THE STATE	28	398
SPDR GOLD TRUST GL	OD ETF VARIOUS	VARIOUS	19.	19.		dollo 1202	0
×							
						#	
2 Totals. Add the amounts (subtract negative amoun include on your Schedule checked), line 9 (if Box E Box F above is checked)	nts). Enter each to e D, line 8b (if Bo) E above is checked	tal here and (D above is l), or line 10 (if	18,159.	14,751		-1,014.	2,394

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

	ution: The IPS compared and utility	off has seetfautsely	140		Was a second				
Pa	ution: The IRS compares amounts reported on art II Income or Loss From Partners	your tax return with an	nount	s shown on Sched	dule(s) K-1.		1		
	Note: If you report a loss from an at ri	ck activity for which an	ratio	ons	C MOU Marrad al			office of the of	Sy four-to to some
								ox in colum	nn (e) on line
21	Are you reporting any loss not allowed in a p	rior year due to the at-	risk,	excess farm loss,	or basis limit	ation	s, a	short spec	et de l'esemble
	prior year unallowed loss from a passive active partnership expenses? If you answered "Yes,								
		TTT MET GOTON DOTO	10 00	(b) Enter P for					s X No
28	(a) Name			partnership; S	(c) Check if foreign	• (d) En	nployer	(e) Check if
				for S corporation	partnership			fication nber	any amount is not at risk
_A	AMERIGAS PARTNERS, L.P.			P		2:	3-27	87918	
	ENTERPRISE PRODUCTS PARTNERS	LP		P				68219	-
<u>C</u>							- 00	00213	
D		Was the total of y	1	S approval 1	i Leceives (W TO	acint	iong aparais	e egginegni
	Passive Income and Loss	THE STATE OF STREET		- may this M	onpassive Inc			Loss	at so o sen
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss om Schedule K-1	(i) Secti expense of from For	on 17 deduc	tion	inco	onpassive me from edule K-1
_A	PTP 366.				110111101	111 43	02	Scrie	idule N-1
В	PTP 202.	Strong Look Ond :		Barl Wordships	C SSAMEORY IS	neur	9 5 0	11-59110-300	-2 NOT 215
<u>C</u>								4327 3	Danielss lea
D	- T. I.					eli	1		
	a Totals			y is some the survey of					
30	b Totals. 568.			d Cont		TA C			
31	the starting (g) and (j) of life 23a						30	1	
32	Add columns (f), (h), and (i) of line 29b						31		-568.
	include in the total on line 41 below	or (loss). Combine line	s 30	and 31. Enter the	result here ar	nd	32	ez yam ac	F.60
Pa	rt III Income or Loss From Estates a	and Trusts					32		-568.
33		(a) Name		and the second s	The second second second		~	(b) Emp	loyer ID no.
Α	SC 810091.5	e here een nee nok u	Ube	OF EXCRET DESCRIPTION	30348 - 104 V	Miles	E harte	(b) Linp	loyer ID IIO.
В						************	1000		
	Passive Income		Photo	HISS SHE , NO OTH	Non	pass	ive In	come and	Loss
	(c) Passive deduction or loss allo (attach Form 8582 if required)	wed	(d)	Passive income om Schedule K-1	(e) Deducti	on or	loss	(f) Other	er income
Α			1110	Scriedule N-1	from Sche	aule	K-1	from Sc	hedule K-1
В			+				***************************************		S elim
34	a Totals			T ACT STORY					
0	Totals				BOOM INC.			MET PERMIT	
35	Add columns (d) and (f) of line 34a						35		144
36	Add columns (c) and (e) of line 34b						36		
37	Total estate and trust income or (loss) Combi	ne lines 25 and 26 Em				S box	,8F	al control	ardrugO : E
Par	result here and include in the total on line 41 b	pelow					37		
	income of Loss From Real Esta	ite Mortgage Inves	stme	ent Conduits (F	REMICs) -	Res		l Holder	ubariou .
38	(a) Name	(b) Employer identification number	(C)	Excess inclusion from chedules Q, line 2c (see instructions)	(d) Taxable	inco	me	(e) Inco	ome from
	•		-	(see instructions)	(net loss Schedules	Q, line	e 1b	Schedule	s Q, line 3b
39	Combine columns (d) and (e) only. Enter the r	esult here and include	in th	a total on line 41	1 110 100 100 100 118 1-31 - 61 - 70 - 51	500 5	.X63	ment, plac	185-SLOG E
Par	t V Summary	odat nore and merade	III CII	e total on line 41	below	. 0.01	39	la rine	
40	Net farm rental income or (loss) from Form 48.	35. Also, complete line	42 1	pelow	1 25 25 -		40	CVC18 men	says Effe
41	Total income or (loss). Combine lines 26, 32, 3	37 39 and 40 Enter H		and the second		e to	40	ari ksjol ari	
42	Form 1040, line 17, or Form 1040NR, line 18 Reconciliation of farming and fishing income.	Enter your gross form	ing			>	41		-568.
	Reconciliation of farming and fishing income. and fishing income reported on Form 4835, line box 14, code B; Schedule K-1 (Form 1120S), b (Form 1041), box 14, code F (see instructions)								
43	(Form 1041), box 14, code F (see instructions). Reconciliation for real estate professionals. If professional (see instructions), enter the net in anywhere on Form 1040 or Form 1040NR from	you were a real estate							
	in which you materially participated under the p								
BAA	301 010	and delivity 1033 ful	US	43	-				

SCHEDULE SE (Form 1040)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information. ► Attach to Form 1040 or Form 1040NR.

Social security number of person

OMB No. 1545-0074

Attachment Sequence No. 17

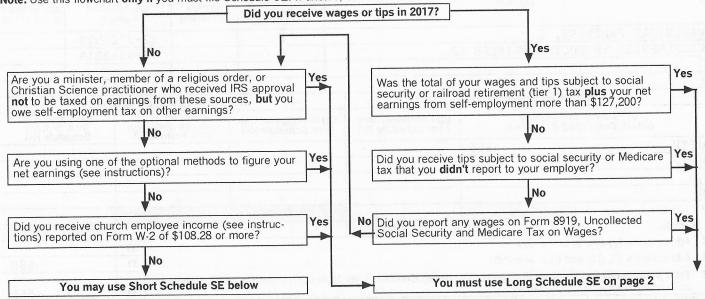
Department of the Treasury Internal Revenue Service

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

with self-employment income JOSHUA D HAWLEY Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
	b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1 b	la.
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	1,800.
3	Combine lines 1a, 1b, and 2	3	1,800.
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	1,662.
	Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	(0)	
5	•\$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57 , or Form 1040NR, line 55	E (D) (m)	
	 More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55 	5	254.
•	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27		FF (Farms 1040) 2017

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

ERIN M HAWLEY

Social security number of person with self-employment income ▶

 	 100	

Page 2

Section B - Long Schedule SE

Part I	Self-E			a milita
raiti	Jaen-E	mnio	/men	rlay

Note: If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

- A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I..... 1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note:** Skip lines 1a and 1b if you use the farm optional method (see instructions)...... 1a **b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, 1 b Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions) 2 125,669 3 125,669. 4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3..... 116,055. Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. **b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here...... 4b c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue. 4c 116,055. 5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income.... **b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-..... 5 b 6 Add lines 4c and 5b..... 6 116,055. Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2017..... 7 127,200. 8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$127,200 or more, skip lines 8b through 10, and go to line 11. 8a 32,284. **b** Unreported tips subject to social security tax (from Form 4137, line 10)...... 8b c Wages subject to social security tax (from Form 8919, line 10)..... d Add lines 8a, 8b, and 8c. 32,284. 8d 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11..... 9 10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)..... 94,916. 11,770. 10 11 Multiply line 6 by 2.9% (0.029)..... 11 3,366. 12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55 12 15,136. Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27..... 7,568 Optional Methods To Figure Net Earnings (see instructions) Farm Optional Method. You may use this method only if (a) your gross farm income (1) wasn't more than \$7,800, or (b) your net farm profits⁽²⁾ were less than \$5,631. 14 Maximum income for optional methods..... 14 5,200. Enter the smaller of: two-thirds (2/3) of gross farm income⁽¹⁾ (not less than zero) or \$5,200. Also include this amount on line 4b above.... 15 **Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits⁽³⁾ were less than \$5,631 and also less than 72.189% of your gross nonfarm income(4) **and (b)** you had net earnings from self-five times five times. 16 Subtract line 15 from line 14..... 16 Enter the smaller of: two-thirds (2/3) of gross nonfarm income⁽⁴⁾ (not less than zero) or the amount on line 16. Also include this amount on line 4b above ...
 - (1) From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.
 - (2) From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.
- (3) From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
- (4) From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

► Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Department of the Treasury (99) Internal Revenue Service

Attachment Sequence No. 19 ID no. as shown on page 1 of your tax return

se a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on aboth Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. a X Passive category income b General category income c General category income d General category of U.S. possession, use a separate column and line for each country or possession. Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. possession. A B C C Add columns A. B. and C VARIOUS Foreign Country or U.S. possession. A B C C Add columns A. B. and C VARIOUS Foreign Country or U.S. possession. VARIOUS Foreign Country or U.S. possession. A B C C Add columns A. B. and C VARIOUS Foreign Country or U.S. possession. VARIOUS Foreign Country or U.S. possession. A B C C Add columns A. B. and C VARIOUS Foreign Country or U.S. possession. VARIOUS Foreign Country or U.S. possession. A B C C Add columns A. B. and C VARIOUS Foreign Country or U.S. possession. VARIOUS Foreign Country or U.S. possession. A B C C Add columns A. B. and C VARIOUS Foreign Country or U.S. possession. A B C C Add columns A. B. and C VARIOUS Foreign Country or U.S. possession. A B C C Add columns A. B. and C VARIOUS Foreign Country or U.S. possession. A B C C Add columns A. B. and C VARIOUS Foreign Country or U.S. possession. A B C C Add columns A. B. and C VARIOUS A B C C Add columns A. B. and C VARIOUS A B C C Columns A. B. and C C Category Categ	JOSHUA D AN	ND ERIN N	4 HAWLEY)
ach Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. a Passive category income d Certain income re-sourced by treaty Resident of (name of country)	lso a separate Form 1	116 for each	category of in	come listed	below. See Ca	tegories of Ind	come in the ir	nstructions. C	heck only one	box on
Resident of (name of country)	ach Form 1116. Repo	rt all amount	s in U.S. dolla	rs except w	here specified i	in Part II belo	W.			
Interest of (name of country) lote: If you paid laxes to only one foreign country or U.S. possession, use column Ain Part I and line A in Part II, If you paid laxes to more foreign country or U.S. possession, use a separate column and line for each country or possession. Total Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total A B C (Add columns A, B, and C U.S. possession. **Total Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) **General B C (Add columns A, B, and C U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign country or U.S. possession.** **Total Taxable Income of the foreign countr	a X Passive categor	ry income	The second secon				e 🔲 L	_ump-sum ais	(HDULIOHS	
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Interest		301	estal noticyles				95	THE RELEASE		
Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Total	f Resident of (name	of country)	>							
Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Total	lote: If you paid taxes to	o only one for	eign country or	U.S. posses	sion, use column	A in Part I ar	nd line A in Pa	art II. If you pai	d taxes to more	
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g Enter the name of the foreign country or U.S. possession. a Gross income from sources within country shown above and of the type checked above (see instructions): SEE STATEMENT 8 9,849. 1a 9,849 b Check if line la is compensation for personal services as an emoloyee, your total compensation from all sources is \$25,000 or more, and you used an alternative basis to indemtine its source (see instructions): 2 Expenses definitely related to the income on line la (attach statement). 3 Pro rata share of other deductions not definitely related: a Certain interized deductions or standard deduction (see instructions): b Other deductions (attach statement). 4,250. d Gross foreign source income (see instructions). 9,849. 4 Pro rata share of interest expense (see instructions): a Home mortigage interest (see the Worksheet for home Mortgage interest (see the Worksheet for home Mortgage interest in the instructions): a Home mortgage interest (see the Worksheet for home Mortgage interest in the instructions): b Other interest expense. 5 Losses from foreign sources. 6 Add lines 2, 3g, 4a, 4b, and 5				-					(Add colum	ns A, B, and C.)
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Credit is claimed for taxes (you must check one) In foreign currency In U.S. dollars	7 Subtract line 6 f	rom line 1a	Enter the resu	It here and					▶ 7	9,407
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(j) Date paid or accrued Dividends Considered Considere	RIT	Taxes v	vithheld at sou	rce on:		Taxes v	vithheld at so	urce on:	foreign	taxes paid or accrue (add columns (o)
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С			70,000				41500	an naviberi	end a Jam	me outil
	С							1	15 70 20	
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 8 8 33				1 . 1 . 1 . 1	on and an line C	nace 2			▶ 8	338
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Part III Figuring the Credit

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9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	1 220		9)
10	Carryback or carryover (attach detailed computation)		338	•	JOSHUA D A
11	water if the 4 m had some maken it	10	call to visically all sea sealon 2.0 m amoun		i les a separate l'orma escit Farm 1116. Repo
	Add lines 9 and 10.	11	338	-	a X Passive catego
12	Reduction in foreign taxes (see instructions)	12			Secure measured 1 d
13	Taxes reclassified under high tax kickout (see instructions)	13			Ferndent of (name)
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for	r cred	itor From s	14	338.
	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions).	15	9,407.		o Enter the came
10	Adjustments to line 15 (see instructions)	16	37 107 .		U.S. possession
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	9, 407		1 e Gross income to shown above an (see instructions) SEE STATEME
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption.	10	9,407.		to Check if line la is con
10	Caution: If you figured your tax using the lower rates on qualified dividends or confidence		257,315.		
19	The first more than line 18, enter '1'			19	0.0266
20	Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1040NR, line 42	alien, 41, Sc er the	enter the total of chedule G, line 1a; or amount from Form	an vit	0.0366
	Caution: If you are completing line 20 for separate category e (lump-sum distribution)			20	46,030.
	making mile 20 by mile 19 (maximum amount of credit)			21	besigner auchell e
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skillings 23 through 27 and enter this amount as line 20.00 promises and enter this amount as line 20.00 promises.	kip		Jele M. S	1,685.
				22	338.
	Summary of Credits From Separate Parts III (see instructions)				la MSI amosal 22510 a
23	Credit for taxes on passive category income.	23			
24	Credit for taxes on general category income	24			
23	credit for taxes on certain income re-sourced by treaty	25			
20	A LLU and a sum of the sum distributions.	26	(application of a)		
41	Add lines 23 through 26		LOS CONTROL DE SERVICIO DE LA CONTROL DE LA	27	
28	inter the smaller of life 20 or line 2/		+	27	
	to the first for international poycott operations. See instructions for line 12		and Street,	28	338.
30 3	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a		All control of the second	Marie 1	deal sprace
	Source as a place as a			30	338.
					Form 1116 (2017)

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

► Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2017

Attachment Sequence No. 19

ID no. as shown on page 1 of your tax return

Department of the Treasury Internal Revenue Service (99)

Name JOSHUA D AND ERIN M HAWLEY Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Lump-sum distributions Section 901(j) income X Passive category income C Certain income re-sourced by treaty d General category income h f Resident of (name of country) Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total (Add columns A, B, and C.) A В g Enter the name of the foreign country or VARIOUS U.S. possession...... 1 a Gross income from sources within country shown above and of the type checked above (see instructions): SEE STATEMENT 9 9,849. 1 a 9,849 **b** Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement)..... Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction (see instructions)..... **b** Other deductions (attach statement)..... c Add lines 3a and 3b d Gross foreign source income (see instructions)..... 9,849 331,884 f Divide line 3d by line 3e (see instructions)...... 0.029676 **g** Multiply line 3c by line 3f..... 4 Pro rata share of interest expense (see instructions): a Home mortgage interest (use the Worksheet for 316 Home Mortgage Interest in the instructions) **b** Other interest expense..... 5 Losses from foreign sources..... 6 316. Add lines 2, 3g, 4a, 4b, and 5..... 316 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2. 9,533 Part II Foreign Taxes Paid or Accrued (see instructions) Foreign taxes paid or accrued Credit is claimed In U.S. dollars for taxes (you In foreign currency must check one) (S) Total foreign taxes paid or accrued (add columns (o) (r) Other X Paid (n) Other Taxes withheld at source on: (h) Taxes withheld at source on: foreign foreign taxes paid Accrued through (r)) (i) taxes paid (p) Rents & or accrued (q) or accrued **(0)** (I) Rents & (m) (i) Date paid (k) Interest Dividends royalties royalties Interest Dividends or accrued 338. 338. A B C

338

Form 1116 (2017)

Form 1116 (2017) JOSHUA D AND ERIN M HAWLEY

Part III | Figuring the Credit Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I..... 9 338 10 Add lines 9 and 10..... 11 338 12 Taxes reclassified under high tax kickout (see instructions)..... 13 13 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit 14 14 338. Enter the amount from line 7. This is your taxable income or (loss) from sources 15 outside the United States (before adjustments) for the category of income 15 9,533 Adjustments to line 15 (see instructions)..... 16 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)...... 17 17 9,533 Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption..... 18 274,695 Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. Divide line 17 by line 18. If line 17 is more than line 18, enter '1'..... 19 19 **Individuals:** Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 0.0347 20 1040NR, line 42 20 49,793. Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions. Multiply line 20 by line 19 (maximum amount of credit)..... 21 1,728. Enter the **smaller** of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions) 22 338. Part IV Summary of Credits From Separate Parts III (see instructions) Credit for taxes on passive category income..... 23 23 Credit for taxes on general category income..... 24 24 25 25 26 Credit for taxes on lump-sum distributions..... Add lines 23 through 26..... 27 27 Enter the **smaller** of line 20 or line 27..... 28 28 Reduction of credit for international boycott operations. See instructions for line 12..... 338. 29 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a..... 30 338

FDIZ2612L 09/04/17

Child and Dependent Care Expenses

► Attach to Form 1040, Form 1040A, or Form 1040NR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form2441 for instructions and the latest information.

2017
Attachment Sequence No. 21

Your social security number

JOSHUA D AND ERIN M HAWLEY Persons or Organizations Who Provided the Care — You must complete this part. Part I (If you have more than two care providers, see the instructions.) (c) Identifying number (SSN or EIN) (d) Amount paid (b) Address (number, street, apt. no., city, state, and ZIP code) (a) Care provider's 1 (see instructions) name 4.006. 12,314. JEAN E BRAZIL Complete only Part II below. Did you receive Complete Part III on the back next. dependent care benefits? Yes **Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a. Credit for Child and Dependent Care Expenses Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions (c) Qualified expenses (b) Qualifying person's social (a) Qualifying person's name you incurred and paid in 2017 for the person security number listed in column (a) Last First 8,767. 7,553. Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 6,000. 3 for two or more persons. If you completed Part III, enter the amount from line 31....... 95,531. 4 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student 150,385. or was disabled, see the instructions); all others, enter the amount from line 4..... 5 6,000. 6 Enter the **smallest** of line 3, 4, or 5..... Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 295,925 1040NR, line 37..... Enter on line 8 the decimal amount shown below that applies to the amount on line 7 If line 7 is: If line 7 is: **Decimal But not But not Decimal** amount is Over over Over amount is over \$29,000 - 31,000 27 .35 \$0 - 15.000.26 31.000 - 33.00015,000 - 17,000.34 .25 33,000 - 35,000.33 17,000 - 19,00020 8 .24 35,000 - 37,000.32 19,000 - 21,000.23 37,000 - 39,000.31 21,000 - 23,000.22 39,000 - 41,00023,000 - 25,000.30 41,000 - 43,000.21 25,000 - 27,000.29 43.000 - No limit .20 27,000 - 29,000.28 Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions. . . . 1,200. 9 Tax liability limit. Enter the amount from the Credit Limit Worksheet 49,455. in the instructions..... Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 1,200. here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47..... Form 2441 (2017)

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Name(s) shown on return

Department of the Treasury Internal Revenue Service

JOSHUA D AND ERIN M HAWLEY

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment Sequence No. 27 Identifying number

Part I Sales or Exchanges of Than Casualty or The	A Proposti I local	2, 10, or 20. S	ee instructions	(s) 1099-B or 1099	1	ons	4,34
2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or ot basis, plus improvements	ther s	(g) Gain or (lose Subtract (f) from the sum of (d) and (e
FROM K-1				acquisition	expense of s	ale	
							-20
3							
3 Gain, if any, from Form 4684, line 4 Section 1231 gain from installment	39				10231	3	
gair iron installmen	II Sales from Form 6	2h2 line 26 or 2	7			4	
9 9 9 10 11 1201 gain of (1055) [[O]] [[ike-king exchanges t	rom Form 8824				5	
order, it diff, from the 32, from off	iei tilan casualty or	thett				6	
- Combine lines 2 through 6. Effler	the gain or (loss) her	re and on the ar	opropriate line a	as follows:		7	-20
Partnerships (except electing larginstructions for Form 1065, Schedul 12 below. Individuals, partners, S corporation of the partners of the p	on shareholders, and nes 8 and 9. If line 7 an earlier year, ente and skip lines 8, 9, 1	d all others. If ling is a gain and your the gain from 1, and 12 below	ne 7 is zero or a ou didn't have a line 7 as a long	a loss, enter the are any prior year secting term capital gain	mount from on 1231 on the		
8 Nonrecaptured net section 1231 lo	sses from prior years	s See instruction	B, Y, I by BRITE		er more file		
			ITIS		1	0	
line 9 is more than zero, enter the arr	less, enter -0 If line	9 is zero, enter th	ne gain from line	7 on line 12 below.	If	8	niosayanti S sri banduz e
line 9 is more than zero, enter the am long-term capital gain on the Sche	less, enter -0 If line nount from line 8 on line dule D filed with you	9 is zero, enter the ne 12 below and Ir return. See ins	ne gain from line	7 on line 12 below.	If	9	Uldicationals S Strict Control 2 S Orth 21 Principle Surrest control
line 9 is more than zero, enter the am long-term capital gain on the Sche Ordinary Gains and Lo	less, enter -0 If line nount from line 8 on lindule D filed with you	9 is zero, enter the ne 12 below and ar return. See insections)	ne gain from line enter the gain frostructions	7 on line 12 below. om line 9 as a	If	ort 8 orth si	olinesesses 5 sel pendo 2 6 oni el el erol oni el el erol oni el el el el oni el el el oni e
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Jack line 8 from line 7. If zero or line 9 is more than zero, enter the am long-term capital gain on the Sche Part II Ordinary Gains and Loudinary gains and losses not incluMERIGAS PARTNERS	less, enter -0 If line nount from line 8 on lindule D filed with you passes (see instructed on lines 11 throward VARIOUS	9 is zero, enter the 12 below and ar return. See institctions) bugh 16 (include 9/07/17)	ne gain from line enter the gain frostructions property held 3,699.	7 on line 12 below. om line 9 as a	If	ort 8 orth si	3,699
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Journal of the 8 from line 7. If zero or line 9 is more than zero, enter the an long-term capital gain on the Sche Part II Ordinary Gains and Lo Ordinary gains and losses not include MERIGAS PARTNERS NTERPRISE PROD PTNRS	less, enter -0 If line nount from line 8 on lindule D filed with you passes (see instruded on lines 11 throward VARIOUS VARIOUS	9 is zero, enter the 12 below and air return. See institctions) bugh 16 (include 9/07/17 9/07/17	property held 3,699.	7 on line 12 below. om line 9 as a	If contact of the con	ort 8 orth si	
Joseph Subtract line 8 from line 7. If zero or line 9 is more than zero, enter the an long-term capital gain on the Sche Part II Ordinary Gains and Louis Ordinary gains and losses not incluMERIGAS PARTNERS NTERPRISE PROD PTNRS	less, enter -0 If line nount from line 8 on lindule D filed with you passes (see instruded on lines 11 throward VARIOUS VARIOUS	9 is zero, enter the 12 below and air return. See institctions) bugh 16 (include 9/07/17 9/07/17	property held 3,699.	7 on line 12 below. om line 9 as a	If continued to the con	9	649
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Subtract line 8 from line 7. If zero or line 9 is more than zero, enter the an long-term capital gain on the Sche Part II Ordinary Gains and Lo Ordinary gains and losses not inclu MERIGAS PARTNERS NTERPRISE PROD PTNRS Loss, if any, from line 7	less, enter -0 If line nount from line 8 on lindule D filed with you passes (see instruded on lines 11 throward VARIOUS VARIOUS from line 8, if applications 31 and 38a	9 is zero, enter the 12 below and air return. See institutions) Sugh 16 (include 9/07/17 9/07/17	property held 3, 699.	7 on line 12 below. om line 9 as a year or less):	If	9	649
James 1 ine 8 from line 7. If zero or line 9 is more than zero, enter the an long-term capital gain on the Sche Cart II Ordinary Gains and Louis MERIGAS PARTNERS NTERPRISE PROD PTNRS Loss, if any, from line 7	less, enter -0 If line nount from line 8 on lindule D filed with you used on lines 11 throward VARIOUS VARIOUS from line 8, if applications 31 and 38a	9 is zero, enter the 12 below and air return. See institutions) bugh 16 (include 9/07/17 9/07/17 eable	property held 3,699.	7 on line 12 below. om line 9 as a year or less):	If	9 11 12 13 14	649
Part II Ordinary Gains and Lo Ordinary gains and losses not inclu MERIGAS PARTNERS NTERPRISE PROD PTNRS 11 Loss, if any, from line 7 or amount Gain, if any, from line 31	less, enter -0 If line nount from line 8 on lindule D filed with you used on lines 11 throward VARIOUS VARIOUS VARIOUS lines 31 and 38a s from Form 6252, lind exchanges from F	9 is zero, enter the 12 below and ar return. See insections) ough 16 (include 9/07/17 9/07/17 9/07/17 eable	property held 3,699.	7 on line 12 below. om line 9 as a year or less):	If	9	649
Jacobract line 8 from line 7. If zero or line 9 is more than zero, enter the an long-term capital gain on the Sche Ordinary gains and losses not include MERIGAS PARTNERS NTERPRISE PROD PTNRS Loss, if any, from line 7	less, enter -0 If line nount from line 8 on lindule D filed with you passes (see instruded on lines 11 throward VARIOUS VARIOUS VARIOUS Indicate the second of the secon	9 is zero, enter the 12 below and ir return. See insections) ough 16 (include 9/07/17 9/07/17 enter the section of the section	property held 3,699.	7 on line 12 below. om line 9 as a year or less):	If	9	-20
Journal of the Arom line 7. If zero or line 9 is more than zero, enter the an long-term capital gain on the Sche or line 9 or line 10 or line 11 or line 12 or line 12 or line 13 or line 14 or line 15 or line 16 or line 16 or line 17 or line 17 or line 17 or line 18 or line 19 or line 10 or line 10 or line 16 or line 19 or line 10 or line 16 or line 19 or line 10 or line 16 or line 19 or line 10 or line 16 or line 16 or line 17 or line 17 or line 18 or line 19 or line	less, enter -0 If line nount from line 8 on lindule D filed with you passes (see instruded on lines 11 throward VARIOUS VARIOUS VARIOUS Industrial lines 31 and 38a s from Form 6252, lind exchanges from Form line s complete lines a complet	9 is zero, enter the 12 below and ir return. See insections) ough 16 (include 9/07/17 9/07/17 eable	property held 3,699. 649.	7 on line 12 below. om line 9 as a year or less): return and skip line	If	9	-20
In Subtract line 8 from line 7. If zero or line 9 is more than zero, enter the an long-term capital gain on the Sche Part II Ordinary Gains and Lo Ordinary gains and losses not inclum MERIGAS PARTNERS INTERPRISE PROD PTNRS Comparison of the series o	less, enter -0 If line nount from line 8 on lindule D filed with you posses (see instruded on lines 11 throward VARIOUS VARIOUS VARIOUS Innes 31 and 38a strom Form 6252, lind exchanges from Form 4684, line 35 on Form 4684, line 35 on Schedule A Formatter from the sean A Formatter from the sean	9 is zero, enter the 12 below and ir return. See insections) ough 16 (include 9/07/17 9/07/17 9/07/17 9/07/17 17 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	property held 3, 699. 649. priate line of your enter that part of 40, line 28, and	7 on line 12 below. om line 9 as a I year or less): return and skip line f the loss here. Ente the part of the loss	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9	-20
line 9 is more than zero, enter the an long-term capital gain on the Sche Part II Ordinary Gains and Lo Ordinary gains and losses not inclu MERIGAS PARTNERS NTERPRISE PROD PTNRS Cain, if any, from line 7	less, enter -0 If line nount from line 8 on line dule D filed with you passes (see instrupted on lines 11 throward VARIOUS VARIOUS VARIOUS Index and 38a and	9 is zero, enter the 12 below and ir return. See insections) ough 16 (include 9/07/17 9/07/17 9/07/17 9/07/17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	property held 3,699. 649. priate line of your enter that part of 40), line 28, and 3. Identify as from the enter that part of 40, line 28, and 3. Identify as from the enter th	7 on line 12 below. om line 9 as a year or less): return and skip line f the loss here. Ente the part of the loss om 'Form 4797, line	If	9	649
ine 9 is more than zero, enter the an long-term capital gain on the Sche Part II Ordinary Gains and Lo Ordinary gains and losses not inclu MERIGAS PARTNERS NTERPRISE PROD PTNRS Loss, if any, from line 7	less, enter -0 If line hount from line 8 on lindule D filed with you passes (see instruded on lines 11 throward VARIOUS VARIOUS VARIOUS VARIOUS Industrial of the second	9 is zero, enter the 12 below and ir return. See insections) ough 16 (include 9/07/17 9/07/17 9/07/17 eable	property held 3,699. 649. priate line of your enter that part of 40), line 28, and 3. Identify as from the enter that part of 40, line 28, and 3. Identify as from the enter th	7 on line 12 below. om line 9 as a I year or less): return and skip line f the loss here. Ente the part of the loss om 'Form 4797, line	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9	-20

ALTERNATIVE MINIMUM TAX

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information. Identifying number

Attachment Sequence No.

JOSHUA D AND ERIN M HAWLEY Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions..... 4,348. Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft — Most Property Held More Than 1 Year (see instructions) Part I (e) Depreciation (f) Cost or other (g) Gain or (loss) 2 (d) Gross basis, plus improvements and expense of sale (b) Date acquired (c) Date sold allowed or allowable since Subtract (f) from the sum of (d) and (e) (a) Description (mo., day, yr.) sales price (mo., day, yr.) of property acquisition -20. FROM K-1 3 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37..... Section 1231 gain or (loss) from like-kind exchanges from Form 8824..... 5 Gain, if any, from line 32, from other than casualty or theft..... 6 -20. 7 Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. **Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions..... 9 Ordinary Gains and Losses (see instructions) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 3,699 3.699. 9/07/17 VARIOUS AMERIGAS PARTNERS 649 9/07/17 649. **VARIOUS** ENTERPRISE PROD PTNRS -20 11 12 Gain, if any, from line 7 or amount from line 8, if applicable..... 12 Gain, if any, from line 31..... 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824..... 16 4,328. 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from 'Form 4797, line 18a.' 18 a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, 4,328. 18b Form 4797 (2017) BAA For Paperwork Reduction Act Notice, see separate instructions.

Department of the Treasury Internal Revenue Service (99)

Alternative Minimum Tax — Individuals

► Go to www.irs.gov/Form6251 for instructions and the latest information. ► Attach to Form 1040 or Form 1040NR.

2017

OMB No. 1545-0074

Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR

JOSHUA D AND ERIN M HAWLEY

Your social security number

Pai	Taxable income (See Instructions for now to complete each	line.)	
. 88	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)		and German
2	Reserved for future use). 1	257,31
3	Taxes from Schedule A (Form 1040), line 9.	. 2	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	. 3	17,67
5	Miscellaneous deductions from Schedule A (Form 1040), line 27.	. 4	ACCOUNTS FOR
6	If Form 1040, line 38, is \$156,900 or less, enter -0 Otherwise, see instructions.	. 5	ubarba ett a bi
7	Tax refund from Form 1040, line 10 or line 21.	. 6	
8	Investment interest expense (difference between regular tax and AMT).	. 7	elisma oni tehte
9	Depletion (difference between regular tax and AMT)	. 8	Subject the 40
10	Depletion (difference between regular tax and AMT). Net operating loss deduction from Form 1040, line 21, 5-4	9	11811 a 14 cm 1
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
12	Alternative tax net operating loss deduction.	. 11	
13	Interest from specified private activity bonds exempt from the regular tax	12	
14	Qualified small business stock, see instructions.	13	
15	Exercise of incentive stock options (excess of AMT income over regular tax income).	14	
16	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A).	15	
17	Electing large partnerships (amount from Schedule K-1 (Form 1065-R), how 6)		79
	Disposition of property (difference between AMT and regular tax gain or loss)	-	-22
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	100	-22
19	assive activities (difference between AMT and regular tax income or loss)	1-0	
20	Loss infinations (difference between AMT and regular tax income or loss)		-6
21	Circulation costs (difference between regular fax and AMT)		50% Medical Parties
The same	zong term contracts (difference between AMT and regular tay incomo)		allows a
			PHENE SHIPS
	The state of the control of the cont		
	morne non certain installinent sales perore January 1 1987		
	mangible drining costs preference	00	
	Outer adjustments inclining income based related adjustment		
	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)		
art	II Alternative Minimum Tax (AMT)	28	274,69
29	Exemption. (If you were under age 24 at the end of 2017, see instructions.)		
	F Vour filing status is		
	Single or head of household \$120,700		
	warned mind Separately. So and		
	f line 28 is over the amount shown above for your filing status, see instructions. Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less,	29	56,051
	enter -0- here and on lines 31, 33, and 35, and go to line 34.	20	
1	If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	30	218,644
	Il you reported capital dain distributions directly on Form 1040 line 12.		
	1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if		
	All others: If line 30 is \$187,800 or least (\$03,000)	31	49,793
	All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract	11.535.23	40,190
	\$3,756 (\$1,878 if married filing separately) from the result.		
2 /	Alternative minimum tax foreign tax credit (see instructions)		
		32	338
3 7	entative minimum tax. Subtract line 32 from line 31	33	40 455
4 A	QQ FORM 1040 line 44 (minus any tay from Farm 4070)	33	49,455
* /	ny foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44. refigure that tax without using Schedule J to figure your tax on Form 1040,	U	
a li		100000000000000000000000000000000000000	
li	ne 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	45 692
li	MT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	34	45,692

Tax Computation Using Maximum Capital Gains Rates Part III Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from 36 218,644. 36 line 3 of the worksheet in the instructions for line 31... Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If 37 64,132. you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter..... Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.......... 38 38 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 39 64,132. 2555-EZ, see instructions for the amount to enter..... 40 64,132. Enter the smaller of line 36 or line 39..... 41 154,512. Subtract line 40 from line 36..... If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from 42 40,173. the result..... Enter: 43 \$75,900 if married filing jointly or qualifying widow(er), 43 75,900. • \$37,950 if single or married filing separately, or \$50,800 if head of household. Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you 176,755. are filing Form 2555 or 2555-EZ, see instructions for the amount to enter..... 44 0. 45 Subtract line 44 from line 43. If zero or less, enter -0-.... 46 64,132. Enter the smaller of line 36 or line 37..... 47 Enter the smaller of line 45 or line 46. This amount is taxed at 0%..... 64,132. 48 Subtract line 47 from line 46..... 48 49 Enter: • \$418,400 if single \$235,350 if married filing separately 49 470,700. \$470,700 if married filing jointly or qualifying widow(er) • \$444,550 if head of household 50 Enter the amount from line 45..... 50 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, 51 176,755. see instructions for the amount to enter..... 176,755. 52 Add line 50 and line 51..... 53 293,945. Subtract line 52 from line 49. If zero or less, enter -0-.... 64,132. 54 Enter the smaller of line 48 or line 53..... 9,620. 55 55 64,132. 56 Add lines 47 and 54..... 56 If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. 57 57 58 If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59. Add lines 41, 56, and 57..... 60 60 61 49,793. 62 Add lines 42, 55, 58, and 61..... If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from 57,464. 63 Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31. . . . 49,793. 64

SCHEDULE H (Form 1040)

Department of the Treasury Internal Revenue Service (99)Name of employer

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► Attach to Form 1040, 1040NR, 1040-SS, or 1041.

► Go to www.irs.gov/ScheduleH for instructions and the latest information.

OMB No. 1545-1971

2017

Attachment Sequence No. 44

Employer identificati

Social security number

PDTM	7.//	HAWLEY
TILLIN	Ivi	DAWLE, Y

ERIN M HAWLEY	Employer identification number
alendar year taxpayers having no household employees in 2017 don't have to complete this form for 2017.	
A Did you pay any one household employee cash wages of \$2,000 or more in 2017? (If any household employee was your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer to	our spouse,
Yes. Skip lines B and C and go to line 1.	adua ango das i lot at
No. Go to line B.	
B Did you withhold federal income tax during 2017 for any household employee?	
Yes. Skip line C and go to line 7. No. Go to line C.	
1) Lartypingranus (1) 2 354 to 257 due to 12 to 15 to	
C Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to all household emptodesh wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)	ployees? (Don't count
No. Stop. Don't file this schedule.	
Yes. Skip lines 1-9 and go to line 10.	
Part I Social Security, Medicare, and Federal Income Taxes	e dator es
1 Total cash wages subject to social security tax	ROSW RESO TELOT GR
2 Social security tax. Multiply line 1 by 12.4% (0.124)	2 1,527.
3 Total cash wages subject to Medicare tax	of the second and
4 Medicare tax. Multiply line 3 by 2.9% (0.029)	4 357.
5 Total cash wages subject to Additional Medicare Tax withholding	27 Ata You required to the
6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6
7 Federal income tax withheld, if any	7 300.
Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8 2,184.
Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to all household empl (Don't count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)	lloyees?
No. Stop. Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form	
X Yes. Go to line 10.	
A P P I	



	ederal Unem			A) Tax							V	Mc
					you paid contribution	ons to a c	redit reduction	on state, see	(86)	24	Yes	No
inctrilatio	one and chack '	MO .)								10	X	10 11 10
1 Did you	nav all state un	employment	contribu	utions for 2017	by April 17, 2018	? Fiscal	year filers s	see instructio	ns	11	X	
2 Were all	wages that are	taxable for	FUTA ta	x also taxable	for your state's u	nemployr	ment tax?			12	Λ_	ra e ra c
ext: If you	checked the 'Ye	s' box on a	II the line	es above, com	plete Section A. kip Section A and	complete	e Section B					
If you	checked the No	DOX ON an	y or the	illies above, s	Section A	COMPTON			- 12 10 10 10	Y 2014		JUNE 43
2 Nama a	f the state wher	e vou naid i	inemploy	ment contribu	utions <u>M</u>)	arm falla.	counts blorfs		ryna .	a) gliv	a A
4 Contribu	itions paid to vo	ur state une	employm	ent fund		12		0% RAT	E			
5 Total ca	sh wages subje	ct to FUTA t	ax						15		7	,000
6 FUTA ta	ax. Multiply line	15 by 0.6%	(0.006).	Enter the resu	ılt here, skip Secti	on B, and	d go to line	25	16			42
					Section B				180 Auri			
7 Comple	te all columns b	elow that ap	oply (if y	ou need more	space, see instruc	ctions):	The state	(4)		there is	(h)	ald 13
(a)	(b)	(0		(d)	(e)		(f)	(g)		1	Contribut	ions
	axable wages as defined in	State exp	erience	State experience	Multiply col. (b) by		lultiply ol. (b)	Subtract of from col. (e)		l r	paid to s	tate
of (a state	state act)	Tate p	crioa	rate	0.054		y còl.	or less, en		ur	nemploy fund	
		From	То	160 10 314			(d)	1 210				
		110111	10									
									4.0 (1994)		÷	
								aniu er ug bes		A. Oli	2 221	
						Det . 2						
8 Totals.							18	Alberta ye		1300		
9 Add col	lumns (g) and (t	n) of line 18				1	9		20			
20 Total ca	ash wages subje	ect to FUTA	tax (see	the line 15 in:	structions)		7.7.7.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	at magen	21	143fgE	de coste	
21 Multiply	/ line 20 by 6.0%	% (0.060)							. 21			
22 Multiply	/ line 20 by 5.49	% (0.054)				2	2					
23 Enter th	he smaller of lir	ne 19 or line	22 ant contrib	outions late or you	're in a credit reduction	state, see	instructions ar	nd check here)	23			
04 FIITA+	(II you paid si	23 from lin	e 21 Fr	nter the result	here and go to line	e 25			. 24	and the ev		
D4 III	Total House	hold Emp	ovmer	t Taxes								
25 Enter t	he amount from	line 8. If vo	u check	ed the 'Yes' bo	ox on line C of pag	ge 1, ente	er -0		. 25			2,184
26 Add lin	e 16 (or line 24)	and line 25	ā.,						. 26			2,226
27 Are you	u required to file	e Form 1040	?									
X Ye	s. Stop. Include	the amount	from lin	e 26 above or	Form 1040, line 6	50a.						
Do	on't complete Pa o. You may have	to complete	Dort IV	See instructi	ons for details.							
					only if required. See	the line	27 instruction	ns.				
Part IV	r and street) or P.O.	hov if mail isn't	delivered to	street address	orny ir required. Get	3 110 1110		is looked but	Apt.,	, room, o	or suite no	atul 1
daress (numbe	and streety of 1.0.	box a man isir c			1 1 200 (2)							
City, town or pos	st office, state, and Z	IP code										
			one le	es resimate	the species which	80 100	i Banki an L	00018 10 000	f it is too.	201100	t and com	nlete Nr
Inder penalties	of perjury, I declare t	hat I have exam	nined this so	chedule, including a d as a credit was,	accompanying statement or is to be, deducted from	s, and to the n the payme	e best of my kn ents to employe	ees. Declaration o	of preparer	other th	ian taxpay	er) is bas
n all informatio	on of which preparer h	nas any knowled	lge.									
•												
Employe	er's signature							Date			JE 1471	PAL-
Етрюуе	Print/Type prep	arer's name		Preparer's signat	ure	D	ate	Obsali		PTIN		
105/0401		58				40CB. 300	with the Holi	Check i self-em		3,000	ADEALS A	10.2. 4
Paid Preparer	Firm's name ▶			1								
Use Only		-						Firm's E	EIN ►			
								Phone	10.			

Department of the Treasury Internal Revenue Service Name(s) shown on return

JOSHUA D AND ERIN M HAWLEY

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.
 ▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment Sequence No. 71

Your social security number

Additional Medicare Tax on Medicare Wages Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5... 1 141,190. Unreported tips from Form 4137, line 6.... 2 Wages from Form 8919, line 6..... 3 Add lines 1 through 3 141,190 **5** Enter the following amount for your filing status: Married filing separately...... \$125,000 Single, Head of household, or Qualifying widow(er). . . \$200,000 5 250,000. Subtract line 5 from line 4. If zero or less, enter -0-6 0. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II..... 7 Additional Medicare Tax on Self-Employment Income Part II Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)..... 8 117,717. 9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately......\$125,000 Single, Head of household, or Qualifying widow(er). . . \$200,000 9 250,000. Enter the amount from line 4..... 10 141,190. Subtract line 10 from line 9. If zero or less, enter -0-.... 11 11 108,810. Subtract line 11 from line 8. If zero or less, enter -0-..... 12 8,907. 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III..... 13 Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 80. Part III Railroad retirement (RRTA) compensation and tips from Form(s) 14 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately......\$125,000 Single, Head of household, or Qualifying widow(er). . . \$200,000 15 Subtract line 15 from line 14. If zero or less, enter -0-16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV..... 17 Total Additional Medicare Tax Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V..... 18 80. Part V Withholding Reconciliation Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts 19 2,047. Enter the amount from line 1..... 20 141,190. Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages..... Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages.... 22 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, 23 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)..... 24

Department of the Treasury Internal Revenue Service (99)

Net Investment Income Tax – Individuals, Estates, and Trusts

► Attach to your tax return.

► Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2017

Your social security number or EIN

Attachment Sequence No. 72

JOSHUA D AND ERIN M HAWLEY Section 6013(g) election (see instructions) Investment Income Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) 1 27. Taxable interest (see instructions)..... 2 Ordinary dividends (see instructions)..... 9,455. 3 Annuities (see instructions)..... 3 4 a Rental real estate, royalties, partnerships, S corporations, trusts, -568.4a etc. (see instructions) **b** Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)..... 4b -568. 4c c Combine lines 4a and 4b..... 5 a Net gain or loss from disposition of property (see instructions)..... 61,095 b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)..... 5b c Adjustment from disposition of partnership interest or S corporation stock (see instructions)..... 61,095. 5d d Combine lines 5a through 5c. 6 Other modifications to investment income (see instructions) 7 70,009. 8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7..... 8 Investment Expenses Allocable to Investment Income and Modifications 9 a Investment interest expenses (see instructions)..... **b** State, local, and foreign income tax (see instructions)..... 2,911. c Miscellaneous investment expenses (see instructions)..... 9d 2,911. d Add lines 9a, 9b, and 9c.... 10 2,911. Total deductions and modifications. Add lines 9d and 10..... 11 11 **Tax Computation** Part III Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. 67,098. Estates and trusts complete lines 18a-21. If zero or less, enter -0-12 Individuals: 295,925. Modified adjusted gross income (see instructions)..... 13 13 250,000. Threshold based on filing status (see instructions)..... Subtract line 14 from line 13. If zero or less, enter -0-.... 45,925. 16 Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and 1,745. 17 include on your tax return (see instructions) **Estates and Trusts:** 18a Net investment income (line 12 above)..... 18a b Deductions for distributions of net investment income and 18b deductions under section 642(c) (see instructions)..... c Undistributed net investment income. Subtract line 18b from 18a 18c (see instructions). If zero or less, enter -0- 19 a Adjusted gross income (see instructions)..... 19a **b** Highest tax bracket for estates and trusts for the year (see instructions).... 19b c Subtract line 19b from line 19a. If zero or less, enter -0-..... 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)

(Rev December 2014) Department of the Treasury Internal Revenue Service

Noncash Charitable Contributions

► Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.

OMB No. 1545-0908

ldentifying number

Attachment Sequence No. 155

Name(s) shown on your income tax return

JC	SHUA	D	AND	ERTN	M	HAWLEY

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities — List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded s

	even if	the deduction is mo	σις τημη ψυ,000	(266 111211	uctions).			ertain publicly traded sec	urities	
Part I	Informati	on on Donated	Property - I	f you nee	d more space, atta	ch a statement				
1 H	(a) Name and address of the donee organization				donated property is ions), check the box. Also on number (unless Form	a vehicle (see		(c) Description of dona (For a vehicle, enter the year mileage. For securities, enter	, make, mo	erty odel, any nan
A 172 ST.	DWILL IN 7 LOCUST LOUIS, I	STREET MO 63103	6, 752.	08.8 0.8 0.8		LATOI		and the number of s	nares.)	
B 172	7 LOCUST LOUIS, 1	STREET	FICA	danac H Is	PE 2 DE	W	MON	MEN'S CLOTHING		
C			4	103 3		F MISSOURI) Y	LISHAVINO SO S	OTAR	Ď
0	768	2,047. 4,	8,754.	31,450	26,172.	I JATOT	QM.	A(1)		
- 120° 3K - 50°			The Marin Street was a sure					A 2004 MARIANA AND A CARANT TAKE OF		Standard
lote. If the	ne amount you	claimed as a deduct	ion for an item is	\$500 or le	acc you do not have			0.893	A STAT	
(a) co	Date of the ntribution	(e) Date acquired by donor (mo, yr)	(f) How acque by donor	uired	(g) Donor's cost or adjusted basis	(h) Fair market v	alue	(e), (f), and (g). (i) Method used to the fair market	determine	The state of the s
	0/27/17 0/05/17	VARIOUS VARIOUS	PURCHASE PURCHASE	JIMUM JIMUM	4,000. 2,000.		400. THRIFT SHOP VAI		VALUE	
E Part II							0.04	3.3		
b Tota c Nam	er the letter fr art II applies a al amount clai	om Part I that iden to more than one p med as a deduction of each organization above):	tifies the property roperty, attach a n for the property	ty for which separate y listed in	ch you gave less the statement. Part I: (1) For the (2) For a	nan an entire int	terest	YENT 3 040, LIVE 21 RECORDS	re intere	st in the
Addre	ess (number, stree	t, and room or suite no.)								
City o	or town					A Constant of the second	Contract No.	State ZIP code	South Royal Trans	
d For t	angible property	enter the place where the			OF BUILDING SAME OF			REDIT A LINE 10	ETATE NEW T	2
e Nam	e of any perso	n, other than donee	e property is located or organization, havi	or kept • ng actual	possession of the pr	operty ►	235	IORTGAGE INTER	3MOF	N.
2		7 7 7 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8				-		STAGGER KRACK CAL		
3 a Is the b Did y zation	n in cooperative	on, either temporar one (other than the of the fundraising) the rig to vote donated secur the, possession, or r	y or permanent, donee organization ght to the income	n or anoth from the c	onee's right to use er organization parti lonated property or t	or dispose of the cipating with the other possession	done of the	e property		No
havi	ng such incon	ne, possession, or r	right to acquire the	ne propert	y by purchase or oth	erwise, or to des	signate	e the person		

2017

FEDERAL STATEMENTS

PAGE 1

JOSHUA D AND ERIN M HAWLEY

STATEMENT 1
FORM 1040
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	LOCAL W/H
STATE OF MISSOURI/ OFFICE OF A	OMIN 93,858. 93,858.	24,860. 24,860.	6,752. 6,752.	<u>1,579.</u> 1,579.	4,768.	0.
SPOUSE - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	LOCAL W/H
KIRKLAND & ELLIS LLP CURATORS OF UNIVERSITY OF MISS	32,220. OURI	6,590.	1,998.	467.		
TOTAL	64. 32,284.	6,590.	$\frac{4.}{2,002.}$	$\frac{1.}{468.}$		0.
GRAND TOTAL =	126,142.	31,450.	8,754.	2,047.	4,768.	0.

STATEMENT 2 FORM 1040, LINE 8B TAX-EXEMPT INTEREST

PAYER	IN-STATE MUNICIPAL BONDS	PRIVATE ACTIVITY BONDS	TOTAL MUNICIPAL BONDS
LPL FINANCIAL	232.	4.	661.
TOTAL	232.	4.	661.

STATEMENT 3 FORM 1040, LINE 21 OTHER INCOME

ALLIANCE DEFENDING FREEDON	\$ 2,000. -200.
LESS EXPENSES TOTAL	\$ 1,800.

STATEMENT 4 SCHEDULE A, LINE 10 HOME MORTGAGE INTEREST REPORTED ON FORM 1098

DUNING TONN	CEDVICEC	\$	10,638.
PENNYMAC LOAN	TOTAL		10,638.
	101111	' <u>T</u>	

2017

FEDERAL STATEMENTS

PAGE 2

JOSHUA D AND ERIN M HAWLEY

SECTION 1.262(A)-1(F) DE WHUIN THE EAXPEYER HERREY MAIGES
\$ 1,000. 1,900. 2,500. 4,300. TOTAL \$ 9,700.
TOTAL \$ 394.
\$ 1,862. 7,593. 394. TOTAL <u>\$ 9,849.</u>
\$ 1,862. 7,593. 394. TOTAL \$ 9,849.

JOSHUA D AND ERIN M HAWLEY

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE TAXPAYER HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION 1.263(A)-1(F).

JOSHUA D HAWLEY

ERIN M HAWLEY

Form **8879**

Department of the Treasury Internal Revenue Service

Submission Identification Number (SID)

IRS e-file Signature Authorization

► Return completed Form 8879 to your ERO. (Do not send to IRS.)

►Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

2017

Taxpayer's name	Social sec	curity number	***************************************
JOSHUA D HAWLEY Spouse's name			
	Spouse's	social security number	
Part I Tax Return Information - Tax Year Ending December 31 2017 (Whole dollar	(13/13/2)		
Part I Tax Return Information – Tax Year Ending December 31, 2017 (Whole dollar 1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NF	rs only))	
line 37)	.,	1 295	005
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	·····	233,	
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40)	F	2 67,	<u>696.</u>
Form 1040EZ, line 7; Form 1040NR, line 62a).		3 31.	450.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, lii Form 1040NR, line 73a)	ne 13a;		
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line	75)	5 4	0.4.6
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and ke			946.
Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tay return and accompanying achadu	loo and state	lancanta fan Hart	
December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provid (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to init debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this retifinancial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasur authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electroni information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identificatio electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.	der, transmit eason for any iate an ACH urn and/or a y Financial , equests mu	itter, or electronic return origy delay in processing at electronic funds withdrawal a payment of estimated tax, Agent to terminate the ust be received no later than	ginator I (direct and the
Taxpayer's PIN: check one box only			
Y lauthorize EVERG C GONDANY GRADE	a. DIN		
EVERS & COMPANY, CPA'S, LLC to enter or generate n	IY PIN -	Enter five digits, but	
as my signature on my tax year 2017 electronically filed income tax return.		don't enter all zeros	
I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check the own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III bel	is box on	nly if you are entering	your
Your signature	OW. Date ►		
Spouse's PIN: check one box only		And the state of t	
X authorize	DINI		
ERO firm name	IY PIN -	Enter five digits, but	
as my signature on my tax year 2017 electronically filed income tax return.		don't enter all zeros	
I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check the own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III bel	is box on	nly if you are entering	your
Spouse's signature mod link some S mean signature	Date ►		
Practitioner PIN Method Returns Only — continue below	Na Thursday		797791
Part III Certification and Authentication — Practitioner PIN Method Only		CET, JOSHUA D	Mark.
no legas management of the second		912.00	0.00
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically fitaxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Property of Individual Income Tax Returns. ERO's signature	led incom actitioner f	Don't enter all zer me tax return for the PIN method	ros
ERO Must Retain This Form — See Instructions		en 1977 i Period Policie e A principio d'octorio per el 2010 de la 2010	
Don't Submit This Form to the IRS Unless Requested To Do So		VIEW ALTO	
BAA For Paperwork Reduction Act Notice, see your tax return instructions.		Form 8879 (2	2017)

JOSHUA D AND ERIN M HAWLEY 5215 E HIGHWAY 163 COLUMBIA, MO 65201

> MISSOURI DEPARTMENT OF REVENUE P.O. BOX 371 JEFFERSON CITY, MO 65105-0371

CUT HERE Missouri Department of Revenue Social Security 2017 Individual Income Tax Number Payment Voucher (Form MO-1040V) HAWL Name Control. Please print. Make check payable to Missouri Department of Revenue. Mail Form Spouse's Social MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371. Security No. Name HAWL Spouse's Name Control..... HAWLEY, JOSHUA D **Amount of Payment** Spouse's Name 4123 00 (U.S. funds only) HAWLEY, ERIN M Street Address 17347011032 ZIP Code State City Full payment of taxes must be submitted by April 17, 2018 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again **Department Use Only Department Use Only** electronically. 1032 Form MO-1O40V (Revised 12-2017) MOIA1401L 01/09/18

Missouri Department of Revenue 2017 Individual Income Form Tax Return — Long Form MO-1040 For Calendar Year January 1 — December 31, 2017 Select Here for Amended Return Select Here for Composite Return (For use by S corporations or Partnerships) Vendor Code Department Use Only If filing a fiscal year return enter the beginning and ending dates here. 1032 Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) Select the appropriate boxes that apply, as of December 31, 2017. Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse Yourself Spouse Yourself Spouse Yourself Spouse Spouse Yourself Spouse Deceased Deceased Social Security Number in 2017 Spouse's Social Security Number in 2017 First Name M.I. Last Name Suffix JOSHUA D HAWLEY Spouse's First Name M.I. Spouse's Last Name Suffix ERIN M HAWLEY In Care of Name (Attorney , Executor, Personal Representative, etc.) Present Address (Include Apartment Number or Rural Route) City, Town, or Post Office State ZIP Code County of Residence You may contribute to any one or all of the trust funds on Line 48. See pages 10-11 of the instructions for more trust fund information. Dasses. Children's Veterans Elderly Home Missouri Childhood Trust Fund Workers' Missouri Military Trust Fund Delivered Meals Trust Fund General National Guard Organ Donor Lead Testing Memorial Family Relief Fund Revenue Trust Fund Program Fund Fund

Federal adjusted gross income from your 2017 federal return (see worksheet on page 7 of the instructions). SEE AGI WKSH 215 00 2S 214 00 3 165,603 0 3 165,603 0 3 165,603 0 3 165,603 0 3 165,603 0 3 165,603 0 3 165,603 0 4 101	JU	SHUA D AND ERIN M HAWLEY		Yourself (Y)		Spouse (S)
2 Total additions (from Form MO-A, Part 1, Line 7). 2 2 2 3 0 2 5 2 1 0 3 1 1 1 1 1 1 1 1 1			1 Y		15	165,391.00
3 Total income — Add Lines 1 and 2		SEE AGI WKSH	2 V	215 00	25	214 00
Total subtractions (from Form MO-A, Part 1, Line 17)	2	Total additions (from Form MO-A, Part 1, Line 7)		•		•
Missouri adjusted gross income — Subtract Line 4 from Line 3 Missouri adjusted gross income — Add columns 5Y and 5S. Missouri adjusted gross income — Add columns 5Y and 5S. Missouri adjusted gross income — Add columns 5Y and 5S. Missouri adjusted gross income — Add columns 5Y and 5S. Missouri adjusted gross income — Add columns 5Y and 5S. Missouri adjusted gross income — Add columns 5Y and 5S. Missouri adjusted gross income — Add columns 5Y and 5S. Missouri standard deduction — Subtract Line 4 from Line 3 Moral Missouri adjusted gross income — Add columns 5Y and 5S. Missouri standard deduction — Subtract Line 4 from Line 3 Moral Missouri standard deduction — Subtract Line 4 from Line 3 Moral Missouri standard deduction — Subtract Line 4 from Line 3 Missouri standard deduction — Subtract Line 4 from Line 3 Missouri standard deduction — Subtract Line 4 from Line 3 Missouri standard deduction — Subtract Line 4 from Line 3 Missouri standard deduction — Subtract Line 4 from Line 3 Missouri standard deduction — Subtract Line 4 from Line 3 Missouri standard deduction — Subtract Line 4 from Line 3 Missouri standard deduction — Subtract Line 4 from Line 13 not to exceed \$5,000 for individual filer or \$10,000 for combined filers Missouri standard deduction or itemized deductions Single or Married Filing Separate — \$6,350 Missouri standard deduction or itemized deductions Single or Married Filing Separate — \$6,350 Missouri standard deduction or itemized deductions Single or Married Filing Separate — \$6,350 Missouri standard deduction or itemized deductions Single or Married Filing Separate — \$6,350 Missouri standard deduction or itemized deductions Single or Married Filing Separate — \$6,350 Missouri standard deduction or itemized deductions Single or Married Filing Separate — \$6,350 Missouri standard deduction or itemized deductions Single or Married	3	Total income — Add Lines 1 and 2	3 Y	130,749 00	35	165,605 00
6 Total Missouri adjusted gross income — Add columns 5Y and 5S. 6 296, 317]. 00 7 Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%). 8 Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E). 9 Select your filing status box below. Enter the appropriate exemption amount on Line 9	4	Total subtractions (from Form MO-A, Part 1, Line 17)	4Y	19.00	45	18 00
6 Total Missouri adjusted gross income — Add columns 5Y and 5S. 7 Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%). 8 Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E). 9 Select your filing status box below. Enter the appropriate exemption amount on Line 9. A Single — \$2,100 (see Box B before selecting.) B Claimed as a Dependent on Another Person's Federal Tax Return — \$0.00 X C Married Filing Combined (joint federal) — \$4,200 D Married Filing Separate — \$2,100 10 Additional personal exemption (see instructions on page 7). 11 Tax from federal return — Do not enter federal Income tax withheld (see instructions on page 7 and 8). 12 Other tax from federal return — Add Lines 11 and 12. 13 48,593. 14 Federal tax deduction — Enter the amount from Line 13 not to exceed \$5,000 for individual filer or \$10,000 for combined filers. 15 Missouri standard deduction or itemized deductions. • Single or Married Filing Separate — \$6,350 • Head of Household — \$9,350 • Head of Household — \$9,350	5	Missouri adjusted gross income — Subtract Line 4 from Line 3	5 Y	130,730 00	5 S	165,587 00
7 Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%). 8 Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E). 9 Select your filing status box below. Enter the appropriate exemption amount on Line 9				6 29	6,317	.00
Eine 6. (Must equal 100%)			ГТ			
9 Select your filing status box below. Enter the appropriate exemption amount on Line 9		Line 6. (Must equal 100%)	7Y	44 6	/5	36
9 Select your filing status box below. Enter the appropriate exemption amount on Line 9	8	Pension, Social Security, Social Security Disability, and Military e.	xempti	on (from Form	8	. 00
A Single — \$2,100 (see Box B before selecting.) B Claimed as a Dependent on Another Person's Federal Tax Return — \$0.00 X C Married Filing Combined (joint federal) — \$4,200 D Married Filing Separate — \$2,100 10 Additional personal exemption (see instructions on page 7). 11 Tax from federal return — Do not enter federal income tax withheld (see instructions on page 7 and 8). 12 Other tax from federal return — Attach copy of your federal return (pages 1 and 2). 13 Total tax from federal return — Add Lines 11 and 12. 14 Federal tax deduction — Enter the amount from Line 13 not to exceed \$5,000 for individual filer or \$10,000 for combined filers. 15 Missouri standard deduction or itemized deductions. Single or Married Filing Separate — \$6,350 Head of Household — \$3,500 E Married Filing Separate (spouse NOT filing) — \$12,700 B Married Filing Separate (spouse NOT filing) — \$12,700 C Qualifying Widow(er) with Dependent Child — \$3,500 10 Q Qualifying Widow(er) with Dependent Child — \$3,500 11 Tax from federal return — Do not enter federal income tax withheld (see instructions on page 7). 12 Q 14 A 100 — 10 — 10 — 10 — 10 — 10 — 10 — 1						
B Claimed as a Dependent on Another Person's Federal Tax Return — \$0.00 X C Married Filing Combined (joint federal) — \$4,200 D Married Filing Separate — \$2,100 10 Additional personal exemption (see instructions on page 7)	9	Select your filing status box below. Enter the appropriate exempti	on am	ount on Line 9	9	4,200 - 00
B Claimed as a Dependent on Another Person's Federal Tax Return = \$0.00 X C Married Filing Combined (joint federal) = \$4,200 D Married Filing Separate = \$2,100 10 Additional personal exemption (see instructions on page 7). 11 Tax from federal return = Do not enter federal income tax withheld (see instructions on page 7 and 8). 12 Other tax from federal return = Attach copy of your federal return (pages 1 and 2). 13 Total tax from federal return = Add Lines 11 and 12. 14 Federal tax deduction = Enter the amount from Line 13 not to exceed \$5,000 for individual filer or \$10,000 for combined filers. 15 Missouri standard deduction or itemized deductions. Single or Married Filing Separate = \$6,350 Head of Household = \$9,350 Married Filing Combined or Qualifying Widow(er) = \$12,700		A Single — \$2,100 (see Box B before selecting.)		E Married Filing Separate (spous	e NOT filir	ng) — \$4,200
Federal Tax Return — \$0.00 X C Married Filing Combined (joint federal) — \$4,200 D Married Filing Separate — \$2,100 10 Additional personal exemption (see instructions on page 7)		TO THE PROPERTY OF THE PROPERT	П	F Head of Household — \$3,500		
D Married Filing Separate — \$2,100 10 Additional personal exemption (see instructions on page 7)						
Additional personal exemption (see instructions on page 7). 10 0. C 11 Tax from federal return — Do not enter federal income tax withheld (see instructions on page 7 and 8). 12 Other tax from federal return — Attach copy of your federal return (pages 1 and 2). 13 Total tax from federal return — Add Lines 11 and 12. 14 Federal tax deduction — Enter the amount from Line 13 not to exceed \$5,000 for individual filer or \$10,000 for combined filers. 14 Individual 15 Missouri standard deduction or itemized deductions. Single or Married Filing Separate — \$6,350 Head of Household — \$9,350 Head of Household — \$9,350		X C Married Filing Combined (joint federal) — \$4,200	65 084 10 16	G Qualifying Widow(er) with Dep	endent Chi	Id — \$3,500
10 Additional personal exemption (see instructions on page 7) 11 Tax from federal return — Do not enter federal income tax withheld (see instructions on page 7 and 8). 12 Other tax from federal return — Attach copy of your federal return (pages 1 and 2). 13 Total tax from federal return — Add Lines 11 and 12. 14 Federal tax deduction — Enter the amount from Line 13 not to exceed \$5,000 for individual filer or \$10,000 for combined filers. 15 Missouri standard deduction or itemized deductions. • Single or Married Filing Separate — \$6,350 • Head of Household — \$9,350 • Married Filing Combined or Qualifying Widow(er) — \$12,700		D Married Filing Separate — \$2,100			638	2820
withheld (see instructions on page 7 and 8)	10	Additional personal exemption (see instructions on page 7)	ςV		10	0.00
withheld (see instructions on page 7 and 8)	44	Tay from fodorol roturn — Do not enter federal income tax		Fall		
13 Total tax from federal return – Add Lines 11 and 12	11	withheld (see instructions on page 7 and 8)		11 44,492	00	Special First Name
13 Total tax from federal return – Add Lines 11 and 12	10	Attach copy of your federal return		A CONTRACTOR OF THE PARTY OF TH		
Federal tax deduction — Enter the amount from Line 13 not to exceed \$5,000 for individual filer or \$10,000 for combined filers	12	(pages 1 and 2)		12 4,101	00	
Federal tax deduction — Enter the amount from Line 13 not to exceed \$5,000 for individual filer or \$10,000 for combined filers						
filer or \$10,000 for combined filers 15 Missouri standard deduction or itemized deductions. Single or Married Filing Separate — \$6,350 Head of Household — \$9,350 Married Filing Combined or Qualifying Widow(er) — \$12,700	13	Total tax from federal return — Add Lines 11 and 12		13 48,593	00]	
filer or \$10,000 for combined filers 15 Missouri standard deduction or itemized deductions. Single or Married Filing Separate — \$6,350 Head of Household — \$9,350 Married Filing Combined or Qualifying Widow(er) — \$12,700	1/	Federal toy deduction — Enter the amount from Line 13 not to ex	ceed \$	5,000 for individual	100	10,000
 Single or Married Filing Separate - \$6,350 Head of Household - \$9,350 Married Filing Combined or Qualifying Widow(er) - \$12,700 	1~	filer or \$10,000 for combined filers			14	10,000
 Single or Married Filing Separate - \$6,350 Head of Household - \$9,350 Married Filing Combined or Qualifying Widow(er) - \$12,700 	15	Missouri standard deduction or itemized deductions.				
a Marriad Filing Combined or Qualifying Widow(er) - \$12.700						
 Married Filing Combined or Qualifying Widow(er) - \$12,700 If age 65 or older, blind, claimed as a dependent, see page 8. If itemizing, see Form MO-A, Part 2. 		 Head of Household — \$9,350 				
If age bb or older, blind, claimed as a dependent, see page of intermedial, see page of intermed		Married Filing Combined or Qualifying Widow(er) - \$12,700 Married Filing Combined or Qualifying Widow(er) - \$12,700	itemizi	ing, see Form MO-A, Part 2.	15	44,882.0
		It age 65 or older, billio, claimed as a dependent, see page 6. If			L.,,,,,,	

Select box if claiming a stillborn child, (see instructions on page 8).

17 Number of dependents on Line 16 who are 65 years of age or older and do

not receive Medicaid or state funding. Do not include yourself or spouse.

00

x\$1,000= 17

	Ü	JOSHUA D AND ERIN M HAWLEY			ga (
00	18	Long-term care insurance deduction			18	Uto vai museuit. G	.00
	19	Health care sharing ministry deduction			19		00
nt.)	20	Military income deduction					
ns (co	21	Bring jobs home deduction.			LL]. 00
ductio	22	Transportation facilities deduction				all satisficação (2]. <u>[00</u>
Exemptions and Deductions (cont.)		A Port Cargo Expansion B International Trade Facility	_	C Qualified Trade Act	22 ivities	Step Lines 23 through	. 00
xemptio	23	Total deductions – Add Lines 8, 9, 10, and 14 through 22				61,482	00
	24	Subtotal — Subtract Line 23 from Line 6	Atale	r ledigra no (belegipa) o	24	234,835	00
	25	Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S		103,327 00	25 S	131,508	. —
	26	Enterprise zone or rural empowerment zone income modification	26 Y	.00	265	131,508	00
			ielas		J <u>L </u>		. 00
	27	Taxable income — Subtract Line 26 from Line 25	27 Y	103,327.00	27 S	131,508	.00
	28	Tax (see tax chart on page 20 of the instructions.)	28 Y	5,970.00	28 S	7,661	.00
	29	Resident credit — Attach Form MO-CR and other states' income tax return(s)	29 Y	.00	298	cavat 2	. 00
001	30	Missouri income percentage — Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%	30 Y	9	30 S	D Corre	00
Lax	31	Balance – Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30.	31 Y	5,970 .00	31 S	7,661	00
30	32	Other taxes — Select box and attach federal form indicated.				knul ja introna. Ka	
		Lump sum distribution (Form 4972)					
		Recapture of low income housing credit (Form 8611)	32 Y	.00	32 S		00
	33	Subtotal - Add Lines 31 and 32	33 Y	5,970 00	33 \$	7,661	00
	34	Total Tax — Add Lines 33Y and 33S		100 L	34	13,631	00
Credits	35	MISSOURI tax withheld — Attach Forms W-2 and 1099	And a company	480	35	4,768	00
Payments and Credits		2017 Missouri estimated tax payments — Include overpayment from			36	4,240	00
7	37	Missouri tax payments for nonresident partners or S corporation shareholds MO-2NR and MO-NRP.	ers – Attac	h Forms	37	and the Colon way to a	00

	JO	OSHUA D AND ERIN M HAWLEY	
ts	38	Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT	00
Credi	39	Amount paid with Missouri extension of time to file (Form MO-60).	00
s and	40	Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC	00
Payments and Credits	41	Property tax credit — Attach Form MO-PTS	00
Ра	42	Total payments and credits — Add Lines 35 through 41	00
	Sk	ip Lines 43 through 45 if you are not filing an amended return.	
	43	Amount paid on original return	00
	44	Overpayment as shown (or adjusted) on original return	00
		Indicate Reason for Amending	
		Enter date of IRS report (MM/DD/YY)	
E		A Federal audit	
d Return		Enter year of loss (YY)	
mended		B Net operating loss carryback Enter year of credit (YY)	
4		C Investment tax credit carryback	
		Enter date of federal amended return, if filed. (MM/DD/YY)	
		D Correction other than A, B, or C	
	45	Amended return total payments and credits - Add Line 43 to Line 42 or subtract Line 44 from Line 42	. 00
	46	If Line 42, or if amended return, Line 45, is larger than Line 34, enter difference.	00
П		Amount of OVERPAYMENT	00
	47		• —
	48	Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.	
		48a Children's Trust Fund Veterans Trust Fund Polivered Meals Trust Fund Fund Fund Fund Fund Fund Fund Fund	
ס		Missouri National Guard Trust Fund Missouri Trust Fund Workers' Memorial Fund Workers' Memorial Fund O 0 486 Childhood Lead Testing Fund	
Refund			
- 0		Missouri Military Family Relief Fund . 00 48h Revenue Fund . 00 48i Program Fund . 00	
10		Additional Additional Fund Fund Amount Additional Fund Amount . 00	
		Total Donation - Add amounts from Boxes 48a through 48k and enter here	. 00
0		and the state of Missouri F29 College Savings Plan (MOST)] [
	4	9 Amount of Line 46 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of Form 5632	. 00

	JOSHUA D AND ERIN M HAWLEY		
	50 REFUND — Subtract Lines 47, 48, and 49 from Line 46 and enter here	50	.00
Refund (cont.)	93,8881 00 17 32,284 0	Combined Korum s. tips. eld	
Refun	Reserved		
0	51 If Line 34 is larger than Line 42 or Line 45, enter the difference. Amount of UNDERPAYMENT (see the instructions for Line 52)	(220) to ear	6 ¿ usiness incon 7 Capital gain or
0	0 00 00	51	4,123.00
Amount Due	52 Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here.	52	.00
non	Select this box if you are a farmer exempt from the underpayment of estimated tax per	nalty.	
A	53 AMOUNT DUE — Add Lines 51 and 52.		
	If you pay by check, you authorize the Department of Revenue to process the check	81	ts Other Income
	electronically. Any check returned unpaid may be presented again electronically	53	4,123.00
	my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is he or she has any knowledge. As provided in Chapter 143, RSMo , a penalty of up to \$500 shall be frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized a that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.	e imposed on an indivi liens as defined under	dual who files a federal law and
	Signature	Date (MM/DD/YY)	
	Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)	
	E-mail Address	Daytime Telephone	
	Preparer's Signature		
		Date (MM/DD/YY)	
	JO L. MOORE, CPA Preparer's FEIN, SSN, or PTIN		
	Treparer 31 EIN, 33N, or FTIIV	Preparer's Telephone	
	Preparer's Address		
	200 PTH 2000	State ZIP Cod	e
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer		
	or any member of the preparer's firm	Х	Yes No
	Department Use Only		
	A		
ail	P.O. Box 329 P.O. Box 500 Phone (Refund Fax: (573) 751-	te Due): (573) 751-720(d or No Amount Due): -2195	(Revised 12-2017) 0 (573) 751-3505
	L-mail. income	@aor.mo.gov	
2140	1121 - 01/10/10		

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. IOSHIIA	1)	ANI	L'L IN	141	HAWLL

Adjusted Gross Income Worksheet for Combined Return	Federal Form 1040EZ Line Number	Federal Form 1040A Line Number	Federal Form 1040 Line Number	Y - Yourself	A ILL D		S - Spouse	
1 Wages, salaries, tips, etc	1	7	7	93,858	00	1	32,284	
2 Taxable interest income	2	8a	8a	15	00	2	12	00
3 Dividend income	none	9a	9a	4,728	00	3	4,727	
4 State and local income tax refunds	none	none	10	157 _ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00	4		00
5 Alimony received	none	none	11		00	5		00
6 Business income or (loss)	none	none	12		00	6	125,669	
7 Capital gain or (loss)	none	10	13	28,382	00	7	28,385	
8 Other gains or (losses)	none	none	14	2,162	00	8	2,166	
9 Taxable IRA distributions	none	11b	15b	nen wil see, in	00	9	ou to maunia	00
10 Taxable pensions and annuities	none	12b	16b		00	10		00
11 Rents, royalties, partnerships, S corporations, trusts, etc	none	none	17	-284	00	11	-284	
12 Farm income or (loss)	none	none	18		00	12	(==1	00
13 Unemployment compensation	3	13	19		00	13		00
14 Taxable social security benefits	none	14b	20b		00	14		00
15 Other income	none	none	21	1,800	00	15	TUQ TVUDWA LE	00
16 Total (add Lines 1 through 15)	4	15	22	130,661	00	16	192,959	00
17 Less: federal adjustments to income	none	20	36	127	00	17	27,568	00
18 Federal adjusted gross income (Line 16 less Line 17). Enter amounts here and on Lines 1Y and 1S, Form MO-1040	4	21	37	130,534	00	18	165,391	00

5	
7	Form
-	MO-A
L	

Missouri Department of Revenue **2017 Individual Income Tax Adjustments**

Department Use Only	s 421 St. John St.	M. avi
(MM/DD/YY)	A CONTRACTOR	

Attach to Form MO-1040. Attach your federal

	Social Security Number		- Yar	Spouse's So	ocial Security Numb	er	011000000000	
	First Name	MI	 Last N	no ba			A at	
	JOSHUA		HAWI			. A shuk	Suffi	ix
	Spouse's First Name	_ [편] M.I.		's Last Name	al figure of agency flow for	and provided		
	ERIN	M	HAWI	EY *****************	uctions from Follow	eb bosine	Suffix	X
	Additions				- (Yoursell)		2 2017 Social Sec	
					ırself (Y)	XEJ VII ISS	Spouse (S)	1
	Interest on state and local obligations oth	er than	Missouri	source 1Y	215 . 00	15	214	.
	Partnership Fiduciary	o s	Corporati	on				
	Net Operating Loss (Carryback/Carryfo	orward)						
	Other (description)			2 Y	00	25	2183 129W 210% 8	
***	Nonqualified distribution received from a qua education savings program) not used for	lified 529	9 plan (hi	gher 3Y	00	38	•	
4					cos - from Federal	o rigidado		
5				Г	. 00	45		
6	Tax	hieving a	 Better Life	5Y	. 00	58		
7	Experience Program (ABLE) not used for qualified exp	oenses,		6Y	00	68		
	MO-1040, Line 2	er nere a	and on Fo	rm 7Y	215 00	75	214	
(Subtractions						•	
8	and the reading obligations moraded in the		usted gross MENT	A COLUMN TO SERVICE AND ADDRESS OF THE PARTY	gba (grabat may ti s rda, vasa ilita w biy	dino Jeenax dino Jeenax	Consider this your	
	Attach a detailed list or all Federal Form(s) 1099	STATE	MENT	8Y	19.00	88	18	
9	Any state income tax refund included in federal adjust	ed gross i	ncome	9Y	00	98		
0	Partnership Fiduciary		S Corpo	ration Railroa	nd Retirement Benefit	(anodau na		
	Military (nonresident) Comba	at Pay	nelo					
		atray	Limi 5	Build America and Reco	overy Zone Bond Inte	rest		
	MO Public-Private Transportation Act		Net Op	erating Loss	I Nessaus I Liber 1986	autezoi is		
4	Other (description)			10Y	.00	105	dadi entirensi	(
1	Exempt contributions made to a qualified 5 education savings program)	529 plan	(higher	11Y	00	115	An Fenedelija	Γ
	Qualified Health Insurance Premiums—Attach th	e Oualifi	ed Health		[00]	113		(
2	Insurance Premiums Worksheet (Form 569	ic Qualifi	caricalli					

	13	JOSHUA D AND ERIN M HAWLEY Missouri depreciation adjustment (Section 143.121, RSMo)							
	13	Sold or disposed property previously taken as	13Y	uibA s	eT emo	. 00	135	T105 1 770	.00
Continued	14	addition modification Home Energy Audit Expenses - Attach the Home Energy Audit				コー	T		
ont 1		Expense (Form MO-HEA)	14Y	il 1000 0		. 00	145		.00
1 0	15	Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE)	15Y			. 00	158		.00
Part		Agriculture Disaster Relief	16Y			. 00	165		.00
	16 17	Total Subtractions - Add Lines 8 through 16. Enter here and on	17Y		1	9.00	175	18	.00
		Form MO-1040, Line 4					10111		
	Con	nplete this section only if you itemize deductions on your federal return. Attach your Fe	ederal Fori	m 1040 (pa	ages 1 and 2) and Federa	al Schedule	e A.	-
	1	Total federal itemized deductions from Federal Form 1040, Line 40	0				1	38,610	.00
	2	2017 Social security tax — (Yourself)					2	6,752	.00
ons	3	2017 Social security tax — (Spouse)						2,002	. 00
Deductions		2017 Railroad retirement tax — Tier I and Tier II (Yourself)					1 1	Jula ny temami	.00
Ded	4						1 1		F
Itemized	5	2017 Railroad retirement tax - Tier I and Tier II (Spouse)							.00
1	6	2017 Medicare tax - Yourself and Spouse (see instructions)				nadens.	6	2,047	.00
Ssouri	7	2017 Self-employment tax — (see instructions)					. 7	7,775	.00
Miss		Total – Add Lines 1 through 7						57,186	. 00
- 2	8	State and local income taxes - from Federal Schedule A, Line 5	or 📄						
Part		see the worksheet below	9		12,30	04 . 00			
P	10	Earnings taxes included in Line 9	10	1000		. 00	as T vines	au Einsties (n.W.)	
Ď.	11	Net state income taxes — Subtract Line 10 from Line 9 or enter L	ine 8 fro	om work	sheet belo	w	11	12,304	.00
0	12	Missouri Itemized Deductions — Subtract Line 11 from Line 8. Enter here a	and on For	m MO -104	10, Line 15		12	44,882	.00
_		omplete this worksheet only if your federal adjusted gross income fr						an \$313.800 if marrie	ed
11		omplete this worksheet only if your federal adjusted gross income in ing combined or qualifying widow(er), \$287,650 if head of househol arried filing separate. Attach your Federal Itemized Deduction Work							
Line 1			2	aa A 10	of Endor	al .			
S. L	1	Enter amount from Federal Itemized Deduction Worksheet, Line 3 Schedule A instructions). If \$0 or less, enter '0'				aı, , , , , , , , , , , , , , , , , , ,	1		.00
a Taxes.		Enter amount from Federal Itemized Deduction Worksheet, Line							. 00
Income	2	Annual Control of the Language of the Control of th							.00
ate	3								. 00
Net State Income	4							Ingligation & Name and].[00]
1	5].[<u>00]</u>]
Morkshoot	6								_
0	1 7	1866年1876年1876年1876年1876年1876年1876年1876年					1].[00
bart	8	Subtract Line 7 from Line 5. Enter here and on Form MO-A, Par	t 2, Line	11			8		.00

5	Form MO-TC	Missouri Department of Revenue 2017 Miscellaneous Income Tax Credits
and and and a	4	and the state of tax of tax

Department Use Only (MM/DD/YY)	16Qs Q m	2831/	
	A DOMESTIC	3 1 5 3 3 82	

Name (Last, First)	AWLEY, JOSHUA D	Social Security Number	
Spouse's Name (Last, First)	HAWLEY, ERIN M	Spouse's Social Security Number	
Corporation Name	Sucres, sucre	Charter Number	97 Z 19 SQXS
Missouri Tax I.D.Number	HAMLE	Federal Employer I.D. Number	08 951747831

 ■ Benefit Number — The number is the last six (6) digits of the number located on your Certificate of Eligibility. Example: For benefit, ABC-2018-12345-123456, enter 123456, on Form MO-TC.

• Alpha code - The three (3) character code located on the back of this form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.

If you are claiming more than 10 credits, attach additional MO-TC(s).

	Delletti Mumber 1	Alpha Code 3 characters)	Credit Name Each credit will apply against your tax liability in the order they appear below	15 116	YourselfCorporation IncomeFiduciary	Spouse (on a combined return)
	9,8101 (0)	J., 13 8 W 158).	industry in the order they appear below	gi iç,	Column 1	Column 2
1	200	CFC	CHAMPION FOR CHILDREN CREDIT	1	250100	250100
2	1.81	Î	The second secon	2	I low area created to the low to	ET VERSON TO
3		1.8.1	cified farmers)	3	00	2 Multiply Lin
4	1	3	ry Estimated fax payments on this line	4	on tomod — a ke	pathornal W
5		W. 1	um. If you did not file a 2018 Missouri return or only filed a Propa	5	ee e penelty	Lion ob uo y
6		7	s and interest time 2 or time 6 smaller of time 3 is equal to or more the smaller of time 2 or time 5 (Note: If Line 3 is equal to or more the	6	100	A beginned at
7			Control of the contro	7	100	100
3	,		T Svode	8	100	Dollars the eq
9			specified tax beyments you made	9	100	Enter the ro
0		5	Line 9 from Line 6. If zero or tess, stop here you do not over the	10	100	
1 5	Subtotals — add Lines	s 1 through	ı 10	11	250100	ed wilsose
2 E fo	inter the amount of the or your spouse, or fro 10-1041, Line 18	e tax liabilit om Form N	y from Form MO-1040, Line 33Y for yourself and Line 33S MO-1120, Line 15 plus Line 16 for income from or Form		CYSOSV. (ET-1	250100
3 T	otal Credits - add amounts Form MO-1041, Line 19.)	s from Line 1 Line 13 cann	IO-1120, Line 15 plus Line 16 for income from or Form I, Columns 1 and 2. (Enter here and on Form MO-1120, Line 18; Form MO-104 tot exceed the amount on Line 12, unless the credit is refundable	12 0, Line	5, 970 00 e 40;	7,661

APPORTIONED TAX CREDITS HAVE A FUNDING LIMIT EACH FISCAL YEAR. IN THE EVENT THE TOTAL AMOUNT OF AN APPORTIONED TAX CREDIT EXCEEDS THE AMOUNT AVAILABLE FOR THE YEAR, THE CREDIT WILL BE APPORTIONED EQUALLY AMONG ALL ELIGIBLE TAXPAYERS CLAIMING THE CREDIT. IF AN APPORTIONMENT OCCURS, THE TAX CREDIT AMOUNT CLAIMED ON YOUR RETURN WILL BE REDUCED.

Form

2

3 4

5

6

7

9 10

11 12

	Missouri Department of Revenue
	2017 Underpayment of Estimated
-	Tax By Individuals
	Attach this form to Form MO-1040.

Department Use Only			11101
(MM/DD/YY)	east nur	STANT SET	

Social Security Number		
		(A)
Taxpayer Name		

Spouse's Social Se	ecurity Number

Spouse's Name

HAWLEY, ERIN M

Address, City, State, and ZIP Code

You may qualify for the Short Method to calculate your penalty. You may use the Short Method if:

- a You qualify to use the Short Method on the Federal Form 2210 or
- b All withholding and estimated tax payments were made equally throughout the year and
- c You do not annualize your income.

If (a) applies or both (b) and (c) apply to you, complete Part I, Required Annual Payment and Part II, Short Method. Otherwise, complete Part I, Required Annual Payment and Part III, Regular Method.

Enter your 2017 tax after credits (Form MO-1040, Line 34 less approved credits from Line 40;

Property Tax Credit from Line 41.)	1	13,131.
Multiply Line 1 by 90% (66 2/3% for qualified farmers)		
	3	4,768.
Withholding Taxes — Do not include any estimated tax payments on this line	4	8,363.
Enter the tax shown on your 2016 tax return. If you did not file a 2016 Missouri return or only filed a Property	5	7,123.
Required Annual Payment — Enter the smaller of Line 2 or Line 5 (Note: If Line 3 is equal to or more than Line 6, stop here; you do not owe the penalty. Do not file Form MO-2210.)	6	7,123.
Zino o, otop no o, yeu de no o o o o		
Enter the amount, if any, from Line 3 above		8
Enter the total amount, if any, of estimated tax payments you made		
Add Lines 7 and 8	9	
Total Underpayment for Year — Subtract Line 9 from Line 6. If zero or less, stop here; you do not owe the penalty. Do not file Form MO-2210.	10	
Multiply Line 10 by .02682	11	NO POR - MENONDA
If the amount on Line 10 was paid on or after 04/15/18, enter 0 (zero). If the amount on Line 10 was paid before 04/15/18, make the following computation to find the amount to enter on Line 12.	ET T	ly your shouse, of the last
Amount on Number of days paid Line 10 X before 04/15/18 X .0001096	12	0.
	1	

Part II Instructions - Short Method

- A. Purpose of the Form Use this form to determine whether your income tax was sufficiently paid throughout the year by withholding or by estimated tax payments. If it is not, you may owe a penalty on the underpaid amount.
- B. Short Method You may use the Short Method if you qualify to use the Short Method on the Federal Form 2210 or, all withholding and estimated tax payments were made equally throughout the year and you do not annualize your income.

13 Penalty. Subtract Line 12 from Line 11. Enter result here and on Form MO-1040, Line 52

If you do not qualify to use the Short Method, you must use the Regular Method.



13,131

JOSHUA D AND ERIN M HAWLEY

Section A — Figure Your Underpayment



Complete Lines 14 through 19. If you meet any of the exceptions (see instruction D) to the penalty for all quarters, omit Lines 14 through go directly to Line 20.

14	Required annual payment (Enter payment as computed	on Part I, Line 6	HZOL		7,123
				of Installments	
		Apr. 15, 2017	Jun. 15, 2017	Sept. 15, 2017	Jan. 15, 2018
15	Required installment payments	I NONE INCLUDED	tanuan nan	S SMLLA COMPT CYCRO	- On Mac 3
16	Estimated tax paid				
17	Overpayment of previous installments				ethina a salatan
18	Total payments	artis tratas parago	ANDER ADS		
19	Underpayment of current installment			***************************************	
19a	Overpayment of current installment	111		JALJ	SHILL DEED
19b	Underpayment of previous installments				
19c	Total overpayment				
19d	Total underpayment				
Sec	tion B — Exceptions To The Penalty				
-					
20	e instruction D – For special exceptions see instruction I for se Total amount paid and withheld from January 1 through	rvice in a 'combat zor	ne', and instruction J	for farmers.	
21	the installment date indicated	3,312.	4,504.	7,816.	
4 1	Exception No. 1 — prior year's tax	25% of 2016 Tax	50% of 2016 Tax	75% of 2016 Tax	100% of 2016 Tax
	2016 tax7,123.	1,781.	3,562.	5,342.	7,123.
22	Exception No. 2 — tax on prior year's income using 2017 rates and exemptions.	25% of Tax	50% of Tax	75% of Tax	100% of Tax
23	Evention No. 2	22.5% of Tax	45% of Tax	67.5% of Tax	
	Exception No. 3 $-$ tax on annualized 2017 income Exception No. 4 $-$ tax on 2017 income over 3, 5, and 8	90% of Tax	90% of Tax	90% of Tax	
	month periods			50% OF TAX	
Sec	tion C — Figure The Penalty			L	
	mplete Lines 25 through 29				
25	Amount of underpayment				
26	Date of payment, due date of installment, or April 15				
27a	2018, whichever is earlier Number of days between the due date of installment,				
	and either date of payment, the due date of the next installment, or December 31, 2017, whichever is earlier				
27b	Number of days from January 1, 2018 or installment date				
28a	to date of payment or April 15, 2018				
28b	on Line 25 for the number of days shown on Line 27a Multiply the 4% annual interest rate times the amount			-	
	on Line 25 for the number of days shown on Line 27b				
28c	Total Penalty (Line 28a plus Line 28b)				
29	Total amount on Line 28c, Show this amount on Line 52 of F	orm MO-1040 as 'Un	derpayment of Estim	nated Tax	
	the amount equal to the total of Line 51 and the penalty amount	U-1040, enclose you	r check or money or	der for payment in	
	Department of Revenue will reduce your overpayment by the	amount of the penalt	ly	int on Line 50, the	
				_	

Note: If this form is not filed with Form MO-1040, attach check or money order payable to 'Department of Revenue and mail.

Taxation Division P.O. Box 329 Jefferson City, MO 65107-0329

E-mail: income@dor.mo.gov



2017

MISSOURI STATEMENTS

PAGE 1

JOSHUA D AND ERIN M HAWLEY

STATEMENT 1 FORM MO - A, LINE 8 INTEREST FROM EXEMPT FED. OBLIGATIONS INCLUDED IN FED. AGI -	SELF	
LPL FINANCIAL	\$ TOTAL \$	19. 19.
INTEREST FROM EXEMPT FED. OBLIGATIONS INCLUDED IN FED. AGI -	SPOUSE	idot 81
LPL FINANCIAL	\$ TOTAL \$	18. 18.

INTERNAL REVENUE SERVICE P.O. BOX 37007 HARTFORD, CT 06176-7007

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury Internal Revenue Service Calendar Year — Due 4/17/2018

2018 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order FDIA1901L 01/29/18

1030

3,550.

JOSHUA D HAWLEY ERIN M HAWLEY

> INTERNAL REVENUE SERVICE PO BOX 37007 HARTFORD CT 06176-7007

INTERNAL REVENUE SERVICE P.O. BOX 37007 HARTFORD, CT 06176-7007

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury Internal Revenue Service

Calendar Year — Due 6/15/2018 2018 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

3,550.

FDIA1902L 07/21/17

1030

JOSHUA D HAWLEY ERIN M HAWLEY

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

INTERNAL REVENUE SERVICE P.O. BOX 37007 HARTFORD, CT 06176-7007

Detach Here and Mail With Your Payment

Department of the Treasury Internal Revenue Service

Calendar Year - 2018 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order 3,550. FDIA1904L 01/29/18

JOSHUA D HAWLEY ERIN M HAWLEY

INTERNAL REVENUE SERVICE PO BOX 37007 HARTFORD CT 06176-7007

INTERNAL REVENUE SERVICE P.O. BOX 37007 HARTFORD, CT 06176-7007

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury Internal Revenue Service

Calendar Year — Due 1/15/2019 2018 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

3,550.

FDIA1905L 01/29/18

1030



INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

MISSOURI DEPARTMENT OF REVENUE P.O. BOX 555 JEFFERSON CITY, MO 65105-0555

Missouri Department of Revenue 2018 Declaration of Estimate for Individuals (Form MO-10)	ed Tax 40ES)	MOIA0301L 01/09/
Social Security Number	Name Control	100 s 137
	HAWL	X 1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qt
Spouse's Social Security Number	Name Control	Of earth
	HAWL	Amount Paid
Your Name (Last, First, Initial)	ST out of each	Return this form with check or money order payable to the Missouri Department of Revenue, P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department of
HAWLEY, JOSHUA D		authorize the Department to process the check electronically. Any returned check may be presented again electronically.
Spouse's Name (Last, First, Initial)		
HAWLEY, ERIN M Address (Number and Street), City, State, and ZIP Code	mnegedl Use O	Department

MISSOURI DEPARTMENT OF REVENUE P.O. BOX 555 JEFFERSON CITY, MO 65105-0555

Spouse's Social Security Number Name Control HAWL Return this form with che Revenue, P.O. Box 555 authorize the Departme be presented again electric department of the presented again electric de	MOIA0301L 01/09/18 18352011032
Your Name (Last, First, Initial) HAWLEY, JOSHUA D Amount Paid Return this form with che Revenue, P.O. Box 555 authorize the Department be presented again electrons.	X 2nd Qtr. 3rd Qtr. 4th Qtr.
Your Name (Last, First, Initial) HAWLEY, JOSHUA D HAWL	\$ 1240.00
Your Name (Last, First, Initial) HAWLEY, JOSHUA D	eck or money order payable to the Missouri Department of
	notically. Any returned check may renically. Any returned check may
	Service landstraction to record
Spouse's Name (Last, First, Initial) Department	
HAWLEY, ERIN M Use Only	7 TO 10 TO 1
Address (Number and Street), City, State, and ZIP Code	(Revised 12-2017)

MISSOURI DEPARTMENT OF REVENUE P.O. BOX 555 JEFFERSON CITY, MO 65105-0555

Missouri Department of Revenue 2018 Declaration of Estin for Individuals (Form MO	nated Tax -1040ES)	183520	MOIA0301L 01/09/18
Social Security Number	Name Control	63-6	
	HAWL	1st Qtr. 2nd Qtr.	X 3rd Qtr. 4th Qtr.
Spouse's Social Security Number	Name Control		ALLEN DE PROPERTY
- 7 - (HAWL	Amount Paid \$	1240 . 00
Your Name (Last, First, Initial)	C (Sw) (CO) CHI (NICE)	Return this form with check or money order Revenue, P.O. Box 555, Jefferson City, MC	165105-0666 If you have been all
HAWLEY, JOSHUA D		authorize the Department to process the cr be presented again electronically.	neck electronically. Any returned check may
Spouse's Name (Last, First, Initial)			C TOMOGO (C) ENTEN
HAWLEY, ERIN M		Department	HARL ILEAN FOR SALES
Address (Number and Street), City, State, and ZIP Code	And cold	Use Only	10 111/11 1/31/41/11
		and the state of t	

MISSOURI DEPARTMENT OF REVENUE P.O. BOX 555 JEFFERSON CITY, MO 65105-0555

Missouri Department of Revenue 2018 Declaration of Estimated Tax for Individuals (Form MO-1040ES)		MOIA0301L 01/09/18	
Social Security Number	Name Control HAWL	1st Qtr. 2nd Qtr. 3rd Qtr. X 4th Qtr.	
Spouse's Social Security Number	Name Control	Amount Paid \$ 1240 . 00	
	HAWL	Return this form with check or money order payable to the Missouri Department of	
Your Name (Last, First, Initial)	367 - H x 3-9d	authorize the Department to process the check electronically. Any returned check may be presented again electronically.	
HAWLEY, JOSHUA D		. Nagari (20.3 (20.2 or 17)	
Spouse's Name (Last, First, Initial)		Department	
HAWLEY, ERIN M		Use Only	
Address (Number and Street), City, State, and ZIP Code		(Revised 12-201	