

2017 TAX RETURN

CLIENT COPY

Client:

Prepared for:

JOSHUA D AND ERIN M HAWLEY

Prepared by:

Date:

SEPTEMBER 7, 2018

Comments:

Route to:

EVERS & COMPANY, CPA'S, LLC

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

Client [REDACTED]
September 7, 2018

JOSHUA D and ERIN M HAWLEY
[REDACTED]

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		1.00
Form 4797	Sale of Business Property		1.00
Form 6251	Alternative Minimum Tax		1.00
Form 8283	Noncash Charitable Contributions		1.00
Form 8879	IRS e-file Signature Authorization		1.00
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	2017 Missouri Individual Income Tax Return	\$	13.00
Form MO-A	Missouri Individual Income Tax Adjustments		1.00
Form MO-TC	Missouri Miscellaneous Income Tax Credits		1.00
Form MO-2210	Missouri Underpayment of Estimated Tax		1.00
Form MO-1040ES	Missouri Estimated Tax Declaration for Individuals		1.00
Form MO-1040V	Missouri Individual Income Tax Payment Voucher		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		\$	58.00
Accountants' Time			1,337.00
Business Fee	1,150.00		
Personal Fee	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.

FEE SUMMARY	
Processing Charge	
Accountant's Fee	
Business Fee	
Personal Fee	
Amount Due	

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

Form 1040-V (2017)

▼ Detach Here and Mail With Your Payment and Return ▼

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
of your payment ▶

4,946.

FDIA8601L 07/21/17

1030

JOSHUA D & ERIN M HAWLEY

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

492949267 W0 HAWL 30 0 201712 610

Form **1040** Department of the Treasury — Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2017**

OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 2017, or other tax year beginning

, 2017, ending , 20

See separate instructions.

Your first name and initial

Last name

JOSHUA D HAWLEY

Your social security number

If a joint return, spouse's first name and initial

Last name

ERIN M HAWLEY

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above & full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

Boxes checked on 6a and 6b 2
No. of children on 6c who:

• lived with you. 2

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above 4

d Total number of exemptions claimed.

If more than four dependents, see instructions and check here ☐

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2.

8a Taxable interest. Attach Schedule B if required.

b Tax-exempt interest. Do not include on line 8a. STMT. 2 8b 661.

9a Ordinary dividends. Attach Schedule B if required.

b Qualified dividends 9b 7,593.

10 Taxable refunds, credits, or offsets of state and local income taxes.

11 Alimony received.

12 Business income or (loss). Attach Schedule C or C-EZ.

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797.

15a IRA distributions. 15a b Taxable amount.

16a Pensions and annuities 16a b Taxable amount.

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.

18 Farm income or (loss). Attach Schedule F.

19 Unemployment compensation

20a Social security benefits 20a b Taxable amount.

21 Other income. List type and amount. SEE STATEMENT 3

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income.

23 Educator expenses 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24

25 Health savings account deduction. Attach Form 8889. 25

26 Moving expenses. Attach Form 3903. 26

27 Deductible part of self-employment tax. Attach Schedule SE 27 7,695.

28 Self-employed SEP, SIMPLE, and qualified plans. 28 20,000.

29 Self-employed health insurance deduction. 29

30 Penalty on early withdrawal of savings. 30

31a Alimony paid b Recipient's SSN. 31a

32 IRA deduction. 32

33 Student loan interest deduction. 33

34 Tuition and fees. Attach Form 8917. 34

35 Domestic production activities deduction. Attach Form 8903. 35

36 Add lines 23 through 35. 36

37 Subtract line 36 from line 22. This is your adjusted gross income 37

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Adjusted Gross Income

Tax and Credits

Standard Deduction for -

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit?
See instructions.

Amount You Owe

Third Party Designee

Sign Here

Joint return?
See instructions.

Keep a copy
for your records.

Paid Preparer Use Only

38	Amount from line 37 (adjusted gross income)	38	295,925.
39a	Check if: <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	38,610.
41	Subtract line 40 from line 38	41	257,315.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs	42	16,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	241,115.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972	44	46,030.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	3,763.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	49,793.
48	Foreign tax credit. Attach Form 1116 if required	48	338.
49	Credit for child and dependent care expenses. Attach Form 2441	49	1,200.
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	1,538.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	48,255.
57	Self-employment tax. Attach Schedule SE	57	15,390.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	2,226.
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> X	61	
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	62	1,825.
63	Add lines 56 through 62. This is your total tax	63	67,696.
64	Federal income tax withheld from Forms W-2 and 1099	64	31,450.
65	2017 estimated tax payments and amount applied from 2016 return	65	31,300.
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	62,750.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	4,946.
79	Estimated tax penalty (see instructions)	79	
Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Designee's name	JO L. MOORE, CPA	Phone no.	
		Personal identification number (PIN)	
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	Daytime phone number
		ATTORNEY GENERAL	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		LAW PROFESSOR	
Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
JO L. MOORE, CPA			
Firm's name	EVERS & COMPANY, CPA'S, LLC		Firm's EIN
Firm's address	520 DIX ROAD		
	JEFFERSON CITY, MO 65109		Phone no. (573) 635-0227

SCHEDULE B
(Form 1040A or 1040)

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**

Name(s) shown on return

JOSHUA D AND ERIN M HAWLEY

Your social security number

Part I

Interest

(See instructions and the instructions for Form 1040A, or Form 1040, 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 that form.

- 1 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, show that buyer's social security number and address ►

AMERIGAS PARTNERS, L.P.
ENTERPRISE PRODUCTS PARTNERS LP
LPL FINANCIAL

Amount

17.
1.
9.

- 2 Add the amounts on line 1. 2 27.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815. 3
4 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.

Part II

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 List name of payer ►
LPL FINANCIAL

Amount

9,455.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a. 6 9,455.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

(See instructions.)

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.

- 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? See instructions. X
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 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 ►
8 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. X

Yes No

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

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

2017

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

JOSHUA D AND ERIN M HAWLEY

Your social security number

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|----|
| 1 | Medical and dental expenses (see instructions) | 1 | |
| 2 | Enter amount from Form 1040, line 38. | 2 | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0. |

Taxes You Paid

5 State and local (check only one box):

a ☒ Income taxes, or

b ☐ General sales taxes

- | | | | |
|---|--|---|---------|
| 5 | Income taxes, or | 5 | 12,304. |
| 6 | Real estate taxes (see instructions) | 6 | 4,250. |
| 7 | Personal property taxes | 7 | 1,118. |
| 8 | Other taxes. List type and amount ► | 8 | |
| 9 | Add lines 5 through 8 | 9 | 17,672. |

Interest You Paid

- | | | | |
|----|--|----|---------|
| 10 | Home mortgage interest and points reported to you on Form 1098. SEE ST. 4 | 10 | 10,638. |
| 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 ► | 11 | |

Note:
Your mortgage interest deduction may be limited (see instructions).

- | | | | |
|----|---|----|---------|
| 12 | Points not reported to you on Form 1098. See instructions for special rules. | 12 | |
| 13 | Mortgage insurance premiums (see instructions) | 13 | |
| 14 | Investment interest. Attach Form 4952 if required. See instructions. | 14 | |
| 15 | Add lines 10 through 14 | 15 | 10,638. |

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. |
| 17 | Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 17 | 600. |
| 18 | Carryover from prior year | 18 | |
| 19 | Add lines 16 through 18 | 19 | 10,300. |

Casualty and Theft Losses

- | | | | |
|----|--|----|----|
| 20 | Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions. | 20 | 0. |
|----|--|----|----|

Job Expenses and Certain Miscellaneous Deductions

- | | | | |
|----|---|----|----------|
| 21 | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ► | 21 | |
| 22 | Tax preparation fees | 22 | 800. |
| 23 | Other expenses—investment, safe deposit box, etc. List type and amount ► | 23 | 4,417. |
| 24 | Add lines 21 through 23 | 24 | 5,217. |
| 25 | Enter amount from Form 1040, line 38. | 25 | 295,925. |
| 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, enter -0- | 27 | 0. |

Other Miscellaneous Deductions

- | | | | |
|----|---|----|----|
| 28 | Other—from list in instructions. List type and amount ► | 28 | 0. |
|----|---|----|----|

Total Itemized Deductions

- | | | | |
|----|--|----|---------|
| 29 | Is Form 1040, line 38, over \$156,900?
<input type="checkbox"/> 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.
<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | 29 | 38,610. |
| 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here. | | |

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' attach explanation	
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If 'Yes,' is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

CONFERENCE REGISTRATION	100.
DUES AND SUBSCRIPTIONS	75.
INTERNET FEES @ 50%	280.
SOFTWARE	1,371.
48 Total other expenses. Enter here and on line 27a	48 1,826.

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**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

2017Attachment
Sequence No. **12**

Name(s) shown on return

JOSHUA D AND ERIN M HAWLEY

Your social security number

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

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, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and 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). 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.		-2,852.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.....				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.....				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.....				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.....				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.....				6
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back.....				7 -2,852.

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

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 II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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.....	222,636.	165,805.		56,831.
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.....	18,159.	14,751.	-1,014.	2,394.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.....				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.....				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....				12
13 Capital gain distributions. See the instrs... SEE, ST. 6				13 394.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.....				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back.....				15 59,619.

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

Schedule D (Form 1040) 2017

Part III Summary**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 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?☒ **Yes.** Go to line 18.☐ **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**

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****20** Are lines 18 and 19 **both** zero or blank?☒ **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:

- 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)Department of the Treasury
Internal Revenue Service (99)**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

2017Attachment
Sequence No. **12**

Name(s) shown on return

JOSHUA D AND ERIN M HAWLEY

Your social security number
[REDACTED]**Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less**

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, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and 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). 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.		-2,852.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.....				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.....				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.....				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.....				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.....				6
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back.....				7 -2,852.

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

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 II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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.....	222,636.	165,805.		56,831.
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.....	18,159.	14,751.	-1,014.	2,394.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.....				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.....				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....				12 -228.
13 Capital gain distributions. See the instrs... SEE, ST. 7				13 394.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.....				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back.....				15 59,391.

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

Schedule D (Form 1040) 2017

Part III Summary**ALTERNATIVE MINIMUM TAX****16** Combine lines 7 and 15 and enter the result.**16**

56,539.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then 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?☒ **Yes.** Go to line 18.☐ **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**

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****20** Are lines 18 and 19 **both** zero or blank?☒ **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:

- 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**

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 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.

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 below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
					(f) Code(s) from instructions	(g) Amount of adjustment	
AMERIGAS PARTNERS	VARIOUS	9/07/17	7,244.	5,497.	0	742.	2,489.
ENTERPRISE PROD PTNRS	1/20/16	9/07/17	4,303.	3,040.	0	-1,756.	-493.
GOLDMAN SACHS	VARIOUS	9/07/17	6,593.	6,195.			398.
SPDR GOLD TRUST GLOD ETF	VARIOUS	VARIOUS	19.	19.			0.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)..... ▶			18,159.	14,751.		-1,014.	2,394.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

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 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.

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 below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	AMERIGAS PARTNERS	VARIOUS	9/07/17	7,244.	5,497.	0	742.	2,489.
	ENTERPRISE PROD PTNRS	1/20/16	9/07/17	4,303.	3,040.	0	-1,756.	-493.
	GOLDMAN SACHS	VARIOUS	9/07/17	6,593.	6,195.			398.
	SPDR GOLD TRUST GLD ETF	VARIOUS	VARIOUS	19.	19.			0.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).....				18,159.	14,751.		-1,014.	2,394.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

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

Your social security number

JOSHUA D AND ERIN M HAWLEY

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations****Note:** If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (e) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	AMERIGAS PARTNERS, L.P.	P		23-2787918	
B	ENTERPRISE PRODUCTS PARTNERS LP	P		76-0568219	
C					
D					

Passive Income and Loss**Nonpassive Income and Loss**

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A	PTP 366.				
B	PTP 202.				
C					
D					
29 a	Totals.....				
b	Totals.....	568.			
30	Add columns (g) and (j) of line 29a.....			30	
31	Add columns (f), (h), and (i) of line 29b.....			31	-568.
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below.....			32	-568.

Part III Income or Loss From Estates and Trusts

33	(a) Name			(b) Employer ID no.
A				
B				
Passive Income and Loss				Nonpassive Income and Loss
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34 a	Totals.....			
b	Totals.....			
35	Add columns (d) and (f) of line 34a.....		35	
36	Add columns (c) and (e) of line 34b.....		36	
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below.....			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below.....				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below.....	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18.....	41	-568.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions).....	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules.....	43	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2017

Attachment
Sequence No. **17**

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

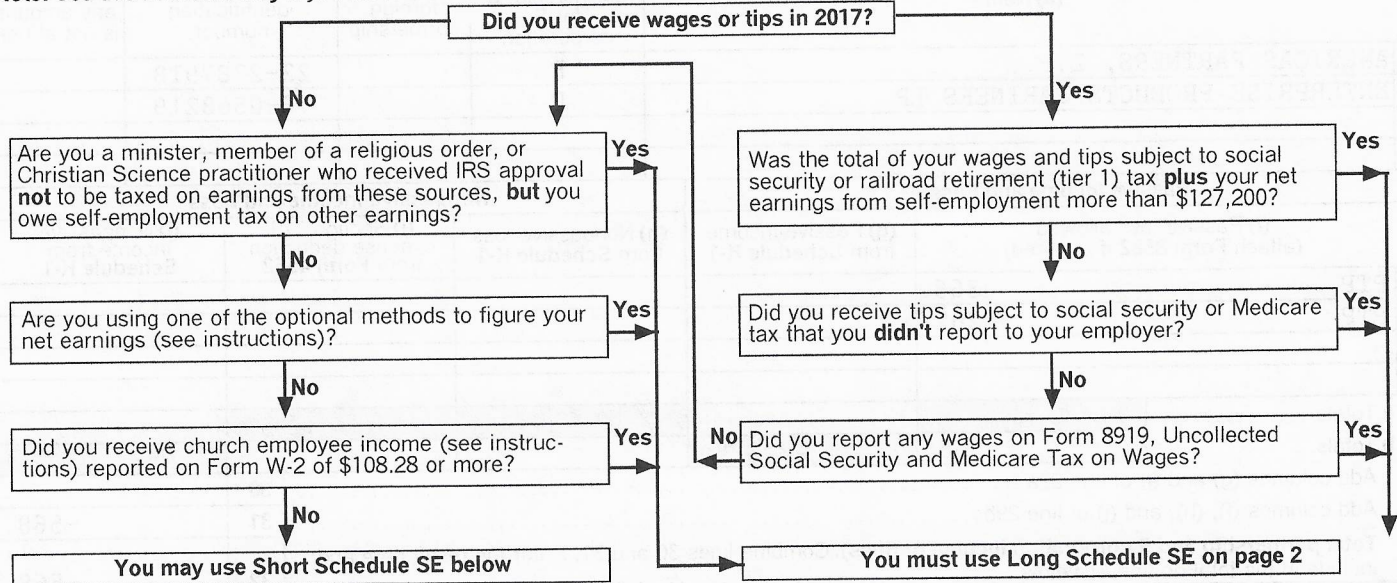
Social security number of person
with **self-employment** income ►

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 a 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	
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.		
5 Self-employment tax. If the amount on line 4 is: • \$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 • 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.
6 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	6	127.

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

Schedule **SE** (Form 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

Section B – Long Schedule SE**Part I Self-Employment Tax****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).

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.

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. **Note:** Skip this line if you use the nonfarm optional method (see instructions).

3 Combine lines 1a, 1b, and 2.

4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3.

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.

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.

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-.

6 Add lines 4c and 5b.

7 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.

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.

b Unreported tips subject to social security tax (from Form 4137, line 10).

c Wages subject to social security tax (from Form 8919, line 10).

d Add lines 8a, 8b, and 8c.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124).

11 Multiply line 6 by 2.9% (0.029).

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Form 1040, line 57, or Form 1040NR, line 55**

13 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.

Part II 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.

15 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.

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-employment of at least \$400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times.

16 Subtract line 15 from line 14.

17 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

OMB No. 1545-0121

2017

Department of the Treasury
Internal Revenue Service (99)(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.Attachment
Sequence No. 19

Name

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

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.

- a ☒ Passive category income c ☐ Section 901(j) income e ☐ Lump-sum distributions
b ☐ General category income d ☐ Certain income re-sourced by treaty

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.**Part I 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	B	C	
g Enter the name of the foreign country or U.S. possession. ▶ VARIOUS				
1 a Gross income from sources within country shown above and of the type checked above (see instructions): SEE STATEMENT 8				
	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 determine its source (see instructions). ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	4,250.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	4,250.			
d Gross foreign source income (see instructions)	9,849.			
e Gross income from all sources (see instructions)	331,884.			
f Divide line 3d by line 3e (see instructions)	0.029676			
g Multiply line 3c by line 3f	126.			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	316.			
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	442.			6 442.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 9,407.

Part II Foreign Taxes Paid or Accrued (see instructions)

COUNTRY	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(s) Total foreign taxes paid or accrued (add columns (o) through (r))
		In foreign currency				In U.S. dollars			
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:		(r) Other foreign taxes paid or accrued	
	(j) Date paid or accrued	(k) Dividends	(l) Rents & royalties	(m) Interest			(o) Dividends		(p) Rents & royalties
A						338.			
B									
C									

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 **8** 338.

BAA For Paperwork Reduction Act Notice, see instructions.

FDIZ2612L 12/22/17

Form 1116 (2017)

Part III Figuring the Credit

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	338.
10	Carryback or carryover (attach detailed computation).	10	
11	Add lines 9 and 10.	11	338.
12	Reduction in foreign taxes (see instructions).	12	
13	Taxes reclassified under high tax kickout (see instructions).	13	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit.	14	338.
15	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.
16	Adjustments to line 15 (see instructions).	16	
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.
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.	18	257,315.
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter '1'.	19	0.0366
20	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 1040NR, line 42.	20	46,030.
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.			
21	Multiply line 20 by line 19 (maximum amount of credit).	21	1,685.
22	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)

23	Credit for taxes on passive category income.	23	
24	Credit for taxes on general category income.	24	
25	Credit for taxes on certain income re-sourced by treaty.	25	
26	Credit for taxes on lump-sum distributions.	26	
27	Add lines 23 through 26.	27	
28	Enter the smaller of line 20 or line 27.	28	338.
29	Reduction of credit for international boycott operations. See instructions for line 12.	29	
30	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.

Form 1116 (2017)

Part III Figuring the Credit

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	338.	
10	Carryback or carryover (attach detailed computation).	10		
11	Add lines 9 and 10.	11	338.	
12	Reduction in foreign taxes (see instructions).	12		
13	Taxes reclassified under high tax kickout (see instructions).	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit.	14		338.
15	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	9,533.	
16	Adjustments to line 15 (see instructions).	16		
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	9,533.	
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.	18	274,695.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter '1'.	19		0.0347
20	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 1040NR, line 42.	20		49,793.
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.				
21	Multiply line 20 by line 19 (maximum amount of credit).	21		1,728.
22	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)

23	Credit for taxes on passive category income.	23		
24	Credit for taxes on general category income.	24		
25	Credit for taxes on certain income re-sourced by treaty.	25		
26	Credit for taxes on lump-sum distributions.	26		
27	Add lines 23 through 26.	27		
28	Enter the smaller of line 20 or line 27.	28		338.
29	Reduction of credit for international boycott operations. See instructions for line 12.	29		
30	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.

Form 1116 (2017)

Child and Dependent Care Expenses

OMB No. 1545-0074

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

2017

Attachment
Sequence No. 21Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

JOSHUA D AND ERIN M HAWLEY

Part I Persons or Organizations Who Provided the Care — You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	[REDACTED]	[REDACTED]	[REDACTED]	4,006.
	JEAN E BRAZIL	[REDACTED]	[REDACTED]	12,314.

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

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.**Part II** Credit for Child and Dependent Care Expenses2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First Last		
[REDACTED]	[REDACTED]	8,767.
[REDACTED]	[REDACTED]	7,553.

3 Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31.4 Enter your **earned income**. See instructions.5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4.6 Enter the **smallest** of line 3, 4, or 5.

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0 — 15,000		.35
15,000 — 17,000		.34
17,000 — 19,000		.33
19,000 — 21,000		.32
21,000 — 23,000		.31
23,000 — 25,000		.30
25,000 — 27,000		.29
27,000 — 29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000 — 31,000		.27
31,000 — 33,000		.26
33,000 — 35,000		.25
35,000 — 37,000		.24
37,000 — 39,000		.23
39,000 — 41,000		.22
41,000 — 43,000		.21
43,000 — No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions.

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47.

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

Form 2441 (2017)

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

2017Attachment
Sequence No. **27**

Name(s) shown on return

JOSHUA D AND ERIN M HAWLEY

Identifying number

1 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.

1

4,348.

Part I 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)

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 other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	FROM K-1						-20.

3 Gain, if any, from Form 4684, line 39.

3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37.

4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824.

5

6 Gain, if any, from line 32, from other than casualty or theft.

6

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:

7

-20.

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 Nonrecaptured net section 1231 losses from prior years. See instructions.

8

9 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

Part II 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):

AMERIGAS PARTNERS	VARIOUS	9/07/17	3,699.			3,699.
ENTERPRISE PROD PTNRS	VARIOUS	9/07/17	649.			649.

11 Loss, if any, from line 7.

11

-20.

12 Gain, if any, from line 7 or amount from line 8, if applicable.

12

13 Gain, if any, from line 31.

13

14 Net gain or (loss) from Form 4684, lines 31 and 38a.

14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36.

15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824.

16

17 Combine lines 10 through 16.

17

4,328.

18 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.' See instructions.

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14.

18b

4,328.

BAA For Paperwork Reduction Act Notice, see separate instructions.Form **4797** (2017)

Form **4797**Department of the Treasury
Internal Revenue Service

ALTERNATIVE MINIMUM TAX
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

2017Attachment
Sequence No. **27**

Name(s) shown on return

Identifying number

JOSHUA D AND ERIN M HAWLEY

1 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. **1** **4,348.**

Part I 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)

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 other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	FROM K-1						-20.

- 3** Gain, if any, from Form 4684, line 39. **3**
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37. **4**
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824. **5**
- 6** Gain, if any, from line 32, from other than casualty or theft. **6**
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: **7** **-20.**

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** Nonrecaptured net section 1231 losses from prior years. See instructions. **8**
- 9** 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**

Part II 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):

AMERIGAS PARTNERS	VARIOUS	9/07/17	3,699.			3,699.
ENTERPRISE PROD PTNRS	VARIOUS	9/07/17	649.			649.

- 11** Loss, if any, from line 7. **11** **-20.**
- 12** Gain, if any, from line 7 or amount from line 8, if applicable. **12**
- 13** Gain, if any, from line 31. **13**
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a. **14**
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36. **15**
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824. **16**
- 17** Combine lines 10 through 16. **17** **4,328.**
- 18** 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.' See instructions. **18a**
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14. **18b** **4,328.**

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2017)

Alternative Minimum Tax – Individuals

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

2017

Attachment
Sequence No. 32

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

JOSHUA D AND ERIN M HAWLEY

Your social security number

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	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.)	1	257,315.
2	Reserved for future use	2	
3	Taxes from Schedule A (Form 1040), line 9	3	17,672.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions	6	
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	4.
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	-228.
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	-68.
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	28	274,695.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2017, see instructions.)		
	IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 ...		
	Single or head of household ... \$120,700 ... \$54,300		
	Married filing jointly or qualifying widow(er) ... 160,900 ... 84,500		
	Married filing separately ... 80,450 ... 42,250		
	If line 28 is over the amount shown above for your filing status, see instructions.		
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34.	29	56,051.
31	<ul style="list-style-type: none"> • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 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 necessary), complete Part III on the back and enter the amount from line 64 here. • 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 \$3,756 (\$1,878 if married filing separately) from the result. 	30	218,644.
		31	49,793.
32	Alternative minimum tax foreign tax credit (see instructions)	32	338.
33	Tentative minimum tax. Subtract line 32 from line 31.	33	49,455.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any 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 before completing this line (see instructions).	34	45,692.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.	35	3,763.

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

Part III Tax Computation Using Maximum Capital Gains Rates

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.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31.	36	218,644.
37	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 you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	37	64,132.
38	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	
39	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 2555-EZ, see instructions for the amount to enter.	39	64,132.
40	Enter the smaller of line 36 or line 39.	40	64,132.
41	Subtract line 40 from line 36.	41	154,512.
42	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 the result.	42	40,173.
43	Enter: • \$75,900 if married filing jointly or qualifying widow(er), • \$37,950 if single or married filing separately, or • \$50,800 if head of household.	43	75,900.
44	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 are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	44	176,755.
45	Subtract line 44 from line 43. If zero or less, enter -0-.	45	0.
46	Enter the smaller of line 36 or line 37.	46	64,132.
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%.	47	
48	Subtract line 47 from line 46.	48	64,132.
49	Enter: • \$418,400 if single • \$235,350 if married filing separately • \$470,700 if married filing jointly or qualifying widow(er) • \$444,550 if head of household.	49	470,700.
50	Enter the amount from line 45.	50	
51	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, see instructions for the amount to enter.	51	176,755.
52	Add line 50 and line 51.	52	176,755.
53	Subtract line 52 from line 49. If zero or less, enter -0-.	53	293,945.
54	Enter the smaller of line 48 or line 53.	54	64,132.
55	Multiply line 54 by 15% (0.15).	55	9,620.
56	Add lines 47 and 54.	56	64,132.
57	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	57	
58	Subtract line 56 from line 46.	58	
59	Multiply line 57 by 20% (0.20).	59	
60	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	60	
61	Add lines 41, 56, and 57.	61	
62	Subtract line 59 from line 36.	62	49,793.
63	Multiply line 60 by 25% (0.25).	63	
64	Add lines 42, 55, 58, and 61.	64	57,464.
65	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 the result.	65	
66	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.	66	49,793.

SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

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**

Name of employer

Social security number

Employer identification number

ERIN M HAWLEY

Calendar 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 spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

☒ **Yes.** Skip lines B and C and go to line 1.

☐ **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.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2016 or 2017 to **all** household employees? (**Don't** count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)

☐ **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

1	Total cash wages subject to social security tax.....	1	12,314.	
2	Social security tax. Multiply line 1 by 12.4% (0.124).....	2	1,527.	
3	Total cash wages subject to Medicare tax.....	3	12,314.	
4	Medicare tax. Multiply line 3 by 2.9% (0.029).....	4	357.	
5	Total cash wages subject to Additional Medicare Tax withholding.....	5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009).....	6		
7	Federal income tax withheld, if any.....	7	300.	
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7.....	8	2,184.	

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2016 or 2017 to **all** household employees? (**Don't** count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)

☐ **No. Stop.** Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form 1040, see the line 9 instructions.

☒ **Yes.** Go to line 10.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Schedule H (Form 1040) 2017

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check 'No').	X	
11 Did you pay all state unemployment contributions for 2017 by April 17, 2018? Fiscal year filers see instructions.	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	X	

Next: If you checked the 'Yes' box on **all** the lines above, complete Section A.
If you checked the 'No' box on **any** of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions	MO		
14 Contributions paid to your state unemployment fund	14	0% RATE	
15 Total cash wages subject to FUTA tax		15	7,000.
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25		16	42.

Section B

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					

18 Totals	18	
19 Add columns (g) and (h) of line 18	19	
20 Total cash wages subject to FUTA tax (see the line 15 instructions)	20	
21 Multiply line 20 by 6.0% (0.060)	21	
22 Multiply line 20 by 5.4% (0.054)	22	
23 Enter the smaller of line 19 or line 22 (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here)	23	
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25	24	

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the 'Yes' box on line C of page 1, enter -0-	25	2,184.
26 Add line 16 (or line 24) and line 25	26	2,226.

27 Are you required to file Form 1040?
☒ **Yes. Stop.** Include the amount from line 26 above on Form 1040, line 60a.
Don't complete Part IV below.

☐ **No.** You may have to complete Part IV. See instructions for details.

Part IV Address and Signature — Complete this part **only** if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail isn't delivered to street address	Apt., room, or suite no.
---	--------------------------

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only	Employer's signature	Date
	Print/Type preparer's name	Preparer's signature
	Firm's name	Firm's EIN
	Firm's address	Phone no.

Schedule H (Form 1040) 2017

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.

2017Attachment
Sequence No. **71**

Your social security number

JOSHUA D AND ERIN M HAWLEY**Part I Additional Medicare Tax on Medicare Wages**

1	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.	
2	Unreported tips from Form 4137, line 6.	2		
3	Wages from Form 8919, line 6.	3		
4	Add lines 1 through 3.	4	141,190.	
5	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	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II.	7		

Part II Additional Medicare Tax on Self-Employment Income

8	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.	
10	Enter the amount from line 4.	10	141,190.	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	108,810.	
12	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		80.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	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		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV.	17		

Part IV Total Additional Medicare Tax

18	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

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6.	19	2,047.	
20	Enter the amount from line 1.	20	141,190.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages.	21	2,047.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages.	22		
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions).	23		
24	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		

Form **8960**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

2017Attachment
Sequence No. **72**

Name(s) shown on your tax return

JOSHUA D AND ERIN M HAWLEY

Your social security number or EIN

Part I Investment Income☐ Section 6013(g) election (see instructions)☐ Section 6013(h) election (see instructions)☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions).....	1	27.
2	Ordinary dividends (see instructions).....	2	9,455.
3	Annuities (see instructions).....	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions).....	4a	-568.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions).....	4b	
c	Combine lines 4a and 4b.....	4c	-568.
5a	Net gain or loss from disposition of property (see instructions).....	5a	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).....	5c	
d	Combine lines 5a through 5c.....	5d	61,095.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions).....	6	
7	Other modifications to investment income (see instructions).....	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7.....	8	70,009.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions).....	9a	
b	State, local, and foreign income tax (see instructions).....	9b	2,911.
c	Miscellaneous investment expenses (see instructions).....	9c	
d	Add lines 9a, 9b, and 9c.....	9d	2,911.
10	Additional modifications (see instructions).....	10	
11	Total deductions and modifications. Add lines 9d and 10.....	11	2,911.

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-.....	12	67,098.
Individuals:			
13	Modified adjusted gross income (see instructions).....	13	295,925.
14	Threshold based on filing status (see instructions).....	14	250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-.....	15	45,925.
16	Enter the smaller of line 12 or line 15.....	16	45,925.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions).....	17	1,745.
Estates and Trusts:			
18a	Net investment income (line 12 above).....	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions).....	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-.....	18c	
19a	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-.....	19c	
20	Enter the smaller of line 18c or line 19c.....	20	
21	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).....	21	

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

Form **8960** (2017)

Form **8283**(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

Attachment
Sequence No. **155**

Name(s) shown on your income tax return

JOSHUA D AND ERIN M HAWLEY

Identifying number

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 securities even if the deduction is more than \$5,000 (see instructions).**Part I Information on Donated Property** — If you need more space, attach a statement.

	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	GOODWILL INDUSTRIES 1727 LOCUST STREET ST. LOUIS, MO 63103	<input type="checkbox"/>	MEN'S CLOTHING
B	GOODWILL INDUSTRIES 1727 LOCUST STREET ST. LOUIS, MO 63103	<input type="checkbox"/>	WOMEN'S CLOTHING
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo, yr)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	10/27/17	VARIOUS	PURCHASE	4,000.	400.	THRIFT SHOP VALUE
B	10/05/17	VARIOUS	PURCHASE	2,000.	200.	THRIFT SHOP VALUE
C						
D						
E						

Part II Partial Interests and Restricted Use Property — Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).**2 a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest. ▶
If Part II applies to more than one property, attach a separate statement.**b** Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year. ▶
(2) For any prior tax years. ▶**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town

State ZIP code

d For tangible property, enter the place where the property is located or kept ▶**e** Name of any person, other than donee organization, having actual possession of the property ▶**3 a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

Yes No

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?**c** Is there a restriction limiting the donated property for a particular use?**BAA For Paperwork Reduction Act Notice, see separate instructions.**

FDIZ1812L 12/17/14

Form **8283** (Rev 12-2014)

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 ADMIN	93,858.	24,860.	6,752.	1,579.	4,768.	
TOTAL	93,858.	24,860.	6,752.	1,579.	4,768.	0.
SPOUSE - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	LOCAL W/H
KIRKLAND & ELLIS LLP	32,220.	6,590.	1,998.	467.		
CURATORS OF UNIVERSITY OF MISSOURI	64.		4.	1.		
TOTAL	32,284.	6,590.	2,002.	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 FREEDOM.....	\$	2,000.
LESS EXPENSES.....		-200.
TOTAL	\$	1,800.

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

PENNYMAC LOAN SERVICES.....	\$	10,638.
TOTAL	\$	10,638.

JOSHUA D AND ERIN M HAWLEY

**STATEMENT 5
SCHEDULE A, LINE 16
CONTRIBUTIONS BY CASH OR CHECK**

COYOTE HILL CHRISTIAN CHILDREN'S HOME.....	\$	1,000.
RELIANT.....		1,900.
RELIANT.....		2,500.
THE CROSSING.....		4,300.
TOTAL	\$	<u>9,700.</u>

**STATEMENT 6
SCHEDULE D, LINE 13
CAPITAL GAIN DISTRIBUTIONS**

LPL FINANCIAL.....	\$	394.
TOTAL	\$	<u>394.</u>

**STATEMENT 7
SCHEDULE D (AMT), LINE 13
CAPITAL GAIN DISTRIBUTIONS**

LPL FINANCIAL.....	\$	394.
TOTAL	\$	<u>394.</u>

**STATEMENT 8
FORM 1116, LINE 1A - PASSIVE INCOME
GROSS INCOME FROM SOURCES OUTSIDE U.S.****FOREIGN COUNTRY OR U.S. POSSESSION: VARIOUS**

DIVIDENDS.....	\$	1,862.
FOREIGN SOURCE QUALIFIED DIVIDENDS.....		7,593.
FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS.....		394.
TOTAL	\$	<u>9,849.</u>

**STATEMENT 9
FORM 1116, LINE 1A - PASSIVE INCOME (AMT)
GROSS INCOME FROM SOURCES OUTSIDE U.S.****FOREIGN COUNTRY OR U.S. POSSESSION: VARIOUS**

DIVIDENDS.....	\$	1,862.
FOREIGN SOURCE QUALIFIED DIVIDENDS.....		7,593.
FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS.....		394.
TOTAL	\$	<u>9,849.</u>

2017

GENERAL ELECTIONS

PAGE 1

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

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.**2017**

Submission Identification Number (SID) ▶ [REDACTED]

Taxpayer's name

JOSHUA D HAWLEY

Social security number

Spouse's name

ERIN M HAWLEY

Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2017 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	295,925.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	67,696.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; 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, line 13a; Form 1040NR, line 73a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) ..	5	4,946.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending 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 received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (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 reason for any delay in processing 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 initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only
☒ I authorize **EVERS & COMPANY, CPA'S, LLC** to enter or generate my PIN
ERO firm name

 Enter five digits, but
don't enter all zeros

as my signature on my tax year 2017 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶

Date ▶

Spouse's PIN: check one box only
☒ I authorize **EVERS & COMPANY, CPA'S, LLC** to enter or generate my PIN
ERO firm name

 Enter five digits, but
don't enter all zeros

as my signature on my tax year 2017 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method Only****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶

Date ▶

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So
BAA For Paperwork Reduction Act Notice, see your tax return instructions.

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
**2017 Individual Income Tax
Payment Voucher (Form MO-1040V)**

Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.

Name HAWLEY, JOSHUA D		
Spouse's Name HAWLEY, ERIN M		
Street Address [REDACTED]		
City [REDACTED]	State [REDACTED]	ZIP Code [REDACTED]
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 electronically.		
MOIA1401L 01/09/18		

Social Security Number [REDACTED] - [REDACTED] - [REDACTED]

Name Control **HAWL**

Spouse's Social Security No. [REDACTED] - [REDACTED] - [REDACTED]

Spouse's Name Control **HAWL**

Amount of Payment
(U.S. funds only) \$ **4123.00**



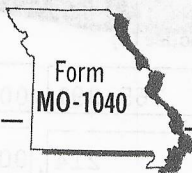
17347011032

Department Use Only

Department Use Only

1032 Form MO-1040V (Revised 12-2017)

055 032 000000 4929492675 080123129 5257166076 17 000412300 4



Missouri Department of Revenue
**2017 Individual Income
Tax Return — Long Form**

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

1032

If filing a fiscal year return enter the beginning and ending dates here.

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 ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐

Name	Social Security Number		Deceased in 2017	Spouse's Social Security Number		Deceased in 2017
			<input type="checkbox"/>			<input type="checkbox"/>
	First Name	M.I.	Last Name	Suffix		
	JOSHUA	D	HAWLEY	<input type="checkbox"/>		
Address	Spouse's First Name		M.I.	Spouse's Last Name		Suffix
	ERIN		M	HAWLEY		<input type="checkbox"/>
	In Care of Name (Attorney, Executor, Personal Representative, etc.)					

Address	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.

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund



17322011032

JOSHUA D AND ERIN M HAWLEY

Yourself (Y)

Spouse (S)

	1Y	2Y	3Y	4Y	5Y	6	7Y	7S
1 Federal adjusted gross income from your 2017 federal return (see worksheet on page 7 of the instructions).....	130,534		130,749	19	130,730		44	56
2 Total additions (from Form MO-A , Part 1, Line 7).....	215	214						
3 Total income — Add Lines 1 and 2.....								
4 Total subtractions (from Form MO-A , Part 1, Line 17).....								
5 Missouri adjusted gross income — Subtract Line 4 from Line 3...								
6 Total Missouri adjusted gross income — Add columns 5Y and 5S.....						296,317		
7 Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%).....								

SEE AGI WKSH

8 Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A , Part 3, Section E).....	8	
9 Select your filing status box below. Enter the appropriate exemption amount on Line 9.....	9	4,200

- ☐ A Single — \$2,100 (see **Box B** before selecting.)
- ☐ B Claimed as a Dependent on Another Person's Federal Tax Return — \$0.00
- ☒ C Married Filing Combined (joint federal) — \$4,200
- ☐ D Married Filing Separate — \$2,100
- ☐ E Married Filing Separate (spouse NOT filing) — \$4,200
- ☐ F Head of Household — \$3,500
- ☐ G Qualifying Widow(er) with Dependent Child — \$3,500

10 Additional personal exemption (see instructions on page 7).....	10	0
--	----	---

11 Tax from federal return — Do not enter federal income tax withheld (see instructions on page 7 and 8).....	11	44,492
--	----	--------

12 Other tax from federal return — Attach copy of your federal return (pages 1 and 2).....	12	4,101
--	----	-------

13 Total 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.....	14	10,000
--	----	--------

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 If age 65 or older, blind, claimed as a dependent, see page 8. If itemizing, see Form MO-A , Part 2.	15	44,882
--	----	--------

16 Number of dependents (from Federal Form 1040 or 1040A, Line 6c). Do not include yourself or spouse	2	x\$1,200=	16	2,400
---	---	-----------	----	-------

☐ 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		x\$1,000=	17	
--	--	-----------	----	--

Income

Exemptions and Deductions



Exemptions and Deductions (cont.)

18	Long-term care insurance deduction.....	18		00
19	Health care sharing ministry deduction.....	19		00
20	Military income deduction.....	20		00
21	Bring jobs home deduction.....	21		00
22	Transportation facilities deduction.....	22		00

☐ A Port Cargo Expansion ☐ B International Trade Facility ☐ C Qualified Trade Activities

23	Total deductions — Add Lines 8, 9, 10, and 14 through 22.....	23	61,482	00
24	Subtotal — Subtract Line 23 from Line 6.....	24	234,835	00
25	Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S.....	25 Y	103,327	00
		25 S	131,508	00
26	Enterprise zone or rural empowerment zone income modification.....	26 Y		00
		26 S		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
		29 S		00

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		%
		30 S		%

Tax

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

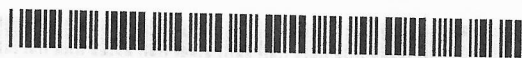
32 Other taxes — Select box and attach federal form indicated.

☐ 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 S	7,661	00	
34	Total Tax — Add Lines 33Y and 33S.....	34	13,631	00	

Payments and Credits

35	MISSOURI tax withheld — Attach Forms W-2 and 1099.....	35	4,768	00
36	2017 Missouri estimated tax payments — Include overpayment from 2016 applied to 2017.....	36	4,240	00
37	Missouri tax payments for nonresident partners or S corporation shareholders — Attach Forms MO-2NR and MO-NRP.....	37		00



JOSHUA D AND ERIN M HAWLEY

Payments and Credits

38 Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT

38 00

39 Amount paid with Missouri extension of time to file (Form MO-60)

39 00

40 Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC

40 500 00

41 Property tax credit — Attach Form MO-PTS

41 00

42 Total payments and credits — Add Lines 35 through 41

42 9,508 00

Skip Lines 43 through 45 if you are not filing an amended return.

43 Amount paid on original return

43 00

44 Overpayment as shown (or adjusted) on original return

44 00

Indicate Reason for Amending

☐

A Federal audit

Enter date of IRS report (MM/DD/YY)

☐

B Net operating loss carryback

Enter year of loss (YY)

☐

C Investment tax credit carryback

Enter year of credit (YY)

☐

D Correction other than A, B, or C

Enter date of federal amended return, if filed. (MM/DD/YY)

45 Amended return total payments and credits - Add Line 43 to Line 42 or subtract Line 44 from Line 42

45 00

46 If Line 42, or if amended return, Line 45, is larger than Line 34, enter difference. Amount of OVERPAYMENT

46 00

47 Amount of Line 46 to be applied to your 2018 estimated tax

47 00

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

48b Veterans Trust fund

48c

Elderly Home Delivered Meals Trust Fund

48d

Missouri National Guard Trust Fund

48e

Workers' Memorial Fund

48f

Childhood Lead Testing Fund

48g

Missouri Military Family Relief Fund

48h

General Revenue Fund

48i

Organ Donor Program Fund

48j

Additional Fund Code

Additional Fund Amount

48k

Additional Fund Code

Additional Fund Amount

48

Additional Fund Amount

Additional Fund Amount

Total Donation - Add amounts from Boxes 48a through 48k and enter here

48 00

49 Amount of Line 46 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of Form 5632

49 00

Amended Return

Refund



50 **REFUND** — Subtract Lines 47, 48, and 49 from Line 46 and enter here

50 00

Reserved

Refund (cont.)

51 If Line 34 is larger than Line 42 or Line 45, enter the difference.

Amount of UNDERPAYMENT (see the instructions for Line 52)

51 4,123.00

52 Underpayment of estimated tax penalty — **Attach Form MO-2210**. Enter penalty amount here

52 00

☐

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53 **AMOUNT DUE** — Add Lines 51 and 52.

If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically

53 4,123.00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on an individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

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

JO L. MOORE, CPA

Date (MM/DD/YY)

Preparer's FEIN, SSN, or PTIN

Preparer's Telephone

Preparer's Address

State ZIP Code

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

☒

Yes

☐

No

Department Use Only

☐

A

☐

FA

☐

E10

☐

DE

☐

F

Mail To: Balance Due:

Missouri Department of Revenue
P.O. Box 329
Jefferson City, MO 65105-0329

Refund or No Amount Due:

Missouri Department of Revenue
P.O. Box 500
Jefferson City, MO 65105-0500

Phone (Balance Due): (573) 751-7200

Phone (Refund or No Amount Due): (573) 751-3505

Fax: (573) 751-2195

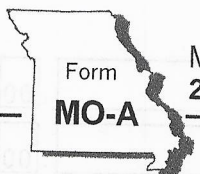
E-mail: income@dor.mo.gov

(Revised 12-2017)



JOSHUA D AND ERIN M HAWLEY

Adjusted Gross Income Worksheet for Combined Return	Federal Form 1040EZ Line Number	Federal Form 1040A Line Number	Federal Form 1040 Line Number	Y - Yourself			S - Spouse	
1 Wages, salaries, tips, etc.....	1	7	7	93,858	00	1	32,284	00
2 Taxable interest income.....	2	8a	8a	15	00	2	12	00
3 Dividend income.....	none	9a	9a	4,728	00	3	4,727	00
4 State and local income tax refunds.....	none	none	10		00	4		00
5 Alimony received.....	none	none	11		00	5		00
6 Business income or (loss).....	none	none	12		00	6	125,669	00
7 Capital gain or (loss).....	none	10	13	28,382	00	7	28,385	00
8 Other gains or (losses).....	none	none	14	2,162	00	8	2,166	00
9 Taxable IRA distributions.....	none	11b	15b		00	9		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	00
12 Farm income or (loss).....	none	none	18		00	12		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		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



Missouri Department of Revenue
2017 Individual Income Tax Adjustments

Department Use Only
(MM/DD/YY)

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Attach to Form MO-1040. Attach your federal return. See instructions to assist you in completing this form.

Name	Social Security Number		Spouse's Social Security Number	
	<div></div>		<div></div>	
	First Name	M.I.	Last Name	Suffix
	JOSHUA	D	HAWLEY	
Spouse's First Name		M.I.	Spouse's Last Name	Suffix
ERIN		M	HAWLEY	

Additions

- 1 Interest on state and local obligations other than Missouri source
- 2 ☐ Partnership ☐ Fiduciary ☐ S Corporation
- ☐ Net Operating Loss (Carryback/Carryforward)
- ☐ Other (description)
- 3 Nonqualified distribution received from a qualified 529 plan (higher education savings program) not used for qualified expenses
- 4 Food Pantry contributions included on Federal Schedule A.
- 5 Nonresident Property Tax.
- 6 Nonqualified distribution received from a qualified Achieving a Better Life Experience Program (ABLE) not used for qualified expenses.
- 7 Total Additions – Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2

Yourself (Y)

Spouse (S)

1Y	215	00	1S	214	00
2Y		00	2S		00
3Y		00	3S		00
4Y		00	4S		00
5Y		00	5S		00
6Y		00	6S		00
7Y	215	00	7S	214	00

Subtractions

- 8 Interest from exempt federal obligations included in federal adjusted gross income
Attach a detailed list or all Federal Form(s) 1099. **STATEMENT 1**
- 9 Any state income tax refund included in federal adjusted gross income.
- 10 ☐ Partnership ☐ Fiduciary ☐ S Corporation ☐ Railroad Retirement Benefits
- ☐ Military (nonresident) ☐ Combat Pay ☐ Build America and Recovery Zone Bond Interest
- ☐ MO Public-Private Transportation Act ☐ Net Operating Loss
- ☐ Other (description)
- 11 Exempt contributions made to a qualified 529 plan (higher education savings program).
- 12 Qualified Health Insurance Premiums—(Attach the Qualified Health Insurance Premiums Worksheet (Form 5695) and supporting documentation

8Y	19	00	8S	18	00
9Y		00	9S		00
10Y		00	10S		00
11Y		00	11S		00
12Y		00	12S		00



17340011032

JOSHUA D AND ERIN M HAWLEY

Part 1 Continued

- 13 Missouri depreciation adjustment (Section 143.121, RSMo)
☐ Sold or disposed property previously taken as
☐ addition modification.....
- 14 Home Energy Audit Expenses - Attach the Home Energy Audit
Expense (Form MO-HEA).....
- 15 Exempt contributions made to a qualified Achieving a Better Life
Experience Program (ABLE).....
- 16 Agriculture Disaster Relief.....
- 17 Total Subtractions — Add Lines 8 through 16. Enter here and on
Form MO-1040, Line 4.....

13Y		.00	13S		.00
14Y		.00	14S		.00
15Y		.00	15S		.00
16Y		.00	16S		.00
17Y	19	.00	17S	18	.00

Complete this section only if you itemize deductions on your federal return. Attach your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

Part 2 - Missouri Itemized Deductions

- 1 Total federal itemized deductions from Federal Form 1040, Line 40.....
- 2 2017 Social security tax — (Yourself).....
- 3 2017 Social security tax — (Spouse).....
- 4 2017 Railroad retirement tax — Tier I and Tier II (Yourself).....
- 5 2017 Railroad retirement tax — Tier I and Tier II (Spouse).....
- 6 2017 Medicare tax — Yourself and Spouse (see instructions).....
- 7 2017 Self-employment tax — (see instructions).....
- 8 Total — Add Lines 1 through 7.....
- 9 State and local income taxes — from Federal Schedule A, Line 5 or
see the worksheet below.....
- 10 Earnings taxes included in Line 9.....
- 11 Net state income taxes — Subtract Line 10 from Line 9 or enter Line 8 from worksheet below.....
- 12 Missouri Itemized Deductions — Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 15.....

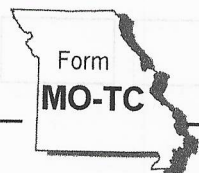
1	38,610	.00
2	6,752	.00
3	2,002	.00
4		.00
5		.00
6	2,047	.00
7	7,775	.00
8	57,186	.00
9	12,304	.00
10		.00
11	12,304	.00
12	44,882	.00

Complete this worksheet only if your federal adjusted gross income from Federal Form 1040, Line 37 is more than \$313,800 if married filing combined or qualifying widow(er), \$287,650 if head of household, \$261,500 if single or claimed as a dependent, or \$156,900 if married filing separate. Attach your Federal Itemized Deduction Worksheet (page A-12 of Federal Schedule A instructions).

Part 2 Worksheet - Net State Income Taxes, Line 11

- 1 Enter amount from Federal Itemized Deduction Worksheet, Line 3 see page A-12 of Federal
Schedule A instructions). If \$0 or less, enter '0'.....
- 2 Enter amount from Federal Itemized Deduction Worksheet, Line 9 (see Federal Schedule A instructions).....
- 3 State and local income taxes from Federal Form 1040, Schedule A, Line 5.....
- 4 Earnings taxes included on Federal Form 1040, Schedule A, Line 5.....
- 5 Subtract Line 4 from Line 3.....
- 6 Divide Line 5 by Line 1.....
- 7 Multiply Line 2 by Line 6.....
- 8 Subtract Line 7 from Line 5. Enter here and on Form MO-A, Part 2, Line 11.....

1		.00
2		.00
3		.00
4		.00
5		.00
6		%
7		.00
8		.00



Missouri Department of Revenue
2017 Miscellaneous Income Tax Credits

Department Use Only
(MM/DD/YY)

--	--	--	--	--	--

Name (Last, First) **HAWLEY, JOSHUA D**

Social Security Number **[REDACTED]**

Spouse's Name (Last, First) **HAWLEY, ERIN M**

Spouse's Social Security Number **[REDACTED]**

Corporation Name **[REDACTED]**

Charter Number **[REDACTED]**

Missouri Tax I.D. Number **[REDACTED]**

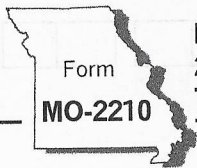
Federal Employer I.D. Number **[REDACTED]**

- 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).

	Benefit Number	Alpha Code (3 characters)	Credit Name Each credit will apply against your tax liability in the order they appear below	● Yourself ● Corporation Income ● Fiduciary		● Spouse (on a combined return)	
				Column 1	Column 2	Column 1	Column 2
1	[REDACTED]	CFC	CHAMPION FOR CHILDREN CREDIT	1	250 00		250 00
2				2	00		00
3				3	00		00
4				4	00		00
5				5	00		00
6				6	00		00
7				7	00		00
8				8	00		00
9				9	00		00
10				10	00		00
11	Subtotals – add Lines 1 through 10			11	250 00		250 00
12	Enter the amount of the tax liability from Form MO-1040, Line 33Y for yourself and Line 33S for your spouse, or from Form MO-1120, Line 15 plus Line 16 for income from or Form MO-1041, Line 18			12	5,970 00		7,661 00
13	Total Credits - add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 18; Form MO-1040, Line 40; or Form MO-1041, Line 19.) Line 13 cannot exceed the amount on Line 12, unless the credit is refundable			13		500 00	

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
MO-2210

Missouri Department of Revenue
**2017 Underpayment of Estimated
Tax By Individuals**

Department Use Only
(MM/DD/YY)

--	--	--

Attach this form to Form MO-1040.

Social Security Number

Spouse's Social Security Number

Taxpayer Name

HAWLEY, JOSHUA D

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.

Part I – Required Annual Payment

1	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.
2	Multiply Line 1 by 90% (66 2/3% for qualified farmers)	2	11,818.
3	Withholding Taxes – Do not include any estimated tax payments on this line.	3	4,768.
4	Subtract Line 3 from Line 1. If less than \$500, stop here; do not complete or file this form. You do not owe the penalty.	4	8,363.
5	Enter the tax shown on your 2016 tax return. If you did not file a 2016 Missouri return or only filed a Property Tax Credit Claim, skip line 5 and enter the amount from Line 2 on Line 6	5	7,123.
6	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.

Part II – Short Method

7	Enter the amount, if any, from Line 3 above.	7	
8	Enter the total amount, if any, of estimated tax payments you made.	8	
9	Add Lines 7 and 8.	9	
10	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	
11	Multiply Line 10 by .02682.	11	
12	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. <div>Amount on Line 10 X Number of days paid before 04/15/18 X .0001096</div>	12	0.
13	Penalty. Subtract Line 12 from Line 11. Enter result here and on Form MO-1040, Line 52	13	

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.

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



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 19 and go directly to Line 20.

14 Required annual payment (Enter payment as computed on Part I, Line 6) 14 7,123.

	Due Dates of Installments			
	Apr. 15, 2017	Jun. 15, 2017	Sept. 15, 2017	Jan. 15, 2018
15 Required installment payments.....				
16 Estimated tax paid.....				
17 Overpayment of previous installments.....				
18 Total payments.....				
19 Underpayment of current installment.....				
19a Overpayment of current installment.....				
19b Underpayment of previous installments.....				
19c Total overpayment.....				
19d Total underpayment.....				

Section B – Exceptions To The Penalty

See instruction D – For special exceptions see instruction I for service in a 'combat zone', and instruction J for farmers.

20 Total amount paid and withheld from January 1 through the installment date indicated.....

21 Exception No. 1 – prior year's tax

2016 tax 7,123.

22 Exception No. 2 – tax on prior year's income using 2017 rates and exemptions.....

23 Exception No. 3 – tax on annualized 2017 income.....

24 Exception No. 4 – tax on 2017 income over 3, 5, and 8 month periods.....

3,312.	4,504.	7,816.	
25% of 2016 Tax	50% of 2016 Tax	75% of 2016 Tax	100% of 2016 Tax
1,781.	3,562.	5,342.	7,123.
25% of Tax	50% of Tax	75% of Tax	100% of Tax
22.5% of Tax	45% of Tax	67.5% of Tax	
90% of Tax	90% of Tax	90% of Tax	

Section C – Figure The Penalty

Complete Lines 25 through 29

25 Amount of underpayment.....

26 Date of payment, due date of installment, or April 15, 2018, whichever is earlier.....

27a 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 to date of payment or April 15, 2018.....

28a Multiply the 4% annual interest rate times the amount on Line 25 for the number of days shown on Line 27a...

28b 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 Form MO-1040 as 'Underpayment of Estimated Tax Penalty'. If you have an underpayment on Line 51 of Form MO-1040, enclose your check or money order for payment in the amount equal to the total of Line 51 and the penalty amount on Line 52. If you have an overpayment on Line 50, the Department of Revenue will reduce your overpayment by the amount of the penalty.....

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



17316021032

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.....	\$ 19.
TOTAL	<u>\$ 19.</u>

INTEREST FROM EXEMPT FED. OBLIGATIONS INCLUDED IN FED. AGI - SPOUSE

LPL FINANCIAL.....	\$ 18.
TOTAL	<u>\$ 18.</u>

Mail to:

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

3,550.

FDIA1901L 01/29/18

1030

JOSHUA D HAWLEY
ERIN M HAWLEY

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD

CT 06176-7007

492949267 W0 HAWL 30 0 201812 430

Mail to:

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

492949267 W0 HAWL 30 0 201812 430

Mail to:

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HARTFORD, CT 06176-7007

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 9/17/2018

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

1030

JOSHUA D HAWLEY
ERIN M HAWLEY

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD
CT 06176-7007

492949267 W0 HAWL 30 0 201812 430

Mail to:

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

JOSHUA D HAWLEY
ERIN M HAWLEY

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD

CT 06176-7007

492949267 W0 HAWL 30 0 201812 430

MAIL MO-1040ES PAYMENTS WITH YOUR CHECK TO:

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



18352011032

Social Security Number

[Redacted Social Security Number]

Name Control

HAWL



1st Qtr.



2nd Qtr.



3rd Qtr.



4th Qtr.

Spouse's Social Security Number

[Redacted Spouse's Social Security Number]

Name Control

HAWL

Amount Paid

\$

1240

00

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 to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial)

HAWLEY, JOSHUA D

Spouse's Name (Last, First, Initial)

HAWLEY, ERIN M

Address (Number and Street), City, State, and ZIP Code

Department
Use Only

[Redacted Department Use Only fields]

(Revised 12-2017)

250 032 000000 4929492675 080123129 5257166076 18 000124000 8

MAIL MO-1040ES PAYMENTS WITH YOUR CHECK TO:

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

MOIA0301L 01/09/18

Missouri Department of Revenue
**2018 Declaration of Estimated Tax
for Individuals (Form MO-1040ES)**



18352011032

Social Security Number

[Redacted Social Security Number]

Name Control

HAWL

☐ 1st Qtr. ☒ 2nd Qtr. ☐ 3rd Qtr. ☐ 4th Qtr.

Spouse's Social Security Number

[Redacted Spouse's Social Security Number]

Name Control

HAWL

Amount Paid \$ 1240 . 00

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Your Name (Last, First, Initial)

HAWLEY, JOSHUA D

Spouse's Name (Last, First, Initial)

HAWLEY, ERIN M

Address (Number and Street), City, State, and ZIP Code

[Redacted Address]

Department
Use Only

[Redacted Department Use Only Fields]

(Revised 12-2017)

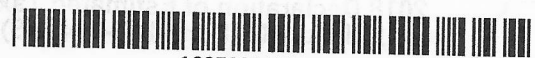
250 032 000000 4929492675 080123129 5257166076 18 000124000 8

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JEFFERSON CITY, MO 65105-0555

Missouri Department of Revenue
**2018 Declaration of Estimated Tax
for Individuals (Form MO-1040ES)**

MOIA0301L 01/09/18



18352011032

Social Security Number

[Redacted] - [Redacted] - [Redacted]

Name Control

HAWL

☐

1st Qtr.

☐

2nd Qtr.

☒

3rd Qtr.

☐

4th Qtr.

Spouse's Social Security Number

[Redacted] - [Redacted] - [Redacted]

Name Control

HAWL

Amount Paid \$

1240

00

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Department
Use Only

[Redacted] [Redacted]
[Redacted] [Redacted] [Redacted]

(Revised 12-2017)

250 032 000000 4929492675 080123129 5257166076 18 000124000 8

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MOIA0301L 01/09/18

Missouri Department of Revenue
**2018 Declaration of Estimated Tax
for Individuals (Form MO-1040ES)**



18352011032

Social Security Number

[Redacted Social Security Number]

Name Control

HAWL

☐ 1st Qtr. ☐ 2nd Qtr. ☐ 3rd Qtr. ☒ 4th Qtr.

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HAWLEY, JOSHUA D

Spouse's Name (Last, First, Initial)

HAWLEY, ERIN M

Address (Number and Street), City, State, and ZIP Code

[Redacted Address]

Department
Use Only

[Redacted Department Use Only Fields]

(Revised 12-2017)

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