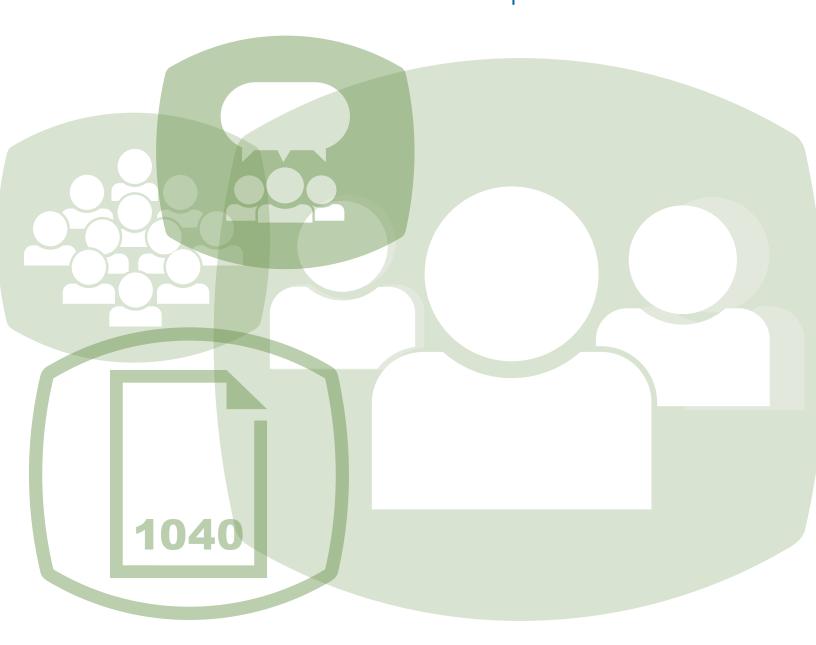


Individual Income Tax Returns Line Item Estimates

2016



Department of the Treasury Internal Revenue Service

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Individual Income Tax Returns Line Item Estimates, 2016

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This 2016 Statistics of Income (SOI) line item estimates publication provides estimates of frequencies and amounts of the entries on the lines of the forms and schedules filed with individual tax returns as shown on the 2016 Individual SOI Complete report weighted file. The estimates presented here are based on returns filed in Processing Year 2017 that were sampled statistically and then weighted to estimate the entire 2016 Tax Year.

Variations of the three basic forms, 1040, 1040A, and 1040EZ, include electronically filed returns. The form variations were categorized into the basic forms according to the data reported on the return. For example, if a return was filed electronically and its characteristics indicated that it would otherwise have been filed on paper as a 1040 or 1040A, then it was classified as such statistically.

2016 Complete Report estimates:

150,272,157 Total, all individual returns filed 86,489,022 1040 returns 40,007,370 1040A returns 23,775,765 1040EZ returns

Estimates of returns filed electronically:

131,618,295 Total, all individual returns filed 73,560,523 1040 returns 36,945,040 1040A returns 21,112,732 1040EZ returns

Suggested Citation

Statistics of Income—2016 Individual Income Tax Returns Line Item Estimates Internal Revenue Service Washington, D.C.

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Form 8846, Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips Returns	Form 8936, Qualified Plug-in Electric Drive Motor Vehicle Credit Returns
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Totals for Forms and Schedules

Line Item Estimate Totals for Tax Year 2016

In total, the Statistics of Income (SOI) Division collected data from more than 60 IRS individual income tax forms and schedules to produce the estimates in this report. The table presented here breaks these forms and schedules out by number and name, and by total number filed and total number filed electronically.

Totals for Forms and Schedules from Line Item Estimates for Tax Year 2016

Form 1040 86,489,022 73,5	18,295 60,523 45,040
	45,040
Form 1040A 40,007,370 36,9	
	12,732
Schedule A, Itemized Deductions 45,610,227 40,6	61,913
Schedule B, Interest and Ordinary Dividends 21,428,230 18,7	81,052
Schedule C, Profit or Loss From Business (Sole Proprietorship) 28,778,618 24,6	21,271
Schedule C-EZ, Net Profit From Business (Sole Proprietorship) 5,436,241 4,6	47,942
Schedule D, Capital Gains and Losses 20,774,451 18,4	24,905
Schedule E, Supplemental Income and Loss 19,431,116 17,1	88,118
Schedule EIC, Earned Income Credit 20,331,738 19,0	40,583
Schedule F, Profit or Loss From Farming 1,832,810 1,6	44,462
Schedule R, Credit for the Elderly or Disabled 81,412	59,932
Schedule SE, Self-Employment Tax 20,851,912 17,8	36,613
Schedule 8812, Child Tax Credit 19,273,883 17,7	01,566
Form 982, Reduction of Tax Attributes Due to Discharge of Indebtedness	
,	51,903
	25,987
	77,276
	96,295
Form 2441, Child and Dependent Care Expenses 3,058	2,045
	91,061
	93,953
, , ,	39,333
	24,459
· ·	12,304
	57,524
	62,242
Form 4835, Farm Rental Income and Expenses 11,617,123 10,4	38,929
	48,668
	31,051
Form 5329, Additional Taxes on Qualified Plans (including IRAs) and Other Tax-Favored Accounts 528,804	71,291
	47,522
Form 5695, Residential Energy Credits 7,176	6,311

Totals for Forms and Schedules from Line Item Estimates for Tax Year 2016—Continued

Type of Form	Total	Electronically
	40.077	Filed
Form 5884, Work Opportunity Credit	12,077	10,613
Form 6251, Alternative Minimum Tax-Individuals	10,215,706	9,252,750
Form 6252, Installment Sale Income	534,808	484,097
Form 6765, Credit for Increasing Research Activities	4,763	933
Form 6781, Gains and Losses From Section 1256 Contracts and Straddles	495,799	433,713
Form 8283, Noncash Charitable Contributions	8,628,961	7,728,769
Form 8396, Mortgage Interest Credit	95,386	92,045
Form 8582, Passive Activity Loss Limitations	7,659,354	6,869,443
Form 8586, Low-Income Housing Credit	19,550	17,893
Form 8606, Nondeductible IRAs	2,341,433	2,116,029
Form 8615, Tax for Certain Children Who Have Unearned Income	327,871	288,751
Form 8801, Credit for Prior Year Minimum Tax—Individuals, Estates, and Trusts	1,242,722	1,123,850
Form 8814, Parents' Election To Report Child's Interest and Dividends	68,480	49,416
Form 8824, Like-Kind Exchanges	259,289	235,957
Form 8829, Expenses for Business Use of Your Home	3,125,045	2,764,642
Form 8839, Qualified Adoption Expenses	92,677	87,211
Form 8846, Credit for Employer Social Security and Medicare Taxes Paid		
on Certain Employee Tips	25,476	24,456
Form 8853, Archer MSAs and Long-Term Care Insurance Contracts	160,216	137,129
Form 8863, Education Credits (American Opportunity & Lifetime Learning		
Credits)	11,090,423	10,266,154
Form 8880, Credit for Qualified Retirement Savings Contributions	8,545,757	7,967,678
Form 8889, Health Savings Accounts (HSAs)	10,555,111	9,770,501
Form 8903, Domestic Production Activities Deduction	887,200	823,456
Form 8910, Alternative Motor Vehicle Credit	11,135	10,686
Form 8911, Alternative Fuel Vehicle Refueling Property Credit	9,704	7,035
Form 8917, Tuition and Fees Deduction	1,694,022	1,515,242
Form 8936, Qualified Plug-in Electric Drive Motor Vehicle Credit	60,245	52,261
Form 8941, Credit for Small Employer Health Insurance Premiums	1,183	1,084
Form 8959, Additional Medicare Tax	4,306,746	3,955,550
Form 8960, Net Investment Income Tax- Individuals, Estates, and Trusts	4,526,310	4,075,163
Form 8962, Premium Tax Credit	6,551,589	5,688,365
Form 8965, Health Coverage Exemptions	13,095,704	11,412,651

Limitations and Guidelines for the 2016 Line Item Estimates

Since SOI obtained the line counts used in this package from the Tax Year 2016 Individual SOI Complete Report File, they are subject to the same data limitations as the data included in the Complete Report File. These limitations are derived from the fact that these data are statistically sampled, meaning that the line counts are estimates based on samples, and should not be mistaken for actual counts of the entire filing population. While most forms and items are present often enough to provide accurate estimates, some less popular items should be used with a high degree of caution. SOI removed all line items with a sample count of fewer than 10.

The sample used in this study is one of a large number of samples that could have been selected using the same sample design. The estimates calculated from these different samples would vary. The sample estimate and an estimate of its standard error permit the construction of interval estimates with prescribed confidence that the interval includes the population value. Shown below are 95-percent confidence intervals for selected Form 1040 items. (For example, the population value of number of returns for salaries and wages, with 95-percent confidence, is between 124,317,327 and 124,865,529.) These confidence intervals correspond to the estimates for all individual income tax returns filed for Tax Year 2016

95-Percent Confidence Intervals for Number of Returns for Selected Items on All Forms 1040

Item	Line number on 1040	95%	6 confidence interval	
Salaries and wages	7	(124,198,270	,	124,745,948)
Taxable interest	8a	(42,284.957	,	42,881,119)
Tax-exempt interest	8b	(5,950,122	,	6,188,030)
Ordinary dividends	9a	(27,227,837	,	27,711,301)
State income tax refunds	10	(20,586,772	,	21,053,138)
Alimony received	11	(375,626	j	455,404)
Capital gain distributions reported on Form 1040	13 (margin write in)	(3,802,395	,	4,034,363)
Taxable IRA distributions	15b	(14,176,523	,	14,596,611
Total pension and annuities	16a	(30,044,545	,	30,626,991)
Taxable pension and annuities	16b	(27,582,385	,	28,139,605)
Unemployment compensation	19	(5,423,428	,	5,710,688)
Total social security benefits	20a	(28,040,059	,	28,617,971)
Taxable social security benefits	20b	(19,726,927	,	20,206,123)
Net operating loss	21 (margin write in)	(1,061,485	,	1,158,731)
Educator expenses	23	(3,735,242	,	3,971,054)
Moving expenses	26	(1,050,683	,	1,178,647)
Deductible part of self-employment tax	27	(19,426,169	,	19,739,495)
Payments to a Keogh plan	28	(948,784	,	1,028,262)
Self-employed health insurance deduction	29	(3,957,209	,	4,156,813)
Penalty on early withdrawal of savings	30	(377,223	,	454,031)
Alimony paid	31a	(544,043	,	628,463)
IRA payments deduction	32	(2,570,991	,	2,763,015)
Student loan interest deduction	33	(12,185,445	,	12,606,915)
Tuition and fees deduction	34	(1,606,459	j	1,767,745)
Total adjustments	36	(38,586,060	,	39,130,072)
Adjusted gross income (amount in thousands)	37	(10,207,531,791	, 10	,244,345,169)
Basic standard deduction	40	(102,724,658	,	103,301,532)
Additional standard deduction	40 (margin write in)	(15,086,311	,	15,545,793)

95-Percent Confidence Intervals for Number of Returns for Selected Items on All Forms 1040

Item	Line number on 1040	9		
Total itemized deductions	40	(44,873,160	,	45,433,058)
Exemptions	42	(288,825,683	,	290,680,101)
Taxable income	43	(115,220,211	,	115,820,917)
Alternative minimum tax	45	(4,566,640	,	4,701,962)
Income tax before credits	47	(114,882,213	,	115,481,157)

Forms whose line entries have weak estimates (implying a return sampled count less than 50) are listed below:

Form 4972 Form 8941

Description of the Sample for the Line Item Estimates

his section describes the domain of the study, the sample design and selection, data capture and cleaning, the method of estimation, and the sampling variability of the estimates.

Domain of Study

The statistics in this report are estimates from a probability sample of unaudited Individual Income Tax Returns, Forms 1040, 1040A, and 1040EZ (including electronic returns) filed by U.S. citizens and residents during Calendar Year 2017.

All returns processed during 2017 were subjected to sampling except tentative and amended returns. Tentative returns were not subjected to sampling because the revised returns may have been sampled later, while amended returns were excluded because the original returns had already been subjected to sampling. A small percentage of returns were not identified as tentative or amended until after sampling. These returns, along with those that contained no income information or frivolous or fraudulent income information when recognized, were excluded in calculating estimates.

The estimates in this report are intended to represent all returns filed for Tax Year 2016. While most of the returns processed during Calendar Year 2017 were for Tax Year 2016, the remaining returns were mostly for prior years, and a few for noncalendar years ending during 2015 and 2016.

Sample Design and Selection

The sample design is a stratified probability sample, in which the population of tax returns is classified into subpopulations, called strata, and a sample is randomly selected independently from each stratum. Strata are defined by the following characteristics:

- 1. Nontaxable (including no alternative minimum tax) with adjusted gross income or expanded income of \$200,000 or more.
- 2. High business receipts of \$50,000,000 or more.
- 3. Presence or absence of special forms or schedules (Form 2555, Form 1116, Form 1040 Schedule C, and Form 1040 Schedule F).

4. Indexed positive or negative income. Sixty variables are used to derive positive and negative incomes. These positive and negative income classes are deflated using the Chain-Type Price Index for the Gross Domestic Product to represent a base year of 2016. (See footnote 1 for details.)

A sample of 351,049 returns was taken from a population of 151,014,093. This population includes an estimated 741,936 returns that were excluded in this report because they contained no income information or frivolous or fraudulent income information when recognized or represented amended or tentative returns identified after sampling. The sampling rates range from 0.10 percent to 100 percent.

Tax data processed to the IRS Individual Master File at the Enterprise Computing Center at Martinsburg during Calendar Year 2017 were used to assign each taxpayer's record to the appropriate stratum and to determine whether or not the record should be included in the sample. Records are selected for the sample either if they possess certain combinations of the four ending digits of the social security number, or if their five ending digits of an eleven-digit number generated by a mathematical transformation of the SSN is less than or equal to the stratum sampling rate times 100,000.

Data Capture and Cleaning

Data capture for the SOI sample begins with the designation of a sample of administrative records. While the sample was being selected, the process was continually monitored for sample selection and data collection errors. In addition, a small subsample of returns was selected and independently reviewed, analyzed, and processed for a quality evaluation.

The administrative data and controlling information for each record designated for this sample were loaded onto an online database at the Cincinnati Submission Processing Center. Computer data for the selected administrative records were then used to identify inconsistencies, questionable values, and missing values as well as any additional variables that an editor needed to extract for each record.

After the completion of the service center review, data were further validated, tested, and balanced. Adjustments and imputations for selected fields based on prior-year data and other available information were used to make each record internally consistent. Finally, prior to publication, all statistics and tables were reviewed for accuracy and reasonableness in light of provisions of the tax law, taxpayer reporting variations and limitations, economic conditions, and comparability with other statistical series.

Some returns designated for the sample were not available for SOI processing because other areas of IRS needed the return at the same time. For Tax Year 2016, about 0.03 percent of the sample returns were unavailable.

Method of Estimation

Weights were obtained by dividing the population count of returns in a stratum by the number of sample returns for that stratum. The weights were adjusted to correct for misclassified returns and were then applied to the sample data to produce all of the estimates in this report.

Sampling Variability

The sample used in this study is one of a large number of samples that could have been selected using the same sample design. The estimates calculated from these different samples would vary. The standard error (SE) of an estimate is a measure of the variation among the estimates from the possible samples and, thus, is a measure of the precision with which an estimate from a particular sample approximates the average of the estimates calculated from all possible samples.

Line Item Estimates, by Individual Income Tax Form and Schedule for Tax Year 2016

The total estimated line counts for each individual tax form and schedule follow. The number of returns for the lines appears on the pages on the left, while the corresponding amount (in thousands of dollars) for the lines appears on the colored pages on the right.

§ 1 040		Individual Incon	venue Service ne Tax		201	$6 _{or}$	MB No. 154	15-0074	IRS Use (Only—E	Oo not write or staple in this	space.
		, or other tax year beginning			, 2016, er	ding		, 20)	Se	ee separate instructio	ns.
Your first name and in		, a.	Last name		,, , ,	3		,	-		ur social security num	
Total of all retu	urns file	ed = 150,272,157		Electroni	cally Filed Re	turns =	131,61	8,295				
If a joint return, spouse	e's first ı	name and initial	Last name							Sp	ouse's social security nu	ımber
1040 =	8	6,489,022										
Home address (numbe	er and si	treet). If you have a P.O. bo	x, see instru	ictions.					Apt. no.	_	Make sure the SSN(s)	above
1040A =		40,007,370									and on line 6c are co	
City, town or post office,	, state, ar	nd ZIP code. If you have a fore	eign address,	also complete s	paces below (se	e instruct	ions).			F	Presidential Election Cam	npaign
1040EZ =		23,775,765							,	<i>(</i> = *	3,081,121 Y = ** 5,1	38,330
Foreign country name	;			Foreign pro	vince/state/co	unty		Foreign p	ostal code		וy, want אָס נס go נס נחוצ ועוום. ox below will not change your t	
										refu	0 ,	
71,410,69	90 1	Single			21,659,63	9 l 🗌	Head of h	ousehold	with qua	lifvina	person). (See instruction	ns.) If
Filing Status 7 54,042,99	1 2	Married filing jointly	even if only	y one had inc	come)						not your dependent, ent	
Check only one	3	Married filing separa			•		child's nar	me here. I	>			
OOX. 3,068,134		and full name here.	•	•	90,703	; _□	Qualifying	g widow(er) with	deper	dent child	
vomntions	6a	Yourself. If some	ne can cla	im you as a	dependent, c	lo not	check box	6a . 14	0,888,78	35. <u>]</u>	Boxes checket Ret.	
Exemptions	b	Spouse . 54,0	54,847							. ∫	on 6a an Exempt.=	194,943,63
	С	Dependents:		(2) Der		ende	Number		nder age 1		on 6c who: Ret. =	46,808,29
	(1) First n	name Last name	SC	ocial sec Num	ber of Returns	s iip to	Exempt.=		ild tax cre ctions)	IIT	 lived with Exempt. did not live with 	<u>82,699</u> ,79
-	-	CHILDREN AT HOME		46,808	3,291	8	32,699,795	34	,852,052	_	you due to divorce or separation Ret. =	392,012
f more than four	(CHILDREN AWAY FROM	НОМЕ	392,01	12	4	174,839	22	,186,472		(see instruc Exempt.=	474,839
lependents, see	Г	PARENTS		2,849,	683	3	3,424,803	[8,	107,212		Dependents on 6c not entered above	
heck here	(OTHER DEPENDENTS		5,780,	597	8	3,209,824	[2,:	263,378			一
	d	Total number of exemp	otions clain	ned Return	s = See 6a		Exempti	ons = 28	9,752,89	2	Add numbers on lines above ▶	
naama	7	Wages, salaries, tips, e	etc. Attach	Form(s) W-2	Taxable So	holarsh	ip = .	188.215	j .	7	124,472,109	
ncome	8a	Taxable interest. Attac	ch Schedul	e B if require	d					8a	42,583,038	
	b	Tax-exemp interest. I	Do not incl	ude on in 8	8a	8b	6,069	9,076			, ,	
Attach Form(s)	9a	Ordin 1), divide, ds. At	tach Sche	un Bif squ	ired				٠.	9a	27,469,569	
V-2 here. Also attach Forms	b	Qualific d alvidends				9b	25,63	0,375			, ,	
V-2G and	10	Taxable efunds, credi	ts, or c fse	ts of state an	d local incor	ne taxe	s			10	20,819,955	
099-R if tax	11	r imony received .								11	415,515	
vas withheld.	1	Pus.ness income colo	s.\ A' tach	Schedule C	or C-EZ 13	CapGa	ain Dist. =	. 3,918	,37.9	12	25,063,932	
	1.	Capital gain or ('Cas).	ttoch Sche	edule D if rec	uired. If not	required	d, check h	ere 🕨		13	20,124,401	
f you did not	14	Other gains or (lease)				-				14	2,082,418	
get a W-2, see instructions	15a	IRA c'estribi tions .	15a	15,191,87	7	b Taxa	ble amoun	t		15b	14,386,567	
ice instructions	16a	Pensic r and annuities	16a	30,335,76	8	b Taxa	ble amoun	t		16b	27,860,995	
	17	Rental real estate, roya	alties, partr	erships, S c	orporations,	trusts, e	etc. Attach	n Schedi	ıle E	17	17,227,483	
	18	Fair n income or (loss).	Attach Sch	nedule F .						18	1,750,996	
	19	Une iployment compe	ensation .							19	5,567,058	
	20c	Social security benefits		28,329,01			ble amoun			20b	19,966,525	
'	V	Other income. List type	e and amo	unt						21	6,228,170	
	22	Combine the amounts in	the far right	column for lin	es 7 through 2	21. This	is your tot a	al income	• •	22	149,737,071	
	23	Educator expenses				23	3,853	3,148			21. Net oper. loss=	1,110,1
		Educator expenses				20						2,280
	24	Certain business expense	es of reservis			20						
Gross	24			sts, performing	artists, and	24	157,	254			21. Cancel. of debt=	
Gross	24 25	Certain business expense	cials. Attach	sts, performing Form 2106 or	artists, and 2106-EZ			,254 1,015			21. Cancel. of debt= 21. For. earn. inc. ex-	476,27
aross		Certain business expense fee-basis government offi	cials. Attach It deduction	sts, performing Form 2106 or n. Attach For	artists, and 2106-EZ m 8889 .	24	1,721				21. Cancel. of debt= 21. For. earn. inc. ex= 21. Gambling inc.=	476,27 1,974,9
aross	25	Certain business expense fee-basis government offi Health savings accoun	cials. Attach It deduction In Form 3	sts, performing Form 2106 or n. Attach For 903	artists, and 2106-EZ m 8889	24 25	1,721 1,114	1,015			21. Cancel. of debt= 21. For. earn. inc. ex= 21. Gambling inc.=	476,27 1,974,9
aross	25 26	Certain business expenses fee-basis government offi Health savings account Moving expenses. Atta	cials. Attach It deduction Inch Form 3 Inployment t	sts, performing Form 2106 or n. Attach For 903 ax. Attach Sch	artists, and 2106-EZ m 8889 . 	24 25 26	1,721 1,114 19,58	1,015 1,665			21. Cancel. of debt= 21. For. earn. inc. ex= 21. Gambling inc.=	476,27 1,974,9
Gross	25 26 27	Certain business expenses fee-basis government offi Health savings account Moving expenses. Atta Deductible part of self-er	cials. Attach at deduction ach Form 3 aployment t IMPLE, and	sts, performing Form 2106 or n. Attach For 903 ax. Attach Sch d qualified pla	artists, and 2106-EZ m 8889 . nedule SE .	24 25 26 27	1,721 1,114 19,58 988,	1,015 1,665 2,832			21. Cancel. of debt= 21. For. earn. inc. ex= 21. Gambling inc.=	476,27
Gross	25 26 27 28	Certain business expense fee-basis government offi Health savings accoun Moving expenses. Atta Deductible part of self-er Self-employed SEP, S	cials. Attach at deduction ach Form 3 apployment t IMPLE, and ansurance c	sts, performing Form 2106 or n. Attach For 903 ax. Attach Sch d qualified pla deduction	artists, and 2106-EZ m 8889 nedule SE . ans	24 25 26 27 28	1,721 1,114 19,58 988, 4,057	1,015 1,665 2,832 523			21. Cancel. of debt= 21. For. earn. inc. ex= 21. Gambling inc.=	476,27 1,974,9
Gross	25 26 27 28 29	Certain business expenses fee-basis government offi Health savings account Moving expenses. Atta Deductible part of self-er Self-employed SEP, S Self-employed health in	cials. Attach at deduction ach Form 3 imployment t IMPLE, and insurance c rawal of sa	sts, performing Form 2106 or n. Attach For 903 ax. Attach Sch d qualified pla deduction vings	artists, and 2106-EZ m 8889 nedule SE . ans	24 25 26 27 28 29	1,721 1,114 19,58 988, 4,057 415,	1,015 1,665 2,832 523 7,011			21. Cancel. of debt= 21. For. earn. inc. ex= 21. Gambling inc.=	476,27 1,974,9
Gross	25 26 27 28 29 30	Certain business expense fee-basis government offi Health savings account Moving expenses. Atta Deductible part of self-er Self-employed SEP, S Self-employed health i Penalty on early withdu	cials. Attach at deduction ach Form 3 apployment t and the same ansurance corawal of sa ient's SSN	sts, performing Form 2106 or n. Attach For 903 ax. Attach Sch d qualified pla deduction vings	artists, and 2106-EZ m 8889	24 25 26 27 28 29 30	1,721 1,114 19,58 988, 4,057 415,	1,015 1,665 2,832 523 7,011 627			21. Cancel. of debt= 21. For. earn. inc. ex= 21. Gambling inc.=	476,27 1,974,9
Gross	25 26 27 28 29 30 31a	Certain business expenses fee-basis government offithealth savings account Moving expenses. Attain Deductible part of self-employed SEP, Self-employed health in Penalty on early withdul Alimony paid b Recip	cials. Attach at deduction ach Form 3 apployment t IMPLE, and ansurance c arawal of sa ient's SSN	sts, performing Form 2106 or n. Attach For 903 ax. Attach Sch d qualified pla deduction vings	artists, and 2106-EZ m 8889	24 25 26 27 28 29 30 31a	1,721 1,114 19,58 988, 4,057 415, 586, 2,667	1,015 1,665 2,832 ,523 7,011 ,627 ,253			21. Cancel. of debt= 21. For. earn. inc. ex= 21. Gambling inc.= 21. Taxable HSA =	476,27 1,974,9
Gross	25 26 27 28 29 30 31a 32	Certain business expenses fee-basis government offithealth savings account Moving expenses. Attain Deductible part of self-employed SEP, Significant Self-employed health in Penalty on early withdrawing paid b Reciping IRA deduction	cials. Attach the deduction ach Form 3 inployment the IMPLE, and insurance corawal of satient's SSN incorrection in the ideduction in the deduction in the dedu	sts, performing Form 2106 or n. Attach For 903 ax. Attach Sch d qualified pla deduction vings	artists, and 2106-EZ m 8889	24 25 26 27 28 29 30 31a 32	1,721 1,114 19,58 988, 4,057 415, 586, 2,667 12,39	1,015 1,665 2,832 523 7,011 627 ,253 7,003			21. Cancel. of debt= 21. For. earn. inc. ex= 21. Gambling inc.= 21. Taxable HSA =	† 476,27 1,974,9 300,92
Adjusted Gross Income	25 26 27 28 29 30 31a 32 33	Certain business expenses fee-basis government offit Health savings account Moving expenses. Attated Deductible part of self-employed SEP, Significant Self-employed health in Penalty on early without Alimony paid b Recipiling IRA deduction Student loan interest of	cials. Attach at deduction ach Form 3 apployment t IMPLE, and ansurance of awal of sa ient's SSN achient's SSN achiented by Form 89	sts, performing Form 2106 or n. Attach For 903 ax. Attach Sch d qualified pla deduction vings	artists, and 2106-EZ m 8889	24 25 26 27 28 29 30 31a 32 33	1,721 1,114 19,58 988, 4,057 415, 586, 2,667 12,39	1,015 1,665 2,832 523 7,011 627 253 7,003 6,180 7,102			21. Cancel. of debt= 21. For. earn. inc. ex= 21. Gambling inc.= 21. Taxable HSA = 36. Archer MSA Ded.= 3,7 36. Housing ded.= 4,2	† 476,27 1,974,9 300,921
Gross	25 26 27 28 29 30 31a 32 33 34	Certain business expenses fee-basis government offit Health savings account Moving expenses. Atta Deductible part of self-er Self-employed SEP, S Self-employed health in Penalty on early without Alimony paid b Recipiling IRA deduction Student loan interest of Tuition and fees. Attact	cials. Attach to deduction ach Form 3 nployment t IMPLE, and nsurance c rawal of sa ient's SSN leduction . h Form 89 tivities dedu	sts, performing Form 2106 or n. Attach For 903 ax. Attach Sch d qualified pla deduction vings 17 ction. Attach	artists, and 2106-EZ m 8889	24 25 26 27 28 29 30 31a 32 33 34 35	1,721 1,114 19,58 988, 4,057 415, 586, 2,667 12,39 1,687 719,	1,015 1,665 2,832 523 7,011 627 ,253 7,003 6,180 7,102		36	21. Cancel. of debt= 21. For. earn. inc. ex= 21. Gambling inc.= 21. Taxable HSA = 36. Archer MSA Ded.= 3,7 36. Housing ded.= 4,2	† 476,27 1,974,9 300,921 712 298
Gross	25 26 27 28 29 30 31a 32 33 34 35	Certain business expenses fee-basis government office-basis government office-	cials. Attach to deduction ach Form 3 nployment t IMPLE, and nsurance c rawal of sa ient's SSN deduction . h Form 89 tivities dedu 55	sts, performing Form 2106 or n. Attach For 903 ax. Attach Sch d qualified pla deduction vings 17 ction. Attach	artists, and 2106-EZ m 8889	24 25 26 27 28 29 30 31a 32 33 34 35	1,721 1,114 19,58 988, 4,057 415, 586, 2,667 12,39 1,687 719,	1,015 1,665 2,832 523 7,011 627 ,253 7,003 6,180 7,102		36 37	21. Cancel. of debt= 21. For. earn. inc. ex= 21. Gambling inc.= 21. Taxable HSA = 36. Archer MSA Ded.= 36. Housing ded.= 4,2 36. Other adj.= 12	† 476,27 1,974,9 300,921 712 298

1U4U		ent of the Treasury—Internal Re Individual Incor		Return	201	6 OMB	No. 1545-00	74 IRS Use (Only—D	o not write or staple in th	is space.	
For the year Jan. 1-Dec	. 31, 2016	, or other tax year beginning			, 2016, en	ding		, 20	Se	e separate instruct	ions.	
Your first name and i	nitial		Last name						Yo	ur social security nu	mber	
Total of all ref	turns file	ed = 150,272,157										
If a joint return, spou	se's first	name and initial	Last name						Sp	ouse's social security r	number	
Home address (numl	per and s	treet). If you have a P.O. bo	ox, see instru	ctions.				Apt. no.	A	Make sure the SSN(s		
										and on line 6c are c	orrect.	
City, town or post office	e, state, a	nd ZIP code. If you have a for	eign address, a	ilso complete sp	aces below (se	e instructions	s).		P	residential Election Ca	mpaign	
										ck here if you, or your spous ly, want \$3 to go to this fund		
Foreign country nam	е			Foreign provi	ince/state/co	unty	Forei	gn postal code		x below will not change you		
ı									refur	nd. You	Spouse	
Filing Status	1 [Single				4	ead of househ	old (with qua	lifying	person). (See instruction	ons.) If	
illing Status	2 [Married filing jointly	(even if only	one had inco	ome)	the	e qualifying p	erson is a chi	ld but	not your dependent, er	nter this	
Check only one	3 [Married filing separa	tely. Enter s	spouse's SSN	l above	ch	ild's name he	ere. 🕨				
box.		and full name here.	•	•		5 🗌 Qı	ualifying wid	ow(er) with	depen	dent child		
	6a	Yourself. If some	ne can clai	m vou as a d	ependent. c	o not che	ck box 6a		. 1	Boxes checked		
Exemptions	b	Spouse		•					. }	on 6a and 6b No. of children		
	С	Dependents:		(2) Dependent's	(3) [Dependent's		nild under age 1		on 6c who:		
	(1) First	•	SO	cial security numb		nship to you		or child tax cre instructions)	dit	lived with youdid not live with		
	()						(3.3.3	П		you due to divorce		
If more than four								ī		or separation (see instructions)		
dependents, see								-		Dependents on 6c		
nstructions and check here ▶								Ħ	_	not entered above	$\overline{}$	
check here	d	Total number of exem	ntions claim						_	Add numbers on lines above ▶		
	7							c coo	7	7,217,425,529	_	
Income		Wages, salaries, tips,		` ,		Scholarshi	P00	6,620			+	
	8a	Taxable interest. Attac					CO CEO E		8a	96,640,233	+-	
Attach Form(s)	b	Tax-exemp interest.				8b	60,652,5	55		054 005 007		
W-2 here. Also	9a	Ordin to divide ds. At	tach Sche	uit B Lequir	ea		000.000.0		9a	254,065,327	+-	
attach Forms	b	Qualific durvioends					202,033,9	6/		00 400 077		
W-2G and 1099-R if tax	10	Taxable efunds, credi	ts, or citset	s of state and	local incor	ne taxes			10	33,468,377	+	
was withheld.	11	Fimony received .							11	10,468,433	+	
	15	Pusmess income colle				-	-		12	328.082.028	+	
If you did not	13	(apital gain or (tos).		•	uired. If not	required, c	check here	▶ ⊔	13	614,215,455	+	
get a W-2,	14	Other gains or (Iruse)			-,				14	6,292,584		
see instructions	15a	IRA c'.stribi tions .	15a	300,215,31	_	b Taxable	amount .		15b	257.507.903		
X'O	16a	Pensic and annuities		1,108,027,1		b Taxable			16b	693,626,543		
	17	Rental recestate, roya	• •	•	•	-			17	706,486,715		
	18	Fain income or (loss).							18	-17.666.030		
	19	Une iployment compe							19	25,420,264		
	20.	Social security benefits		619,856,11	4	b Taxable	amount .		20b	285.939.053		
		Other income. List typ Combine the amounts in	e and amou	ınt					21	38,244,843		
	22								22	10,379,352,389		
Adjusto	23	Educator expenses				23	982,697	<u>'</u>		21. Net oper. loss=		
Adjusted Gross	24	Certain business expense		· 1	,					21. Stock options=		
		fee-basis government off				24	605,289			21. Cancel. of debt	= 5,424	,39
Income	25	Health savings accour	nt deduction	n. Attach Forn	n 8889 .	25	4,966,88			21. For. earn. inc. e 21. Gambling inc.=	×F 29,18	
	26	Moving expenses. Atta	ach Form 39	903		26	3,486,63				1 1	•
	27	Deductible part of self-en	mployment ta	ax. Attach Sche	edule SE .	27	29,865,68	33		21. Taxable HSA =	370,0	100
	28	Self-employed SEP, S	IMPLE, and	qualified pla	ns	28	24,682,98	36				
	29	Self-employed health	nsurance d	eduction .		29	30,112,3	35				
	30	Penalty on early withd	rawal of sav	vings		30	107,969					
	31a	Alimony paid b Recip	ient's SSN	>		31a	12,638,9	57				
	32	IRA deduction				32	13,387,32	26				
	33	Student loan interest of				33	13,446,1	50		36. Archer MSA Ded.=	5,922	
	34	Tuition and fees. Attac				34	3,910,22				78,285	
	35	Domestic production ac				35	13,376,7				1,758,85	56
	36	Add lines 23 through 3							36	153,413,910	25,50	
	27	Subtract line 26 from I							27	40 225 029 470	_	

Form 1040 (2016	i)	39a A = 24,899,702	B = 10,4	83,956	C = 248,445	D = 77,80	9			Page 2
	38	Amount from line 37 (adjust	sted aross income					38		
	39a	Check ∫ A You were b	•	•	`	Total boxes			Basic Stand. Ded. =	103,013,09
Tax and	oou	l	s born before Janu			checked ► 39a			Add. Stand. Ded. =	15,316,052
Credits		If your spouse itemizes on		•	_	•	0b□	ľ		1
	b		•	•			9b	40	Stand. = 103,013,095	
Standard Deduction	40	Itemized deductions (from	, ,	•	`	0 ,		40	Itmzed = 45,153,109	<u> </u>
for—	41	Subtract line 40 from line						41	131,943,664	
People who	42	Exemptions. If line 38 is \$15	5,650 or less, multiply	\$4,050 by the nu	ımber on line 6d.	Otherwise, see instruct	tions	42	139,143,629	
check any box on line	43	Taxable income. Subtract	ct line 42 from line	41. If line 42 is	s more than li	ne 41, enter -0		43	115,520,564	
39a or 39b or	44	Tax (see instructions). Check	k if any from: a	Form(s) 8814	b Form	4972 c □		44	114,596,286	
who can be claimed as a	45	Alternative minimum tax					. [45	4,634,301	
dependent,	46	Excess advance premium	•					46	3,455,370	
see instructions.	47	Add lines 44, 45, and 46						47	115,181,685	
All others:	48	Foreign tax credit. Attach				7,798,027		71	54a F3800= 352,327	
Single or							_		54b F8801= 321,280	
Married filing separately,	49	Credit for child and depende	•			6,469,075	_		54c other= 6,741 54c AMV= 10,623	
\$6,300	50	Education credits from Fo	•			8,997,968			54c Sch R= 60,310	
Married filing jointly or	51	Retirement savings contr	ibutions credit. A	ttach Form 88	380 51	8,457,550			54c F8911= 8,486 54c F8936= 57,066	
Qualifying	52	Child tax credit. Attach S	chedule 8812, if re	equired	. 52	22,096,901			54c F8396= 83,665	
widow(er), \$12,600	53	Residential energy credits	. Attach Form 569	5	. 53	2,613,477			54c F8839= 66,250	ı
Head of	54	Other credits from Form: a	3800 b 🗌 880	1 c 🗌	54					
household,	55	Add lines 48 through 54. T	hese are your tota	al credits .				55	45,578,703	
\$9,300	56	Subtract line 55 from line	,					56	103,940,307	
	57	Self-employment tax. Atta						57	19,582,832	
0.11	58	Unreported social security				b □ 8919 .			a= 115,870 b=	41 751
Other		•			_	_	_	59	5,170,222	1,,,,,,,,,
Taxes	59	Additional tax on IRAs, other	•	•		•				
	60a	Household employment tax						60a	180,899	
	b	First-time homebuyer credi			•		-	60b	635,787	
	61	Health care: individual resp					.	61	4,955,223	
	62	Taxes from: a Form 8	959 b Form 8	960 c In:	structions; e	nter code(s)		62	Other Taxes = 956	,003
	63	Add lines 56 through 3,647,	nis is your total	F	Recapture Tax =	3,977	>	63	113,767,178	
Payments	64	Federal inc. 1 tax w thhe	eld from Forn s V-	2 4 1099	64	132,707,205				
	65	2016 estimate 1 x payment	s and amoun appli	ed from 2015 re	eturn 65	9,522,188				
If you have a	66a	Earl ed incon e credit (El	(C)		66a	27,382,904				
qualifying child, attach	b	Nontax, he combat pay elec-	tion Sb	4,016						
Schedule EIC.	67	Additional child tax credit	ttac Sc redule 88	12	67	18,921,435				
	68	A perican opportunity				8,763,285				
	6.	Net premium tox cr d' A				2,644,433				
	0	Amount paid with request				1,757,247				
A. (71	Excess socia ecurity and							73a F2439= 3.168	ı
X	1 2	Credit for feder tax on fu			72	1,583,531 293,699			73d F2439= 3, 100 73d Other Payments: 15.9 0	1
. 0						233,033			15,90	,0
	73	Cre its from form: a 2439 b			73	1-			444 004 050	
	74	Ada 'nes (4, 65, 66a, and					•	74	141,991,052	
Pefund	75	If 1 74 is more than line					_ ⊢	75	116,686,358	
Ť	76.	mount of line 75 you war	nt refunded to you	J. If Form 8888				76a	113,547,753	
Direct deposit?	b	Routing number	+		► c Type:	Checking Savir	ngs			
See instructions.	.	Account number								
instructions.	77	Amount of line 75 you want	·· · · · · · · · · · · · · · · · · · ·			4,126,830				
Amount	78	Amount you owe. Subtra	ct line 74 from line	63. For details	s on how to p	ay, see instructions	▶ _	78	28.675.667	
You Owe	79	Estimated tax penalty (see	instructions) .		79	9,481,106				
Third Party	Do	you want to allow another	person to discuss	this return witl	h the IRS (see	instructions)?	Yes.	Comp	olete below.	No
Designee		signee's		Phone			al identif	fication	1	
		ne enalties of perjury, I declare that I have	examined this return one	no. accompanying sch	edules and statem	numbe		ie and h	elief they are true corre-	ct and
Sign		ely list all amounts and sources of inco								
Here		ur signature		Date	Your occupat				ne phone number	
Joint return? See								-		
instructions. Keep a copy for	Sno	ouse's signature. If a joint return	n. both must sian	Date	Spouse's occ	upation		If the IR	S sent you an Identity Pr	rotection
your records.	V Opt	ouss o orginatars. If a joint lettill	., _our most sign.	Julio	Spouse 3 000	apanon		PIN, ent	ter it	0.00001
-	Driv	nt/Type preparer's name	Preparer's signatur	ire.		Date		here (se	e inst.)	
Paid	Fill	80,388,062	Preparer's signatu	ii e		Date		Check		
Preparer	_								nployed	
Use Only		m's name ►							EIN ►	
		n's address ▶						Phone		
www.irs.gov/forr	m1040								Form 104	(2016)

Form 1040 (2016	3)					Page 2
	38	Amount from line 37 (adjusted gross income)		38		
Tax and	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Basic Stand. Ded. =	865,094,18
Credits		if: Spouse was born before January 2, 1952, ☐ Blind. Schecked ▶ 39a			Add. Stand. Ded. =	28,572,178
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here▶ :	39b		Stand. = 893,666,363	,
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin) .		40	Itmzed = 1,293,399,29	4
Deduction for—	41	Subtract line 40 from line 38		41	8,308,668,214	
• People who	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instru	ctions	42	1,146,205,770	
check any	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	7,330,108,634	_
box on line 39a or 39b or	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	1,470,688,398	+
who can be	45			45	31,016,377	+
claimed as a dependent,		Alternative minimum tax (see instructions). Attach Form 6251				_
see instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962		46	3,146,320	+
All others:	47	Add lines 44, 45, and 46		47	1,504,894,843	
Single or	48	Foreign tax credit. Attach Form 1116 if required 48 20,090,076	\bot		54a F3800= 4,130,911 54b F8801= 906,916	
Married filing separately,	49	Credit for child and dependent care expenses. Attach Form 2441 49 3,635,193			54c other= 47,739	
\$6,300	50	Education credits from Form 8863, line 19			54c AMV= 26,867 54c Sch R= 6,563	
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51 1,536,316			54c F8911= 2,309	
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52 26,800,252			54c F8936= 375,125 54c F8396= 116,318	
widow(er),	53	Residential energy credits. Attach Form 5695 53 2,336,382			54c F8839= 290,168	
\$12,600 Head of	54	Other credits from Form: a 3800 b 8801 c 54				
household,	55	Add lines 48 through 54. These are your total credits		55	69,954,193	
\$9,300	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-		56	1,434,940,650	+
	57			57	59,702,415	_
		Self-employment tax. Attach Schedule SE			a= 19,302 b=	10 269
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919 .		58		19,300
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .		59	5,489,009	_
	60a	Household employment taxes from Schedule H		60a	1,120,961	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	344,538	_
	61	Health care: individual responsibility (see instructions) Full-year coverage		61	3,605,571	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		62	Other Taxes 524	.395
	63	Add lines 56 through 8,010,702 19,451,137 Recapture Tax = 1,649	•	63	1,533,231,232	
Payments	64	Federal income tax withheld from Form 5 x 2-2 and 1099 64 1,222,368,779				
	65	2016 estimate 1, x payments and amount applied from 2015 return 65 360,039,051				
If you have a	66a	Earl ed income credit (EIC)				
qualifying child, attach	b	Nontax, he combat pay election 6b 50,398				
Schedule EIC.	67	Additional child tax credit trace Schedule 8812 67 25,373,304	\Box]		
	68	A perir an opportunity real from Form 8863, line 8 68 7,864,516	+			
	6.	Net premium tox cr. di A tach Form 8962 69 1,919,003	+			
	0.		+			
A. (101,001,001	+		4 200	
X.		Excess social social social and tier 1 RRTA tax withheld	+		73a F2439= 1,329	u 🔳
	72	Credit for feder Ltax on fuels. Attach Form 4136 72 116,955			73d Other Payments: 52,05	4
/ ()	73	Cre its from form: a 2439 b Reserved c 8885 d . 73				
	74	Add Thes £ 4, 65, 66a, and 67 through 73. These are your total payments		74	1,795,410,655	_
1 efund	75	If , 274 is more than line 63, subtract line 63 from line 74. This is the amount you overp	aid	75	-414,634,926	
	76.		▶ 🗌	76a	334,914,071	
Direct deposit?	b	Routing number	/ings			
See	▶ U	Account number				
instructions.	77	Amount of line 75 you want applied to your 2017 estimated tax ► 77 79.720.854				
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instruction	ns 🕨	78	154,021,961	
You Owe	79	Estimated tax penalty (see instructions)				
Third Party	Do	you want to allow another person to discuss this return with the IRS (see instructions)?	Yes	. Com	plete below.	No
Designee	De		nal iden		· —	
			er (PIN)		>	
Sign		enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of n ely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based o				
Here		ur signature Date Your occupation	ii ali lilloli	1	me phone number	nowledge.
Joint return? See		di signature Date Tour occupation		Dayiii	ne priorie number	
instructions.	0-	Delta Constitution Market and the Market State of the Constitution		16.41 11	20	
Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		PIN, er	RS sent you an Identity Pronter it	otection
your records.	_	17			ee inst.)	
Paid	Pri	nt/Type preparer's name		Chec	k 🗌 if PTIN	
Preparer					mployed	
Use Only	Firr	n's name ▶		Firm's	s EIN ▶	
	Firr	n's address ▶		Phone	e no.	
www.irs.gov/for	m1040				Form 104	0 (2016)

For the year Jan. 1-Dec.	31, 2016	, or other tax year beginning		, 20	16, ending		, 20		See	e separate instructio	ns.
Your first name and ir			Last name						Υοι	ır social security num	ber
Total 1040 ONLY re	turns fil	ed = 86,489,022									
If a joint return, spous	e's first	name and initial	Last name						Spo	use's social security nu	mber
		40 Only = 73,560,523									
Home address (numb	er and s	treet). If you have a P.O. b	x, see instru	uctions.			A	ot. no.	lack	Make sure the SSN(s)	
0		1710				\				and on line 6c are co	
City, town or post office	, state, a	nd ZIP code. If you have a for	eign address,	also complete spaces belo	ow (see instruc	tions).				esidential Election Cam	
oreign country name				Foreign province/sta	te/county		Foreign po		JOITIUS	2,153,287 Y = ** 4,60 v, want \$5 to go to this lund. v	Direcking
oreign country name	•			Toleign province/sta	te/county		1 oreign po	stai code	a box refun	below will not change your to	ax or Spouse
32,384,7	′52 ₄ [Single		0.055	744] Lload of	f bousehold (المسمطان			
iling Status 42,105,46		SingleMarried filing jointly	even if onl		3,714					person). (See instruction not your dependent, ent	
heck only one	3	_	•	spouse's SSN above	j		name here. •		Dut.	iot your dopondont, one	00
OX. 2,085,369		and full name here.	•	59,72			ing widow(e		pend	dent child	
	6a	Yourself. If some	ne can cla	im you as a depende	ent, do not	check be	ox 6a . 84 ,	784,799	. 1		et. = 84,
xemptions	b		42 240						. }	on 6a and (Exempt.= No. of children Ret.	
	С	Dependents:		() De Nu	mber of	✓ if child un		_	on 6c who: Exemi	ot.= 53,47
	(1) First	name Last name	S	OCi Number of Return	s tior Ex	empt.=	ifying for chil (see instruc			lived with youdid not live with	
	CHIL	DREN AT HOME		29,623,712	53,47	3,288	20,433,19	3		you due to divorce or separation	244.40
more than four ependents, see	CHIL	DREN AWAY FROM HON	E	241,197	292,0	55	14,148,19	8		(see instruction Ret. =	= 241,19° = 292,05
structions and	PAR	ENTS		1,707,915	2,086	261	5,163,345	1		Dependents on 6c not entered above	
neck here 🕨 🗌	ОТН	ER DEPENDENTS		2,645,667	3,587	,098	1,463,143		_	Add numbers on	
	d	Total number of exem	otions clair				= 186,336,8	319		lines above >	
ncome	7	Wages, salaries, tips,		- (-)	able Scholar	ship =	76,292		7	66,073,132	
	8a	Taxable interest. Atta		•				·	8a	35,410,639	
tach Form(s)	b	Tax-exempt interest.			. 8b	5,	903,976			04 007 005	
-2 here. Also	9a	Ordinary dividends. At	tach Sched	dule B if required .			242 220		9a	24,867,325	
ttach Forms	b	Qualified dividends			. 9b	•	,343,320		40	20 940 055	
/-2G and 099-R if tax	10	Taxable refunds, cred	s, or onse	is of state and local i	income taxe			-	10 11	20,819,955 415,515	
as withheld.	12	Alimony received Business income of	ttach		 7 13 Can . 0			_	12	25,063,932	
		Capital gain (los)			-				13	20,124,401	
you did not	14	Other gains on losses			not require	u, criecr	THEIE P		14	2.082.418	
eta vi 2,	15a	IRA districutions .	15a	12,723,068	b Taxa	able amo	unt	_	15b	12,008,562	
e instructions.	16a	Pension, and annuities	16a	23,502,311		able amo		<u> </u>	16b	21,421,016	
	17	Re. tal re l'estate, roy	alties, partr	nerships, S corporation				e E	17	17,227,483	
	18	arm income or (loss).						_	18	1.750.996	
•	19	Unemployment comp	ensation .						19	3,316,151	
	` Ja	Social security benefits	20a	19,923,981			unt		20b	15,471,672	
	21	Other incol. 2. L. 1 tv.	and amo	unt					21	5.241.472	
	22	Combine the an unts in	e far right	column for lines 7 thro	ugh 21. This	is your to	otal income	>	22	86,252,745	
djusted	23	Educato exponse	.		. 23	3,0	087,975	-		21. Net oper. loss=	1,110,
aross	24			sts, performing artists, a	. 1		E7 0E4			21. Stock options= 21. Cancel. of debt=	2,280
ncome		fee-base government of			 		57,254	_		21. For. earn. inc. ex	
	25	Health avings accoun					721,015 114,665	-		21. Gambling inc.=	1,974,
	26	_ v .		903			582,832			21. Taxable HSA =	300,92
	27	Deductible part of self-e	. ,				88,523	-			
	28 29	Self-employed SEP, S Self-employed health		•			057,011				
	30	Penalty on early withd					15,627				
	31a	Alimony paid b Recip		1 1	. 30 31a		86,253				
	32	IRA deduction		-			250,310				
	33	Student loan interest of					584,018			36. Archer MSA Ded.= 3.	712
	34	Tuition and fees. Attac				_	102,842	'		36. Housing ded.= 4,	
	35	Domestic production ac					19,622			36. Other adj.= 12	
	36	Add lines 23 through 3							36	32,792,068	

1040		ent of the Treasury— Individual				20	016	OMB No.	1545-0074	IRS Use (Only—D	o not write or staple in th	is space.	
For the year Jan. 1-Dec							2016, ending		. :	20	Se	e separate instructi	ions.	
Your first name and		,	-39	Last name			Y returns fil	ed = 8	36,489,022			ur social security nu		
If a joint return, spou	se's first	name and initial		Last name	!						Spo	ouse's social security r	number	
Home address (num	ber and s	treet). If you have	a P.O. bo	ox, see instr	uctions.					Apt. no.	A	Make sure the SSN(s		
City, town or post offic	e, state, ar	nd ZIP code. If you	have a fore	eign address	also complete	spaces b	pelow (see inst	ructions).				residential Election Ca		
Foreign country nam	е				Foreign p	rovince/s	state/county		Foreign	postal code	jointl	ck here if you, or your spous y, want \$3 to go to this fund x below will not change you ad. You	I. Checking	
Filing Status	1 [Single					4	Head o	f household	d (with qua	lifying	person). (See instruction	ons.) If	
ining Grando	2 [Married filing	g jointly (even if on	ly one had i	ncome)		the qua	alifying pers	on is a chi	ld but ı	not your dependent, er	nter this	
Check only one	3 [Married filing		•	spouse's S	SSN abo			name here.					
box.		and full nam					5		ing widow	-	depen			
Exemptions	6a	_	If someo	ne can cla	aim you as a	a depen	ident, do no	ot check b	ox 6a .		. }	Boxes checked on 6a and 6b		
	b	Spouse									<u></u> J	No. of children		
	С	Dependents:			(2) Depender social security n		(3) Dependent	401110	(4) ✓ if child ualifying for (under age 1 child tax cred	/ dit	on 6c who: • lived with you		
	(1) First r	name	Last name		: :	ullingi	Telationship	to you	(see inst	ructions)	_	 did not live with you due to divorce 		
If more than four										<u> </u>	_	or separation (see instructions)		
dependents, see										<u>]</u>]	_	Dependents on 6c		
nstructions and										<u> </u>	_	not entered above	_	
check here ►	d	Total number	of overm	ations olai	mod						_	Add numbers on		
	7	Wages, salarie					axable Scho			2	7	lines above ► 5,618,709,823		
Income	8a	Taxable intere			` '		axable Scilo	iaisiiip =	. 414,03	٠		93,432,385	+	
	b	Tax-exempt in			•		8b	60	 367,248		oa	33,432,303	_	
Attach Form(s)	9a	Ordinary divide					00		001,240		9a	251,331,435		
W-2 here. Also	b	Qualified divid				quii c u	9b	199	,937,392		Ja	201,001,400	+	
attach Forms W-2G and	10	Taxable refund				· · ·				_	10	33,468,377		
1099-R if tax	10	Alimony receiv		01 01130	old of state	and loca	ai ii looi ii e te				11	10,468,433		
was withheld.	12	Business incom		ss) Attac	 h Schedule	 C. or C-	 FZ 13 Cai	n Gain Di	st = 58	32 853	12	328.082.028		
		Capital gain c	•								13	614,215,455		
If you did not	14	Other gains on					. II Hot roqu		1010 7	_	14	6,292,584	+	
get a v. ² ,	15a	IRA districutio		15a	274,526,		 b T	 axable amo	ount .		15b	234.678.632		
se instructions.	16a	Pension, and		16a	961,153.			axable amo			16b	572,185,041		
	17	Re. 'al re i est								dule E	17	706,486,715		
	18	, arm income o								i	18	-17,666,030		
	19	Unemploymen									19	16,754,170		
	` √a	Social security			460,272,			axable amo			20b	244,079,587		
	21	Other incol 9.	L. 'tVL	and amo	ount						21	34.846.826		
	22	Combine the an	unts in	e far righ	t column for	lines 7 th	nrough 21. Ti	his is your t	otal incom	ne ▶	22	8,575,573,916		
A alternational	23	Educato exp	nse :	.			23	79	93,699			21. Net oper. loss=	185,8	05,0
Adjusted T	24	in buriness	s expense	s of reserv	ists, performi	ng artists	s, and					21. Stock options=	122,8	
Gross		fee-bas govern	nment offi	cials. Attac	h Form 2106	or 2106-	EZ 24		05,289			21. Cancel. of debt		
Income	25	Health avings							966,885			21. For. earn. inc. e 21. Gambling inc.=		
	26	'a' 'g expen							186,633			21. Taxable HSA =	370,0	
	27	Deductible part		' '					865,683				0,0,0	
	28	Self-employed							682,986					
	29	Self-employed						-	112,335					
	30	Penalty on ear							07,969					
	31a	Alimony paid					31:		638,957					
	32	IRA deduction							977,738					
	33	Student loan in							194,515				,922	
	34	Tuition and fee							102,221			36. Housing ded.= 7	•	
	35	Domestic produ							376,710			1	,758,85) 6
	36	Add lines 23 th	•								36	145,055,683	+	
	37	Subtract line 3	o trom li	ne 22. Thi	s is your ac	justed	gross inco	me .		. ▶	37	8,430,518,232		

Form 1040 (2016	i)	39a A = 18,087,928	B = 8,0	54,939	C = 150,	535	D = 36,	562			Page 2
	38	Amount from line 37 (adju	sted gross income)					38		
Tax and	39a	Check ∫ A You were b	orn before January				tal boxes			Basic Stand. Ded. =	39,578,74
		1 =	s born before Janu	uary 2, 1952,		- 1	ecked ► 39a			Add. Stand. Ded. =	8,298,697
Credits	b	If your spouse itemizes on			_	lien, cl	neck here▶	39b		Stand. = 39,578,749	1
Standard	40	Itemized deductions (fro		-					40	Itmzed = 45,153,109	
Deduction	41	Subtract line 40 from line							41	78,521,365	
for—									42	- ' '	+
 People who check any 	42	Exemptions. If line 38 is \$15								83,034,647	+
box on line	43	Taxable income. Subtract					_		43	71,156,980	+
39a or 39b or who can be	44	Tax (see instructions). Chec	. —	` '	_				44	70,367,610	
claimed as a dependent,	45	Alternative minimum tax							45	4,632,313	
see	46	Excess advance premium	tax credit repayme	ent. Attach Fo	orm 8962				46	2,079,201	
instructions.	47	Add lines 44, 45, and 46			<u> </u>			. ▶	47	70,753,850	
 All others: Single or 	48	Foreign tax credit. Attach	Form 1116 if requi	red	. 48	7	,798,027			54a F3800= 352,327 54b F8801= 321,280	
Married filing	49	Credit for child and depend	ent care expenses.	Attach Form 2	441 49	4	,616,768			54c other= 6,741	
separately, \$6,300	50	Education credits from Fo	rm 8863, line 19		. 50	5	,275,456			54c AMV= 10,623	
Married filing	51	Retirement savings cont	ributions credit. A	ttach Form 8	880 51	3	,451,368			54c Sch R= 25,331 54c F8911= 8,486	•
jointly or	52	Child tax credit. Attach S				_	3,067,302			54c F8936= 57,066	
Qualifying widow(er),	53	Residential energy credits	*	•		_	,613,477		1	54c F8396= 83,665 54c F8839= 66,250	
\$12,600	54	Other credits from Form: a			. 54		,010,111		-		1
Head of household,						_		_		29,771,339	+
\$9,300	55	Add lines 48 through 54.							55		+
	56	Subtract line 55 from line						. •	56	66,089,172	+
	57	Self-employment tax. Atta							57	19,582,832	
Other	58	Unreported social security	and Medicare tax	from Form:	a 413	7 k	8919		58	a= 115,870 b=	41,751
Taxes	59	Additional tax on IRAs, oth	er qualified retireme	ent plans, etc.	Attach Form	n 5329	if required		59	5,170,222	
IUACS	60a	Household employment ta	xes from Schedule	н					60a	180,899	
	b	First-time homebuyer cred	it repayment. Attacl	h Form 5405 if	f required				60b	635,787	
	61	Health care: individual resp	onsibility (see instr	uctions) Ful	II-year cove	rage []		61	2,404,930	
	62	Taxes from: a Form 8	959 b Form 8	960 c lr	nstructions;	ente	code(s)		62	Other Taxes = 956.	003
	63	Add lines 56 through 3,647,	785 3,853,8	49		Reca	pture Tax = 3,9	77 ▶	63	75,273,473	
Payments	64	Federal income tax withhe					2,472,422				
- ayments	65	2016 estimated tax paymen				_	,200,187		1		
If you have a	662	Earned income credit (E	• •				0,817,133		1		
qualifying	b	ontaxable combat pay elec			00.	a (J,017,133		1		
child, attach	1			2,017	-		000 044				
Schedule ElC.	9	Ad litional child tax credit.				_	,003,611	-	-		
	68	nerican opporturity c.					,996,473		-		
		Net premium to a child.					,810,901	-			
	70	Amount paid with request	for extension to fil	e			,730,299		_	73a F2439= 3,168	
	71	Excess social recur, y and			71	1	,575,577			73d Other Payments: 12,90	9
	72	Credit for feder wax on fu	uels. Attach Form 4	1136	72	2	293,699				
	73	Credits in m Form. a 2439 b	Reserved c 88	85 d 🗌	73	3					
•	74	Adc lines 34, 65, 66a, and	67 through 73. Th	nese are your	total paym	ents		. •	74	80,246,850	
Refund /	7	Vine 4 is more than line	63, subtract line	33 from line 7	'4. This is tl	ne amo	unt you over	paid	75	59.710.356	
	7 Ja	Amount of line 75 you	nt efunded to you	J. If Form 888	8 is attache	ed, che	ck here .	▶ □	76a	56,648,877	
Direct deposit	b	Routing number			► c Type:	_	_	vings		0010101011	
See	d	Account number	7		,,,,,,,			9-			
instructions.	77		applied to your 20	17 estimated	tax ▶ 77	1	,028,721	1			
Amount	78	An punt you owe Subtra						ns ▶	78	23.461.444	
You Owe	79	Es mated tax penalty (see			1	i **			76	25,401,444	
							677,548		_		7.00
Third Party			person to discuss		ui uie ino (see ms	•	_		plete below.	No
Designee		signee's me ▶		Phone no. ▶				onal iden oer (PIN)	illicalic	→	
Sign		enalties of perjury, I declare that I have	e examined this return and		hedules and sta	atements,			dge and	belief, they are true, corre	ct, and
Here	accurat	ely list all amounts and sources of inco	me I received during the t	ax year. Declaratio	n of preparer (o	ther than	taxpayer) is based	on all infor	mation o	f which preparer has any l	knowledge.
	Yo	ur signature		Date	Your occu	pation			Daytii	me phone number	
Joint return? See instructions.											
Keep a copy for	Sp	ouse's signature. If a joint return	n, both must sign.	Date	Spouse's	occupat	ion			RS sent you an Identity P	rotection
your records.	,								PIN, er here (s	nter it ee inst.)	
Doid	Pri	nt/Type preparer's name	Preparer's signatu	re	•		Date		<u> </u>	PTIN	
Paid		53,000,511								k ∐ if mployed	
Preparer	Ein	m's name ▶	1							EIN ▶	
Use Only											
MANANA INO COLUM		m's address ►							Phon	e no. Form 104	0.0040
www.irs.gov/for	1111040									Form 104	(2016)

Form 1040 (2	2016)										Page 2
	38	Amount from line 37 (adju	sted gross income)					38		
Tax and	39a	Check ∫ ☐ You were b	orn before January	, 2, 1952,	□в	lind.	Total boxes			Basic Stand. Ded. =	367,422,54
		if: Spouse wa	ıs born before Janu	ary 2, 1952,			checked ► 39a			Add. Stand. Ded. =	15,847,572
Credits	b	If your spouse itemizes on	a separate return or	you were a du	al-statu	s alien,	check here ► :	39b□		Stand. = 383,270,11	5
Standard	40	Itemized deductions (fro	m Schedule A) or v	our standard	deduct	t ion (se	ee left margin) .		40	Itmzed = 1,293,399,2	
Deduction for—	41	Subtract line 40 from line	, ,			•			41	7,000,286,278	
People when the second in	10 42	Exemptions. If line 38 is \$15	55,650 or less, multiply	\$4,050 by the nui	mber on	line 6d. (Otherwise, see instru	ctions	42	727,474,672	
check any	43	Taxable income. Subtra		-					43	6,359,983,131	
box on line 39a or 39b	or 44	Tax (see instructions). Chec					· ·		44	1,339,307,493	
who can be claimed as		Alternative minimum tax							45	31,016,101	+-
dependent, see		Excess advance premium	,						46	2,388,137	
instructions		Add lines 44, 45, and 46						. 1	47	1,372,755,478	
All others:		Foreign tax credit. Attach				48	20,090,076	T		54a F3800= 4,130,91	1
Single or Married filin		Credit for child and depend				49	2,612,601			54b F8801= 906,916 54c other= 47,739	
separately, \$6,300	50	Education credits from Fo	·		<u> </u>	50	6,343,188			54c AMV= 26,867	
Married filin		Retirement savings cont	•			51	697,650			54c Sch R= 2,582 54c F8911= 2,309	
jointly or	52	Child tax credit. Attach S				52	17,324,246			54c F8936= 375,125	
Qualifying widow(er),	53	Residential energy credits		•		53	2,336,382			54c F8396= 116,318 54c F8839= 290,168	
\$12,600	54	Other credits from Form: a		_	·	54	2,000,002				
Head of household,	55	Add lines 48 through 54.	_						55	55,303,081	+-
\$9,300	56	Subtract line 55 from line							56	1,317,452,397	+-
	57	Self-employment tax. Atta							57	59,702,415	+-
011	58	Unreported social security						i	58	a= 19,302 b=	19 368
Other	59	•			_		_	•	59	5,489,009	13,300
Taxes	60a	Additional tax on IRAs, oth	•	•			•	•	60a	1,120,961	+-
	b	Household employment ta							60b		+-
	61	First-time homebuyer cred			•		_		61	344,538	+-
		Health care: individual responses from: a Form 8	• •	•	•	_	_		62	2,041,565 Other Taxes: 524,	205
	62 63	Add lines 56 through 52.	702 , 19,451,	960 C Ins 137		ire Tax =		_	63		
Dovernous		Federal income tax withh					,041,529,140		03	1,414,178,973	+-
Paymen	65	2016 estimated tax paymen					359,081,966				
If you have		Earned income credit (E	• • • • • • • • • • • • • • • • • • • •			66a					
qualifying	T C	ontaxable combat pay elem		4,858		00a	27,541,547				
child, attach Schedule E		Ac litional child tax credit.				67	44 457 425				
Ochedule L	68	Anerican opporturity co				68	11,157,125 4,660,996				
	00	Net premium to a circlit.				69	1,579,473				
	70	Amount paid was request					107,653,934				
	71	Excess social equity and				71	3,180,061			4.000	,
	72	Cr. di fo. feder i tax on fi				72	116,955			73a F2439= 1,329 73d Other Payments: 49,3	
	73	Credits in m Form. a 2439 b			· · ·	73	110,555			49,5	30
	74	Adc lines 34, 65, 66a, and			∟ ntal na		2	—	74	1,556,622,355	
Refund	74	Line 4 is more than line						hic	75		
nerunu	7 a						•	· 🗌	76a	-289.869.445	_
Division		Routing number	t ciulided to you	. 11 1 01111 0000	ris attac c Typ		Checking Sav	_	, va	210,234,053	+-
Direct depos See	d	Account numl er	-)		- C Tyl	,c		ıııyə			
instructions.	77	Amount line 5 you want	applied to your 20	17 estimated t	av 🕨	77	79,635,392	ı			
Amount	78	Ar ount you own Subtra						s ►	78	148,956,809	
You Owe		Es mated tax penalty (see			1	79	1,530,746		70	140,000,000	
		o you want to allow another	,					U Voc	Com	plete below.	No
Third Par Designed		esignee's	porcon to alcour	Phone		0 (000)	_	nal ident		_	_ 140
————	na	ime ►		no. ►				er (PIN)		>	
Sign		penalties of perjury, I declare that I have tely list all amounts and sources of inco									
Here		our signature	one received daming the t	Date		ccupatio				ne phone number	inio inio ago.
Joint return?									,	.,	
instructions. Keep a copy f	or Sr	oouse's signature. If a joint retur	n. both must sian.	Date	Spouse	e's occu	pation		If the IF	RS sent you an Identity I	Protection
your records.			.,						PIN, er	nter it	
<u> </u>	Pr	int/Type preparer's name	Preparer's signatu	re			Date		,	ee inst.) PTIN	
Paid		51 1 Emiliary 2 (1997)	l sparo o oignatu	-			- 410			<	
Prepare		rm's name ▶	1							s EIN ▶	
Use Only	у —	m's name ► m's address ►							Phone		
www.irs.gov									FIIOH		40 (2016)
** ** **.113.90 V	, , , , , , , , , , , , , , , , , , , ,									FOIIII IO	· (2010)

		ent of the Treasury—Internal Re Individual Incor		(99) Return	201	 6	OMB No. 154	15-0074	IRS Use (Only—D	o not write or staple in this	s space.
		, or other tax year beginning			, 2016,			, 2		<u> </u>	e separate instruction	
Your first name and in			Last name		, ====,			, -		_	ur social security num	
Electronically Filed	d Return	s = 131,618,295										
If a joint return, spous		,,=	Last name							Spe	ouse's social security nu	umber
1040's E-fi		73,560,523								'		
Home address (numb	er and st	treet). If you have a P.O. bo	ox. see instru	ctions.					Apt. no.		Make gure the CCN(e)	, abova
1040A's E-		36,945,040	,								Make sure the SSN(s) and on line 6c are co	
		nd ZIP code. If you have a fore	eign address, a	lso complete s	paces below (see instru	ctions).			P	residential Election Can	nnaign
1040EZ's E-		21,112,732	J		,		,				ck here if you, or your spouse	
Foreign country name		21,112,702		Foreign pro	vince/state/c	ounty	1	Foreign r	ostal code	joint	y, want \$3 to go to this fund.	Checking
r oreign country name	,			l oreign pro	vii ioo, stato, c	ounty		roroigirp	ostai coat	la bo	x below will not change vour t 2,556,131 Y = **	
61,504,1	159	7 0: 1			40.754.44	14 4 F	1					
Filing Status		Single	, ,,		19,754,14	4 4 _					person). (See instruction	ns.) If
47,838,4		Married filing jointly			•		the qualify	• .				
Check only one oox. 2,442,630	3 [spouse's SS			child's nar				1 1 1 1 1 Det = 4	22 500 002
oox. 2,442,630		and full name here.			78,916	5				.	Evenut = 1	23,608,883 171,449,547
Exemptions	6a	Yourself. If some		m you as a	dependent,	do not	check box	6a . 1	23,608,88	³³ . }	Boxes chec Ret. = on 6a and Exempt.=	42,637,712
	b	Spouse . 47,8	40,664		<u></u>		<u> </u>			J	No. of children	75,565,103
	С	Dependents:		(2) De	per of Return	enc	Number of		under age 1 hild tax cre		on 6c who: • lived with you	
	(1) First r	name Last name	SO:	cial sec Numi	Jei Oi Ketuii	15 hip	Exempt.=		uctions)		• did not live	342 960
		CHILDREN AT HOME		42,637	,712	7	75,589,103	32,0	018,754		did not live Ret. = you due to dis Exempt.= or separatic Exempt.=	= 405,050
f more than four		CHILDREN AWAY FROM I	HOME	342,96	0	4	105,050	20,	490,616		(see instructions)	
dependents, see nstructions and	F	PARENTS		2,518,6	612	3	3,007,516	7,4	32,140		Dependents on 6c not entered above	
check here ▶		OTHER DEPENDENTS		5,177,4	465	7	7,168,943	2,0	60,501		Add numbers on	$\overline{\Box}$
	d	Total number of exemp	otions claim	ed Returns	s = See 6a	Exe	emptions =	257,620	,159 .	_	lines above	
n.c.c.m.c	7	Wages, salaries, tips, e	etc. Attach I	Form(s) W-2	Taxable	Scholar	rship = · 1	68 665		7	110,679,457	
ncome	8a	Taxable interest. Attac								8a	37,024,885	
	b	Tax-exempt interest.		•		8b	5 43	7.456			07,024,000	
Attach Form(s)	9a	Ordinary divide, 4s. 14								9a	24,062,377	
W-2 here. Also	b	Qualified d'vio nds				9b	22 74	7.749			24,002,011	
attach Forms <i>N-</i> 2G and	10	Taxable reruids credi	ts or offse	s of late ar	nd local inc			7,740	_	10	18,864,594	
1099-R if tax	11	Alimony received .	10, 01 01100	J J J J J J J J J J J J J J J J J J J	100011110	orrio tax				11	352,234	_
was withheld.	12	But inecation come or (lo	es) to tach	chedule C	or C-F7 4	o Con (Cain Diet	 - 2.424	674	12	21.433.742	
	13.	C pita gain or (loss).							,6/4 	13		_
f you did not	14	Other gains or (losses)			quireu. Il liu	require	ou, check h	ieie 🕨	ш,	14	17,824,198	_
get a W-2,		IRA distributio	15a			h Tay	able amoun		• •	15b	1,862,194	_
see instructions.	15à			12,991,02					• •		12,286,149	-
V V	47	Pensions and annuities	16a	25,964,10			able amoun		 	16b	23,713,436	
	17	Rental rea e (at), roya		•	•				ule E	17	15.131.320	_
	18	Furm it come a (loss).								18	1,573,586	 -
	19	U. a aployment compe			1					19	4,884,869	_
	2)a	Social security benefits		23,882,98	3	b lax	able amoun	τ.		20b	16.995.922	
	21	Other income. List typ per sombine the amounts in	e and amou	INT	7 1	01 Th	lo vere tet	d in a co		21	5.389.336	
<u> </u>	5								e ≠	22	131,420,480	_
Adjusted	23	•					3,49	5,146	-		21. Net oper. loss=	, -
Gross	2+	Certain business expense				1		000			21. Stock options=	2,160
Income		fee-basis government offi				24		,008			21. Cancel. of debt=	
11-011-5	25	Health savings accour						3,290			21. For. earn. inc. ex 21. Gambling inc.=	
	26	Moving expenses. Atta						1,555			21. Taxable HSA =	1,728,0 268,00
•	27	Deductible part of self-er						3,858			ZI. I AXADIE TOA =	200,00
	28	Self-employed SEP, S	IMPLE, and	qualified pla	ans	28	880	,210				
	29	Self-employed health i	nsurance d	eduction		29	3,609	9,226				
	30	Penalty on early withd	rawal of sav	rings		30	366	,469				
	31a	Alimony paid b Recip	ient's SSN			31a	513	,516				
	•	104 1 1 11				32	2,32	6,221				
	32	IRA deduction				33		3,741			36. Archer MSA Ded.= 3.	712
		Student loan interest of	leduction .								OULTHOUGH MOTEROON J.	712
	32					34		5,242				860
	32 33	Student loan interest of	h Form 891	7		34 35	1,51					860
	32 33 34	Student loan interest of Tuition and fees. Attack	h Form 891 tivities deduc	7 ction. Attach	 Form 8903	35	1,519 667	5,242 ,681		36	36. Housing ded.= 2, 36. Other adj.= 10	860
	32 33 34 35	Student loan interest of Tuition and fees. Attact Domestic production ac	h Form 891 tivities deduc	7 ction. Attach	 Form 8903 	35	1,519 667	5,242 ,681		36 37	36. Housing ded.= 2,	860

1040		ent of the Treasury—Internal Re		(99) Return	20	16	OMB No. 15	45-0074	IRS Use O	nly—D	o not write or staple in t	his space.
For the year Jan. 1-Dec.		, or other tax year beginning			. 2	2016, ending		, 20		-	e separate instruc	
Your first name and in		, or other tax your boginning	Last name		,-	,		,			ur social security n	
Electronically F	iled Ret	urns = 131,618,295										
If a joint return, spous		<u> </u>	Last name							Spo	ouse's social security	number
, , ,										-		
Home address (numb	per and s	treet). If you have a P.O. bo	ox, see instruc	tions.				,	Apt. no.	A	Make sure the SSN and on line 6c are	
City, town or post office	e, state, ar	nd ZIP code. If you have a fore	eign address, al	so complete si	paces be	elow (see instr	ructions).			Pi	residential Election C	amnaign
•		,	,			`	,				k here if you, or your spou	
Foreign country name	e			Foreign pro	vince/st	ate/county		Foreign p	ostal code	jointly	y, want \$3 to go to this fur	nd. Checking
g ,						,		l stanger p		a box	k below will not change yo d. You	Spouse
	4	Single				4			(11b 1			
Filing Status	1 [¬ ~	/avam if amb	مما امما امم		4					person). (See instruct	,
Chaole anly and	2 [Married filing jointly	`		,			ying perso ame here.		a but r	not your dependent, e	enter this
Check only one box.	3 [Married filing separa and full name here.		pouse's SS	in abov	ле 5				lonon	dent child	
	_								ei) witii t	Jehein	Boxes checked	
Exemptions	6a	☐ Yourself. If some		•	aepend	ient, ao no	t cneck box	к ба		. }	on 6a and 6b	
	b	Spouse						· · · ·	nder age 1	<u>·</u>	No. of children on 6c who:	
	C	Dependents:		(2) Dependent's ial security num		(3) Depend relationship	dia	llifying for ch	ild tax cred		 lived with you 	
	(1) First	name Last name	- 550				,	(see instru	ictions)		 did not live with you due to divorce 	•
f more than four								<u>_</u>		_	or separation (see instructions)	
dependents, see								<u>_</u>		-	Dependents on 6c	
nstructions and										_	not entered above	
check here ►	a	Total mumber of avers	ntione eleim							_	Add numbers on	
	d	Total number of exem						700.00		-	lines above ►	
Income	7	Wages, salaries, tips,		` '		Taxable Sch	olarsnip =	736,06	9.	7	6,490,348,043	<u> </u>
	8a	Taxable interest. Attac		•			50.50			8a	78,531,802	_
Attach Form(s)	b	Tax-exempt interest.				8b	53,50	04,835		0-	007 000 700	
W-2 here. Also	9a	Ordinary divide, ds \	tach Schedu	ile B it requ	irea		404.0			9a	207,690,793	
attach Forms	b	Qualified d'vio inds				<u>9b</u>		52,225		40		
N-2G and I099-R if tax	10	Taxable refu ids credi	ts, or onse s	ale an	id iocai	i income ta	xes		•	10	29,579,792	
was withheld.	11 12	Aliming received . But ine a licome or (lo	· · · · ·	abodulo C	 	7 13 Cau	Cain Diet	- 5 547	7 917	11 12	9,104,998	
	13.	C pita gain or (loss).							,5,7	13	279,248,941	
f you did not	14	Other gains or (losses)			uii eu.	ii not requi	rea, cricck i	nore P		14	516,328,213 4.375.376	
get a W-2,	15a	IRA distributio		253.352.47	70	h Ta	xable amour	 nt	.	15b	220,470,212	
see instructions.	16.	Pensions and annuities		964,287,3			axable amour			16b	586,269,115	
X \	17	Rental real estatil, roya							ıle F	17	630,396,483	
	18	Farm in come or (loss).								18	-15,409,447	
	19	U. e. iployment compe								19	21,949,557	
	21a	Social security benefits		524,705,7°			xable amour		Г	20b	243.742.423	
	21	Other income. List typ			,					21	31.846.633	
	1 2	combine the amounts in	the far right c	olumn for lin	es 7 thr	rough 21. Th	nis is your tot	al income	• ▶	22	9,199,520,626	ô
Adiment & C	23	Educator expenses				23	892	2,388			21. Net oper. loss=	
Adjuste 1	24	Certain business expense	es of reservists	s, performing	artists,	, and					21. Stock options=	84.915
Gross		fee-basis government off	icials. Attach F	orm 2106 or	2106-E	Z 24	513	3,711			21. Cancel. of deb	t= 4,309,2
ncome	25	Health savings accour	nt deduction.	Attach For	m 888	9 . 25	4,47	'8,581			21. For. earn. inc.	
	26	Moving expenses. Atta	ach Form 39	03		26	3,19	5,801			21. Gambling inc.=	,
	27	Deductible part of self-er	mployment tax	k. Attach Sch	nedule S	SE . 27	25,54	41,581			21. Taxable HSA =	334,71
	28	Self-employed SEP, S	IMPLE, and	qualified pla	ans	28	21,80	66,118				
	29	Self-employed health	nsurance de	duction		29	26,96	68,825				
	30	Penalty on early withd	rawal of savi	ngs		30	94	,767				
	31a	Alimony paid b Recip	ient's SSN I	<u> </u>		31a	11,27	71,285				
	32	IRA deduction				32	11,62	25,669				
	33	Student loan interest of	deduction .			33	12,54	41,366			36. Archer MSA Ded.=	6,922
	34	Tuition and fees. Attac	h Form 8917	7		34	3,49	7,667			36. Housing ded.=	•
	35	Domestic production ac	tivities deduc	tion. Attach	Form 89	903 35	11,90	63,734			36. Other adj.=	1,516,964
	36	Add lines 23 through 3								36	136,023,966	
	37	Subtract line 36 from I	ine 22. This i	s your adju	isted g	ross inco	me		•	37	9,063,496,661	

Form 1040 (2016	5)	39a A = 20,105,634	B = 8,41	0,495	C = 21	8,372	D = 73,	727			Page 2
<u> </u>	38	Amount from line 37 (adju	sted gross income)					38		\top
T	39a	Check A You were b	orn before January				Total boxes			Basic Stand. Ded. =	89,821,17
Tax and		· · · · · =	s born before Janu				checked ▶ 39a			Add. Stand. Ded. =	12,627,37
Credits	h			•				206		1	
	b	If your spouse itemizes on	•	•			•	39b		Stand. = 89,821,176	l
Standard	40	Itemized deductions (fro	m Schedule A) or y	our standard/	deduc	tion (s	see left margin)		40	Itmzed = 40,281,628	
Deduction for—	41	Subtract line 40 from line	38						41	116,713,609	
People who	42	Exemptions. If line 38 is \$15	55,650 or less, multiply	\$4,050 by the nu	umber on	line 6d.	Otherwise, see instru	uctions	42	122,035,287	
check any	43	Taxable income. Subtra		-					43	102,190,488	
box on line 39a or 39b or	44	Tax (see instructions). Chec							44	101,397,378	+
who can be										4,174,939	+
claimed as a dependent,	45	Alternative minimum tax	,						45		
see	46	Excess advance premium	tax credit repayme	ent. Attach Fo	rm 8962	2.			46	3,011,434	
instructions.	47	Add lines 44, 45, and 46							47	101,900,505	
All others:	48	Foreign tax credit. Attach				48	6,977,260			54a F3800= 320,093	
Single or Married filing	49	Credit for child and depend				49	6,092,303			54b F8801= 292,392 54c other= 6,001	
separately,		•	•				8,342,657		-	54c AMV= 10,321	
\$6,300	50	Education credits from Fo	rm 8863, line 19		.	50				54c Sch R= 48,159	
Married filing	51	Retirement savings cont	ributions credit. At	ttach Form 88	880	51	7,905,217			54c F8911= 6,137 54c F8936= 50,113	
jointly or Qualifying	52	Child tax credit. Attach S	chedule 8812, if re	equired		52	20,339,350			54c F8396= 80,639	
widow(er),	53	Residential energy credits	Attach Form 569!	5	. [53	2,364,921			54c F8839= 61,799	
\$12,600	54	Other credits from Form: a			·	54					
Head of household,										41,762,393	+
\$9,300	55	Add lines 48 through 54.	,						55		
	56	Subtract line 55 from line	47. If line 55 is mor	re than line 47	', enter -	-0-		. ▶	56	91,550,543	
	57	Self-employment tax. Atta	ach Schedule SE						57	16,723,858	
Othor	58	Unreported social security	, and Medicare tax	from Form	a 🗆 4	137	b 8919		58	a= 96,766 b=	29.749
Other							_		59	4,682,628	+
Taxes	59	Additional tax on IRAs, oth	•	• '			•			L	-
	60a	Household employment ta	xes from Schedule I	н					60a	159,623	
	b	First-time homebuyer cred	it repayment. Attach	h Form 5405 if	required	d.			60b	569,809	
	61	Health care: individual resp	onsibility (see instru	uctions) Full	l-year co	overag	је 🗌		61	4,362,360	
	62	Taxes from: a Form 8	8959 b Form 8	960 c 🗆 In	structio	ns. e	enter code(s)		62	Other Taxes = 860,	096
	63	Add lines 56 through b.	11/1 3 / 493 2/	47	ecapture 1		3 974		63	99,941,872	
									03	33,341,072	+
Payments	64	Federal income tax w. hhe				64	117,781,697				
	65	2016 estimated tall permen	s and amount applie	ed from 2015 re	eturn _	65	8,220,148				
If you have a	66a	Earned income credi (E	IC)			66a	25,087,335				
qualifying child, attach	b	Nontaxable omba pay elec	etion 600	1,999							
Schedule EIC.	67	Additiona ch. 11 x credit.		12	'	67	17,442,729				
Conodulo Ero.)										
	68	American of portunity cre				68	8,109,757				
	69	Net remium tax credit	Atta h Form 8962		· · L	69	2,285,116				
	70	Am unt paid with revies	for extension to fil	e		70	1,468,160				
	4	Ev ess social security and	tier 1 RRTA tax with	nheld	[71	1,443,237			73a F2439= 2,119	
X	7≽	Credit for federa tax on fu				72	262,242			73d Other Payments = 12,31	12
		Credits from Form a 12-39 b				73	,	+		.2,0	· T
	1						.			405 505 045	
	74	Add line of the book of a not						. •	74	125,565,815	
Refund	75	K line 74 is nore than line	63, subtract line 6	63 from line 74	4. This i	s the a	amount you over	paid	75	104,634,999	
V	76a	Amount of line 75 you wa	nt refunded to you	I. If Form 8888	8 is atta	ched,	check here .	▶ 🗌	76a	101,858,455	
Direct deposit?	▶ b	outir y number			► c Typ		_	vings		·	
S e	▶ d				, ,			3-			
instructions.				47	A S	77	2 604 602	1			
Ame such that	7.	mount of line 75 you want				77	3.604.603			00.070.77	
Amount	73	Amount you owe. Subtra	ct line 74 from line	63. For detail	ls on ho	w to p	ay, see instructio	ns 🕨	78	23,370,597	
Yc (Ov e	79	Estimated tax penalty (see	e instructions) .			79	8.078.596				
Third Party	Do	you want to allow another	person to discuss	this return wit	th the IR	S (see	instructions)?	☐ Yes	. Com	plete below.	No
Designee	Des	signee's		Phone			Pers	onal iden		•	•
Designee		ne 🕨		no. >			numl	oer (PIN)		>	
Sign		enalties of perjury, I declare that I have									
Here	accurate	ely list all amounts and sources of inco	me I received during the ta	ax year. Declaratior	1			on all infor	mation o	f which preparer has any k	nowledge.
	You	ur signature		Date	Your o	ccupat	ion		Dayti	me phone number	
Joint return? See											
instructions. Keep a copy for	Spo	ouse's signature. If a joint return	n both must sign	Date	Spouse	e's occ	upation		If the I	RS sent you an Identity Pr	otection
your records.	J Sp.	oues s signaturer in a joint rotal	i, 2011 mast signi	Juio	opeas.	0 0 000	apation		PIN, e	nter it	010011011
-	D.:	at/Tuna properties	Duanament		1		D-4-		nere (s	see inst.)	
Paid	Prir	nt/Type preparer's name	Preparer's signatu	re			Date		Chec	k 🗌 if PTIN	
Preparer		74,950,395								employed	
Use Only	Firn	n's name ▶							Firm'	s EIN ▶	
Use Offig		n's address ►							Phon		
www.irs.gov/fori										Form 104	0 (2016)
www.irs.gov/iori	1111040									rorm 104	(2016)

Form 1040 (201)	6)										Page 2
	38	Amount from line 37 (adjuste	ed gross income)						38		
Tax and	39a	Check ∫ ☐ You were born	n before January	2, 1952,	□ E	3lind.	Total boxes			Basic Stand. Ded. = 7	757,835,55
		if: Spouse was b	orn before Janu	ary 2, 1952,		3lind.	checked ► 39a			Add. Stand. Ded. =	23,539,746
Credits	b	If your spouse itemizes on a s	eparate return or	you were a du	_			39b□		Stand. = 781,375,301	
Standard	40	Itemized deductions (from	•	•			•		40	Itmzed = 1,136,858,926	
Deduction	41	Subtract line 40 from line 38	, ,			,			41	7,366,953,019	1
for— • People who	42	Exemptions. If line 38 is \$155,6							42	1,019,012,530	+
check any	43	Taxable income. Subtract		•					43	6,491,755,392	_
box on line 39a or 39b or	44	Tax (see instructions). Check if				_	. —		44	1,301,529,803	+
who can be		,	,	()		-			45	27,519,661	+
claimed as a dependent,	45	Alternative minimum tax (s	•						46	2,706,681	+-
see instructions.	46	Excess advance premium ta								1,331,782,966	+-
All others:	47				Г		42 472 026	. 🚩	47	54a F3800= 3,618,368	
Single or	48	Foreign tax credit. Attach Fo	•		T I	48	13,472,026			54b F8801= 821,862	
Married filing separately,	49	Credit for child and dependent	•		T I	49	3,427,796			54c other= 11,836 54c AMV= 26,710	
\$6,300	50	Education credits from Form	•			50	8,931,851			54c Sch R= 5,527	
Married filing jointly or	51	Retirement savings contrib			- t	51	1,433,379			54c F8911= 1,502 54c F8936= 330,356	
Qualifying	52	Child tax credit. Attach Sch	edule 8812, if re	equired	.	52	24,744,466			54c F8396= 113,351	
widow(er), \$12,600	53	Residential energy credits. A			.	53	2,108,286			54c F8839= 277,913	1
Head of	54	Other credits from Form: a	3800 b 🗌 8801	1 с∐	[54					
household, \$9,300	55	Add lines 48 through 54. The							55	59,325,231	
	56	Subtract line 55 from line 47	. If line 55 is mor	e than line 47,	enter	-0-			56	1,272,457,734	
	57	Self-employment tax. Attach	Schedule SE						57	51,074,257	
Other	58	Unreported social security a	nd Medicare tax	from Form:	a 🗌 4	1137	b 🗌 8919		58	a= 16,778 b=	12,726
Taxes	59	Additional tax on IRAs, other	qualified retireme	ent plans, etc. A	Attach I	Form 5	329 if required		59	4,812,302	
Idaes	60a	Household employment taxes	s from Schedule H	1					60a	969,700	
	b	First-time homebuyer credit re	epayment. Attach	Form 5405 if	require	d .			60b	313,771	
	61	Health care: individual respon	nsibility (see instru	uctions) Full-	year c	overaç	ge 🔲		61	3,173,548	
	62	Taxes from: a Form 895	9 b Form 89	960 c 🗌 Ins	structio	ons; e			62	Other Taxes = 434,	514
	63	Add lines 56 through 6. Im	your total ta	X	Recaptu	re Tax =	1,649	. •	63	1,356,361,817	
Payments	64	Federal income tax w. hhe 1	fron Forms W-2	2 and 1099	[64	1,101,874,231				
	65	2016 estimated talk palmer 's a	and amount applie	ed from 2015 re	turn	65	309,986,090				
If you have a qualifying	66a	Earned income credi (EIC)			[66a	62,502,795				
child, attach	b	Nontainable omba pay election	n 6.55	15,540							
Schedule EIC.	67	Additiona chi. 11 x credit. Att	ach Schedule 881	12	[67	23,342,566				
	68	Amarican opportunity credi	t i. om Furm 886	33, line 8 .	[68	7,282,684				
	69	Net, remium tax credit. Att	a h F orm 8962		[69	1,621,878				
	70	Amount paid with reviese of	r xtension to file	e	[70	89,755,012				
	41	Ex ess social security an Utie	r 1 RRTA tax with	nheld	[71	2,899,098			73a F2439= 941	
	7≥	Credit for federa tax on fuels	s. Attach Form 4	136	[72	100,129			73d Other Payments: 39,38 2	2
		Credits from Form a 3-39 b	Reserved c 888	35 d		73					
	74	Add line : 6+, 65, 56a, and 6	7 through 73. The	ese are your t o	otal pa	aymen	its	•	74	1,599,445,098	
Refund	75	K line 74 is nore than line 63	3, subtract line 6	3 from line 74	. This	is the	amount you over	paid	75	-373,360,239	
10	76a	Amount of line 75 you want i	refunded to you	. If Form 8888	is atta	ached,	check here .		76a	306,355,601	
Direct deposit?	▶ b	outir s number			▶ c Ty	pe:	Checking Sa	vings			
S e	▶ d	Account number									
instructions.	7.	mount of line 75 you want ap	oplied to your 201	17 estimated t	ax ►	77	67,004,638				
Amor.nt	13	Amount you owe. Subtract	line 74 from line	63. For details	on ho	w to p	oay, see instructio	ns 🕨	78	131,624,015	
Yc Ov e	79	Estimated tax penalty (see in	nstructions) .			79	1,347,057				
Third Party	, Do	you want to allow another pe	rson to discuss t	this return with	the IF	RS (see	e instructions)?	Yes.	. Com	plete below.	No
Designee	Des	ignee's		Phone				onal ident	tificatio	n	
Ciarra		ne nalties of perjury, I declare that I have ex	amined this return and	no. accompanying sche	edules ar	nd statem		oer (PIN)	dge and	helief they are true correc	ct and
Sign		y list all amounts and sources of income									
Here		r signature		Date	Your c	occupat	tion		Daytir	me phone number	
Joint return? See instructions.											
Keep a copy for	Spo	use's signature. If a joint return, t	ooth must sign.	Date	Spous	e's occ	cupation			RS sent you an Identity Pr	otection
your records.									PIN, er here (s	ee inst.)	
Paid	Prin	t/Type preparer's name	Preparer's signatur	re			Date		,	⟨ ☐ if PTIN	
										mployed	
Preparer	Firn	i's name ▶					•		Firm's	s EIN ▶	
Use Only		i's address ▶							Phone		
www.irs.gov/for										Form 104	0 (2016)

Form		rtment of the Treasury-In				0046				
1040A		S. Individual Ind)	2016	IR	S Use Only-	-Do not	write or staple in this space
our first name and ini	uai		Last name						V	OMB No. 1545-0074
				Total Forms	Filed	= 40,007	7,370		Your	social security number
f a joint return, spouse	e's first n	ame and initial	Last name						Spous	se's social security number
ra joint retain, spouse	, 5 m 5t m	arric and initial		Total Forms Filed	Electro	onically =	36,945,0	40	Орош	
	er and str	reet). If you have a P.O. bo					<u> </u>	Apt. no.	▲ N	lake sure the SSN(s) above
								•		and on line 6c are correct.
City, town or post office,	state, and	d ZIP code. If you have a fore	eign address, a	also complete spaces be	low (see	instructions).			Pres	sidential Election Campaign
										ere if you, or your spouse if filing vant \$3 to go to this fund. Checkin
oreign country name				Foreign province/s		•	Foreig	n postal code	a box b	elow will not change your tax or
			6,438,208	Joint =	10,7	49,497				44,134 Y = ** 476,976
Filing 16,438,20	_	Single			05,925					g person). (See instructions
status 10,749,49		Married filing join					ne qualityin ter this child			but not your dependent
Check only 982,765 one box.	3	Married filing separ full name here. ▶	ately. Enter	spouse s 55N abo						nt child (see instructions)
	6a		omeone	can claim you a				. ,	reheure 1	Boxes Exem. = 50,1
Exemptions	oa	_	x 6a.	39,385,767	as a a	Срепаст	it, do not	CHOOK	}	checked on 6a and 6b
	b		0,754,493	,,					J	No. of children
	C	Dependents:	, , , , , ,	1		(0)		(4) ✓ if ch		on 6c who: Ret. = 17. • lived with Exem. = 29.
If more than six		_ op o		(2) Dependent's		(3) Deni Number	endent's	age 17 quali		you
dependents, see		(1) First name L	_ast name	Number of Retu	rns	Exempt	you	instructi		• did not live
instructions.	CHILE	OREN AT HOME		17,184,580		29,226,5	07	14,418,	858	with you due to
	CHILE	OREN AWAY FROM HOM	ΙE	150,815		182,784		8.038.2	73	separation (se Exem. = 1
	PARE	NTS		1,141,768		1,338,54	2	2,943,8	67	instructions)
	OTHE	R DEPENDENTS		3,134,930		4,622,72	26	800,235	5	Dependents on 6c not
		L DEPENDENTS		19,820,812		35,370,5	59		1	entered above
	lota	1		Returns = See 6	a	85,510,819)			Add numbers
	٦	Total number of	ovometic	no olaimad						on lines above ►
ln a a m a	d	Total number of	exemplion	ns ciaimeu.		T		00.004		above P
Income	7	Wages, salaries,	tins etc	Attach Form(s)	W-2	Taxable Sc	noiarsnip =	99,931	7	34,715,151
Attach		vvages, salaries,	tipo, cto.	/ (tidon i onnio)	VV Z.				•	0 1,1 10,101
Form(s) W-2	8a	Taxable interest.	Attach S	schedule B if red	quired	l.			8a	5,924,833
here. Also	b	Tax-exempt inte			•		165,10	0		
attach Form(s)	9a	Ordinary dividend	ls. Attach	Schedule B if i	requir	ed.		'	_ 9a	2,602,244
1099-R if tax	b	Qualified dividend	ds (see in	structions).		9b	2,287,0	56		
was	10	Capital gain distr	ibutions (see instructions	s)				10	821,148
withheld.	11a						xable an			0.070.005
f you did not	40	distributions.	11a	2,468,809			ee instruc		11b	2,378,005
get a W-2, see nstructions.	12a	Pensions and	100	6,833,457			axable an		106	6,439,978
		annuities.	12a	0,033,437			ee instrud		12b	0,433,370
	13	Unemployment c	omnense	ation and Alaska	a Pern		Income =		13	1,601,436
	14a		ompense	tion and 7 liable	2 1 011		axable an		- 10	.,,
		benefits.	14a	8,405,034			ee instruc		14b	4,494,853
						(-		,.		
	15	Add lines 7 throu	gh 14b (f	ar right column)). This	is your t	otal inco	me. ▶	15	39,718,554
Adjusted										
gross	16	Educator expens				16	765,17		_	
ncome	17	IRA deduction (se				17	416,69			
	18	Student loan inter	est dedu	ction (see instru	ctions	s). 18	4,812,1	62		
	10	Tuition and fac-	Λ++	orm 9017		10	E04.00	,		
	19 20	Tuition and fees. Add lines 16 thro			otal	19	584,26	υ	20	6,065,998
	20	Aud liftes to trifo	ugii 19. I	nese are your t	oldi a	aujustiile	711LS.		20	0,000,990
		0 11 11 00 (_			21	39,738,542
	21	Suptract line 201	rom line	15. This is your	adius	sted are	ss incom	ne. •		33./30.042

^{*} One election box checked ** Both election boxes checked (counts each box separately)

Form 1040A		artment of the Treasury—I				201	16					
Your first name and init		S. Individual In	Last name		(99)	20	10	IRS Use 0	Only—		write or staple in	
Tour mist name and mi	liai		Last Hairie	;							OMB No. 1545-0	
				Total Form	s Filed	= 40,0	007,370			100		lullibei
If a joint return, spouse	's first r	name and initial	Last name)						Spous	se's social security	y number
Home address (numbe	r and st	reet). If you have a P.O. b	ox, see instru	ictions.				Apt.	no.	▲ N	Make sure the SSI	N(s) above
											and on line 6c are	e correct.
City, town or post office,	state, an	d ZIP code. If you have a for	eign address,	also complete space	s below (see	instruction	ns).				sidential Election (
				1							here if you, or your spo want \$3 to go to this fu	
Foreign country name				Foreign province	ce/state/co	unty	Fo	reign posta	l code	a box b refund.	elow will not change y	
F:::	4 [Cingle				4 🗆	lland of hav	ا اماماما (ر	م مادان		You You	
Filing	1 [2 [SingleMarried filing joir	atly (ayan i	f only one had	lincomo)						ig person). (See in but not your de	
status	3	Married filing sepa	• •	•			enter this c				but not your de	spenden
Check only one box.	J	full name here. ▶	rately. Little	3pouse 3 0011 6	above and						ent child (see ins	tructions
Exemptions	6a		someone	can claim yo	u as a d)	Boxes	tractions
LXCIIIptions			ox 6a.	, , ,						}	checked on 6a and 6b	
	b	☐ Spouse								J	No. of childre	n
	С	Dependents:		(0) 5	., .,	(O) D				ld under	on 6c who: • lived with	
If more than six		-		(2) Dependent security no			ependent's onship to yo	l age i		ying for dit (see	you	
dependents, see		(1) First name	Last name	occurry in		Tolatio	momp to yo		structio		did not live	
instructions.											with you due t divorce or	io
											separation (se	∌e
											instructions)	
											Dependents on 6c not	
									Щ		entered above	e
									Ш		- Add numbers	
	_1	T-t-1									on lines	
-	d	Total number of	exemptio	ns claimed.				400			above ►	
Income	7	Wagoo calarios	tina ata	Attach Form		Taxable	Scholarship	= 429	,691	7	1,093,879,69	91
Attach		Wages, salaries,	tips, etc.	Allach Form	(S) VV-Z.						1,033,073,0	"
Form(s) W-2	8a	Taxable interest	Attach S	Schedule R if	required	4				8a	3,068,919	,
here. Also	b	Tax-exempt inte			•		285	,287		υα	3,000,010	
attach	9a	Ordinary dividend								9a	2,733,892	
Form(s) 1099-R if tax		Qualified dividen			oqu	9l	2,096	6,575				-
was	10	Capital gain distr			ons).			-		10	926,677	
withheld.	11a	IRA			,	11b	Taxable	amount				\top
If you did not		distributions.	11a	25,688,354			(see instr			11b	22,829,271	1_
get a W-2, see instructions.	12a	Pensions and				12b	Taxable a					
instructions.		annuities.	12a	146,873,207			(see instr	ructions	s).	12b	121,441,50	2
							ner Incom					
	13	Unemployment of	compensa	ation and Alas	ska Perr					13	6,421,416	
	14a	Social security		159,583,452		14b	Taxable				44 050 404	.
		benefits.	14a	109,000,402			(see instr	ructions	5).	14b	41,859,466	<u> </u>
	15	Add lines 7 throu	iah 14h /	ar right colur	nn) This	ie voi	ır total in	come		15	1,295,567,5	62
A ali a + a -!	15	Add iiiles / tillot	igii 140 (I	ar rigiti colur	1111). 11118	is you	ıı total ifi	conne.		15	1,230,007,0	JZ
Adjusted	16	Educator expens	oo (ooo ir	actructions)		16	3 400	000				
gross	16 17	IRA deduction (s				17				_		
income	18	Student loan inte			tructions					_		
		Stadont loan inte	. Joe Godu	0.1011 (000 1118	40110116	·/·	5,251	.000				
	19	Tuition and fees.	Attach F	orm 8917.		19	9 1,508	3.005				
	20	Add lines 16 thro			ur total a			,		20	8,358,226	
			J	, , ,		,				-		+
	21	Subtract line 20	from line	15. This is yo	ur adjus	sted g	ross inco	me.	•	21	1,287,209,3	35
For Disclosure, F	Privac	y Act, and Paperwo							ıt. No.	11327 <i>A</i>	Form 1040	A (2016

Form 1040A (2	2016)					Pa	age 2
Tax, credits,	22	Enter the amount from line 21 (adjusted gross income).			22		
and	23a	Check (A You were born before January 2, 1952, C Blind) Total	boxes		A= 6	6,812,873 B=	2,427,907
payments		if: B Spouse was born before January 2, 1952, Blind check	ced ▶ 23a		C= 9	92,914 D:	= 41,246
payments	b	If you are married filing separately and your spouse itemizes					
Standard		deductions, check here	► 23b	Во	xes C	hecked= 1,99	9
Deduction for—	24	Enter your standard deduction. Tot. Std. Ded.=	39,668,574		24 /	Add. Std. Ded= 7	,017,355
People who	25	Subtract line 24 from line 22. If line 24 is more than line 22, er			25	35,584,790	
check any box on line	26	Exemptions. Multiply \$4,050 by the number on line 6d.			26	39.388.765	
23a or 23b or	27	Subtract line 26 from line 25. If line 26 is more than line 25, er	ter -0				
who can be claimed as a		This is your taxable income .		•	27	28,399,906	
dependent, see	28	Tax, including any alternative minimum tax (see instructions). 28	28,271,993				
instructions.	29	Excess advance premium tax credit repayment. Attach			-		
All others:		Form 8962. 29	1,376,169				
Single or Married filing	30	Add lines 28 and 29.	1,010,100		30	28,471,152	
separately, \$6,300	31	Credit for child and dependent care expenses. Attach				20,47 1,102	
Married filing	0.	Form 2441. 31	1,852,307				
jointly or	32	Credit for the elderly or the disabled. Attach	1,032,307		-		
Qualifying widow(er), \$12,600	32	Schedule R. 32	04.070				
	22		34,979		-		
Head of household,	33	,	3,722,512		-		
\$9,300	34	Retirement savings contributions credit. Attach Form 8880. 34	5,006,182		-		
	35	Child tax credit. Attach Schedule 8812, if required. 35	9,029,599		-00	45 007 004	
	36	Add lines 31 through 35. These are your total credits.			36	15,807,364	
	37	Subtract line 36 from line 30. If line 36 is more than line 30, er			37	21,894,452	
	38	Health care: individual responsibility (see instructions). Full-year	r coverage		38	1,548,014	
	39	Add line 37 and line 38. This is your total tax.		1	39	22,533,025	
	40	Federal income tax withheld from Forms W-2 and 1099. 40	37,053,642		_		
If you have	41	2016 estimated tax payments and amount applied					
a qualifying		from 2015 return. 41	322,000		_		
child, attach Schedule	42a		13,733,545		_		
EIC.	b	1					
	43	Additional child tax credit. Attach Schedule 8812. 43	10,917,824		E	cess FICA withheld=	5,956
	44	American opportunity credit from Form 8863, line 8. 44	3,766,813		Ex	ctension Request=	19,954
	45	Net premium tax credit. Attach Form 8962. 45	833,531		_	Other Payments =	2,997
	46	Add lines 40, 41, 42a, 43, 44, and 45. These are your total pa	yments.	•	46	38,368,184	
Refund	47	If line 46 is more than line 39, subtract line 39 from line 46.					
neiuna		This is the amount you overpaid.			47	35,090,454	
Direct	48a	Amount of line 47 you want refunded to you. If Form 8888 is attache	d, check here		48a	35,013,328	
deposit? See	⊾ b	Routing	Savings				
instructions	• •	number Type Onecking	Savings				
and fill in	⊾ d	Account					
48b, 48c, and 48d or	• •	number					
Form 8888.	49	Amount of line 47 you want applied to your					
		2017 estimated tax. 49	98,110				
Amount	50	Amount you owe. Subtract line 46 from line 39. For details or	n how to pay	' ,			
you owe		see instructions.			50	3,638,802	
you owe	51	Estimated tax penalty (see instructions). 51	803,558				
Third party	D	o you want to allow another person to discuss this return with the IRS (see instr	uctions)? 🗌 Ye	s. Cor	nplete	the following.	No
		esignee's Phone		nal iden			
designee		ame • no. •	numbe			Ĭ	
O:	U	nder penalties of perjury, I declare that I have examined this return and accompanying sch	edules and staten	nents, a	and to	the best of my know	wledge
Sign		nd belief, they are true, correct, and accurately list all amounts and sources of income I re an the taxpayer) is based on all information of which the preparer has any knowledge.	ceived during the	tax yea	ar. Dec	aration of prepare	r (otner
here	Y	our signature Date Your occupation	n	Day	ytime r	hone number	
Joint return?							
See instructions. Keep a copy	S	pouse's signature. If a joint return, both must sign. Date Spouse's occu	pation			ent you an Identity Prot	ection
for your records.		- '			I, enter it e (see in:		
	Pı	rint/type preparer's name Preparer's signature	Date	т' —		DTINI	_
Paid		18,482,389			k ⊳ ∐ employe	IT	
preparer	Fi	rm's name ▶			s EIN ▶		
use only	_	rm's address ►		Phon			
		5 444.555 F		1	- 110.		

Form 1040A (2016)							F	Page 2	
Tax, credits,	22	Enter the amount from line 21 (adjusted	d gross inco	me).			22			
and	23a	Check (You were born before January 2			al boxes		7			
		if: Spouse was born before January	·	(1				
payments	b	If you are married filing separately and								
Standard	_	deductions, check here	you. opour	0 1101111200	▶ 23b	, г	7			
Deduction	24	Enter your standard deduction.	Tot	Std. Ded.=	364,207,8		24	Add. Std. Ded=	12,724	606
for—	25	Subtract line 24 from line 22. If line 24				00	25	939,634,944	12,727	,000
People who check any					enter -0				+	
box on line 23a or 23b or	26	Exemptions. Multiply \$4,050 by the nu					26	346,243,301	+	
who can be	27	Subtract line 26 from line 25. If line 26	is more than	1 line 25, 6	enter -u		07			
claimed as a dependent,		This is your taxable income.	, , , ,	. ,			27	661,699,666		
see instructions.	28	Tax, including any alternative minimum tax	`		88,410,87	'3				
• All others:	29	Excess advance premium tax credit re	payment. At							
Single or		Form 8962.		29	758,183					
Married filing separately,	30	Add lines 28 and 29.					30	89,169,332		
\$6,300	31	Credit for child and dependent care ex	penses. Att							
Married filing		Form 2441.		31	1,022,59	1				
jointly or Qualifying	32	Credit for the elderly or the disabled. A	ttach							
widow(er), \$12,600		Schedule R.		32	3,981					
Head of	33	Education credits from Form 8863, line	9 19.	33	3,309,86	8				
household, \$9,300	34	Retirement savings contributions credit.			838,666					
ψ5,500	35	Child tax credit. Attach Schedule 8812			9,476,00					
	36	Add lines 31 through 35. These are you	•				36	14,651,111		
	37	Subtract line 36 from line 30. If line 36			enter -0-		37	74,518,221	+	
	38	Health care: individual responsibility (see				e 🗆	38	985,727	+	
	39	Add line 37 and line 38. This is your to		<i>3</i>) a y c	Jai Goverag		39	75,503,949	+	
	40	Federal income tax withheld from Form		099. 40	121,684,6	19	- 00	15,503,949		
	41	2016 estimated tax payments and amo			121,004,0	-	_			
If you have	41	from 2015 return.	лин аррнеи	41	057.005					
a qualifying child, attach	400				957,085	_				
Schedule	42a	Earned income credit (EIC).		42a	38,333,87	4	_			
EIC.	b	Nontaxable combat pay election. 42b	45,540		440404=					
	43	Additional child tax credit. Attach Sche		43	14,216,179		_	Excess FICA withhele	d= 2,14	7
	44	American opportunity credit from Form			3,203,520)	_	Extension Request=		
	45	Net premium tax credit. Attach Form 8		45	339,530			Other Payments =	2,65	7
	46	Add lines 40, 41, 42a, 43, 44, and 45.			ayments.		46	178,773,607		
Refund	47	If line 46 is more than line 39, subtract	line 39 from	ı line 46.						
itoraria		This is the amount you overpaid.					47	-107,497,671	1	
Direct	48a	Amount of line 47 you want refunded to yo	u. If Form 88	88 is attach	ned, check he	ere 🕨 🛚	488	107,412,210)	
deposit? See	⊾ b	Routing	c Type:	Chacking	g 🗌 Savin	ac				
instructions	•	number	C Type.	OHECKING	g _ Gaviii	igs				
and fill in	⊾ d	Account								
48b, 48c, and 48d or	▶ u	number								
Form 8888.	49	Amount of line 47 you want applied to	your							
		2017 estimated tax.		49	85,462					
Amount	50	Amount you owe. Subtract line 46 from	m line 39. F	or details	on how to p	bay,				
		see instructions.			·	•	- 50	4,263,726		
you owe	51	Estimated tax penalty (see instructions	s).	51	35,713					
Third party	Do	you want to allow another person to discuss this	<i></i>	IRS (see ins	structions)?	Yes. C	omple	te the following.	No	
•				(000						
designee		signee's me •	Phone no. ►			rsonal ic mber (Pl		tion		
	Ur	der penalties of perjury, I declare that I have examined the	nis return and acc	companying s	chedules and sta	atements	s, and to	o the best of my kn	owledge	
Sign	an	d belief, they are true, correct, and accurately list all amount the taxpayer) is based on all information of which the p	ounts and source	s of income I	received during	the tax	year. De	eclaration of prepar	er (other	
Oigii		an the taxpayer, is based on all information of which the p	Date	Your occupa	tion	- 11	Davtime	phone number		
	tha	ur signature					– a,	priorio riarribor		
here	tha	ur signature		·						
here Joint return? See instructions.	tha Yo			Spouse's oo	cupation		f the IRS	cent you an Identity Pro	otection	
here Joint return? See instructions. Keep a copy	tha You	ur signature ouse's signature. If a joint return, both must sign.	Date	Spouse's occ	cupation		PIN, ente		otection	
here Joint return? See instructions. Keep a copy for your records.	tha You	ouse's signature. If a joint return, both must sign.	Date	Spouse's occ				rit inst.)	otection	
here Joint return? See instructions. Keep a copy for your records.	tha You	ouse's signature. If a joint return, both must sign.		Spouse's occ	cupation	Ch	PIN, ente nere (see eck ► [rit inst.) if PTIN	otection	
here Joint return? See instructions. Keep a copy for your records. Paid	Sp.	ouse's signature. If a joint return, both must sign. nt/type preparer's name Preparer's	Date	Spouse's occ		Ch sel	PIN, ente nere (see eck ► [f-emplo	rit inst.) if PTIN yed	otection	
here Joint return? See instructions. Keep a copy for your records.	Sp Pr	ouse's signature. If a joint return, both must sign.	Date	Spouse's occ		Ch sel Fir	PIN, ente nere (see eck ► [rit inst.) if PTIN yed	otection	

	-	partment of the 11	•										
1040EZ	Jo	come Tax oint Filers		lo Depen	_	4	2016					. 1545-0074	
Your first name a	and initial		Last name							You	r social se	curity num	nber
					Tot	al Forms Fil	ed = 23,775	,765				<u> </u>	
If a joint return, spouse's first name and initial			tial	Last name						Spot	use's social	security nu	umber
											<u> </u>	<u> </u>	
Home address (n	number and	I street). If you l	have a P.O. I	box, see instru	ctions.				Apt. no.			ure the SSI are correc	
0:4	-tf:1-1-		h		ll-t-		!4						
City, town or post	office, state		•		•		•				idential Election in the state of the state		_
Faraian asuntari		Sing	gle = 22,58	37,731		Joint = 1,188,0 rovince/state/co		Гото	an neetel eed	iointly	, want \$3 to go	to this fund.	Checking
Foreign country r	lame				Foreign p	rovince/state/co	unty	Forei	gn postal cod	Y = * 3		Y = ** 51,	
	1	Wagas sa	laries and	tine This she	ould be sh	own in box 1	of your Form	(c) W 2				vu	Орошае
ncome	1	-	ur Form(s)	-	ixable Scho		or your roini 11,992	i(8) W-2.		1	23,683	3.825	
ttach	_	7 tttacii yo	ur r orm(s)	77 - 2.	ixubic ociic	oldi ollip –	11,332					,,020	
form(s) W-2 nere.	2	Taxable it	nterest If th	ne total is ove	er \$1.500	you cannot us	se Form 1040	FZ.		2	1,247	.566	
ere.		Тихиоте п	iterest. II ti	10 10111 15 0 1	υ φ1,500,		her Net Income o		67 785				
Enclose, but do	3	Unemplox	vment com	nensation and	d Δlacka P	Permanent Fur		_	,	3	649,4	471	
ot attach, any ayment.	_	Chempioy	ment com	pensation and	a / Maska 1	crinancia i ui	ia arviacias ((see msure	ictions).				
-	4	Add lines	1, 2, and 3	. This is you	r adiusted	gross incom	е.			4	23,765,7	771	
	5					f a joint return		lent, chec	k				
					-	amount from t	_						
		You	Ì			checked = 7							
			can claim y		spouse if a	joint return),	enter \$10,350	0 if single	Total Ex	emptic	ons = 17	,905,254	
						for explanation		8	,	5	23,765		
	6					r than line 4, 6						,,,,,,	
			ur taxable		C	,			>	6	15,963	3,678	
	7				Form(s)	W-2 and 1099).			7	23,18		
ayments,	88	Earned in	icome cred	dit (EIC) (se	ee instructi	ions)				8a	2,832		
credits,	- 1	Nontaxab!	le combat p	pay election.			8b 0		F4	4868 payı	ment = 6.	•	Excess FICA
ind Tax	9	Add lines	7 and 8a. 7	These are you	ır total pa	yments and o	redits.		<u></u>	9	23,376		1,999
	10					d your tax in t		n the				-	
		instruction	ns. Then, ea	nter the tax fi	rom the tal	ble on this line	e.			10	15,956	i,683	
	11	Health car	re: individu	al responsibi	ility (see ii	nstructions)	Full-year	coverage	П	11	1,002		
	12	Add lines	10 and 11.	This is your	total tax.		•			12	15,960		
Refund	13a					12 from line 9	. This is your	refund.				•	
		If Form 88	888 is attac	hed, check h	ere ▶ [13a	21,885	,547	
lave it directly eposited! See		Douting	umban		1 1		N . T [7	. 🗆 .				
nstructions and	▶ '	• Routing n	umber				► c Type:	Checki	ing Sa	vings			
ill in 13b, 13c, nd 13d, or		Account n	umber	1 1 1	1 1		1 1 1	1 1					
orm 8888.	• (Account i	lullibei										
mount	14	If line 12 i	is larger tha	ın line 9, subt	ract line 9	from line 12.	This is						
ou Owe		the amour	at you owe	. For details of	on how to	pay, see instru	ctions.		<u> </u>	14	1,575,	421	
hird Party	Do y	ou want to all	ow another	person to di	scuss this	return with th	e IRS (see ins	structions))? 🗌 Y e	es. Con	nplete bel	ow.	No
Designee	Desig	nee's				Phone			Personal ider	ntification	n		
•	name	>				no.			number (PIN	,	•		
ign						this return and ed during the ta							
lere		information of					,						
oint return? See	Your	signature				Date	Your occupat	tion		Daytim	ne phone nu	ımber	
structions.													
eep a copy for	Spou	se's signature.	if a joint retui	rn, both must s	sign.	Date	Spouse's occ	cupation		If the IRS	S sent you an	Identity Pro	tection
our records.	7						<u>l</u> .			here (se	e inst.)		
Paid		e preparer's na	ıme	Preparer's sig	gnature			Date				PTIN	
Preparer	8,9	05,163								self-en	nployed		
Jse Only	Firm's na	ıme ►						Firm's E	EIN ▶				
, 30 Only	Firm's ac	ldress ►						Phone r	10.				
or Disclosure I	Privacy A	et and Papers	vork Reduc	tion Act Notic	e see instr	netions	Ca	nt No. 113	29W		Form *	1040EZ	(2016)

^{*} One election box checked ** Both election boxes checked (counts each box separately)

Form 1040EZ	Department of the Treasury—Int Income Tax Retu Joint Filers With I	rn for Single and	_	2016		OM	B No. 1545-0074	
Your first name a		Last name	(55)				ial security num	ıber
		Tota	I Forms File	d = 23,775,76	5			
If a joint return, s	pouse's first name and initial	Last name				Spouse's	social security nu	mber
Home address (n	number and street). If you have a P.O.	box, see instructions.			Apt. no.		ake sure the SSN above are correct	
City, town or post	office, state, and ZIP code. If you have a	foreign address, also complete	e spaces below (se	e instructions).	1		al Election Campa you, or your spouse i	•
Foreign country r	name	Foreign p	rovince/state/co	unty	Foreign postal code	jointly, want \$	3 to go to this fund. Owill not change your to	Checking
Income	1 Wages, salaries, and	tips. This should be sh	own in box 1	of your Form(s)	W-2.			
Attach	Attach your Form(s) W-2.	Taxable Schol	arship = 42,	037	1 50	04,836,016	
Form(s) W-2 here.	2 Taxable interest. If	the total is over \$1,500,	you cannot us	e Form 1040EZ	<u>.</u>	2	138,930	
Enclose, but do					Loss = 991,288			
not attach, any payment.	3 Unemployment con	npensation and Alaska F	Permanent Fun	d dividends (see	e instructions).	3 2	2,244,678	
	4 Add lines 1, 2, and	3. This is your adjusted	l gross incom	. .		4 50	8,210,912	
		m you (or your spouse i						
	_ ** _	es) below and enter the a	amount from the	he worksheet or	n back.			
	∐ You _	Spouse		440.050.1				
		you (or your spouse if a			f single;			
		filing jointly. See back				5 14	6,188,449	
	6 Subtract line 5 from This is your taxable	line 4. If line 5 is large	r tnan iine 4, e	nter -0		6 30	19 425 926	
	7 Federal income tay	withheld from Form(s)	W-2 and 1000			_	08,425,836	_
Payments,		edit (EIC) (see instructi		•		_	9,155,021 847,917	
Credits,	b Nontaxable combat		9,777	Excess FICA / R				
and Tax		These are your total pa	vments and c	8b 0 redits.	•		0,014,693	1,492
		nt on line 6 above to fin			he		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	instructions. Then,	enter the tax from the ta	ble on this line	.		10 4	2,970,032	
	11 Health care: individ	ual responsibility (see in	nstructions)	Full-year cov	verage	11	578,279	
		. This is your total tax.				12 4	3,548,311	
Refund		an line 12, subtract line		. This is your ${f re}$				
Have it directly	If Form 8888 is atta	ched, check here ▶ □				13a 1	7,267,809	
deposited! See instructions and fill in 13b, 13c,	▶ b Routing number			▶c Type:	Checking Savi	ings		
and 13d, or Form 8888.	▶ d Account number							
Amount You Owe		an line 9, subtract line 9 e. For details on how to			•	14	801,427	
Third Party	Do you want to allow another	er person to discuss this	return with the	e IRS (see instru	ctions)?	s. Complet		No
Designee	Designee's name ▶		Phone no.	·	Personal ident	ification		
Sign Here	Under penalties of perjury, I de accurately lists all amounts and on all information of which the p	sources of income I receive	ed during the ta	to the best of my x year. Declaration	y knowledge and be n of preparer (other the	lief, it is true nan the taxp	e, correct, and ayer) is based	
Joint return? See instructions.	Your signature	. Sparor rido ariy infomibuge	Date	Your occupation	ı	Daytime pho	one number	
Keep a copy for your records.	Spouse's signature. If a joint ret	urn, both must sign.	Date	Spouse's occup		PIN, enter it	you an Identity Prote	ection
Paid	Print/Type preparer's name	Preparer's signature	1	Da	ate	here (see inst.) Check self-employe		
Preparer	Firm's name ▶	<u> </u>			Firm's EIN ▶			
Use Only	Firm's address ▶				Phone no.			
For Disclosure, I	Privacy Act, and Paperwork Redu	ction Act Notice, see instr	ructions.		No. 11329W	F	orm 1040EZ	(2016)

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

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

OMB No. 1545-0074 201 Attachment

► Attach to Form 1040. Sequence No. 07 Name(s) shown on Form 1040 Your social security number Total schedules filed = 45,610,227 Caution: Do not include expenses reimbursed or paid by others. 8,934,264 Medical **1** Medical and dental expenses (see instructions) and Enter amount from Form 1040, line 38 2 **Dental** 3 Multiply line 2 by 10% (0.10). But if either you or your spouse was **Expenses** born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead 3 8,929,269 8,934,264 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-**Taxes You** 5 State and local (check only one box): a Income taxes, or Income Taxes = . .33,423,270 Paid 5 43,169,551 b ☐ General sales taxes **General Sales Tax = 9,746,281** 37.894.764 6 **6** Real estate taxes (see instructions) 19,460,855 7 Other taxes. List type and amount ▶ 8 2,527,821 44,803,136 Interest Home mortgage interest and points reported to you on Form 1098 32,485,264 10 11 Home mortgage interest not reported to you on Form 1098. If paid You Paid to the person from whom you bought the home, see instructions Note: and show that person's name, identifying no., and address Your mortgage interest 1,002,221 11 deduction may be limited (see 12 Points not reported to you on Form 1098. See instructions for instructions). 2,219,584 12 13 Mortgage insurance premiums (see instructions) 13 4,407,631 **14** Investment interest. Attach Form 4952 if required. (See instructions.) 1,357,091 14 **15** Add lines 10 through 14 15 33.484.919 Gifts to 16 Gifts by cash or check. If you made any gift of \$250 or more, Charity 16 33,409,742 17 Other than by cash or check. If any gift of \$250 or more, see If you made a gift and got a instructions. You must attach Form 8283 if over \$500 . . . 17 22,969,344 benefit for it. **18** Carryover from prior year 18 409,830 see instructions. **19** Add lines 16 through 18 36,936,751 19 **Casualty and Theft Losses** 154,274 **20** Casualty or theft loss(es). Attach Form 4684. (See instructions.) Job Expenses Unreimbursed employee expenses-job travel, union dues, and Certain job education, etc. Attach Form 2106 or 2106-EZ if required. Miscellaneous 14,734,869 21 (See instructions.) ▶ **Deductions 22** Tax preparation fees 21,105,598 22 23 Other expenses—investment, safe deposit box, etc. List type and amount ▶ 7,978,153 23 24 28,218,544 **24** Add lines 21 through 23 **25** Enter amount from Form 1040, line 38 | **25** | Multiply line 25 by 2% (0.02) 26 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- 27 13,014,158 Other Other—from list in instructions. List type and amount ▶ Miscellaneous Gambling Loss Deduction = 906.632 Property income, casualty and theft deduction = **Deductions** 1,238,287 9,094 Total **29** Is Form 1040, line 38, over \$155,650? Itemized ■ No. Your deduction is not limited. Add the amounts in the far right column 29 45,153,109 **Deductions** for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ☐ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. 30 If you elect to itemize deductions even though they are less than your standard deduction, check here .

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

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

OMB No. 1545-0074 2016 Attachment

► Attach to Form 1040. Sequence No. 07 Name(s) shown on Form 1040 Your social security number Total schedules filed = 45,610,227 Caution: Do not include expenses reimbursed or paid by others. Medical 138,182,497 **1** Medical and dental expenses (see instructions) and 2 Enter amount from Form 1040, line 38 | 2 Dental 3 Multiply line 2 by 10% (0.10). But if either you or your spouse was **Expenses** born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead 47,987,235 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-90,195,263 **Taxes You** 5 State and local (check only one box): Paid a Income taxes, or Income Taxes = 337.680.390 356,008,235 b ☐ General sales taxes ☐ General Sales Tax = 18,327,845 197,632,005 10,082,366 8 Other taxes. List type and amount ▶ 2,375,342 9 Add lines 5 through 8. 566,097,948 10 Home mortgage interest and points reported to you on Form 1098 Interest 277,946,991 11 Home mortgage interest not reported to you on Form 1098. If paid You Paid to the person from whom you bought the home, see instructions Note: and show that person's name, identifying no., and address ▶ Your mortgage interest 11 5,006,132 deduction may be limited (see 12 Points not reported to you on Form 1098. See instructions for instructions). 12 1,479,218 13 Mortgage insurance premiums (see instructions) 13 6,797,500 **14** Investment interest. Attach Form 4952 if required. (See instructions.) 13,767,100 **15** Add lines 10 through 14 15 304.996.940 Gifts to 16 Gifts by cash or check. If you made any gift of \$250 or more, Charity 169,317,450 17 Other than by cash or check. If any gift of \$250 or more, see If you made a gift and got a instructions. You must attach Form 8283 if over \$500 . . . 79,569,011 benefit for it. 36.609.545 see instructions. 19 Add lines 16 through 18. 233,867,324 **Casualty and Theft Losses** 5,186,866 **20** Casualty or theft loss(es). Attach Form 4684. (See instructions.) 20 **Job Expenses** 21 Unreimbursed employee expenses-job travel, union dues, and Certain job education, etc. Attach Form 2106 or 2106-EZ if required. Miscellaneous 21 (See instructions.) ▶ 97,108,695 **Deductions** 8,305,145 23 Other expenses—investment, safe deposit box, etc. List type and amount > 23 54,837,249 **24** Add lines 21 through 23 24 160,251,088 **25** Enter amount from Form 1040, line 38 | **25** | **26** Multiply line 25 by 2% (0.02) 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- 115,543,990 27 Other 28 Other—from list in instructions. List type and amount ▶ Miscellaneous Gambling Loss Deduction = 20,213,818 **Deductions** Property income, casualty and theft deduction = 23,245,338 479,325 Total **29** Is Form 1040, line 38, over \$155,650? **Itemized** No. Your deduction is not limited. Add the amounts in the far right column 29 1,293,399,294 **Deductions** for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ☐ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. 30 If you elect to itemize deductions even though they are less than your standard deduction, check here .

Cat. No. 17145C

SCHEDULE B

(Form 1040A or 1040)

(Rev. January 2017) Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.
► Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

2016 Attachment Sequence No. 08

Name(s) shown on r		Total schedules filed = 21,428,229	Your	social secur	ty num	ber
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Am	ount	
Interest		buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶				
(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)			1			
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	2	Add the amounts on line 1	2	18,131,	507	
payer and enter the total interest shown on that	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	17,16		
form.	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	4	,	<u>- </u>	
	Note:	If line 4 is over \$1,500, you must complete Part III.		Am	ount	Ċ
Part II	5	List name of payer ▶				
Oudinour						
Ordinary						
Dividends						
(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)			5			
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	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form				
on that form.	-	1040, line 9a	6	15,524,	405	
	-	If line 6 is over \$1,500, you must complete Part III.	I. V. I	_		
	foreigr	nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (n) account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign	gn trus	st	Yes	No
Part III Foreign	7a	At any time during 2016, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) located country? See instructions				
Accounts and Trusts (See		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Fina Accounts (FBAR), to report that financial interest or signature authority? See FinCEN and its instructions for filing requirements and exceptions to those requirements.	N Forn			
instructions on back.)	b	financial account is located ►				
	8	During 2016, did you receive a distribution from, or were you the grantor of, or trans	feror t	o, a		

SCHEDULE B

(Form 1040A or 1040)

(Rev. January 2017) Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040. ► Information about Schedule B and its instructions is at www.irs.gov/scheduleb. OMB No. 1545-0074

2016 Attachment Sequence No. 08

Part I Interest (See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)	2	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶	1	Amo	ount	
on back and the instructions for Form 1040A, or Form 1040,	_		1			
	_					
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	_	A statitude and a contract of the second				4
payer and enter the total interest	3	Add the amounts on line 1	2	92,557,7		
shown on that form.	4	Attach Form 8815	3	<u> 26,96</u>	<u> </u>	
	Note:	If line 4 is over \$1,500, you must complete Part III.		Amo	ount	
Part II	5	List name of payer ▶				
0						
Ordinary Dividends						
(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)			5			
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						\blacksquare
the ordinary dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6	249,634	297	
on that form.	Note:	If line 6 is over \$1,500, you must complete Part III.		0,004	,,	
	You m	ust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (laccount; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign	b) had	a st.	Yes	No
Part III Foreign Accounts		At any time during 2016, did you have a financial interest in or signature authority ov account (such as a bank account, securities account, or brokerage account) located country? See instructions	er a fi I in a f	nancial		
and Trusts (See instructions on	b	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Fina Accounts (FBAR), to report that financial interest or signature authority? See FinCEN and its instructions for filing requirements and exceptions to those requirements. If you are required to file FinCEN Form 114, enter the name of the foreign country where the foreign c	N Forn			
back.)	8	financial account is located During 2016, did you receive a distribution from, or were you the grantor of, or transforeign trust? If "Yes," you may have to file Form 3520. See instructions on back.				

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business (Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec. ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074 Attachment

Name o	of proprietor Total schedules filed	= 28,7	78,618 Includ	des: 5	,436	,241 Schedule C-EZs	Social se	ecurity number (SSN)
4	Principal business or profession	n, inclu	iding product or serv	vice (see	e instr	uctions)	B Enter	code from instructions
С	Business name. If no separate	busine	ss name, leave blanl	k.			D Emplo	eyer ID number (EIN), (see instr.)
.	Business address (including si	uite or ı	room no.) ►				1 .	
	City, town or post office, state	, and Z						
		Cash		(3)		Other (specify) ►		
i	Did you "materially participate	" in the	operation of this bu	siness c	during	2016? If "No," see instructions for I		
	Did you make any payments in	n 2016	that would require yo	ou to file	e Form	n(s) 1099? (see instructions)		Yes No
		requir	ed Forms 1099? .					Yes No
Par	Income							
1						this income was reported to you or		24,240,785
2	Returns and allowances						. 2	682,310
3	Subtract line 2 from line 1 .						. 3	24,256,010
4	Cost of goods sold (from line	12) .					. 4	4,127,205
5	•							24,300,573
6						refund (see instructions)	. 6	952,307
7	Gross income. Add lines 5 ar	nd 6 .				<u> </u>	7	24.500.638
Part	Expenses. Enter expe			of your	r hom			
8	Advertising	8	6,247,098		18	Office expense (see instructions)	18	7,509,429
9	Car and truck expenses (see		40 -04 404		19	Pension and profit-sharing plans	. 19	100,585
	instructions)	9	12,524,484		20	Rent or lease (see instructions):		
10	Commissions and fees .	10	1,197,203		a	Vehicles, machinery, and equipmen		1,882,468
11	Contract labor (see instructions)	11	2,221,763		b	Other business property		3,200,575
12 13	Depletion	12	54,427		21	Repairs and maintenance		4,564,013
	expense deduction (not				22 23	Supplies (not included in Part III) Taxes and licenses		9,945,399
	included in Part III) (see	13	5,161,086		23 24	Travel, meals, and entertainment:		5,918,189
4.4	instructions)	13	0,101,000		2 4 a	Travel		4,947,842
14	Employee benefit programs (other than on line 19)	14	211,724	1 1	b	Deductible meals and	. 244	4,047,042
15	Insurance (other than health)	15	5,864,236		b	entertainment (see instructions)	. 24b	6,882,027
16	Interest:		-,,		25	Utilities	. 25	12,086,800
а	Mortgage (paid to banks, etc.)	16a	402,395	1 1	26	Wages (less employment credits)		1,018,598
b	Other	16b	1,454,346		27a	Other expenses (from line 48) .	. 27a	12,056,135
17	Legal and professional services	17	7,688,472		b	Reserved for future use	. 27b	
28	Total expenses before expen-	ses for	business use of hom	ne. Add	lines	8 through 27a ▶	28	21,598,778
29	Tentative profit or (loss). Subtr	act line	28 from line 7				. 29	25,308,249
30	Expenses for business use o unless using the simplified me Simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the part of your home to the same simplified method filers only and (b) the same simplified method filers on	thod (s	ee instructions). the total square foot	age of:			-	
	Method Worksheet in the instr						. 30	3,744,212
31	Net profit or (loss). Subtract		-	10 0110	J. J.		. 50	
	 If a profit, enter on both Form (If you checked the box on line 	n 1040,	line 12 (or Form 104	,	,	′ (31	25,063,932
	If a loss, you must go to lin		2, 2233330		,	, , ,		ļ.
32	If you have a loss, check the b		describes your inve	stment	in this	activity (see instructions).		
	 If you checked 32a, enter to on Schedule SE, line 2. (If you trusts, enter on Form 1041, line.) If you checked 32b, you mu 	he loss u checl ne 3.	on both Form 1040 sed the box on line 1 nondeductible lo), line 1: , see the ss (+)/	2, (or e line susp	Form 1040NR, line 13) and 31 instructions). Estates and ended loss carryover (-)		es Checked = 6,015, All investment is at risk Some investment is no at risk.

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business (Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec. ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074 Sequence No. 09

Name o	f proprietor Total schedules file	ed = 2	8,778,618 Inclu	ıdes:	5,43	36,241	Schedul	e C-EZs	Social s	ecurity number (SSN)	
A	Principal business or profession	on, incl	uding product or servi	ice (se	e instr	uctions)			B Enter	code from instructions	
С	Business name. If no separate	busin	ess name, leave blank						D Emplo	oyer ID number (EIN), (se	ee instr.)
E	Business address (including s	uite or	room no.) ►								
	City, town or post office, state	, and I	ZIP code								
F	Accounting method: (1)	_	· · · —			Other (spe				<u></u>	- <u></u>
G	Did you "materially participate										☐ No
Н	If you started or acquired this										
I	Did you make any payments in										□ No
J	If "Yes," did you or will you file	requi	red Forms 1099? .					<u></u>		Tes	☐ No
Part											
1	Gross receipts or sales. See in Form W-2 and the "Statutory e						•	· -	1	1,404,485,708	
2	Returns and allowances								2	8,041,996	
3	Subtract line 2 from line 1 .								3	1,396,443,712	
4	Cost of goods sold (from line	42) .							4	403,136,317	
5	Gross profit. Subtract line 4 to								5	993,307,395	
6	Other income, including federa								6	17,735,092	
7	Gross income. Add lines 5 ar							<u> ▶</u>	7	1,011,042,487	
Part				t you					1 1		
8	Advertising	8	16,136,957		18			instructions)	18	13,403,820	
9	Car and truck expenses (see		00 004 500		19		and profit-sh		19	1,156,231	
40	instructions)	9	88,631,522		20		lease (see in		00-	40.004.004	
10 11	Commissions and fees .	10	16,327,895		a b			and equipment	20a 20b	10,324,901	
12	Contract labor (see instructions) Depletion	12	56,941,520 438,899		21			erty nance	21	37,488,485	
13	Depreciation and section 179	12	430,033		22			ed in Part III).	22	18,347,978	
	expense deduction (not				23				23	39,063,078 19,524,361	
	included in Part III) (see instructions)	13	38,358,555		24			ntertainment:		19,324,361	
14	Employee benefit programs				a				24a	16,572,539	
• •	(other than on line 19).	14	2,904,861		b		ible meals an				
15	Insurance (other than health)	15	19,968,376					nstructions) .	24b	10,477,079	
16	Interest:				25	Utilities			25	31,513,128	
а	Mortgage (paid to banks, etc.)	16a	3,111,310		26	Wages	(less employ	ment credits).	26	90,773,828	
b	Other	16b	5,716,648		27a	Other e	xpenses (fro	m line 48)	27a	118,821,519	
17	Legal and professional services	17	13,021,634		b	Reserv	ed for future	use	27b		
28	Total expenses before expen			e. Add	l lines	8 through	27a	•	28	673,988,758	
29	Tentative profit or (loss). Subtr	act lin	e 28 from line 7						29	337,053,729	
30	Expenses for business use of unless using the simplified method filers only and (b) the part of your home to the same that the s	thod (i r: enter used f	see instructions). r the total square foota or business:	age of: 29	(a) you 4,435	ur home:	3,052				
	Method Worksheet in the instr			to en	ter on l	line 30 .			30	9,863,636	
31	Net profit or (loss). Subtract							,			
	If a profit, enter on both Form		*		,					220 000 000	
	(If you checked the box on line		instructions). Estates a	nd trus	sts, ent	er on For i	m 1041, line	3.	31	328,082,028	
	• If a loss, you must go to lin		A describer		i 11 *			,			
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. nondeductible loss (+)/suspended loss carryover (-) • If you checked 32b, you must attack Form 6108. Your loss may be limited. 891.935										

Schedule C (Form 1040) 2016 Page 2 Part III Cost of Goods Sold (see instructions) 33 Method(s) used to value closing inventory: a Cost **b** Lower of cost or market c Other (attach explanation) Was there any change in determining quantities, costs, or valuations between opening and closing inventory? 34 Yes ☐ No 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . 1,191,360 36 Purchases less cost of items withdrawn for personal use 36 2,251,490 37 Cost of labor. Do not include any amounts paid to yourself 37 544,116 1,823,561 38 Materials and supplies . . . 38 971,141 39 39 40 Add lines 35 through 39 . . 40 41 1,250,156 41 Inventory at end of year Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 42 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. When did you place your vehicle in service for business purposes? (month, day, year) / / 43 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for: 44 **b** Commuting (see instructions) **c** Other No 45 ☐ No Do you (or your spouse) have another vehicle available for personal use?. 46 ☐ No If "Yes," is the evidence written? ☐ No Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Total other expenses. Enter here and on line 27a

48

48

Schedule C (Form 1040) 2016 Page **2**

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor		,	
	If "Yes," attach explanation		. Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	40,227,654	
36	Purchases less cost of items withdrawn for personal use	36	237,045,378	_
37	Cost of labor. Do not include any amounts paid to yourself	37	36,223,698	
38	Materials and supplies	38	61,905,588	
39	Other costs	39	69,148,323	
40	Add lines 35 through 39	40		
41	Inventory at end of year	41	41,414,323	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or and are not required to file Form 4562 for this business. See the instructions for I 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 2016, enter the number of miles you used your vehicle during 2016, enter the number of miles you will be a second your vehicle during 2016, enter the number of miles you will be a second your vehicle during 2016, enter the number of miles you will be a second your vehicle during 2016, enter the number of miles you will be a second your vehicle during 2016, enter the number of miles you will be a second your vehicle during 2016, enter the number of miles you will be a second your vehicle during 2016, enter the number of miles you will be a second your vehicle during 2016, enter the number of miles you will be a second your vehicle your vehicle during 2016, enter the number of miles you will be a second your vehicle you will be a second your vehicle you will	ehicle	for:	
а	Business b Commuting (see instructions) c C	ther		
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		ne 30		
10	Total other expenses. Enter here and on line 27a	40		

SCHEDULE C-EZ (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Net Profit From Business

(Sole Proprietorship)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
 Attach to Form 1040, 1040NR, or 1041.
 ▶ See instructions on page 2.

OMB No. 1545-0074

2016
Attachment
Sequence No. 09A

Name of proprietor

Total schedules filed = 5,436,241

Data are tabulated with the Schedule C's

Social security number (SSN)

Part	General Inform	ation							
So Ins So	ou May Use hedule C-EZ stead of hedule C	 Had business expenses of \$5,000 or less, Use the cash method of accounting, Did not have an inventory at any time during the year, Did not have a net loss from your business, Had only one business as either a sole proprietor, qualified joint venture, or statutory employee, 	And You:	Had no em Do not decuse of your Do not have passive actions business, and the component of this busines Schedule Comust file.	duct or home price	expense ne, or year u losses f I to file I d Amort ee the ir	s for be unallow rom th Form 4 ization	ved is 1562, n, for ions fo	or
A F	Principal business or profes	sion, including product or service			В	Enter bu	siness	code (s	ee page 2)
C	Business name. If no separa	ate business name, leave blank.			D	Enter y	our El	N (sec	e page 2)
E E	Business address (including	suite or room no.). Address not required if sa	me as on page 1 of y	our tax return.					
<u> </u>	City, town or post office, sta	ate, and ZIP code							
	,								
	Did you make any payme Schedule C)	ents in 2016 that would require you to file	` '					es	□ No
G	f "Yes," did you or will y	ou file required Forms 1099?					Ye		□ No
Part	II Figure Your Ne	et Profit							
1	employee" box on th	ion: If this income was reported to you at form was checked, see Statutory of check here	employees in the		•	1			
2	Total expenses (see p	age 2). If more than \$5,000, you must us	e Schedule C .			2			
3	Form 1040, line 12, and line 2 (see page 2). (\$	ne 2 from line 1. If less than zero, you mind Schedule SE, line 2, or on Form 1040 Statutory employees do not report this er on Form 1041, line 3	NR, line 13, and S amount on Sche	chedule SE,		3			
Part	III Information on	Your Vehicle. Complete this part or	nly if you are clair	ming car or t	rucl	c expe	nses	on lin	ie 2.
4	When did you place yo	ur vehicle in service for business purpose	es? (month, day, ye	ear) ►					
5	Of the total number of	miles you drove your vehicle during 2016	, enter the number	of miles you	used	d your v	ehicle	for:	
а	Business	b Commuting (see page 2)		c Oth	er				
6	Was your vehicle availa	able for personal use during off-duty hour	rs?				□Y€	es	□No
7	Do you (or your spouse	e) have another vehicle available for perso	onal use?				□Y€	s	□No
8a	Do you have evidence	to support your deduction?					☐ Ye)S	□No
b	If "Yes," is the evidence	e written?					□ Yϵ	es	□No

SCHEDULE C-EZ (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Net Profit From Business

(Sole Proprietorship)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
 Attach to Form 1040, 1040NR, or 1041.
 See instructions on page 2.

OMB No. 1545-0074

2016

Attachment
Sequence No. 09A

Name of proprietor

Total schedules filed = 5,436,241

Social security number (SSN)

Data are tabulated with the Schedule C's

Part	General Inform	ation					
So Ins So	ou May Use chedule C-EZ stead of chedule C nly If You:	 Had business expenses of \$5,000 or less, Use the cash method of accounting, Did not have an inventory at any time during the year, Did not have a net loss from your business, Had only one business as either a sole proprietor, qualified joint venture, or statutory employee, 	And You:	Had no emp Do not deduuse of your! Do not have passive actibusiness, ar Are not requiperciation this busines Schedule C, must file.	uct expens home, prior year vity losses nd uired to file n and Amo s. See the	unallowed from this Form 4562 rtization, for instructions	ess
		sion, including product or service			B Enter b	ousiness code	(see page 2)
C	Business name. If no separa	te business name, leave blank.			D Enter	your EIN (s	see page 2)
E E	Business address (including	suite or room no.). Address not required if sa	ame as on page 1 of y	our tax return.			
(City, town or post office, sta	te, and ZIP code					
		nts in 2016 that would require you to fil					
		ou file required Forms 1099?				☐ Yes	No □ No
Part							
1	•	on: If this income was reported to your form was checked, see Statutory check here	employees in the				
2	Total expenses (see pa	age 2). If more than \$5,000, you must u	se Schedule C .		. 2		
3	Form 1040, line 12, and line 2 (see page 2). (S	e 2 from line 1. If less than zero, you med Schedule SE, line 2, or on Form 1046 statutory employees do not report this or on Form 1041, line 3	ONR, line 13, and S	chedule SE, dule SE, line 2			
Part	Information on	Your Vehicle. Complete this part o	nly if you are clair	ning car or tr	uck expe	enses on	line 2.
4	When did you place you	ur vehicle in service for business purpos	ses? (month, day, ye	ear) ►		·	
5	Of the total number of r	niles you drove your vehicle during 201	6, enter the number	of miles you u	sed your	vehicle for	:
а	Business	b Commuting (see page 2)		c Othe	r		
6	Was your vehicle availa	ble for personal use during off-duty hou	ırs?			□Yes	□No
7	Do you (or your spouse) have another vehicle available for pers	sonal use?			☐Yes	□No
8a	Do you have evidence t	o support your deduction?				☐Yes	□No

b If "Yes," is the evidence written?

☐ Yes

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

Your social security number

Total schedules filed = 20,774,451 Total Sales Reported with Form 1099 = 16,363,701

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	s from Part I,	(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.	2,457,483	2,437,594			2,365,775
	Totals for all transactions reported on Form(s) 8949 with Box A checked	7,575,799	7,551,324	1,724,380		7,288,424
	Totals for all transactions reported on Form(s) 8949 with Box B checked	2,209,092	1,865,357	208,987		1,978,066
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	507,603	488,740	68,427	1	501,409
4 5	Short-term gain from Form 6252 and short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	, estates, and t		4 5	504,785 1,093,296
	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of	your Capital Loss			(2,362,705
Pai	term capital gains or losses, go to Part II below. Otherwise t II Long-Term Capital Gains and Losses—Ass			<u></u> r	7	11,864,621
nes his	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or loss Form(s) 8949, line 2, colum	s from Part II,	(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.	2,645,465	2,627,479			2,607,376
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	7,846,343	7,814,464	1,681,724	4	7,682,653
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	7,137,205	6,771,530	457,808		6,820,224
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	2,023,341	1,803,203	771,751		1,538,301
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			ain or (loss)	11	2,338,794
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	d trusts from Sche	dule(s) K-1	12	2,132,089
13	Capital gain distributions. See the instructions				13	9,314,383

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on

4,417,346

14

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.

► Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

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

OMB No. 1545-0074

2016 Attachment Sequence No. 12

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

Your social security number

Total schedules filed = 20,774,451 Total Sales Reported with Form 1099 = 4,930,177,919

lines below.	to figure the amounts to enter on the to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (d)
1a Totals for all short 1099-B for which which you have no However, if you ch	term transactions reported on Form pasis was reported to the IRS and for adjustments (see instructions). Hoose to report all these transactions we this line blank and go to line 1b.	254,522,689	258,178,281		. (9)	-3,655,733
	actions reported on Form(s) 8949 with	2,301,030,345	2,479,621,606	162,149,637		-16,437,859
	actions reported on Form(s) 8949 with	270,388,977	287,440,663	16,141,749		-909,937
3 Totals for all trans Box C checked	actions reported on Form(s) 8949 with	133,978,084	136,075,706	116,628		-1,980,997
4 Short-term gain from	om Form 6252 and short-term gain or (loss) from Forms	4684, 6781, and 8	824 .	4	4,246,656
	gain or (loss) from partnerships,	•			5	2,950,753
6 Short-term capital Worksheet in the	loss carryover. Enter the amount, if an instructions	ny, from line 8 of	your Capital Loss	Carryover	6	176,525,654
	apital gain or (loss). Combine lines 1s or losses, go to Part II below. Otherwis	_			7	-192,311,43

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or loss Form(s) 8949, F line 2, column	from Part II,	(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.	204,803,200			-2,096,941	
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	6,217 16,179,18				
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	1	106,256,509			
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	475,994,350	363,370,155	-58,712,40	5	53,911,783
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	2439 and 6252;	and long-term gai	n or (loss)	11	209,768,981
12	Net long-term gain or (loss) from partnerships, S corporat	tions, estates, and	trusts from Sched	dule(s) K-1	12	169,554,086
13	Capital gain distributions. See the instructions				13	35,774,800
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	Carryover	14	(288,055,347		
15	Net long-term capital gain or (loss). Combine lines 8a the back	•	` '		15	301,218,924

Schedule D (Form 1040) 2016 Page **2**

Part	Summary		
16	Combine lines 7 and 15 and enter the result	16	20,124,401
	• 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?		
	☐ No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶	18	59,859
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	1,446,906
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) 2016 Page **2**

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16	108,907,489	
	• 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?			
	☐ No. Skip lines 18 through 21, and go to line 22.			
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶	18	4,868,895	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	28,132,027	
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) 2016

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

Sequence No. 13

OMB No. 1545-0074

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

Total cohodulos filed =

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee. Your social security number

	Total	schedules filed =	19,431,116										
Part	Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of re Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Fo Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)												
	you make any paymer Yes," did you or will yo			file F	orm(s)	1099? (see inst	ructions)			=	es 🗌	No No
		each property (street, o		code	<i>i</i>)							<u> </u>	
A		with Rental Propertie			•	otal Nu	umber c	f Rental P	roperti	es =	17.5	60,866	
В	<u> </u>	rns with Royalties =						er of Roya				12,194	
C	Number of Reta	iris with Royaldes –	2,121,	004		100	ui ivaiiik	or or itoy	uitics -		0,1	12,104	
1b	Type of Property (from list below)	eal estate proper number of fairs. Check the	operty listed air rental and				Rental ays	Perso D	nal U ays	lse	QJ,	v	
Α		the requiremer	nts to	file as	Α								
В		a qualified joint v	enture. See in	struct	ions.	В							
С						С							
Туре	of Property:												
1 Sing	le Family Residence	3 Vacation/Short-	Term Rental	5 Lai	nd		7 Self-	Rental					
2 Mult	i-Family Residence	4 Commercial		6 Ro	yalties		8 Othe	r (describe)				
Incom	e:		Properties:		REN	IT A	R	OYALTY I	3			С	
3	Rents received			3	9,840	6,039							
4				4				2,061,50	8				
Expen													
5	Advertising			5									
6	Auto and travel (see in	nstructions)		6									
7	Cleaning and mainten	nance		7									
8	Commissions			8									
9	Insurance			9									
10	Legal and other profes	ssional fees		10									
11	Management fees .			11									
12	Mortgage interest paid	d to banks, etc. (see in	structions)	12	5,42	2,466							
13	Other interest			13							585,7	86	
14	Repairs			14									
15	Supplies			15									
16	Taxes			16	8,83	8,149							
17	Utilities			17									
18	Depreciation expense	or depletion		18	8.13	5.865		771,39	3				
19				19									
20	Total expenses. Add l	ines 5 through 19 .		20	9,97	1,778		1,322,15	57				
21	result is a (loss), see i	line 3 (rents) and/or 4 instructions to find out	if you must		40.4	00.000			_				
				21	10,1	96,020		2,044,21					
22		estate loss after limita			, 5 12	2,470		ondeduct				1,593,	
	on Form 8582 (see ins	·		22	(5,13	2,470	_	suspended		arryc	ver =	928,8	808
	Total of all amounts re						23a	9,846,039					
b	Total of all amounts re						23b	2,061,508		_			
C		eported on line 12 for a					23c	5,422,466					
d		eported on line 18 for a					23d	8.764.150					
	Total of all amounts re						23e	10,997,69					
24	•	e amounts shown on li			•				_	_	7,406,		+
25	• •	esses from line 21 and re								25 (5,482,	334)
26	If Parts II, III, IV, and lin	te and royalty income ne 40 on page 2 do not ine 18. Otherwise, inclu-	t apply to you,	also	enter t	his amo	ount on F	orm 1040,	line	26	10 683	201	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

Attachment Sequence No. 13

Name(s)	shown on return Total sche	edules filed = 19,431,116						Your so	cial secu	rity number	
Part	Income or Loss	s From Rental Real Estate and Ro	-		•						
		EZ (see instructions). If you are an indiv						Form 48			
		nts in 2016 that would require you to	o file F	-orm(s)	1099? (s	ee inst	tructions)			Yes 🔲	
		ou file required Forms 1099?	<u> </u>	- \						Yes	No
<u>1a</u>	Physical address of 6	each property (street, city, state, ZIF	coa	e)							
<u>A</u>											
	Type of Branarty	2 Fau analy wantal wash actata was		l: a.t. a.l		Fair	Rental	Person	عا ا ادم		
10	Type of Property (from list below)	2 For each rental real estate pro above, report the number of fa	perty iir rent	tal and		_	Days	Day		QJ\	/
	(ITOITI IIOC BOIOW)	above, report the number of fa personal use days. Check the only if you meet the requireme	QJV k	OOX	A						
		a qualified joint venture. See ir	nstruc	tions.	В						
					C					H	
	of Property:										
	le Family Residence	3 Vacation/Short-Term Rental	5 La	and	7	7 Self-	-Rental				
_	ti-Family Residence	4 Commercial		oyalties			er (describe)				
Incom		Properties:	T		NT A	, our	OYALTY	3		С	
3	Rents received		3	326,9	14,481						
4			4				24,963,79	96			
Expen											
5	Advertising		5								
6		nstructions)	6								
7	Cleaning and mainten	nance	7								
8	Commissions		8								
9			9								
10	Legal and other profe	ssional fees	10								
11	Management fees .		11								
12	Mortgage interest pai	d to banks, etc. (see instructions)	12	54,2	47,909						
13	Other interest		13						6,29	90,478	
14	Repairs		14								
15			15								
16			16	48,3	60,029						
17			17								
18		e or depletion	18	79,1	72,296		2,526,288	3			
19	Other (list)	Pro F thurs only 40	19	000.0	00.007		7 642 060				
20	rotai expenses. Add i	lines 5 through 19	20	302,6	02,667		7,642,060	,			
21		line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must		24.3	311,814		47 224 72				
			21	24,	711,014		17.321.73			- 40 407	
22		l estate loss after limitation, if any,	22	48.5	39,717		nondeduct suspended				
220	on Form 8582 (see in		22	(,		220			Tyover	- 12,955	,440
23a b		eported on line 3 for all rental prope eported on line 4 for all royalty prop		•	•	23a 23b					
C		eported on line 4 for all properties				23c	- 4.04 - 00	-			
d		eported on line 12 for all properties				23d	81,698,58				
e		eported on line 20 for all properties				23e					
24		e amounts shown on line 21. Do no				206	310,271,11	. 24	108	037,527	
25		osses from line 21 and rental real esta		-		 Enter t	otal losses h			29,873)
	• •								(50,0		1
26		te and royalty income or (loss). Col									

17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2

47,107,654

26

	lle E (Form 1040) 2016					Atta	achmer	nt Sequence N			Page 2	
Name(s	s) shown on return. Do not enter	name and social sec	curity number if s	hown on other side	Э.			`	Your so	ocial security nun	nber	
Cauti	on: The IRS compares a	amounts reporte	d on vour tax	return with an	nounts s	shown o	n Sch	nedule(s) K-	1.			
Part	·									at-risk activity fo	r which	
	any amount is not a		-	-		-				•		
27	Are you reporting an	y loss not allow	ed in a prior	year due to th	e at-ris	k, exces	ss far	m loss, or l	basis	limitations, a	prior year	
	unallowed loss from a					orm 858	32), o	r unreimbur	sed p			
-	you answered "Yes,"	see instructions	before comp	oleting this sec		(c) Check	, if	(-I) F		Yes	No heck if	
28		(a) Name		partnersh for S corpo	ip; S	foreign		(d) Em identific num	cation	aný an	neck II nount is at risk	
Α		Number of PAI	RTNERSHIPS			26,9		num	Dei		715,711	
В				3,232,3								
С		Number of \$	S-CORPS	5,041,8	41					2	82,385	
D												
		ome and Loss						e Income a				
	(f) Passive loss allowed (attach Form 8582 if required		ssive income chedule K-1	(h) Nonpa from Sche				ction 179 expe on from Form				
Α	PARTNERSHIPS	PARTNE	RSHIPS	PARTNERS	SHIPS	PA	RTN	ERSHIPS		PARTNERS	HIPS	
В	1,266,734	1,867,71		1,623,6			372	2,066		2,359,239		
С	S-CORPS	S-CORP		S-CORI	PS		S-C	ORPS		S-CORPS		
D	178,045	550,36		1,380,7	90		1,07	9,926		3,211,746		
29a	Totals	2,294,77	73						Т	5,219,765	i	
b	Totals 1.386.631	of line 20e		2,844,52	7		1,41	9,016	20	0.004.070		
30 31	Add columns (g) and (j) Add columns (f), (h), an								30	6,681,676 (4,861,300		
32	Total partnership and	**	income or	(loss). Combi	ne lines	 : 30 and	 1 31	Fnter the	<u> </u>	4,001,000	' 	
-	result here and include								32	8,710,838	3	
Part											<u>'</u>	
33	3 (a) Name									(b) Employer		
_										identification nur	ilbei	
B												
	Pass	sive Income and	Loss				Non	passive In	come	and Loss		
	(c) Passive deduction or			ssive income		(e) Deduction or loss			(f) Other income from			
	(attach Form 8582 if	required)	from S	schedule K-1		from Schedule K-1			Schedule K-1			
Α												
B 240	Totalo		000	070						274 427		
34a b	Totals Totals 47,39	Q	306	,276		44	510			371,427		
35	Add columns (d) and (f)				<u> </u>				35	613,443		
36	Add columns (c) and (e								36	(88,160)	
37	Total estate and trus	•	•					here and				
Dovi	include in the total on li								37	651,851		
Part	IV Income or Loss			c) Excess inclusion				•				
38	(a) Name	(b) Employer ider number	ntification	Schedules Q, lir (see instruction	ne 2c	from S	able inc ichedu	come (net loss) les Q, line 1b		(e) Income from Schedules Q, lin		
-				655	110)		12,9)44				
39	Combine columns (d) a	and (e) only. Ente	r the result he	ere and include	e in the	total on	line 4	11 below	39	17,964		
Part				·							_ _	
40	Net farm rental income	, ,		•					40	486,564		
41	Total income or (loss). Combin					ie 17, or Foi	rm 1040	JINK, IINE 18 ▶	41	17,227,483	3	
42	Reconciliation of farm farming and fishing income											
	(Form 1065), box 14, co	•										
	V; and Schedule K-1 (Fo				. 42	69	6,140					
43	Reconciliation for real	estate professio	nals. If you w	vere a real esta	te							
	professional (see instruct	ions), enter the ne	et income or (l	oss) you reporte	ed							
	anywhere on Form 1040 of in which you materially pa				es 43	42	2 420					

	ule E (Form 1040) 2016							Attachm	ent Seque					Page	2
Name(s	s) shown on return. Do not enter	name and social sec	curity number if s	shown or	n other si	de.				Y	our so	cial se	curity num	ber	
Cauti	on: The IRS compares a	amounts reporte	d on your tax	return	with a	mount	s shov	vn on So	chedule	(s) K-	1.				_
Pari	•	From Partne	rships and	S Co	rporat	ions	Note:	If you re	port a lo	ss froi	m an a		activity for	which	_
27	Are you reporting any unallowed loss from a	y loss not allow	ed in a prior	year d	lue to t	he at-	risk, e	xcess fa	ırm loss	s, or b	oasis	limita		-	
	you answered "Yes,"						11 0111	10002), 1	or urirer	mbur	seu p		Yes	No	
28		(a) Name		Ī	(b) Enter partners for S corp	ship; S	` fo	Check if reign nership		d) Emp dentific numb	ation	tion any amount			
Α															
В								<u> </u>							_
C] 7	_
D	Passive Inco	ome and Loss		\top			N	<u> </u>	ve Inco	me a	nd Lo	oss	L		_
	(f) Passive loss allowed (attach Form 8582 if required	(g) Pas	ssive income		(h) Nonp		oss	(i) S	ection 179	9 exper	nse	(i)	Nonpassive		
Α	PARTNERSHIPS	PARTNE	RSHIPS	PAI	RTNEF	SHIPS	S	PARTI	NERSH	IPS		PAI	RTNERS	HIPS	_
В	28,514,257	69,325,4	42	!	98,857	398		7,4	86,067			29	8,915,86	2	
С	S-CORPS	S-CORP	S		S-COF	RPS		S-C	CORPS			S	-CORPS		
D	4,649,198	37,264,5		(63,656	850		35,	633,197	7			1,956,58		
29a	Totals	106.590.0	032	-	20 544	040	_	42.6	140.064			76	0,872,44	3	
30	Totals 33.163.456 Add columns (g) and (j)	of line 20a		10	62,514,	248		43,	119,264	'	30	96	7,462,47	<u> </u>	
31	Add columns (f), (h), an									•	31		8,796,96		_
32	Total partnership and	**	income or	(loss).	. Comb	oine lin	es 30	and 31	. Enter	the		,	<u> </u>		Ť
	result here and include								<u> </u>		32	62	8,665,50	7	
Part	Income or Loss	From Estate	s and Trust	ts											
33	(a) Name) Employer ication num	ber	
B															_
	Pass	sive Income and	l Loss			т		No	npassi	ve Inc	come	and	Loss		
	(c) Passive deduction or l (attach Form 8582 if r			ssive inc			(e) Deduction or loss from Schedule K-1				(f) Other income from Schedule K-1				
A B															
34a	Totals		13,44	42,172								18,1	57,708		
b	Totals 1,012,0						4	,016,69	4						
35	Add columns (d) and (f)										35		1.599.880		
36	Add columns (c) and (e									•	36	(5	,028,762		_)
37	Total estate and trust include in the total on li	•	•					ne resu		and	37	20	6, 571,11 7	,	
Part)—R					_
38	(a) Name	(b) Employer ider number		(c) Exce	ess inclus dules Q, instructi	ion from line 2c	(d)	Taxable in om Sched	ncome (ne	et loss)		(e)	Income fron		
					549			3,	750						
39 Part	Combine columns (d) a V Summary	nd (e) only. Ente	r the result h	ere and	d includ	de in th	ne tota	l on line	41 belo)W	39		-4,222		
40	Net farm rental income	, ,									40		,146,658		
41	Total income or (loss). Combine	e lines 26, 32, 37, 39, a	nd 40. Enter the re	esult here	and on Fo	orm 1040	, line 17,	or Form 10	40NR, line	18▶	41	70	6,486,71	5	
42	Reconciliation of farm farming and fishing incor (Form 1065), box 14, coo V; and Schedule K-1 (Fo	me reported on F de B; Schedule K	orm 4835, line -1 (Form 1120	e 7; Sch 0S), bo	nedule I x 17, co	K-1 ode	42 4	112,770,	087						
43	V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) 42 112,770,087														

SCHEDULE EIC (Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information

OMB No. 1545-0074

2016

Attachment Sequence No. 43

Department of the Treasury Internal Revenue Service (99)

► Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

Name(s) shown on return

Total schedules filed = 20,331,738

Your social security number

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



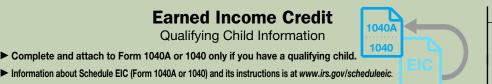
- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information		Child 1	Child 2	Child 3		
1	Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last nar	ne First name Last name	First name Last name		
2	Child's SSN					
	The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2016. If your child was born and died in 2016 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	20,330,739	10,382,550	3,415,527		
3	Child's year of birth	Year 20.331.738 If born after 1997 and the child younger than you (or your spou filing jointly), skip lines 4a and go to line 5.	Year 10.382.550 If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year 3.415.527 If born after 1997 and the child is f younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		
4	a Was the child under age 24 at the end of 2016, a student, and younger than you (or your spouse, if filing jointly)?	Yes. No. 1,414,296 line 5.	Yes. No. 456,317 No	Yes. No. 126,036 line 5.		
	Was the child permanently and totally disabled during any part of 2016?	So to Iine 5. The child is requalifying ch		32,121 Yes. No. Record of the child is not a qualifying child.		
5	Child's relationship to you					
	(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	20,331,738	10,382,550	3,415,527		
6	Number of months child lived with you in the United States during 2016					
	• If the child lived with you for more than half of 2016 but less than 7 months, enter "7."	20,328,740	10,382,550	3,415,527		
	• If the child was born or died in 2016 and your home was the child's home for more than half the time he or she was alive during 2016, enter "12."	Do not enter more than 12 months.		Do not enter more than 12 months.		
Fo				months.		

SCHEDULE EIC (Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

Attachment Sequence No. 43

Department of the Treasury Internal Revenue Service (99)

► Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

Name(s) shown on return

Total schedules filed = 20,331,738

Your social security number

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Q	ualifying Child Information	C	hild 1	C	hild 2	Child 3			
1	Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name	Last name	First name	Last name	First name	Last name		
2	Child's SSN								
	The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2016. If your child was born and died in 2016 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.								
3	Child's year of birth	younger than yo	97 and the child is ou (or your spouse, if kip lines 4a and 4b;	younger than y	997 and the child is you (or your spouse, if skip lines 4a and 4b;	younger than y	997 and the child is ou (or your spouse, if skip lines 4a and 4b;		
4 a	Was the child under age 24 at the end of 2016, a student, and younger than you (or your spouse, if filing jointly)?	Go to line 5.	No. Go to line 4b.	Go to line 5.	No. Go to line 4b.	Go to line 5.	No. Go to line 4b.		
ŀ	Was the child permanently and totally disabled during any part of 2016?	Go to line 5.	No. The child is not a qualifying child.	Go to line 5.	No. The child is not a qualifying child.	Go to line 5.	No. The child is not a qualifying child.		
5	Child's relationship to you								
	(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)								
6	Number of months child lived with you in the United States during 2016								
	• If the child lived with you for more than half of 2016 but less than 7 months, enter "7."								
	• If the child was born or died in 2016 and your home was the child's home for more than half the time he or she was alive during 2016, enter "12."	Do not enter months.	months more than 12	Do not enter	months r more than 12	Do not enter	months more than 12		

SCHEDULE F (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Farming

► Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

Information about Schedule F and its separate instructions is at www.irs.gov/schedulef.

OMB No. 1545-0074
2016
Attachment
Sequence No. 14

	lotal schedules file	d = 1,	Name of proprietor Total schedules filed = 1,783,092							Social security number (SSN)				
	ncipal crop or activity		B Enter cod	e from I	Part IV	С	Accounting method:	D Employ	ver ID number (EIN), (se	e instr)				
			▶				Cash							
Did	you "materially participate" in the op	eration	of this business of	luring 20	016? If "No	o," see ii	nstructions for limit on pa	assive loss	ses 🗌 Yes 🔲 I	No				
Did ·	you make any payments in 2016 that	would	require you to file	Form(s)) 1099 (se	e instruc	tions)?		. 🗌 Yes 🔲 I	No				
If "Y	es," did you or will you file required	Forms 1	099?						. 🗌 Yes 🔲 I	No				
Part	Farm Income—Cash Met	hod.	Complete Parts	I and	II (Accrua	al meth	od. Complete Parts II	and III, a	and Part I, line 9.)					
1a	Sales of livestock and other resale	items (see instructions)			1a	330,862							
b	Cost or other basis of livestock or	other it	ems reported on	line 1a		1b	200,344							
С	Subtract line 1b from line 1a							1c	347,795					
2	Sales of livestock, produce, grains	, and o	ther products yo	ı raised		. ,		2	1,019,068					
3a	Cooperative distributions (Form(s)	1099-P	ATR) . 3a		63,448		3b Taxable amount	3b	** 454,974					
4a	Agricultural program payments (see	e instruct	ions) . 4a	** 48	37,845		4b Taxable amount	4b	** 482,681					
5a	Commodity Credit Corporation (Co	CC) loai	ns reported unde	ı				5a	** 5,027					
b	CCC loans forfeited		5b	** *	1,102		5c Taxable amount	5c	** 1,062					
6	Crop insurance proceeds and fede		'1 '	. `		ns)	ı							
а	Amount received in 2016			1	21,379		6b Taxable amount		** 114,611					
С	If election to defer to 2017 is attac	•					unt deferred from 2015	6d	14,059					
7	Custom hire (machine work) incom								** 168,797					
8	Other income, including federal an	d state	gasoline or fuel	ax cred	it or refun	d (see ir	structions)	8	** 514,526					
9	Gross income. Add amounts in t								4 540 400					
	accrual method, enter the amount							9	1,519,493					
Part	· · · · · · · · · · · · · · · · · · ·	nd Acc	rual Method.	Do not					· · · · · · · · · · · · · · · · · · ·					
10	Car and truck expenses (see		E00 440		i		and profit-sharing plans	23	3,715					
	instructions). Also attach Form 4562	10	520,113		1		ease (see instructions):							
11	Chemicals	11	509,019 42,423		1		machinery, equipment	24a						
12	Conservation expenses (see instructions)	12	423,302		1	,	nd, animals, etc.)		4 247 704					
13	Custom hire (machine work) .	13	423,302		7		and maintenance		1,217,704 583,961					
14	Depreciation and section 179		1,351,803		ı		id plants		503,901					
	expense (see instructions) .	14	1,331,003		7		and warehousing		4 400 740					
15	Employee benefit programs		24,535		ı				1,103,748					
40	other than on line 23	15	945,827		7				985,819					
16 17	Feed	16			7					-				
17	Fertilizers and lime	17	687,380		-1		r, breeding, and medicing benses (specify):	31		-				
18	Freight and trucking	18	1,115,372		† _		(1),	20-						
19	Gasoline, fuel, and oil	19 20	937,623		_ a _			206						
20	Insurance (other than health) Interest:	20	337,023		ļ , -			320						
21		21a	332,958		G -			204						
a b	Mortgage (paid to banks, etc.) Other	21b	438,118		_ d _			320						
р 22	Other	210	294,038		e			32e						
<u>22</u> 33	Total expenses. Add lines 10 thro			native (l See instru	rtione	<u> </u>	> 33	1,742,076					
34	Net farm profit or (loss). Subtract	line 32	from line 021 15 To	tal of a	ill unma	rked ex	penses 1.504.63		1,750,996					
5 7	If a profit, stop here and see instru	ctione f	or where to repo	rt Ifalo	nee comp	lete line	s 35 and 36 Nondedu	ctible Los		Carry				
35	Did you receive an applicable subs							19,374	. □Yes □I					
	Check the box that describes you	-	•						. 🗀 103 🗀 1	.0				
36					COD INCTIII		r where to report voils is							

SCHEDULE F (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Farming

► Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

► Information about Schedule F and its separate instructions is at www.irs.gov/schedulef.

OMB No. 1545-0074

2016

Attachment
Sequence No. 14

Prir						_					
	cipal crop or activity		B Enter code from	om P	art IV	H		ing method:	D Employ	er ID number (EIN), (se	e instr)
			>				Cash	Accrual			
	ou "materially participate" in the ope			_				•			
-	ou make any payments in 2016 that		•								
	es," did you or will you file required f										No
art			•					· -	and III, a	and Part I, line 9.)	
1a	Sales of livestock and other resale					1a		857,473			
b	Cost or other basis of livestock or		•			1b		930,064			
C	Subtract line 1b from line 1a									12,927,409	
2	Sales of livestock, produce, grains		1 1							94,045,285	
3a	Cooperative distributions (Form(s)				16,755			axable amount		** 16,942,051	
4a -	Agricultural program payments (see				40,282			axable amount		** 6.724.511	
5a	Commodity Credit Corporation (CC								5a	** 553,641	
b	CCC loans forfeited				6,608	-\	5C I	axable amount	5c	** 122,368	
6	Crop insurance proceeds and federal Amount received in 2016			•		S)	Ch. T	axable amount	Ch	** • • • • • • • • • • • • • • • • • •	
а					58,934	Λ 222.01.11		axable amount rred from 2015		** 2,878,854	
C Z	If election to defer to 2017 is attack		neck here ►							605,755	
7	Custom hire (machine work) incom									** 5,173,017	
8	Other income, including federal an		_			•		•	1	** 9,835,808	
9	Gross income. Add amounts in the accrual method, enter the amount	_	•						ne ▶ 9	146,629,631	
art											
0	Car and truck expenses (see		ordar motriod: Be	1101				it-sharing plans	`	14,024	
U	instructions). Also attach Form 4562	10	1,814,058					e instructions):	,	14,024	
1	Chemicals	11	7,526,415					ery, equipment	24a		
2	Conservation expenses (see instructions)	12	193,206					als, etc.)			
3	Custom hire (machine work) .	13	5,096,736					itenance		10,179,555	
4	Depreciation and section 179		0,000,100					· · · · · · ·		10,879,327	
	expense (see instructions) .	14	27,742,978					ehousing		10,070,027	
5	Employee benefit programs					•				5,038,685	
	other than on line 23	15	353,719							3,818,910	
6	Feed	16	16,225,487							3,010,310	
7	Fertilizers and lime	17	13,607,232					ng, and medicin			
8	Freight and trucking	18	,					specify):			
9	Gasoline, fuel, and oil	19	5,439,909		_	·	`	. ,,	32a		
20	Insurance (other than health)	20	5,907,252		b				32b		
1	Interest:		2,722,72		С				320		
а	Mortgage (paid to banks, etc.)	21a	3,980,558		d				324		
b	Other	21b	4,007,266		е				320		
2	Labor hired (less employment credits)	22	6,911,787		f				32f		
3	Total expenses. Add lines 10 thro			ive, s	ee instructi	ions .			▶ 33	165,958,296	
4	Net farm profit or (loss). Subtract	_								-17,666,030	
	If a profit, stop here and see instru										Carry
5	Did you receive an applicable subs		•		•				297,129		
	Check the box that describes your										
6											

Schedule F (Form 1040) 2016 Page 2

Part	Farm Income – Accrual Method (see instructions).			
37	Sales of livestock, produce, grains, and other products (see instructions)	37	1,019,068	
38a	Cooperative distributions (Form(s) 1099-PATR) . 38a ** 463,448 38bTaxable amount	38b	** 454,974	
39a	Agricultural program payments	39b	** 482,681	
40 a	Commodity Credit Corporation (CCC) loans: CCC loans reported under election	40a	** 5,027	
b	CCC loans forfeited	40c	** 1,062	
41	Crop insurance proceeds	41	** 114,611	
42	Custom hire (machine work) income	42	** 168,797	
43	Other income (see instructions)	43	** 514,526	
44	Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a, 40c, 41, 42, and 43)	44	8,110	
45	Inventory of livestock, produce, grains, and other products at beginning of the year. Do not include sales reported on Form 4797			
46	Cost of livestock, produce, grains, and other products purchased during the year			
47	Add lines 45 and 46			
48	Inventory of livestock, produce, grains, and other products at end of year . 48			
49	Cost of livestock, produce, grains, and other products sold. Subtract line 48 from line 47*	49		
50	Gross income. Subtract line 49 from line 44. Enter the result here and on Part I, line 9 ▶	50	8,974	

Part IV Principal Agricultural Activity Codes



Do not file Schedule F (Form 1040) to report the following.

• Income from providing agricultural services such as soil preparation, veterinary, farm labor, horticultural, or

management for a fee or on a contract basis. Instead file Schedule C (Form 1040) or Schedule C-EZ (Form 1040).

- Income from breeding, raising, or caring for dogs, cats, or other pet animals. Instead file Schedule C (Form 1040) or Schedule C-EZ (Form 1040).
- Sales of livestock held for draft, breeding, sport, or dairy purposes. Instead file Form 4797.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six-digit number on line B.

Crop Production

111100 Oilseed and grain farming111210 Vegetable and melon farming

111300	Fruit and tree nut farming
--------	----------------------------

111400 Greenhouse, nursery, and flori	culture production
---------------------------------------	--------------------

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production

112400 Sheep and goat farming

112510 Aquaculture

112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

^{*}If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is larger than the amount on line 47, subtract line 47 from line 48. Enter the result on line 49. Add lines 44 and 49. Enter the total on line 50 and on Part I, line 9.

Schedule F (Form 1040) 2016 Page 2

Part	Farm Income — Accrual Method (see instructions).		
37	Sales of livestock, produce, grains, and other products (see instructions)	37	94,045,285
38a	Cooperative distributions (Form(s) 1099-PATR) . 28a ** 22,516,755 38bTaxable amount	38b	** 16,942,051
39a	Agricultural program payments	39b	** 6,724,511
40 a	Commodity Credit Corporation (CCC) loans: CCC loans reported under election	40a	** 553,641
b	CCC loans forfeited	40c	** 122,368
41	Crop insurance proceeds	41	** 2,878,854
42	Custom hire (machine work) income	42	** 5,173,017
43	Other income (see instructions)	43	** 9,835,808
44	Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a, 40c, 41, 42, and 43)	44	3,179,069
45	Inventory of livestock, produce, grains, and other products at beginning of the year. Do not include sales reported on Form 4797		
46	Cost of livestock, produce, grains, and other products purchased during the year		
47	Add lines 45 and 46		
48	Inventory of livestock, produce, grains, and other products at end of year . 48		
49	Cost of livestock, produce, grains, and other products sold. Subtract line 48 from line 47*	49	
50	Gross income. Subtract line 49 from line 44. Enter the result here and on Part I, line 9	50	1,365,506

Part IV Principal Agricultural Activity Codes



Do not file Schedule F (Form 1040) to report the following.

 Income from providing agricultural services such as soil preparation, veterinary, farm labor, horticultural, or

management for a fee or on a contract basis. Instead file Schedule C (Form 1040) or Schedule C-EZ (Form 1040).

- Income from breeding, raising, or caring for dogs, cats, or other pet animals. Instead file Schedule C (Form 1040) or Schedule C-EZ (Form 1040).
- Sales of livestock held for draft, breeding, sport, or dairy purposes. Instead file Form 4797.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six-digit number on line B.

Crop Production

111100 Oilseed and grain farming111210 Vegetable and melon farming

111300	Fruit and t	ree nut farming
--------	-------------	-----------------

111400 Greenhouse, nursery, and floriculture production

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production

112400 Sheep and goat farming

112510 Aquaculture

112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

^{*}If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is larger than the amount on line 47, subtract line 47 from line 48. Enter the result on line 49. Add lines 44 and 49. Enter the total on line 50 and on Part I, line 9.

you received taxable disability income.

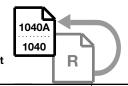
Schedule R (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Credit for the Elderly or the Disabled

► Complete and attach to Form 1040A or 1040.

► Information about Schedule R and its separate instructions is at www.irs.gov/scheduler.



• You were under age 65, you retired on permanent and total disability, and

OMB No. 1545-0074

Attachment Sequence No. **16**

Name(s) shown on Form 1040A or 1040

• You were age 65 or older

Total schedules filed = 61,377

You may be able to take this credit and reduce your tax if by the end of 2016:

or

Your social security number

But you must also meet	other tests. See instructions.			
In most cases, the	RS can figure the credit for you. See instructions.			
	ox for Your Filing Status and Age			
If your filing status is:	And by the end of 2016:	Check on	ıly o	ne box
Single, Head of household, or	1 You were 65 or older		1	
Qualifying widow(er)	2 You were under 65 and you retired on permanent and total disabili	ty	2	
	3 Both spouses were 65 or older		3	
	4 Both spouses were under 65, but only one spouse retired on perm total disability		4	
Married filing jointly	5 Both spouses were under 65, and both retired on permanent disability		5	
	6 One spouse was 65 or older, and the other spouse was under 65 on permanent and total disability		6	
	7 One spouse was 65 or older, and the other spouse was under 6 retired on permanent and total disability		7	
Married filing	8 You were 65 or older and you lived apart from your spouse for all of	of 2016 .	8	
separately	9 You were under 65, you retired on permanent and total disabilit lived apart from your spouse for all of 2016		9	
1 -	— Yes — Skip Part II and complete Part III on the back.			
box 1, 3, 7, or 8?	— No — Complete Parts II and III.			
Part II Statement of	f Permanent and Total Disability (Complete only if you checked box 2, 4, 5,	6, or 9 above	 ∋.)	
	cian's statement for this disability for 1983 or an earlier year, or you years after 1983 and your physician signed line B on the statement, and		ot a	
	nued disabled condition, you were unable to engage in any substantias box			
 If you checked t 	this box, you don't have to get another statement for 2016.			
	eck this box, have your physician complete the statement in the instruct ent for your records.	ions. You m	ıust	

you received taxable disability income.

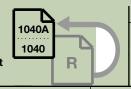
Schedule R (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Credit for the Elderly or the Disabled

► Complete and attach to Form 1040A or 1040.

► Information about Schedule R and its separate instructions is at www.irs.gov/scheduler.



• You were under age 65, you retired on permanent and total disability, and

OMB No. 1545-0074

20 **16**Attachment
Sequence No. **16**

Name(s) shown on Form 1040A or 1040

• You were age 65 or older

Total schedules filed = 61,377

or

You may be able to take this credit and reduce your tax if by the end of 2016:

Your social security number

	ox for Your Filing Status and Age			
If your filing status is:	And by the end of 2016:	Check on	ly or	ne box:
Single, Head of household, or	1 You were 65 or older		1	
Qualifying widow(er)	2 You were under 65 and you retired on permanent and total disability		2	
	3 Both spouses were 65 or older		3	
	4 Both spouses were under 65, but only one spouse retired on permantotal disability		4	
Married filing jointly	5 Both spouses were under 65, and both retired on permanent a disability		5	
	6 One spouse was 65 or older, and the other spouse was under 65 an on permanent and total disability		6	
	7 One spouse was 65 or older, and the other spouse was under 65 retired on permanent and total disability		7	
Married filing	8 You were 65 or older and you lived apart from your spouse for all of 2	2016 .	8	
separately	9 You were under 65, you retired on permanent and total disability, lived apart from your spouse for all of 2016		9	
Did you check	─ Yes ─ Skip Part II and complete Part III on the back.			
box 1, 3, 7, or 8?	— No — Complete Parts II and III.			
Part II Statement of	Fermanent and Total Disability (Complete only if you checked box 2, 4, 5, 6,	or 9 above	.)	
	cian's statement for this disability for 1983 or an earlier year, or you five rears after 1983 and your physician signed line B on the statement, and	iled or go	ot a	
	nued disabled condition, you were unable to engage in any substantial gas box			
If you checked t	his box, you don't have to get another statement for 2016.			
	eck this box, have your physician complete the statement in the instruction ent for your records.	ns. You m	ust	

Schedule R (Form 1040A or 1040) 2016

Part	Figure Your Credit			age Z
10	If you checked (in Part I): Enter:			\top
	Box 1, 2, 4, or 7			
	Box 3, 5, or 6	10		
	Box 8 or 9			
	Did you check Yes You must complete line 11.			
	DOX 2, 4, 3, 6,			
	on line 12 and go to line 13			
11	if you checked (in Part I):			
	 Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total. 			
	Box 2, 4, or 9, enter your taxable disability income.	11	*	
	Box 5, add your taxable disability income to your spouse's			
	taxable disability income. Enter the total.			
	For more details on what to include on line 11, see <i>Figure Your Credit</i> in the instructions.			
TIP	To more details on what to melade on line 11, see rigure rour orear in the instructions.			
12	If you completed line 11, enter the smaller of line 10 or line 11. All others, enter the			
	amount from line 10	12	61,377	
13	Enter the following pensions, annuities, or disability income that you (and your spouse if filing jointly) received in 2016.			
а	Nontaxable part of social security benefits and nontaxable part			
	of railroad retirement benefits treated as social security (see			
	instructions)			
b	Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any			
	other provision of law (see instructions)			
С	Add lines 13a and 13b. (Even though these income items aren't			
	taxable, they must be included here to figure your credit.) If you			
	didn't receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c			
14	Enter the amount from Form 1040A, line			
	22, or Form 1040, line 38 14			
15	If you checked (in Part I): Enter:			
	Box 1 or 2 \$7,500 Box 3, 4, 5, 6, or 7 \$10,000			
	Box 8 or 9 \$5,000			
16	Subtract line 15 from line 14. If zero or			
17	less, enter -0			
17 18	Enter one-half of line 16	18	60,089	
19	Subtract line 18 from line 12. If zero or less, stop ; you can't take the credit. Otherwise,		,	\dagger
	go to line 20	19	60,311	\perp
20	Multiply line 19 by 15% (0.15)	20		+
21 22	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions . Credit for the elderly or the disabled. Enter the smaller of line 20 or line 21. Also enter	41		+
	this amount on Form 1040A, line 32, or include on Form 1040, line 54 (check box c and			
	enter "Sch R" on the line next to that box)	22	60.310	İ

Schedule R (Form 1040A or 1040) 2016

^{*} Data not shown because of the small number of sample returns on which they are based.

Schedule R (Form 1040A or 1040) 2016 Page 2

	e R (FORTH 1040A OF 1040) 2016		Pa	age Z
Part	III Figure Your Credit			
10	If you checked (in Part I): Enter:			
	Box 1, 2, 4, or 7	10		
	Box 3, 5, or 6	10		
	Box 8 or 9			
	Did you check Yes You must complete line 11.			
	DOX 2, 4, 5, 6,			
	or 9 in Part I? Enter the amount from line 10			
11	If you checked (in Part I): on line 12 and go to line 13.			
	• Box 6, add \$5,000 to the taxable disability income of the			
	spouse who was under age 65. Enter the total.			
	Box 2, 4, or 9, enter your taxable disability income.	11	*	
	Box 5, add your taxable disability income to your spouse's			
	taxable disability income. Enter the total.			
	For more details on what to include an line 11, and Figure Vous Credit in the instructions			
TIP	For more details on what to include on line 11, see Figure Your Credit in the instructions.			
12	If you completed line 11, enter the smaller of line 10 or line 11. All others, enter the			
12	amount from line 10	12	320,081	
13	Enter the following pensions, annuities, or disability income that			
	you (and your spouse if filing jointly) received in 2016.			
а	Nontaxable part of social security benefits and nontaxable part			
	of railroad retirement benefits treated as social security (see			
	instructions)	-		
b	Nontaxable veterans' pensions and any other pension, annuity,			
	or disability benefit that is excluded from income under any other provision of law (see instructions)			
	,			
С	Add lines 13a and 13b. (Even though these income items aren't taxable, they must be included here to figure your credit.) If you			
	didn't receive any of the types of nontaxable income listed on			
	line 13a or 13b, enter -0- on line 13c			
14	Enter the amount from Form 1040A, line			
	22, or Form 1040, line 38			
15	If you checked (in Part I): Enter:			
	Box 1 or 2 \$7,500 Box 3, 4, 5, 6, or 7 \$10,000			
	Box 8 or 9 \$5,000			
16	Subtract line 15 from line 14. If zero or			
	less, enter -0			
17	Enter one-half of line 16			
18	Add lines 13c and 17	18	271,637	
19	Subtract line 18 from line 12. If zero or less, stop; you can't take the credit. Otherwise,			
	go to line 20	19	79,387	
20	Multiply line 19 by 15% (0.15)	20		
21	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions .	21		
22	Credit for the elderly or the disabled. Enter the smaller of line 20 or line 21. Also enter this amount on Form 1040A, line 32, or include on Form 1040, line 54 (check box c and			
	enter "Sch R" on the line next to that box)	22	6,563	
			-,	

Schedule R (Form 1040A or 1040) 2016

^{*} Data not shown because of the small number of sample returns on which they are based.

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016
Attachment
Sequence No. 17

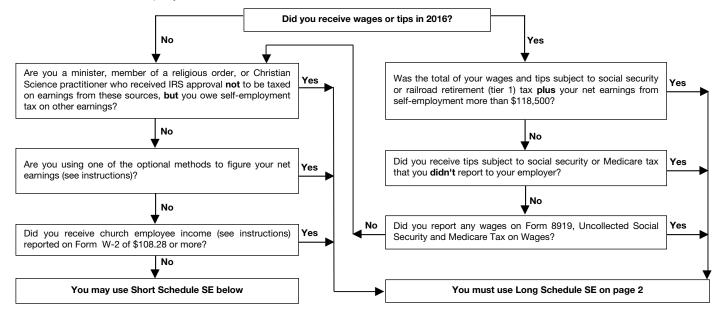
Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR) **Total schedules filed = 20,851,912**

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

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.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	548,441	
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	1b	(20,279)
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	19,293,261	
3	Combine lines 1a, 1b, and 2	3		
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	19,617,134	
	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:			
	• \$118,500 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 \$118,500, multiply line 4 by 2.9% (0.029). Then, add \$14,694 to the result. 			
	Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	19,582,832	
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			

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service (99

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016
Attachment
Sequence No. 17

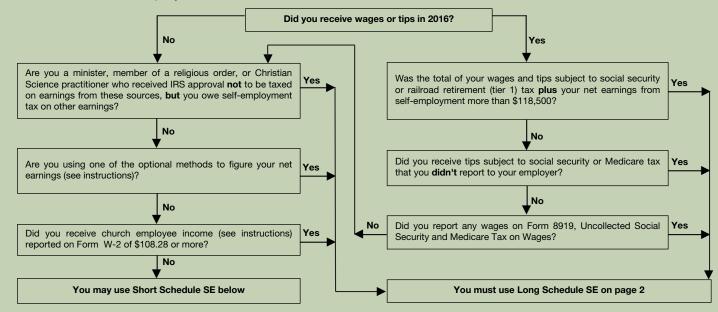
Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR) **Total schedules filed = 19,676,581**

Social security number of person with self-employment income

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.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	11,468,926	
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	1b	(145,973)
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	601,610,101	
3	Combine lines 1a, 1b, and 2	3		
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	565,949,127	
	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:			
	• \$118,500 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 \$118,500, multiply line 4 by 2.9% (0.029). Then, add \$14,694 to the result. 			
	Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	59,702,415	
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			

Schedu	le SE (Form 1040) 2016 Attachn	Attachment Sequence No. 17				
Name o	· · · · · · · · · · · · · · · · · · ·	security number of person elf-employment income	1			
Secti	on B-Long Schedule SE					
Part	Self-Employment Tax					
	If your only income subject to self-employment tax is church employee income , see ion of church employee income.	instructions. Also see in	structions for the			
A 1a	If you are a minister, member of a religious order, or Christian Science practit had \$400 or more of other net earnings from self-employment, check here and Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule F	continue with Part I .				
b	box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see If you received social security retirement or disability benefits, enter the amount of Const	. —	548,441			
_	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065)), box 20, code Z 1b (20,279			
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), but Ministers and members of religious orders, see instructions for types of incort this line. See instructions for other income to report. Note. Skip this line if you u optional method (see instructions)	ox 9, code J1. me to report on use the nonfarm	19,293,261			
3	Combine lines 1a, 1b, and 2					
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter am	ount from line 3 4a	19,617,134			
	Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b,					
b	If you elect one or both of the optional methods, enter the total of lines 15 and 1					
С	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employme Exception. If less than \$400 and you had church employee income , enter -0- a		19,568,634			
5a	· · ·	,922				
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0		40 500 000			
6	Add lines 4c and 5b	6	19,582,832			
7	Maximum amount of combined wages and self-employment earnings subject to tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2016.					
8a b c	Unreported tips subject to social security tax (from Form 4137, line 10) 8b 15.	4,275 340 184	2,026,844			
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go					
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)		18,836,518			
11	Multiply line 6 by 2.9% (0.029)	11	19,582,832			
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form	n 1040NR, line 55 12	19,582,832			
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						
	Optional Method. You may use this method only if (a) your gross farm income	e¹ was not more				
than \$	37,560, or (b) your net farm profits² were less than \$5,457.					
14	Maximum income for optional methods					
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) include this amount on line 4b above		22,928			
Nonfa	rm Optional Method. You may use this method only if (a) your net nonfarm profits were		22,320			
and als	so less than 72.189% of your gross nonfarm income, 4 and (b) you had net earnings from east \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.	self-employment				
16	Subtract line 15 from line 14	16				
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zer amount on line 16. Also include this amount on line 4b above	ro) or the	17,486			
	Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A-minus the	1; Sch. C-EZ, line 3; Sch. K-1, orm 1065-B), box 9, code J1.				

From Sch. C, line 7; Sch. C-E2, line 1; Sch. K-1 (F C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Schedule SE (Form 1040) 2016 Attachment Sequence No. 17 Social security number of person Name of person with self-employment income (as shown on Form 1040 or Form 1040NR) 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. 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 1a 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) 11,468,926 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 1b 145,973 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 601,610,101 2 3 4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 565.949.127 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . 4b Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue 4c 567.366.763 5a 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- 5b 568,212,266 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 2016 7 8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11 8a 144,878,716 Unreported tips subject to social security tax (from Form 4137, line 10) 35,756 Wages subject to social security tax (from Form 8919, line 10) 9,741 144,924,213 8d 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . ▶ 9 43.223.398 10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) 10 16,477,937 11 11 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55 59,702,415 12 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 income¹ was not more than \$7,560, **or (b)** your net farm profits² were less than \$5,457. 14 14 Enter the smaller of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$5,040. Also 15 15 112,672 Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits were less than \$5,457 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 16 17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income4 (not less than zero) or the amount on line 16. Also include this amount on line 4b above . 83.761 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. 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

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.

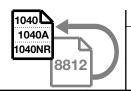
⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)

SCHEDULE 8812 (Form 1040A or 1040)

Child Tax Credit

► Attach to Form 1040, Form 1040A, or Form 1040NR.
► Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.



OMB No. 1545-0074

Attachment Sequence No. 47

Internal Revenue Service (99) Name(s) shown on return

Part I

Department of the Treasury

Total schedules filed = 19,273,883

Your social security number

CAUT	If your dep	this part only for each dependent who has an ITIN and for whom you are claim pendent is not a qualifying child for the credit, you cannot include that dependen	_			edit.
(Indiv		nestions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form entification Number) and that you indicated is a qualifying child for the child tax credit				IN
A	-	dent identified with an ITIN and listed as a qualifying child for the child tax credit, did separate instructions.	his chi	ild mee	t the substantial	
	☐ Yes	□ No				
В	-	pendent identified with an ITIN and listed as a qualifying child for the child tax credit, d separate instructions.	id this	child m	neet the substantial	l
	☐ Yes	□ No				
C	-	ndent identified with an ITIN and listed as a qualifying child for the child tax credit, did separate instructions.	this ch	nild mee	et the substantial	
	☐ Yes	□ No				
D		endent identified with an ITIN and listed as a qualifying child for the child tax credit, di separate instructions.	1 this c	child me	eet the substantial	
	☐ Yes	□ No				
Par 1	If you file Form If you are require	Pal Child Tax Credit Filers 2555 or 2555-EZ stop here; you cannot claim the additional child tax credit. The distribution of the Child Tax et in the publication. Otherwise:				
	1040 filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).	}	1	19,242,101	
	1040A filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).				
2	1040NR filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).	J		7 279 057	
3		t from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 rom line 1. If zero, stop here; you cannot claim this credit		$\frac{2}{3}$	7,378,057 19,007,054	
4a		see separate instructions)	Ĺ		10,007,004	
b	instructions) .	bat pay (see separate				
5		line 4a more than \$3,000? line 5 blank and enter -0- on line 6.				
		ct \$3,000 from the amount on line 4a. Enter the result				
6		ount on line 5 by 15% (0.15) and enter the result		6	19,032,864	
		ave three or more qualifying children?	_			
		6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter of line 3 or line 6 on line 13.	er the			
	☐ Yes. If line	6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on li	ne 13.			

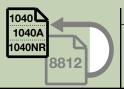
Otherwise, go to line 7.

SCHEDULE 8812 (Form 1040A or 1040)

Child Tax Credit

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

Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.



OMB No. 1545-0074

Attachment Sequence No. 47

Your social security number

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

Total schedules filed = 19,273,883

Pa	rt I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Id	entific	cation Number)					
CAU	Complete this part only for each dependent who has an ITIN and for whom you are claiming the If your dependent is not a qualifying child for the credit, you cannot include that dependent in the TION							
(Indi	Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.							
A	For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.							
	☐ Yes ☐ No							
В	For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this presence test? See separate instructions.	child m	eet the substantial					
	☐ Yes ☐ No							
C	For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this ch presence test? See separate instructions.	ild mee	et the substantial					
	☐ Yes ☐ No							
D	For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this c presence test? See separate instructions.	hild me	eet the substantial					
	☐ Yes ☐ No							
Note	If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax or and check here							
Pai	rt II Additional Child Tax Credit Filers							
1	If you file Form 2555 or 2555-EZ stop here; you cannot claim the additional child tax credit.							
	If you are required to use the worksheet in Pub. 972 , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:							
	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).	1	35,258,292					
	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).							
	1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).							
2	Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	2	6,000,114					
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	29,258,177					
4a b		-						
	instructions)							
5	Is the amount on line 4a more than \$3,000?							
	No. Leave line 5 blank and enter -0- on line 6.							
6	☐ Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	-	61 846 000					
U	Multiply the amount on line 5 by 15% (0.15) and enter the result	6	61,846,000					

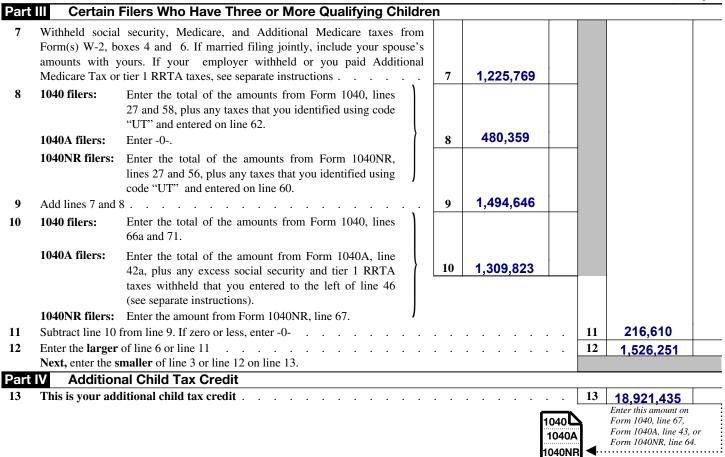
No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the

☐ Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13.

Otherwise, go to line 7.

smaller of line 3 or line 6 on line 13.

Schedule 8812 (Form 1040A or 1040) 2016 Page **2**



Schedule 8812 (Form 1040A or 1040) 2016

Schedule 8812 (Form 1040A or 1040) 2016

Part	Certain	Filers Who Have Three or More Qualifying Childre	'n					
7	Withheld social Form(s) W-2, be amounts with y	security, Medicare, and Additional Medicare taxes from oxes 4 and 6. If married filing jointly, include your spouse's yours. If your employer withheld or you paid Additional tier 1 RRTA taxes, see separate instructions	7	1,457,019				
8	1040 filers: 1040A filers:	Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62. Enter -0	8	448,028				
	1040NR filers:	Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.		4 005 047				
9	Add lines 7 and	8	9	1,905,047				
10	1040 filers:	Enter the total of the amounts from Form 1040, lines 66a and 71.						
	1040A filers:	Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).	10	7,077,158				
	1040NR filers:	Enter the amount from Form 1040NR, line 67.						
11	Subtract line 10	from line 9. If zero or less, enter -0				11	325,188	
12		of line 6 or line 11				12	3,183,441	
		maller of line 3 or line 12 on line 13.						
Part	V Addition	al Child Tax Credit						
13	This is your add	litional child tax credit				13	25,373,304	
				 	1040A		Enter this amount on Form 1040, line 67, Form 1040A, line 43, Form 1040NR, line 64	

Schedule 8812 (Form 1040A or 1040) 2016

orm **982**

(Rev. January 2016) Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see instructions.

* Data not shown because of the small number of sample returns on which they are based.

Reduction of Tax Attributes Due to Discharge of Indebtedness (and Section 1082 Basis Adjustment)

► Attach this form to your income tax return.

▶ Information about Form 982 and its instructions is at www.irs.gov/form982.

OMB No. 1545-0046

Attachment Sequence No. **94**

Form **982** (Rev. 1-2016)

Name s	Total Forms Filed = 182,713	ntifying nur	nber
Part	General Information (see instructions)		
1 a b c d e 2 3	Amount excluded is due to (check applicable box(es)): Discharge of indebtedness in a title 11 case		
Part	basis under section 1017. See Regulations section 1.1017-1 for basis reduction order required partnership consent statements. (For additional information, see the instruction)	ring rule:	s, and, if applicable,
Enter 4 5	amount excluded from gross income: For a discharge of qualified real property business indebtedness applied to reduce the basis of depreciable real property	. 4	11,175
6	depreciable property	. 5	120
7 8	Applied to reduce any general business credit carryover to or from the tax year of the discharge Applied to reduce any minimum tax credit as of the beginning of the tax year immediately after the tax year of the discharge		*
9	Applied to reduce any net capital loss for the tax year of the discharge, including any capital los carryovers to the tax year of the discharge	. 9	276
	Applied to reduce the basis of nondepreciable and depreciable property if not reduced on line and DO NOT use in the case of discharge of qualified farm indebtedness	· 10a	18,267
b	Applied to reduce the basis of your principal residence. Enter amount here ONLY if line 1e checked	is - 10b	22,889
11 a	For a discharge of qualified farm indebtedness applied to reduce the basis of: Depreciable property used or held for use in a trade or business or for the production of income not reduced on line 5	if . 11a	0
b	Land used or held for use in a trade or business of farming	. 11b	0
С	Other property used or held for use in a trade or business or for the production of income	. 11c	*
12	Applied to reduce any passive activity loss and credit carryovers from the tax year of the discharge	12	*
13	Applied to reduce any foreign tax credit carryover to or from the tax year of the discharge	. 13	*
Part	Consent of Corporation to Adjustment of Basis of Its Property Under Section	1082(a)(2)
for the Under	section 1081(b), the corporation named above has excluded \$ tax year beginning and ending that section, the corporation consents to have the basis of its property adjusted in accordance v	vith the re	
	section 1082(a)(2) in effect at the time of filing its income tax return for that year. The corporation is	s organiz	ed under the laws
Note:	(State of incorporation) You must attach a description of the transactions resulting in the nonrecognition of gain	under s	section 1081.

Cat. No. 17066E

982 orm

(Rev. January 2016)
Department of the Treasury
Internal Revenue Service
Name shown on return

For Paperwork Reduction Act Notice, see instructions.

* Data not shown because of the small number of sample returns on which they are based.

Reduction of Tax Attributes Due to Discharge of Indebtedness (and Section 1082 Basis Adjustment)

► Attach this form to your income tax return.

► Information about Form 982 and its instructions is at www.irs.gov/form982.

| Identifying number | State |

OMB No. 1545-0046

Attachment Sequence No. **94**

Form **982** (Rev. 1-2016)

	10tai Forms Filed = 182,/13		
Part	General Information (see instructions)		
1 a b c d e 2 3	Amount excluded is due to (check applicable box(es)): Discharge of indebtedness in a title 11 case Discharge of indebtedness to the extent insolvent (not in a title 11 case) Discharge of qualified farm indebtedness Discharge of qualified real property business indebtedness Discharge of qualified principal residence indebtedness Total amount of discharged indebtedness excluded from gross income Do you elect to treat all real property described in section 1221(a)(1), relating to property held to customers in the ordinary course of a trade or business, as if it were depreciable property?	or sale to essulting rules	
Enter 4	amount excluded from gross income: For a discharge of qualified real property business indebtedness applied to reduce the basis of depreciable real property		1,100,589
5	That you elect under section 108(b)(5) to apply first to reduce the basis (under section 1017) of depreciable property		*
6	Applied to reduce any net operating loss that occurred in the tax year of the discharge or carried over to the tax year of the discharge	d	211,229
7 8	Applied to reduce any general business credit carryover to or from the tax year of the discharge Applied to reduce any minimum tax credit as of the beginning of the tax year immediately after th tax year of the discharge		*
9	Applied to reduce any net capital loss for the tax year of the discharge, including any capital los carryovers to the tax year of the discharge		67,659
10a	Applied to reduce the basis of nondepreciable and depreciable property if not reduced on line 5 DO NOT use in the case of discharge of qualified farm indebtedness		297,142
b	Applied to reduce the basis of your principal residence. Enter amount here ONLY if line 1e in checked		1,766,193
11 a	For a discharge of qualified farm indebtedness applied to reduce the basis of: Depreciable property used or held for use in a trade or business or for the production of income not reduced on line 5	if 11a	0
b	Land used or held for use in a trade or business of farming	. 11b	0
С	Other property used or held for use in a trade or business or for the production of income	. 11c	*
12	Applied to reduce any passive activity loss and credit carryovers from the tax year of the discharge	12	*
13	Applied to reduce any foreign tax credit carryover to or from the tax year of the discharge	. 13	*
Part	Consent of Corporation to Adjustment of Basis of Its Property Under Section	1082(a)(2)
for the Under under	section 1081(b), the corporation named above has excluded \$ tax year beginning and ending that section, the corporation consents to have the basis of its property adjusted in accordance we section 1082(a)(2) in effect at the time of filing its income tax return for that year. The corporation is	ith the re	
	(State of incorporation)		
MATA	You must attach a description of the transactions resulting in the nonrecognition of gain	linder o	oction 1081

Cat. No. 17066E

Foreign Tax Credit

(Individual, Estate, or Trust)

Attachment Sequence No. 19

OMB No. 1545-0121

Internal Revenue Service (99)

► Attach to Form 1040, 1040NR, 1041, or 990-T. ▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

Name	•	Total For	ms Filed =	4,99	2,283		Identi	fying number a	as shown	on pag	e 1 of your tax return
Use a	a separate Form 1116 f . Report all amounts in	or each cate U.S. dollars	egory of incomexcept where	e listed belo specified in	ow. See <i>Cate</i> Part II belov	gories of Inco	ome in the ir	structions. C	heck on	ly one	box on each Form
	Passive category incor General category incor			tion 901(j) in ain income	come re-sourced b	y treaty	e □ Lui	mp-sum distri	ibutions		
	esident of (name of ce		foreign count	try or U.S.	possession	ı, use colum	nn A in Part	I and line A	in Part	: II. If y	ou paid taxes to
more	e than one foreign c	ountry or L	J.S. possessi	on, use a s	separate co	lumn and li	ne for each	country or	posses	sion.	
Pa	rt I Taxable Inco	ome or Lo	ss From S	ources O					Chec	ked A	Above)
						reign Count				J	Total
g	Enter the name of possession				Α		В	С		(Add	cols. A, B, and C.)
1a	Gross income from above and of the instructions):	ne type c	hecked abov	/e (see							
										1a	4,556,120
b	Check if line 1a is services as ar compensation fron more, and you us determine its source	n employe n all source sed an alte	ee, your t es is \$250,00 ernative basis	total 0 or s to							
Dedu	uctions and losses (Ca	ution: See i	nstructions.):								
2	Expenses definite 1a (attach stateme										
3	Pro rata share of related:	other dedu	ctions not de	efinitely							
а	Certain itemized de (see instructions) .										
b	Other deductions (attach state	ement)	[
c	Add lines 3a and 3	b		[
d	Gross foreign sour	ce income (see instructio	ns) .							
е	 Gross income from 	all sources	s (see instruct	ions) .							
f											
g											
4	Pro rata share of in	-									
а	 Home mortgage in Home Mortgage In 	•									
b	Other interest expe	ense								_	
5	Losses from foreig			L							
6	Add lines 2, 3g, 4a									6	4,380,907
7	Subtract line 6 from					age 2 .			. •	7	4,572,796
Par	Tedit is claimed	es Paid o	r Accruea	(see instr	uctions)						
	for taxes				Fo	reign taxes pa	aid or accrued	I			
t _Z	(you must check one) (h) Paid		In foreign	Currency				In U.S. d	ollars		
(b) Paid In foreign cur (i) Accrued Taxes withheld at source					(n) Other	Tayoo	withheld at so		(r) O	ther	(s) Total foreign
ပိ	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	foreign taxes	(o) Dividends	(n) Pents	(a) Interest	foreign paic accr	taxes for	taxes paid or accrued (add cols. (o) through (r))
A			-					+	4001		(5,50911 (1))
В											
C											
8	Add lines A throug	nh C. colur	nn (s). Enter	the total h	ere and on	line 9. nage	2	1	—	8	4 180 533

Foreign Tax Credit

(Individual, Estate, or Trust)

Attachment Sequence No. 19

OMB No. 1545-0121

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116. Identifying number as shown on page 1 of your tax return 4,992,283 Total Forms Filed = 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(i) 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 cols. A, B, and C.) Enter the name of the foreign country or U.S. Gross income from sources within country shown above and of the type checked above (see instructions): 216,699,904 1a 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) . . . **Deductions and losses (Caution: See instructions.):** Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) **c** Add lines 3a and 3b Gross foreign source income (see instructions) Gross income from all sources (see instructions) . Divide line 3d by line 3e (see instructions) . . . Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . Other interest expense b Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5 89,107,522 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 127,592,382 Part II Foreign Taxes Paid or Accrued (see instructions)

	(000 1100 100 100 100 100 100 100 100 10											
Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued										
	(h) Paid		In foreign o	currency		In U.S. dollars						
	(i) Accrued	Taxes withheld at source on:			(n) Other	Taxes w	Taxes withheld at source on:		(r) Other		(s) Total foreign	
	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest	foreign taxes paid or accrued		taxes paid or accrued (add cols. (o) through (r))	
Α												
В												
၁												
8	Add lines A through C, column (s). Enter the total here and on line 9, page 2										27,044,659	

Form 1116 (2016) Page **2**

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			
10	Carryback or carryover (attach detailed computation)	10			
11	Add lines 9 and 10	11			
12	Reduction in foreign taxes (see instructions)	12	(107,158	<u>\</u>	
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	availa	able for credit	14	4,672,042
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	4,572,796		
16	Adjustments to line 15 (see instructions)	16	192,167		
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	4,490,226		
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			
19	Caution: If you figured your tax using the lower rates on qualified constructions. Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. I enter the amounts from Form 1040NR, lines 42 and 44. Estates and Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 3	trusts	s: Enter the amount from	20	
	Caution: If you are completing line 20 for separate category e instructions.	(lump	-sum distributions), see		0.777.040
21	Multiply line 20 by line 19 (maximum amount of credit)			21	3,777,316
22	Enter the smaller of line 14 or line 21. If this is the only Form 111 through 27 and enter this amount on line 28. Otherwise, complete the instructions)	appro	opriate line in Part IV (see	22	3,537,480
Part	IV Summary of Credits From Separate Parts III (see instr				
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			0.500 :00
27	Add lines 23 through 26			27	3,536,438
28	Enter the smaller of line 20 or line 27			28	3,536,437
29	Reduction of credit for international boycott operations. See instructio			29	<u>^</u>
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter he Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T			30	3,538,163

Form **1116** (2016)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 1116 (2016) Page **2**

	, ,				
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			
10	Carryback or carryover (attach detailed computation)	10		-	
11	Add lines 9 and 10	11		-	
10	Reduction in foreign toyon (one instructions)	12	(2,090,082)		
12	Reduction in foreign taxes (see instructions)	12	(2,090,002)	-	
13	Taxes reclassified under high tax kickout (see instructions)	13			
.0	Taxes reclassified under riight tax kickout (see instructions)				
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes	availa	able for credit	14	47,333,864
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	127,592,382		
16	Adjustments to line 15 (see instructions)	16	-13.913.401		
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		440.070.004		
	one Form 1116, you must complete line 20.)	17	113,678,981	-	
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			
	Caution: If you figured your tax using the lower rates on qualified of		do or conital gains, and		
	instructions.	ividei	ius or capital gains, see		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. I				
	enter the amounts from Form 1040NR, lines 42 and 44. Estates and				
	Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 3	7, and	139	20	
	Caution: If you are completing line 20 for separate category e	(lump	-sum distributions), see		
	instructions.				00 000 400
21	Multiply line 20 by line 19 (maximum amount of credit)			21	32,883,409
22	Enter the smaller of line 14 or line 21. If this is the only Form 111	•	O		
	through 27 and enter this amount on line 28. Otherwise, complete the instructions)				10 011 622
Dart	IV Summary of Credits From Separate Parts III (see instru			22	19,811,623
23	Credit for taxes on passive category income	23	110)		
24	Credit for taxes on general category income	24		1	
25	Credit for taxes on certain income re-sourced by treaty	25			
26	Credit for taxes on lump-sum distributions	26		1	
27	Add lines 23 through 26			27	19,784,972
28	Enter the smaller of line 20 or line 27			28	19,754,754
29	Reduction of credit for international boycott operations. See instructio	ns for	line 12	29	*
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter he	ere an	d on Form 1040, line 48;		
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T	, line	41a ▶	30	19,792,694

Form **1116** (2016)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **2106**

Department of the Treasury Internal Revenue Service (99)

Employee Business Expenses

► Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

OMB No. 1545-0074

2016

Attachment
Sequence No. 129

Your name	Occupation	in which you incurred expe	enses Soc	ial security number	
Total Forms Filed = 9,389,337					
Part I Employee Business Expenses and Reimburs	sements				
Step 1 Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
Vehicle expense from line 22 or line 29. (Rural mail carriers: Sinstructions.)		5,038,415			
2 Parking fees, tolls, and transportation, including train, bus, e didn't involve overnight travel or commuting to and from wo		2,286,174			
3 Travel expense while away from home overnight, including lo airplane, car rental, etc. Don't include meals and entertainment		2,013,653			
4 Business expenses not included on lines 1 through 3. Don't meals and entertainment		6,032,466			
5 Meals and entertainment expenses (see instructions)	5			3,133,579	
6 Total expenses. In Column A, add lines 1 through 4 and ent result. In Column B, enter the amount from line 5	er the	8,365,698			
Note: If you weren't reimbursed for any expenses in Step 1,	skip line 7 and	enter the amount fro	m line 6	on line 8.	
7 Enter reimbursements received from your employer that wer reported to you in box 1 of Form W-2. Include any reimburse reported under code "L" in box 12 of your Form W-2 (see instructions)	ren't ements	344,969		210,036	
Step 3 Figure Expenses To Deduct on Schedule A (Form	n 1040 or Foi	rm 1040NR)			
8 Subtract line 7 from line 6. If zero or less, enter -0 However is greater than line 6 in Column A, report the excess as inco Form 1040, line 7 (or on Form 1040NR, line 8)	me on	8,341,420		3,116,567	
Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 21 your return.	06 to				
9 In Column A, enter the amount from line 8. In Column B, mul 8 by 50% (0.50). (Employees subject to Department of Trans (DOT) hours of service limits: Multiply meal expenses incurre away from home on business by 80% (0.80) instead of 50%. details, see instructions.)	sportation ed while			3,116,567	
10 Add the amounts on line 9 of both columns and enter the tot				3,110,007	

Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) .

10

8,490,035

Form **2106**

Department of the Treasury Internal Revenue Service (99)

Employee Business Expenses

► Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

OMB No. 1545-0074

2016
Attachment
Sequence No. 129

Your nan	Total Forms Filed = 9,389,337	Occupation in v	wnich you incurred expenses	Social security number
Part	Employee Business Expenses and Reimburseme	ents		
Step 1	I Enter Your Expenses		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
	ehicle expense from line 22 or line 29. (Rural mail carriers: See estructions.)	. 1	35,094,866	
	arking fees, tolls, and transportation, including train, bus, etc., th idn't involve overnight travel or commuting to and from work.		2,588,566	
a	ravel expense while away from home overnight, including lodging irplane, car rental, etc. Don't include meals and entertainment.	. 3	6,627,573	
	usiness expenses not included on lines 1 through 3. Don't incluneals and entertainment	de . 4	22,608,694	
	leals and entertainment expenses (see instructions)			11,477,116
	otal expenses. In Column A, add lines 1 through 4 and enter the esult. In Column B, enter the amount from line 5		66,919,699	
N	lote: If you weren't reimbursed for any expenses in Step 1, skip li	ine 7 and en	nter the amount from lir	ne 6 on line 8.
re re	nter reimbursements received from your employer that weren't eported to you in box 1 of Form W-2. Include any reimbursement eported under code "L" in box 12 of your Form W-2 (see astructions).		1,778,949	804,288
tep 3	3 Figure Expenses To Deduct on Schedule A (Form 104	40 or Form	1040NR)	
is	ubtract line 7 from line 6. If zero or less, enter -0 However, if line greater than line 6 in Column A, report the excess as income or orm 1040, line 7 (or on Form 1040NR, line 8)	n	65,189,790	10,708,691
e	lote: If both columns of line 8 are zero, you can't deduct mployee business expenses. Stop here and attach Form 2106 to our return.			
8 (E a	Column A, enter the amount from line 8. In Column B, multiply I by 50% (0.50). (Employees subject to Department of Transporta DOT) hours of service limits: Multiply meal expenses incurred whi way from home on business by 80% (0.80) instead of 50%. For etails, see instructions.)	tion le		6,274,135
	dd the amounts on line 9 of both columns and enter the total her chedule A (Form 1040), line 21 (or on Schedule A (Form 1040)			

reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) .

10

71,463,925

Also enter this amount on line 28 above

2016 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Page 2 Form 2106 (2016) Vehicle Expenses Part II Section A—General Information (You must complete this section if you (a) Vehicle 1 (b) Vehicle 2 are claiming vehicle expenses.) 11 Enter the date the vehicle was placed in service 11 12 Total miles the vehicle was driven during 2016 miles miles 13 Business miles included on line 12 miles 13 miles 14 Percent of business use. Divide line 13 by line 12 % % 15 Average daily roundtrip commuting distance 15 miles miles 16 16 miles miles 17 Other miles. Add lines 13 and 16 and subtract the total from line 12 . . . miles miles 18 Was your vehicle available for personal use during off-duty hours? Yes No 19 ☐ Yes Do you (or your spouse) have another vehicle available for personal use? . . . No 20 ☐ Yes □ No 21 Section B-Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) Multiply line 13 by 54¢ (0.54). Enter the result here and on line 1 3,979,834 Section C—Actual Expenses (a) Vehicle 1 (b) Vehicle 2 Gasoline, oil, repairs, vehicle insurance, etc. 23 24a Vehicle rentals 24a **b** Inclusion amount (see instructions) . 24b c Subtract line 24b from line 24a . 24c 25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions) 25 26 Add lines 23, 24c, and 25. . . 26 27 Multiply line 26 by the percentage on line 14 27 28 Depreciation (see instructions) . 28 29 Add lines 27 and 28. Enter total here and on line 1 435,317 29 Section D-Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle 1 (b) Vehicle 2 30 Enter cost or other basis (see instructions) 30 Enter section 179 deduction and 31 special allowance (see instructions) 31 32 Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance). 32 Enter depreciation method and 33 percentage (see instructions) 33 Multiply line 32 by the percentage 34 on line 33 (see instructions) . . 34 35 Add lines 31 and 34 35 36 Enter the applicable limit explained in the line 36 instructions . . . 36 Multiply line 36 by the percentage 37 on line 14 37 Enter the smaller of line 35 or line 38 37. If you skipped lines 36 and 37, enter the amount from line 35.

Form 2106 (2016) Page **2**

		st cor	nplete this section	if y	ou		(a) \	Vehicle 1		(b) Vel	nicle 2	
	· · · · · · · · · · · · · · · · · · ·											
	· · · · · · · · · · · · · · · · · · ·					-	/			/		
		_				-						
						_		mi			m	
						-			_			
	~								_			
						-				□ Voc		_
Section A—General Information (You must complete this section if you are claiming weblicle expenses). 11 Enter the date the vehicle was placed in service. 11 Enter the date the vehicle was placed in service. 11 If y / / 12 Total miles the vehicle was driven during 2016. 12 miles miles and service miles included on line 12 miles miles of the death youndrity community of the service of the												
Section A—General Information (You must complete this section if you are claiming vehicle synthesis are claiming vehicle expenses) 11 Enter the date the vehicle was placed in service												
										_		
Section												
Secti) Ve	hicle 2		_
23												
	insurance, etc	23										
24a	Vehicle rentals	24a										
b	Inclusion amount (see instructions) .	24b										
С	Subtract line 24b from line 24a .	24c		ļ								
25												
	•			-			_					
		26		-			-					
21												
00				-			_					
	· · · · · · · · · · · · · · · · · · ·	28		ŀ			-					_
29		20			2.915.425							
Section			section only if you	1 0/		le and	l are cor	npletina S	ectio	n C for the	vehicle	<u>.</u>
	2 - 2 орго општон от топпото (ос											·· <u>/</u>
30	Enter cost or other basis (see								Ì			
		30										
31												
	special allowance (see instructions)	31										
32	Multiply line 30 by line 14 (see											
		32		_								
33												
		33					_					
34												
05		_		-			_					_
		35										
30		26										
37		30										
01		37										
20		37		-								
38	37. If you skipped lines 36 and 37,											
	enter the amount from line 35.											
	Also enter this amount on line 28											
	above	38										

Form 2106-EZ

Department of the Treasury Internal Revenue Service (99)

Unreimbursed Employee Business Expenses

► Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106-EZ and its instructions is available at www.irs.gov/form2106ez.

OMB No. 1545-0074 Attachment Sequence No. 129A

Your name

Total Forms Filed =

4,768,975

Occupation in which you incurred expenses

Social security number

Ƴou Can Use	This Form Only	/ if All of the Fol	lowing Apply.
-------------	----------------	---------------------	---------------

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You don't get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2016.

Caution: You can use the standard mileage rate for 2016 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part	Figure Your Expenses			
1	Complete Part II. Multiply line 8a by 54¢ (0.54). Enter the result here	1	5,038,415	
2	Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	2,286,174	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	2,013,653	
4	Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	6,032,466	
5	Meals and entertainment expenses: $$\frac{3,133,579}{1000} \times 50\%$ (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	3,116,567	
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	8,490,035	
Part		kpens		1
7	When did you place your vehicle in service for business use? (month, day, year) ▶ /	/		
8	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you us	ed you	ır vehicle for:	
а	Business b Commuting (see instructions) c C	Other .		
9	Was your vehicle available for personal use during off-duty hours?		. 🗌 Yes 🛚	□No
10	Do you (or your spouse) have another vehicle available for personal use?		. 🗌 Yes 🛚	□No
11a	Do you have evidence to support your deduction?		. 🗌 Yes 🛚	□No
	If "Yes," is the evidence written?			□ No
For Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 20604Q		Form 2106-E 2	Z (2016)

Form **2106-EZ**

Department of the Treasury Internal Revenue Service (99)

Unreimbursed Employee Business Expenses

► Attach to Form 1040 or Form 1040NR.

► Information about Form 2106-EZ and its instructions is available at www.irs.gov/form2106ez.

OMB No. 1545-0074
2016
2016
Attachment
Sequence No. 129A

Your name
Total Forms Filed = 4,768,975
Occupation in which you incurred expenses
Social security number

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2016.

Caution: You can use the standard mileage rate for 2016 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part	Figure Your Expenses			
1	Complete Part II. Multiply line 8a by 54¢ (0.54). Enter the result here	1	35,094,866	
2	Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	2,588,566	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	6,627,573	
4	Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	22,608,694	
5	Meals and entertainment expenses: \$\frac{11,477,116}{\text{position}} \times 50\% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80\% (0.80) instead of 50\%. For details, see instructions.)	5	6,274,135	
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	71,463,925	
Part	Information on Your Vehicle. Complete this part only if you are claiming vehicle exp	oens	e on line 1.	
7	When did you place your vehicle in service for business use? (month, day, year) ▶ /	/		
8	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you use	d you	ur vehicle for:	
а	Business b Commuting (see instructions) c Ot	her		
9	Was your vehicle available for personal use during off-duty hours?		. 🗌 Yes 🗌	No
10	Do you (or your spouse) have another vehicle available for personal use?		. 🗌 Yes 🗌	No
11a	Do you have evidence to support your deduction?		. 🗌 Yes 🗌	No
	If "Yes," is the evidence written?			
or Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 20604Q		Form 2106-EZ	(2016)

□VO	ID ∐ COI	RRECTED				
Name, address, and ZIP code of RIC or REIT		OMB No. 1545-0145	Notice to Shareholder of Undistributed Long-Term Capital Gains			
Total Forms Filed = 3,0	58	2016	For calendar year 2016, of the regulated investment real estate investment			
			beginning	, 2016, and		
		Form 2439		, 20		
Identification number of RIC or REIT		1a Total undistributed long-to 2,050	erm capital gains	Сору А		
Shareholder's identifying number		1b Unrecaptured section 125	50 gain	Attach to Form 1120-RIC or Form 1120-REIT.		
Shareholder's name, address, and ZIP code		1c Section 1202 gain	1d Collectibles (28%) gain			
		0	0	For Instructions		
		2 Tax paid by the RIC or RE	EIT on the box 1a gains	and Paperwork Reduction Act Notice, see back of		
		2.035		Copies A and D.		

Form **2439**

Cat. No. 11858E

www.irs.gov/form2439

Department of the Treasury - Internal Revenue Service

	NNECTED				
Name, address, and ZIP code of RIC or REIT	OMB No. 1545-0145	Notice to Shareholder of Undistributed Long-Term Capital Gains			
Total Forms Filed = 3,058	2016	For calendar year 2016, or o of the regulated investment com real estate investment tro	pany (RIC) or the		
		beginning,	2016, and		
	Form 2439	ending,	20		
Identification number of RIC or REIT	1a Total undistributed long-to	erm capital gains			
	1,432		Copy A Attach to		
Shareholder's identifying number	1b Unrecaptured section 125	50 gain			
	0		Form 1120-RIC or Form 1120-REIT.		
Shareholder's name, address, and ZIP code	1c Section 1202 gain	1d Collectibles (28%) gain			
	0	0	For Instructions		
	2 Tax paid by the RIC or RE	IT on the box 1a gains	and Paperwork Reduction Act Notice, see back of		
	502		Copies A and D.		

Form **2439** Cat. No. 11858E

www.irs.gov/form2439

Department of the Treasury - Internal Revenue Service

2441

Child and Dependent Care Expenses

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

1040 1040A 1040NR

OMB No. 1545-0074

Attachment Sequence No. 21

Department of the Treasury Internal Revenue Service (99)

▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

Name(s)	shown on return	-	Total Forms Filed =	9,955,910				Your social	security I	numbe	r
Part			ganizations Who Propre than two care pro-				this par	t.			
1	(a) Care provider's		·	(b) Address pt. no., city, state, and		(c) Ider	ntifying nun SN or EIN)	nber	(d) Amor		
			· · · · · · · · · · · · · · · · · · ·								
								7,	157,03	1	
			Did you receive	No		→ Complete o	nly Part	II below.			
			endent care benefits?	——— Yes		→ Complete F					
			vided in your home, you			s. If you do, you	cannot	file Form 10)40A. F	or de	tails,
Part			1040, line 60a, or Form	· ·	1.						
2 2			r qualifying person(s).		than two	gualifying persor	ns see th	ne instructi	ons		
	iniornation ac		Qualifying person's name	ii you nave more		Qualifying person's		(c) Quali	ified expe		
	First	(ω)	Qualifying poroon o namo	Last	("	security number		incurred ar person	nd paid in listed in c		
								6,79	0,129		
								2,49	5,117		
			olumn (c) of line 2. Do r two or more persons.	If you completed	l Part III, e			6,65	3,155		
4	Enter your ear	ned inc	come. See instructions				. 4		3,319		
5			r, enter your spouse's ed, see the instructions)				a · 5	4,50	0,215		
6	Enter the sma						. 6	6,61	0,856		
7			rom Form 1040, line m 1040NR, line 37								
8	Enter on line 8		cimal amount shown be	low that applies to		unt on line 7					
		But not	Decimal	ii iiile 7 is	But not	Decimal					
	_	over	amount is	Over	over	amount is					
	\$0-	15,000	.35	\$29,000-	-31,000	.27					
	15,000—	17,000	.34	31,000-	-33,000	.26					
	17,000—	19,000	.33	33,000-	-35,000	.25	8	7,242,	878	Χ.	
	19,000—	21,000	.32	35,000-	-37,000	.24					
	21,000—	23,000	.31	37,000-	-39,000	.23					
	23,000—		.30	39,000-	-41,000	.22					
	25,000—		.29		-43,000	.21					
_	27,000—		.28	<u>J</u>	-No limit	.20					
9	the instruction	ıs	decimal amount on line		015 exper 	nses in 2016, se	e . 9	6,610	0,785		
10	Tax liability li		ter the amount from	the Credit	1	I					

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 . . .

6,469,075

Form **2441**

Child and Dependent Care Expenses

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

1040A 1040NR 2441

OMB No. 1545-0074

2016

Department of the Treasury Internal Revenue Service (99)

► Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

Attachment Sequence No. **21**

Name(s) shown on return

Total Forms Filed = 9,955,910

Your social security number

Par	t l Persons	or Organiz	ations Who Pro	vided the Care	-You m ı	ust con	nplete thi	is par	t.		
	(If you hav	e more tha	an two care prov	riders, see the in	nstructions	s.)					
1	(a) Care provider's name		(number, street, ap	(b) Address ot. no., city, state, and	ZIP code)		(c) Identify (SSN o	ing num or EIN)	nber	(d) Amount pa (see instruction	
										38,134,704	
										36,134,704	
		Did yo	ou receive	No -		► Com	plete only	Part I	II belo	w.	
		dependent	care benefits?	Yes -			plete Part				
	ion: If the care wa					. If you o	do, you ca	annot f	file Fo	rm 1040A. For de	etails,
	he instructions for		<u> </u>	· · · · · · · · · · · · · · · · · · ·	l .						
			Dependent Car ifying person(s).		than two a	ualifyina	noroono	000 th	oo ino	tructions	
2	inionnation abou		ng person's name	ii you nave more			person's so			Qualified expenses	you
	First	(a) Qualifyii	ig person's name	Last	(5)		number	Ciai		rred and paid in 2016 erson listed in column	
										24 770 901	
										24,779,891	
										9,281,548	
3			(c) of line 2. Do no								
	•		r more persons. I	f you completed	Part III, er	nter the	amount				
	from line 31 .		0					3		18,659,771	
4 5	•		See instructions your spouse's e			 Ir spolisi	 - was a	4		520,110,417	
			the instructions);					5	2	267,528,932	
6	Enter the smalle	st of line 3,	4, or 5					6		18,339,901	
7			orm 1040, line ONR, line 37				1				
8			mount shown bel		the amou	nt on line	2 7				
Ü	If line 7 is:	ie decimai a	anount snown bei	If line 7 is:		THE OTT HIT	<i>G 1</i>				
		ut not D	ecimal		But not	Decim	nal				
	Over ov	er a	mount is	Over	over	amou	nt is_				
	\$0-15	,000	.35	\$29,000-	-31,000	.27	•				
	15,000-17		.34	31,000-		.26				.,	
	17,000—19		.33	33,000-		.25		8		Χ.	
	19,000—21		.32	35,000-		.24					
	21,000-23		.31	37,000-		.23					
	23,000-25		.30	39,000-		.22					
	25,000-27		.29	41,000-		.21					
9	27,000—29		.28 al amount on line	-,	-No limit	.20 20. in 20					
3	the instructions	=			· · · ·			9		3,954,100	
10			e amount from t							0,004,100	
			ictions								
11		•	ndent care expe				line 10				
	here and on For	m 1040, line	49: Form 1040A.	line 31: or Form 1	1040NR, lin	ne 47		11		2 625 102	

Form 2441 (2016) Page **2**

Par	t III Dependent Care Benefits			
12	Enter the total amount of dependent care benefits you received in 2016. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	1,415,916	
13	Enter the amount, if any, you carried over from 2015 and used in 2016 during the grace period. See instructions	13	10,512	
14	Enter the amount, if any, you forfeited or carried forward to 2017. See instructions	14	(62,144)
15	Combine lines 12 through 14. See instructions	15	02,111	
17	Enter the smaller of line 15 or 16			
	Enter your earned income. See instructions Enter the amount shown below that applies to you.			
	 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). 19 4,500,215 			
	If married filing separately, see instructions.			
	• All others, enter the amount from line 18.			
21	Enter the smallest of line 17, 18, or 19			
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.)			
	■ No. Enter -0 ■ Yes. Enter the amount here	22	3,069	
23	Subtract line 22 from line 15		3,009	
	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	*	
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0 Form 1040A filers: Enter the smaller of line 20 or line 21	25	1,216,097	
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0 Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26	312,435	
	To claim the child and dependent care			
	credit, complete lines 27 through 31 below.			
	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27		
	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	1,217,468	
	Subtract line 28 from line 27. If zero or less, stop. You cannot take the credit. Exception. If you paid 2015 expenses in 2016, see the instructions for line 9	29		
	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30		
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	6,653,155	
			~ 4 4	4

Form 2441 (2016) Page **2**

Par	art III Dependent Care Benefits							
12	Enter the total amount of dependent care benefits you received in 2016. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not includamounts reported as wages in box 1 of Form(s) W-2. If you were self-employed of partner, include amounts you received under a dependent care assistance program for your sole proprietorship or partnership					4,885,507		
13	Enter the amount, if any, you carried over from 2015 and used in 2016 during the grace period. See instructions					7,688		
14	Enter the amount, if any, you forfeited or carried forward	to 201	7. See instructions .		13 14	(41,665)	
15	Combine lines 12 through 14. See instructions Enter the total amount of qualified expenses incurred in 2016 for the care of the qualifying person(s)		11,921,616		15		,	
17	Enter the smaller of line 15 or 16	17						
18 19	Enter your earned income. See instructions Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled,	18	520,110,417					
	see the instructions for line 5). • If married filing separately, see instructions.	19	267,528,932					
00	• All others, enter the amount from line 18.	00						
21	Enter the smallest of line 17, 18, or 19 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	20						
22	Is any amount on line 12 from your sole proprietorship o go to line 25.) No. Enter -0 Yes. Enter the amount here	or partr	nership? (Form 1040A fil	lers	22	6,393		
	Subtract line 22 from line 15	or 22.			24	*		
25	Excluded benefits. Form 1040 and 1040NR filers: If y the smaller of line 20 or 21. Otherwise, subtract line 24 21. If zero or less, enter -0 Form 1040A filers: Enter the	from	the smaller of line 20 o	r line	25	4,274,572		
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0 Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB".			8. On OCB." 040A,	26	570,564		
			d dependent care s 27 through 31 below	/.				
	Enter \$3,000 (\$6,000 if two or more qualifying persons)				27			
	Form 1040 and 1040NR filers: Add lines 24 and 25. Fo from line 25				28	4,276,292		
	Subtract line 28 from line 27. If zero or less, sto Exception. If you paid 2015 expenses in 2016, see the ir	nstruct	ions for line 9		29			
	Complete line 2 on the front of this form. Do not include on line 28 above. Then, add the amounts in column (c) at	nd ent	er the total here		30			
31	Enter the smaller of line 29 or 30. Also, enter this amour and complete lines 4 through 11				31	18,659,771		

Form **2555**

Department of the Treasury Internal Revenue Service

Foreign Earned Income

 ► Attach to Form 1040. Complete the Foreign Earned Income Tax Worksheet in the Instructions for Form 1040 if you enter an amount on lines 45 or 50.
 ► Information about Form 2555 and its separate instructions is at www.irs.gov/form2555. OMB No. 1545-0074

2016

Attachment Sequence No. 34

For Use by U.S. Citizens and Resident Aliens Only Name shown on Form 1040 Your social security number 525.487 Total Forms Filed = **General Information** Part I 1 Your foreign address (including country) 2 Your occupation Employer's name ▶ Employer's U.S. address ► 4a b Employer's foreign address ► **a** A foreign entity **c** ☐ Self Employer is (check e ☐ Other (specify) ► **d** A foreign affiliate of a U.S. company any that apply): If you previously filed Form 2555 or Form 2555-EZ, enter the last year you filed the form. 6a If you didn't previously file Form 2555 or 2555-EZ to claim either of the exclusions, check here ▶ ☐ and go to line 7. If you answered "Yes," enter the type of exclusion and the tax year for which the revocation was effective. ▶ Of what country are you a citizen/national? ▶ 8a Did you maintain a separate foreign residence for your family because of adverse living conditions at your If "Yes," enter city and country of the separate foreign residence. Also, enter the number of days during your tax year that you maintained a second household at that address. List your tax home(s) during your tax year and date(s) established. ▶ Next, complete either Part II or Part III. If an item doesn't apply, enter "NA." If you don't give the information asked for, any exclusion or deduction you claim may be disallowed. Taxpayers Qualifying Under Bona Fide Residence Test (see instructions) Part II , and ended ▶ 10 Date bona fide residence began ▶ **b** Rented house or apartment 11 Kind of living quarters in foreign country ▶ a ☐ Purchased house **c** Rented room **d** Quarters furnished by employer **b** If "Yes," who and for what period? ▶ 13a Have you submitted a statement to the authorities of the foreign country where you claim bona fide **b** Are you required to pay income tax to the country where you claim bona fide residence? See instructions . \square Yes \square No If you answered "Yes" to 13a and "No" to 13b, you don't qualify as a bona fide resident. Don't complete the rest of If you were present in the United States or its possessions during the tax year, complete columns (a)-(d) below. Don't include the income from column (d) in Part IV, but report it on Form 1040. (c) Number of (d) Income earned in (c) Number of days in U.S. on (b) Date left (a) Date (a) Date (b) Date left days in U.S. on business U.S. on business U.S. on business arrived in U.S. U.S. arrived in U.S. U.S. (attach computation) business (attach computation) List any contractual terms or other conditions relating to the length of your employment abroad. ▶ 15a **b** Enter the type of visa under which you entered the foreign country. Did your visa limit the length of your stay or employment in a foreign country? If "Yes," attach explanation . \square Yes \square No If "Yes," enter address of your home, whether it was rented, the names of the occupants, and their relationship ______

Form **2555**

Department of the Treasury Internal Revenue Service

Foreign Earned Income

 ► Attach to Form 1040. Complete the Foreign Earned Income Tax Worksheet in the Instructions for Form 1040 if you enter an amount on lines 45 or 50.
 ► Information about Form 2555 and its separate instructions is at www.irs.gov/form2555. OMB No. 1545-0074

2016

Attachment Sequence No. 34

For Use by U.S. Citizens and Resident Aliens Only Name shown on Form 1040 Your social security number Total Forms Filed = 525.487 **General Information** Part I 2 Your occupation **1** Your foreign address (including country) Employer's name ▶ Employer's U.S. address ▶ 4a Employer's foreign address b a A foreign entity c Self **b** A U.S. company Employer is (check d ☐ A foreign affiliate of a U.S. company e ☐ Other (specify) ► any that apply): 6a If you previously filed Form 2555 or Form 2555-EZ, enter the last year you filed the form. ▶ If you didn't previously file Form 2555 or 2555-EZ to claim either of the exclusions, check here ▶ If you answered "Yes," enter the type of exclusion and the tax year for which the revocation was effective. ▶ Of what country are you a citizen/national? ▶ Did you maintain a separate foreign residence for your family because of adverse living conditions at your If "Yes," enter city and country of the separate foreign residence. Also, enter the number of days during your tax year that you maintained a second household at that address. List your tax home(s) during your tax year and date(s) established. ▶ Next, complete either Part II or Part III. If an item doesn't apply, enter "NA." If you don't give the information asked for, any exclusion or deduction you claim may be disallowed. Taxpayers Qualifying Under Bona Fide Residence Test (see instructions) Part II 10 Date bona fide residence began ► , and ended ► Kind of living quarters in foreign country ▶ a ☐ Purchased house 11 **b** Rented house or apartment **c** Rented room **d** Quarters furnished by employer 12a **b** If "Yes," who and for what period? ▶ Have you submitted a statement to the authorities of the foreign country where you claim bona fide **b** Are you required to pay income tax to the country where you claim bona fide residence? See instructions . \square Yes \square No If you answered "Yes" to 13a and "No" to 13b, you don't qualify as a bona fide resident. Don't complete the rest of If you were present in the United States or its possessions during the tax year, complete columns (a)-(d) below. Don't include the income from column (d) in Part IV, but report it on Form 1040. (c) Number of days in U.S. on business (d) Income earned in U.S. on business (c) Number of days in U.S. on business (d) Income earned in U.S. on business (a) Date (b) Date left (a) Date (b) Date left arrived in U.S. U.S. arrived in U.S. U.S. (attach computation) (attach computation) List any contractual terms or other conditions relating to the length of your employment abroad. ▶ **b** Enter the type of visa under which you entered the foreign country. Did your visa limit the length of your stay or employment in a foreign country? If "Yes," attach explanation . \square Yes \square No If "Yes," enter address of your home, whether it was rented, the names of the occupants, and their relationship to you.

Form 2555 (2016) Page **2**

Par				tions)			
16	The physical presence test is based on the 12-month period from ▶				through ►		
17	Enter your principal country of employment of	during your tax yea	ar. ▶				
18	If you traveled abroad during the 12-month price foreign countries that didn't involve travel on the you have no travel to report during the permonth period." Don't include the income from	or over internation eriod, enter "Physi	nal waters, or in o	r over the Ur foreign cou	nited States, intry or count	for 24 hours or	more.
	(a) Name of country (including U.S.)	(b) Date arrived	(c) Date left	(d) Full days present in country	(e) Number of days in U.S. on business	(f) Income earned in on business (atta computation)	

Part IV All Taxpayers

Note: Enter on lines 19 through 23 all income, including noncash income, you earned and actually or constructively received during your 2016 tax year for services you performed in a foreign country. If any of the foreign earned income received this tax year was earned in a prior tax year, or will be earned in a later tax year (such as a bonus), see the instructions. **Don't** include income from line 14, column **(d)**, or line 18, column **(f)**. Report amounts in U.S. dollars, using the exchange rates in effect when you actually or constructively received the income.

If you are a cash basis taxpayer, report on Form 1040 all income you received in 2016, no matter when you performed the service.

	the service.			
	2016 Foreign Earned Income		Amount (in U.S. dollars)	
19	Total wages, salaries, bonuses, commissions, etc	19	356,840	\top
20	Allowable share of income for personal services performed (see instructions):			
а	In a business (including farming) or profession	20a	34,799	
b	In a partnership. List partnership's name and address and type of income. ▶	20b	2,687	
21	Noncash income (market value of property or facilities furnished by employer—attach statement showing how it was determined):	t		
а	Home (lodging)	21a	10,847	
b	Meals	21b	1,831	
C	Car	21c	3,830	
d	Other property or facilities. List type and amount. ▶	21d	1,613	
22	Allowances, reimbursements, or expenses paid on your behalf for services you performed:			
а	Cost of living and overseas differential			
b	Family			
С	Education			
d	Home leave			
e	Quarters			
f	For any other purpose. List type and amount. ▶ 22f 35,321			
g	Add lines 22a through 22f	22g	43,034	
23	Other foreign earned income. List type and amount. ►	23	10,556	
24	Add lines 19 through 21d, line 22g, and line 23	24	383,074	
25	Total amount of meals and lodging included on line 24 that is excludable (see instructions)	25	5,475	
26	Subtract line 25 from line 24. Enter the result here and on line 27 on page 3. This is your 201 foreign earned income	26	479,108	
			Form 255	5 (0040)

Form 2555 (2016) Page **2**

Part	III Taxpayers Qualifying Under Phys	ical Presence T	est (see instruc	tions)			
16	The physical presence test is based on the 1	2-month period from	om 🕨		through >		
17	Enter your principal country of employment of	during your tax yea	ar. ▶				
18	If you traveled abroad during the 12-month period entered on line 16, complete columns (a)–(f) below. Exclude travel between foreign countries that didn't involve travel on or over international waters, or in or over the United States, for 24 hours or more If you have no travel to report during the period, enter "Physically present in a foreign country or countries for the entire 12-month period." Don't include the income from column (f) below in Part IV, but report it on Form 1040.						
	(a) Name of country (including U.S.)	(b) Date arrived	(c) Date left	(d) Full days present in country	(e) Number of days in U.S. on business	(f) Income earned in on business (atta computation)	

Part IV All Taxpayers

Note: Enter on lines 19 through 23 all income, including noncash income, you earned and actually or constructively received during your 2016 tax year for services you performed in a foreign country. If any of the foreign earned income received this tax year was earned in a prior tax year, or will be earned in a later tax year (such as a bonus), see the instructions. **Don't** include income from line 14, column **(d)**, or line 18, column **(f)**. Report amounts in U.S. dollars, using the exchange rates in effect when you actually or constructively received the income.

If you are a cash basis taxpayer, report on Form 1040 all income you received in 2016, no matter when you performed the service.

	the service.		
	2016 Foreign Earned Income		Amount (in U.S. dollars)
19	Total wages, salaries, bonuses, commissions, etc	19	37,428,396
20	Allowable share of income for personal services performed (see instructions):		
а	In a business (including farming) or profession	20a	2,104,255
b	In a partnership. List partnership's name and address and type of income. ►	20b	1,239,667
21	Noncash income (market value of property or facilities furnished by employer—attach statement showing how it was determined):		
а	Home (lodging)	21a	159,684
b	Meals	21b	3,941
c	Car	21c	30,913
d	Other property or facilities. List type and amount. ▶	21d	36,711
22	Allowances, reimbursements, or expenses paid on your behalf for services you performed:		
а	Cost of living and overseas differential		
b	Family		
С	Education	_	
d	Home leave	_	
e	Quarters	- 1	
f	For any other purpose. List type and amount. ► 22f 4,089,465		
g	Add lines 22a through 22f	22g	5,228,113
23	Other foreign earned income. List type and amount.	23	690,497
24	Add lines 19 through 21d, line 22g, and line 23	24	46,922,178
25	Total amount of meals and lodging included on line 24 that is excludable (see instructions)	25	61,591
26	Subtract line 25 from line 24. Enter the result here and on line 27 on page 3. This is your 2016 foreign earned income	26	51,426,395

Form 2555 (2016) Page 3 Part V All Taxpayers 27 Enter the amount from line 26 27 Are you claiming the housing exclusion or housing deduction? ☐ **Yes.** Complete Part VI. No. Go to Part VII. Part VI Taxpayers Claiming the Housing Exclusion and/or Deduction 28 Qualified housing expenses for the tax year (see instructions) . . . 28 104,909 29a Enter location where housing expenses incurred (see instructions) b Enter limit on housing expenses (see instructions) 29b 111,594 30 Enter the **smaller** of line 28 or line 29b 30 103,669 Number of days in your qualifying period that fall within your 2016 tax 31 32 Multiply \$44.28 by the number of days on line 31. If 366 is entered on line 31, enter \$16,208 here 32 126,430 Subtract line 32 from line 30. If the result is zero or less, don't complete the rest of this part or 33 33 126,582 34 Enter employer-provided amounts (see instructions) | 34 | Divide line 34 by line 27. Enter the result as a decimal (rounded to at least three places), but 35 36 Housing exclusion. Multiply line 33 by line 35. Enter the result but don't enter more than the 36 62,758 Note: The housing deduction is figured in Part IX. If you choose to claim the foreign earned income exclusion, complete Parts VII and VIII before Part IX. Part VII **Taxpayers Claiming the Foreign Earned Income Exclusion** 37 37 Maximum foreign earned income exclusion 38 • If you completed Part VI, enter the number from line 31. • All others, enter the number of days in your qualifying period that } fall within your 2016 tax year (see the instructions for line 31). • If line 38 and the number of days in your 2016 tax year (usually 366) are the same, enter "1.000." 39 • Otherwise, divide line 38 by the number of days in your 2016 tax year and enter the result as 39 a decimal (rounded to at least three places). 40 Multiply line 37 by line 39 40 480,088 41 Subtract line 36 from line 27 41 382,681 Foreign earned income exclusion. Enter the smaller of line 40 or line 41. Also, complete Part VIII ▶ 42 42 476,876 Part VIII Taxpayers Claiming the Housing Exclusion, Foreign Earned Income Exclusion, or Both 43 381,411 44 Deductions allowed in figuring your adjusted gross income (Form 1040, line 37) that are allocable to the excluded income. See instructions and attach computation 44 35,385 45 Subtract line 44 from line 43. Enter the result here and in parentheses on Form 1040, line 21. Next to the amount enter "Form 2555." On Form 1040, subtract this amount from your income 45 380.887 Taxpayers Claiming the Housing Deduction—Complete this part only if (a) line 33 is more than line 36 and Part IX **(b)** line 27 is more than line 43. Subtract line 36 from line 33 46 46 4,298 47 Subtract line 43 from line 27 47 4,298 48 Enter the **smaller** of line 46 or line 47 48 4,298 Note: If line 47 is more than line 48 and you couldn't deduct all of your 2015 housing deduction because of the 2015 limit, use the housing deduction carryover worksheet in the instructions to figure the amount to enter on line 49. Otherwise, go to line 50. Housing deduction carryover from 2015 (from the housing deduction carryover worksheet in the 49 49 Housing deduction. Add lines 48 and 49. Enter the total here and on Form 1040 to the left of line 36. Next to the amount on Form 1040, enter "Form 2555." Add it to the total adjustments

50

reported on that line

Form 2555 (2016) Page **3**

Part	V All Taxpayers			
27	Enter the amount from line 26	27		
	Yes. Complete Part VI. No. Go to Part VII.			
Part	VI Taxpayers Claiming the Housing Exclusion and/or Deduction			
28	Qualified housing expenses for the tax year (see instructions)	28	3,299,535	
29a b	Enter location where housing expenses incurred (see instructions) ▶ Enter limit on housing expenses (see instructions)	29b	5,542,887	
30	Enter the smaller of line 28 or line 29b	30	2,689,517	
31	Number of days in your qualifying period that fall within your 2016 tax year (see instructions)		_,	
32	Multiply \$44.28 by the number of days on line 31. If 366 is entered on line 31, enter \$16,208 here	32	1,978,942	
33	Subtract line 32 from line 30. If the result is zero or less, don't complete the rest of this part or any of Part IX	33	710,575	
34	Enter employer-provided amounts (see instructions) 34 16,140,331		,	
35	Divide line 34 by line 27. Enter the result as a decimal (rounded to at least three places), but don't enter more than "1.000"	35	× .	
36	Housing exclusion. Multiply line 33 by line 35. Enter the result but don't enter more than the amount on line 34. Also, complete Part VIII	36	1,341,816	
	Note: The housing deduction is figured in Part IX. If you choose to claim the foreign earned income exclusion, complete Parts VII and VIII before Part IX.		,,	
Part	Taxpayers Claiming the Foreign Earned Income Exclusion			
37	Maximum foreign earned income exclusion	37		
38	• If you completed Part VI, enter the number from line 31.			
	• All others, enter the number of days in your qualifying period that } days fall within your 2016 tax year (see the instructions for line 31).			
39	• If line 38 and the number of days in your 2016 tax year (usually 366) are the same, enter "1.000."			
	• Otherwise, divide line 38 by the number of days in your 2016 tax year and enter the result as a decimal (rounded to at least three places).	39	×	
40	Multiply line 37 by line 39	40	49,999,968	
41	Subtract line 36 from line 27	41	45.518.852	
42	Foreign earned income exclusion. Enter the smaller of line 40 or line 41. Also, complete Part VIII ▶	42	29,557,576	
Part	Taxpayers Claiming the Housing Exclusion, Foreign Earned Income Exclusion,	or B	oth	
43	Add lines 36 and 42	43	26,405,076	
44	Deductions allowed in figuring your adjusted gross income (Form 1040, line 37) that are allocable to the excluded income. See instructions and attach computation	44	388,879	
45	Subtract line 44 from line 43. Enter the result here and in parentheses on Form 1040, line 21. Next to the amount enter "Form 2555." On Form 1040, subtract this amount from your income			
	to arrive at total income on Form 1040, line 22	45	26.049.493	
Part	Taxpayers Claiming the Housing Deduction—Complete this part only if (a) line 33 (b) line 27 is more than line 43.	is m	ore than line 36 a	and
46	Subtract line 36 from line 33	46	82,039	
47	Subtract line 43 from line 27	47	1,283,492	
48	Enter the smaller of line 46 or line 47	48	78,151	
	Note: If line 47 is more than line 48 and you couldn't deduct all of your 2015 housing deduction because of the 2015 limit, use the housing deduction carryover worksheet in the instructions to			
40	figure the amount to enter on line 49. Otherwise, go to line 50.			
49	Housing deduction carryover from 2015 (from the housing deduction carryover worksheet in the instructions)	49	*	
50	Housing deduction. Add lines 48 and 49. Enter the total here and on Form 1040 to the left of line 36. Next to the amount on Form 1040, enter "Form 2555." Add it to the total adjustments reported on that line	50	78,285	

Form **2555-EZ**

Department of the Treasury

Foreign Earned Income Exclusion

▶ Attach to Form 1040. Complete the Foreign Earned Income Tax Worksheet in the Instructions for Form 1040 if you enter an amount on line 18. ▶ Information about Form 2555-EZ and its separate instructions is at www.irs.gov/form2555ez.

OMB No. 1545-0074 6 Attachment Sequence No. **34A**

Internal Revenue Service (99) Name shown on Form 1040

Total Forms Filed = 110,671 Data is tabulated with Form 2555

Your social security number

You May Use **This Form** If You:

Bona Fide Residence Test

Part I

- Are a U.S. citizen or a resident alien.
- Earned wages/salaries in a foreign country.
- · Had total foreign earned income of \$101,300 or less. See line 17.
- Are filing a calendar year return that covers a 12-month period.

- Don't have self-employment income.
- · Don't have business/moving expenses. And You:
 - · Don't claim the foreign housing exclusion or deduction.

Tests To See If You Can Take the Foreign Earned Income Exclusion

а		t of a foreign country or countries f	•		e tax year Yes No
		meet this test. Fill in line 1b and then	•		
		on't meet this test. Go to line 2 to se			
b	Enter the date your bona fide	residence began	, and ended (s	ee instructions)	·
2	Physical Presence Test				
а	-	n a foreign country or countries for a	t least 330 full da	ays during—	
	∫ 2016 or		l		🗌 Yes 🗌 No
	any other period of 12 montl	ns in a row starting or ending in 2010	6? []]		
	If you answered "Yes," your	meet this test. Fill in line 2b and then	go to line 3.		
	• If you answered "No," you Fide Residence Test above.	don't meet this test. You can't tak	e the exclusion	unless you meet	the Bona
b	The physical presence test is	based on the 12-month period from	>	thro	ugh ▶
3	residence or physical presence • If you answered "Yes," you o	ax home in a foreign country or c	rt II below and th		🗌 Yes 🗌 No
Par	General Information Genera				5 Your occupation
	our rorong radiance (morading c				o roa occapanon
6 E	mployer's name	7 Employer's U.S. address (includi	ng ZIP code) 8	Employer's forei	gn address
9	Employer is (check any that ap	oply):	<u>'</u>		
а	A U.S. business				
b	•				
C	Other (specify) ►	55 - 0555 57 - 04-04-1-4-1-4-0-0-0			
10a		55 or 2555-EZ, enter the last year year			
b		m 2555 or 2555-EZ, check here ► reign earned income exclusion? .			🗌 Yes 🗌 No
c d		he tax year for which the revocation			L Tes LINO
11a	List your tax home(s) during 20				
u					
b	Of what country are you a citiz	zen/national? ►			
	perwork Reduction Act Notice, s		Cat. No	o. 13272W	Form 2555-EZ (2016)

Form **2555-EZ**

Foreign Earned Income Exclusion

Department of the Treasury Internal Revenue Service (99)

▶ Attach to Form 1040. Complete the Foreign Earned Income Tax Worksheet in the Instructions for Form 1040 if you enter an amount on line 18. ▶ Information about Form 2555-EZ and its separate instructions is at www.irs.gov/form2555ez.

Attachment Sequence No. **34A**

OMB No. 1545-0074

Name shown on Form 1040

Total Forms Filed = 110,671 Data is tabulated with Form 2555

Your social security number

You May Use **This Form** If You:

Bona Fide Residence Test

Part I

- Are a U.S. citizen or a resident alien.
- Earned wages/salaries in a foreign country.
- Had total foreign earned income of \$101,300 or less. See line 17.
- Are filing a calendar year return that covers a 12-month period.
- Don't have self-employment income.
- Don't have business/moving expenses. **And You:**
 - · Don't claim the foreign housing exclusion or deduction.

Tests To See If You Can Take the Foreign Earned Income Exclusion

a	(see instructions)?			
b	• If you answered "No," you do	neet this test. Fill in line 1b and then go to line on't meet this test. Go to line 2 to see if you mesidence began , and er	eet the Physical Prese	
2 a	 2016 or any other period of 12 month If you answered "Yes," you n If you answered "No," you of Fide Residence Test above. 	a foreign country or countries for at least 330 s in a row starting or ending in 2016? The each this test. Fill in line 2b and then go to line and the each this test. You can't take the except assed on the 12-month period from	3. usion unless you mea	The Bona
3	Tax Home Test. Was your ta residence or physical presence • If you answered "Yes," you of	x home in a foreign country or countries throe, whichever applies?	oughout your period c	of bona fide
Par	General Inform	nation		
4 Y	our foreign address (including c	ountry)		5 Your occupation
6 E	mployer's name	7 Employer's U.S. address (including ZIP cod	de) 8 Employer's fore	ign address
9 a b c	A foreign business Other (specify) ►	ply):		
b c d	If you didn't previously file Ford Have you ever revoked the ford	m 2555 or 2555-EZ, check here ▶ □ and geign earned income exclusion?	go to line 11a.	□ Yes □No
	Of what country are you a citiz		Cat. No. 13272W	Form 2555-EZ (2016)
JI Pa	iperwork neduction Act Notice, St	e uie i oiiii 1040 iiistructioiis.	Cat. NO. 13212VV	10IIII 2000 - L2 (2010)

Form 2555-EZ (2016) Page **2**

Part III	Days Present in the United States - Complete this part if you were in the
	United States or its possessions during 2016.

12	(a) Date arrived in U.S.	ate arrived in ITS (b) Date left ITS (c)			n business (attach computation		
Par	t IV Figure Your	^r Foreign Earned Inco	me Exclusion				
13	Maximum foreign earned in	ncome exclusion		1	13		
10	Maximum foreign earned in	icome exclusion					
14	Enter the number of days in	n your qualifying period that fall wit	thin 2016 . 14	days			
45	Did was autor 000 an line 1	40					
15	Did you enter 366 on line 1 Yes. Enter "1.000."	4? }					
		366 and enter the result as		. 1	15 ×		
		ed to at least three places).					
16	Multiply line 13 by line 15			1	16		
17	Enter in IIS dollars the	total foreign earned income you	Learned and received in 2016	3 (500			
.,		clude this amount on Form 1040, lin			17		
	Caution: If the amount on	line 17 is more than \$101,300, don	n't file this form. You must file Fo	orm			
	2555 instead.						
40	Fausting ages of two co	reduction Falouth a constitution of the	40 au line 47 have evel to see				
18		xclusion. Enter the smaller of line ext to the amount enter "2555-EZ."					
		at total income on Form 1040, line			18		

Form **2555-EZ** (2016)

Form 2555-EZ (2016) Page **2**

Part III	Days Present in the United States - Complete this part if you were in the
	United States or its possessions during 2016.

12	(a) Date arrived in U.S.	(b) Date left U.S.				(d) Income earned in U.S on business (attach compute		
Par	t IV Figure You	Foreign Earned Inc	ome Exclusion					
13	Maximum foreign earned in	ncome exclusion			13			
14	Enter the number of days i	n your qualifying period that fall w	ithin 2016 . 14	days				
15	Did you enter 366 on line 1	4?						
		366 and enter the result as			15	× .		
	a decimal (rounde	ed to at least three places).						
16	Multiply line 13 by line 15				16			
17		e total foreign earned income you			17			
	•	line 17 is more than \$101,300, do			17			
18		xclusion. Enter the smaller of line						

on **Form 1040**, **line 21**. Next to the amount enter "2555-EZ." On Form 1040, subtract this amount from your income to arrive at total income on Form 1040, line 22

Form **2555-EZ** (2016)

18

Form **3468**

Department of the Treasury Internal Revenue Service (99)

Investment Credit

► Attach to your tax return.

▶ Information about Form 3468 and its separate instructions is at www.irs.gov/form3468.

OMB No. 1545-0155

2016

Attachment
Sequence No. 174

Name(s) shown on return

Total Forms Filed = 26,075

Identifying number

Part	Information Regarding the Election To Treat the Lessee as the Purchaser of Inves	tment	: Credit Proper	ty
	are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4,			the
follow	ing information. If you acquired more than one property as a lessee, attach a statement showing the in	nforma	ition below.	
1	Name of lessor			
2	Address of lessor			
3	Description of property			
4	Amount for which you were treated as having acquired the property	▶ \$		
Part	Qualifying Advanced Coal Project Credit, Qualifying Gasification Project Credit, a Advanced Energy Project Credit	and Q	ualifying	
5	Qualifying advanced coal project credit (see instructions):			
а	Qualified investment in integrated gasification combined cycle property			
	placed in service during the tax year for projects described in section			
	48A(d)(3)(B)(i) \$ × 20% (0.20) 5a			
b	Qualified investment in advanced coal-based generation technology			
	property placed in service during the tax year for projects described in			
	section 48A(d)(3)(B)(ii) \$ × 15% (0.15) 5b			
С	Qualified investment in advanced coal-based generation technology			
	property placed in service during the tax year for projects described in			
	section 48A(d)(3)(B)(iii) \$ × 30% (0.30) 5c			
d	Total. Add lines 5a, 5b, and 5c	5d	1,780	
6	Qualifying gasification project credit (see instructions):			
а	Qualified investment in qualified gasification property placed in service			
	during the tax year for which credits were allocated or reallocated after			
	October 3, 2008, and that includes equipment that separates and			
	sequesters at least 75% of the project's carbon dioxide			
	emissions			
b	Qualified investment in property other than in a above placed in service			
	during the tax year \$ × 20% (0.20) 6b			
С	Total. Add lines 6a and 6b	6с	1,419	
7	Qualifying advanced energy project credit (see instructions):			
	Qualified investment in advanced energy project property placed in			
	service during the tax year	7	1,418	
8	Reserved	8		
9	Enter the applicable unused investment credit from cooperatives (see instructions)	9	362	
10	Add lines 5d, 6c, 7, and 9. Report this amount on Form 3800, Part III, line 1a	10	3,583	
For Pa	perwork Reduction Act Notice, see separate instructions. Cat. No. 12276E		Form 3468 ((2016)

Form **3468**

Department of the Treasury Internal Revenue Service (99)

Investment Credit

► Attach to your tax return.

▶ Information about Form 3468 and its separate instructions is at www.irs.gov/form3468.

OMB No. 1545-0155

2016

Attachment Sequence No. 174

Name(s) shown on return

Total Forms Filed = 26,075

Identifying number

Part	Information Regarding the Election To Treat the Lessee as the Purchaser of Invest	tmen	t Credit Prope	rty
	are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4,			e the
follow	ing information. If you acquired more than one property as a lessee, attach a statement showing the ir	nform	ation below.	
1	Name of lessor			
2	Address of lessor			
3	Description of property			
4	Amount for which you were treated as having acquired the property			
Part		and (Qualifying	
	Advanced Energy Project Credit			
5	Qualifying advanced coal project credit (see instructions):			
а	Qualified investment in integrated gasification combined cycle property placed in service during the tax year for projects described in section			
b	48A(d)(3)(B)(i)			
D	property placed in service during the tax year for projects described in			
	section 48A(d)(3)(B)(ii) \$ ×15% (0.15) 5b			
С	Qualified investment in advanced coal-based generation technology			
	property placed in service during the tax year for projects described in			
	section 48A(d)(3)(B)(iii) \$ × 30% (0.30) 5c			
d	Total. Add lines 5a, 5b, and 5c	5d	747	
6	Qualifying gasification project credit (see instructions):			
а	Qualified investment in qualified gasification property placed in service			
	during the tax year for which credits were allocated or reallocated after			
	October 3, 2008, and that includes equipment that separates and			
	sequesters at least 75% of the project's carbon dioxide			
	emissions			
b	Qualified investment in property other than in a above placed in service			
	during the tax year \$ × 20% (0.20) 6b	C-	0.040	
С 7	Total. Add lines 6a and 6b	6c	2,212	
•	Qualified investment in advanced energy project property placed in			
	service during the tax year	7	13,660	
	× 30 / 1 (0.50)		10,000	
8	Reserved	8		
9	Enter the applicable unused investment credit from cooperatives (see instructions)	9	820	
10	Add lines 5d, 6c, 7, and 9. Report this amount on Form 3800, Part III, line 1a	10	17,439	
For Pa	nerwork Reduction Act Notice see senarate instructions Cat No. 19976F		Form 3468	(2016)

Form 3468 (2016) Page **2**

Part	Rehabilitation Credit and Energy Credit			
11	Rehabilitation credit (see instructions for requirements that must be met):			
а	Check this box if you are electing under section $47(d)(5)$ to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions. Note: This election applies to the current tax year and to all later tax years. You may not revoke this election without IRS consent			
b	Enter the dates on which the 24- or 60-month measuring period begins and ends			
С	Enter the adjusted basis of the building as of the beginning date above (or the first day of your holding period, if later)			
d	Enter the amount of the qualified rehabilitation expenditures incurred, or treated as incurred, during the period on line 11b above			
	Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown:			
е	Pre-1936 buildings	11e	1,207	
f		11f	5,998	
	For properties identified on line 11f, complete lines 11g and 11h.			
g	Enter the assigned NPS project number or the pass-through entity's employer identification number (see instructions)			
h	Enter the date that the NPS approved the Request for Certification of Completed Work (see instructions)			
i	Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9)	11i	104	
12	Energy credit:			
а	Basis of property using geothermal energy or solar energy (acquired before January 1, 2006, and the basis attributable to construction, reconstruction, or erection by the taxpayer before January		4.044	
	1, 2006) placed in service during the tax year (see instructions) \$ × 10% (0.10)	12a	1,241	
b	Basis of property using solar illumination or solar energy placed in service during the tax year that was			
	acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005 (see instructions) \$ x 30% (0.30)	40h	10.004	
	(********************************	12b	10,804	
С	Qualified fuel cell property (see instructions): Basis of property placed in service during the tax year that was acquired after December 31, 2005, and			
C	before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by the			
	taxpayer after December 31, 2005, and before October 4, 2008 \$ × 30% (0.30)	12c		
d	Applicable kilowatt capacity of property on line 12c (see instructions) ► ×\$1,000	12d		
е	Enter the lesser of line 12c or line 12d	12e	0	
f	Basis of property placed in service during the tax year that was acquired after October 3, 2008,		•	
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after			
	October 3, 2008	12f		
g	Applicable kilowatt capacity of property on line 12f (see instructions) ► × \$3,000	12g		
h	Enter the lesser of line 12f or line 12g	12h	50	
	Qualified microturbine property (see instructions):			
i	Basis of property placed in service during the tax year that was acquired after December 31, 2005,			
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after			
	December 31, 2005	12i		
j	Kilowatt capacity of property on line 12i	12j		
k	Enter the lesser of line 12i or line 12j	12k	446	

Form **3468** (2016)

Form 3468 (2016) Page **2**

art	Rehabilitation Credit and Energy Credit			
11	Rehabilitation credit (see instructions for requirements that must be met):			
	Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation			
u	expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when			
	capitalized). See instructions. Note: This election applies to the current tax year and to all later tax			
	years. You may not revoke this election without IRS consent			
b	Enter the dates on which the 24- or 60-month measuring period begins			
	and ends			
С	Enter the adjusted basis of the building as of the beginning date above			
	(or the first day of your holding period, if later)			
d	Enter the amount of the qualified rehabilitation expenditures incurred, or			
	treated as incurred, during the period on line 11b above \$			
	Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown:			
е	Pre-1936 buildings	11e	19,140	
f	Certified historic structures	11f	314,867	
	For properties identified on line 11t, complete lines 11g and 11h.			
g	Enter the assigned NPS project number or the pass-through entity's employer identification			
	number (see instructions)			
n	Enter the date that the NPS approved the Request for Certification of Completed Work (see			
	instructions)	44.		
i	Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9)	11i	529	
12	Energy credit:			
а	Basis of property using geothermal energy or solar energy (acquired before January 1, 2006, and the basis attributable to construction, reconstruction, or erection by the taxpayer before January			
	1, 2006) placed in service during the tax year (see instructions) $$$ $\times 10\%$ (0.10)	12a	2,413	
b	Basis of property using solar illumination or solar energy placed in service during the tax year that was	- Lu	· ·	
_	acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or			
	erection by the taxpayer after December 31, 2005 (see instructions) \$ × 30% (0.30)	12b	433,482	
	Qualified fuel cell property (see instructions):			
С	Basis of property placed in service during the tax year that was acquired after December 31, 2005, and			
	before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by the			
	taxpayer after December 31, 2005, and before October 4, 2008 \$× 30% (0.30)	12c		
d	Applicable kilowatt capacity of property on line 12c (see instructions) ► × \$1,000	12d		
е	Enter the lesser of line 12c or line 12d	12e	0	
f	Basis of property placed in service during the tax year that was acquired after October 3, 2008,			
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008	406		
~	October 3, 2008	12f		
g h	Enter the lesser of line 12f or line 12g	12g 12h	0.964	
	Qualified microturbine property (see instructions):	1211	9,864	
i	Basis of property placed in service during the tax year that was acquired after December 31, 2005,			
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after			
	December 31, 2005	12i		
j	Kilowatt capacity of property on line 12i	12j		
k	Enter the lesser of line 12i or line 12j	12k	70	

Form 3468 (2016) Page **3**

Part	Rehabilitation Credit and Energy Credit (continued)			
	Combined heat and power system property (see instructions):			
	Caution: You cannot claim this credit if the electrical capacity of the property is more than 50 megawatts or 67,000 horsepower.			
ı	=			
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008	121		
m	If the electrical capacity of the property is measured in:			
	• Megawatts, divide 15 by the megawatt capacity. Enter 1.0 if the capacity is 15 megawatts or less.			
	• Horsepower, divide 20,000 by the horsepower. Enter 1.0 if the capacity is 20,000 horsepower or			
	less	12m		
n	Multiply line 12l by line 12m	12n	1,635	
	Qualified small wind energy property (see instructions):			
0	Basis of property placed in service during the tax year that was acquired after October 3, 2008,			
	and before January 1, 2009, and the basis attributable to the construction, reconstruction, or			
	erection by the taxpayer after October 3, 2008, and before January 1, 2009			
	×30% (0.30)	120		
р	Enter the smaller of line 12o or \$4,000	12p	0	
q	Basis of property placed in service during the tax year that was acquired after December 31, 2008,			
ч	and the basis attributable to construction, reconstruction, or erection by the taxpayer after			
	December 31, 2008	12q	*	
	Geothermal heat pump systems (see instructions):			
r	Basis of property placed in service during the tax year that was acquired after October 3, 2008,			
	and the basis attributable to construction, reconstruction, or erection by the taxpayer		100	
	after October 3, 2008	12r	190	
	Qualified investment credit facility property (see instructions):			
s	Basis of property (other than wind facility property and the construction of which began after			
	2016) placed in service during the tax year	12s	159	
t	Basis of wind facility property placed in service during the tax year and the construction of which			
	begins during 2017	12t	0	
13	Enter the applicable unused investment credit from cooperatives (see instructions)	13	*	
14	Add lines 11e, 11f, 11i, 12a, 12b, 12e, 12h, 12k, 12n, 12p, 12q, 12r, 12s, 12t, and 13. Report this			
	amount on Form 3800, Part III, line 4a	14	22,521	

Form **3468** (2016)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 3468 (2016) Page **3**

art	Rehabilitation Credit and Energy Credit (continued)			
	Combined heat and power system property (see instructions):			
	Caution: You cannot claim this credit if the electrical capacity of the property is more than 50			
	megawatts or 67,000 horsepower.			
l	Basis of property placed in service during the tax year that was acquired after October 3, 2008,			
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008	401		
m	If the electrical capacity of the property is measured in:	121		
""	Megawatts, divide 15 by the megawatt capacity. Enter 1.0 if the capacity is 15 megawatts or			
	less.			
	• Horsepower, divide 20,000 by the horsepower. Enter 1.0 if the capacity is 20,000 horsepower or			
	less	12m		
n	Multiply line 12l by line 12m	12n	3,222	
	Qualified small wind energy property (see instructions):			
0	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and before January 1, 2009, and the basis attributable to the construction, reconstruction, or			
	erection by the taxpayer after October 3, 2008, and before January 1, 2009			
	· · · · · · · · · · · · · · · · · · ·	12o		
р	Enter the smaller of line 12o or \$4,000	12p	0	
q	Basis of property placed in service during the tax year that was acquired after December 31, 2008,			
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2008 $\dots \dots	100	*	
	x 30% (0.30)	12q		
	Geothermal heat pump systems (see instructions):			
r	Basis of property placed in service during the tax year that was acquired after October 3, 2008,			
	and the basis attributable to construction, reconstruction, or erection by the taxpayer			
	after October 3, 2008	12r	3,412	
e	Qualified investment credit facility property (see instructions): Basis of property (other than wind facility property and the construction of which began after			
3	2016) placed in service during the tax year	12s	53,540	
	, i	120		
t	Basis of wind facility property placed in service during the tax year and the construction of which			
	begins during 2017	12t	0	
			*	
13	Enter the applicable unused investment credit from cooperatives (see instructions)	13	*	
14	Add lines 11e, 11f, 11i, 12a, 12b, 12e, 12h, 12k, 12n, 12p, 12q, 12r, 12s, 12t, and 13. Report this			
	amount on Form 3800, Part III, line 4a	14	848,170	

Form **3468** (2016)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **3800**

Department of the Treasury Internal Revenue Service (99)

General Business Credit

► Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

2016

Attachment Sequence No. 22

Form **3800** (2016)

Name(s) shown on return Identifying number 568,087 Total Forms Filed = Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) Part I (See instructions and complete Part(s) III before Parts I and II) General business credit from line 2 of all Parts III with box A checked . . . 82,720 2 2 Passive activity credits from line 2 of all Parts III with box B checked Enter the applicable passive activity credits allowed for 2016 (see instructions) 3 44,271 Carryforward of general business credit to 2016. Enter the amount from line 2 of Part III with 148.622 Carryback of general business credit from 2017. Enter the amount from line 2 of Part III with 5 Add lines 1, 3, 4, and 5 6 246,691 Part II **Allowable Credit** Regular tax before credits: Individuals, Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the 7 • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35 . . . • Corporations. Enter the amount from Form 4626, line 14 8 189,337 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 . Add lines 7 and 8 . 9 9 10a **10a** Foreign tax credit Certain allowable credits (see instructions) . . . 10b 90,830 10c Add lines 10a and 10b 294,018 11 Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 11 502,180 497,070 12 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-12 13 Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see 13 321,845 14 Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33 • Corporations. Enter the amount from Form 4626, line 12. 14 433,480 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 15 Enter the greater of line 13 or line 14 15 433,680 16 Subtract line 15 from line 11. If zero or less, enter -0-16 309,082 17 17 115,210 C corporations: See the line 17 instructions if there has been an ownership change, acquisition,

or reorganization.

Form **3800**

Department of the Treasury Internal Revenue Service (99)

General Business Credit

568,087

► Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

2016
Attachment
Sequence No. 22

Name(s) shown on return

Total Forms Filed =

Identifying number

Part	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TI (See instructions and complete Part(s) III before Parts I and II)	MT)		
1	General business credit from line 2 of all Parts III with box A checked	1	653,680	
2	Passive activity credits from line 2 of all Parts III with box B checked 2 127,647			
3	Enter the applicable passive activity credits allowed for 2016 (see instructions)	3	168,047	
4	Carryforward of general business credit to 2016. Enter the amount from line 2 of Part III with			
	box C checked. See instructions for statement to attach	4	3,586,164	
5	Carryback of general business credit from 2017. Enter the amount from line 2 of Part III with			
	box D checked (see instructions)	5		
6	Add lines 1, 3, 4, and 5	6	4.407.891	
Part				
7	Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return	7		
8	 Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return Alternative minimum tax: Individuals. Enter the amount from Form 6251, line 35	8	5,529,430	
9	Add lines 7 and 8	9		
10a	Foreign tax credit			
b	Certain allowable credits (see instructions)			
С	Add lines 10a and 10b	10c	4,537,897	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	142,585,513	
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-			
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions)			
14	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33 • Corporations. Enter the amount from Form 4626, line 12 • Estates and trusts. Enter the amount from Schedule I			
4.5	(Form 1041), line 54	45	404 500 470	
15	Enter the greater of line 13 or line 14	15	124,500,179	
16 17	Subtract line 15 from line 11. If zero or less, enter -0	16	18,180,357 856,761	
17	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,	17	050,701	
	or reorganization.			

Form 3800 (2016) Page **2**

Part II Allowable Credit (Continued) Note: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26. 29,527 18 Multiply line 14 by 75% (.75) (see instructions) 18 29,526 19 Enter the greater of line 13 or line 18 19 20 20 32,045 Subtract line 19 from line 11. If zero or less, enter -0-32,026 21 Subtract line 17 from line 20. If zero or less, enter -0-21 22 Combine the amounts from line 3 of all Parts III with box A, C, or D checked . 22 15,884 23 Passive activity credit from line 3 of all Parts III with box B checked 5,390 3,242 24 Enter the applicable passive activity credit allowed for 2016 (see instructions) 24 25 25 18,829 Add lines 22 and 24 . 26 Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 16,272 26 502,180 27 Subtract line 13 from line 11. If zero or less, enter -0-27 28 28 126,009 Add lines 17 and 26 29 Subtract line 28 from line 27. If zero or less, enter -0-29 492,986 30 198,585 30 Enter the general business credit from line 5 of all Parts III with box A checked . 31 31 32 Passive activity credits from line 5 of all Parts III with box B checked | 32 | 119,687 71,201 33 Enter the applicable passive activity credits allowed for 2016 (see instructions) . 33 34 Carryforward of business credit to 2016. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach . . . 34 48.804 35 Carryback of business credit from 2017. Enter the amount from line 5 of Part III with box D checked (see instructions) 35 36 Add lines 30, 33, 34, and 35. 36 291,439 37 Enter the **smaller** of line 29 or line 36 37 258,186 38 Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 38 352,327

Form 3800 (2016) Page **2**

Allowable Credit (Continued) Part II Note: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26. 18 Multiply line 14 by 75% (.75) (see instructions) 18 10,278,436 10,235,455 19 19 20 Subtract line 19 from line 11. If zero or less, enter -0- 20 5,496,228 5,438,524 21 21 22 Combine the amounts from line 3 of all Parts III with box A, C, or D checked . 87,417 Passive activity credit from line 3 of all Parts III with box B checked 23 5,250 23 24 Enter the applicable passive activity credit allowed for 2016 (see instructions) 24 5,108 25 Add lines 22 and 24 . 25 92,525 26 Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 26 47,318 110,736,658 27 Subtract line 13 from line 11. If zero or less, enter -0- 904,079 28 28 29 29 109,832,579 30 Enter the general business credit from line 5 of all Parts III with box A checked . . . 30 3,041,851 31 31 32 Passive activity credits from line 5 of all Parts III with box B checked | 32 | 565,668 Enter the applicable passive activity credits allowed for 2016 (see instructions) 33 368,084 33 Carryforward of business credit to 2016. Enter the amount from line 5 of Part III with box C 34 checked and line 6 of Part III with box G checked. See instructions for statement to attach . . . 34 1,568,838 35 Carryback of business credit from 2017. Enter the amount from line 5 of Part III with box D 35 36 36 4,978,773 Add lines 30, 33, 34, and 35. Enter the **smaller** of line 29 or line 36 37 3.226.832 37 38 Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c 38 4,130,911 • Estates and trusts. Form 1041, Schedule G, line 2b .

6

2016 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Page 3 Form 3800 (2016) Name(s) shown on return Identifying number General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). A General Business Credit From a Non-Passive Activity **E** Reserved F Reserved **B** General Business Credit From a Passive Activity **C** ☐ General Business Credit Carryforwards **G** Eligible Small Business Credit Carryforwards **H** Reserved **D** ☐ General Business Credit Carrybacks If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts (a) Description of credit (b) (c) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount pass-through entity. entity, enter the EIN 1a Investment (Form 3468, Part II only) (attach Form 3468) . . 3,605 b 1b С Increasing research activities (Form 6765) 1c 57,232 d 1d Low-income housing (Form 8586, Part I only) 19,771 е Disabled access (Form 8826) (see instructions for limitation) 1e 7.669 f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f 338 1g 6,548 g h 1h 1,137 i 1i 759 Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j 4.182 Employer-provided child care facilities and services (Form 8882) (see k 1k 14,738 Biodiesel and renewable diesel fuels (attach Form 8864) 11 4,338 ı Low sulfur diesel fuel production (Form 8896) 1m m 181 Distilled spirits (Form 8906) 1n n 56 10 0 Nonconventional source fuel (carryforward only) 8.217 р 1p Energy efficient appliance (carryforward only) 1q q Alternative motor vehicle (Form 8910) 1r 1.466 r 2,148 Alternative fuel vehicle refueling property (Form 8911) 1s s 1t t 1,070 1u u Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) 1v 0 Employer differential wage payments (Form 8932) 1w 632 w Carbon dioxide sequestration (Form 8933) X 1x 1y 5,982 Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) 1z Z 1aa aa General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) bb 1bb 2.311 Other. Enhanced oil recovery (Form 8830) and certain other credits . . . 1zz 2,638 ZZ 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 Enter the amount from Form 8844 here and on the applicable line of Part II. 3 18,389 3 Investment (Form 3468, Part III) (attach Form 3468) 22,360 4a 4a 72,859 b 4b С Biofuel producer (Form 6478) 4c 2.046 4d 10,515 d e Renewable electricity, refined coal, and Indian coal production (Form 8835) 1.851 f 4f 169,453 Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 238 g 4g 5.748 Small employer health insurance premiums (Form 8941) 4h h 65,222 i 4i 4j j 548 4z z 5 5 Add lines 4a through 4z and enter here and on the applicable line of Part II.

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.

Form 3800 (2016) Page **3**

Name(s) shown on return					ing number	
Part l		e inst	ructions)			
	ete a separate Part III for each box checked below (see instructions).					
	General Business Credit From a Non-Passive Activity E Reserved					
_	General Business Credit From a Passive Activity F Reserved					
	General Business Credit Carryforwards G Eligible Small	Busin	ess Credit C	arryto	rwards	
	General Business Credit Carrybacks H Reserved					
	ou are filing more than one Part III with box A or B checked, complete and attach first an a vith box A or B checked. Check here if this is the consolidated Part III..............					
		•	(b)	· ·		
	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is needed for e rough entity.	each	If claiming the from a pass-the entity, enter the	hrough	(c) Enter the approparts	oriate
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	17,891			
b	Reserved	1b				
С	Increasing research activities (Form 6765)	1c	441,485	5		
d	Low-income housing (Form 8586, Part I only)	1d	45,200			
е	Disabled access (Form 8826) (see instructions for limitation)	1e	16,560			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	14,566			
g	Indian employment (Form 8845)	1g	46,917			
h	Orphan drug (Form 8820)	1h	22,491			
i	New markets (Form 8874)	1i	2,852			
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	1,568			
k	Employer-provided child care facilities and services (Form 8882) (see					
	instructions for limitation)	1k	5,672			
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11	17,411			1
m	Low sulfur diesel fuel production (Form 8896)	1m	*			
n	Distilled spirits (Form 8906)	1n	4,898			
0	Nonconventional source fuel (carryforward only)	10	216			
р	Energy efficient home (Form 8908)	1p	81,537			_
q	Energy efficient appliance (carryforward only)	1q				+
r	Alternative motor vehicle (Form 8910)	1r	8,657			
S	Alternative fuel vehicle refueling property (Form 8911)	1s	6,577			
t 	Reserved	1t	111			
u	Mine rescue team training (Form 8923)	1u	144			
V	Agricultural chemicals security (carryforward only)	1v	1,201			
W	Employer differential wage payments (Form 8932)	1w 1x	1,201			+
X	Qualified plug-in electric drive motor vehicle (Form 8936)	1y	27,253			
y z	Qualified plug-in electric vehicle (carryforward only)	1z	*			
aa	New hire retention (carryforward only)	1aa	*			
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	2,134			
ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	13,780			+
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	10,700			
3	Enter the amount from Form 8844 here and on the applicable line of Part II.	3	48,263			
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	856,694			
b	Work opportunity (Form 5884)	4b	570,597			
С	Biofuel producer (Form 6478)	4c	2,855			
d	Low-income housing (Form 8586, Part II)	4d	91,255			
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	23,875			
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	1,132,99	0		
g	Qualified railroad track maintenance (Form 8900)	4g	47,366			
h	Small employer health insurance premiums (Form 8941)	4h	31,800			
i	Increasing research activities (Form 6765)	4i	830,785	5		
j	Reserved	4j				
z	Other	4z	2,285			
5	Add lines 4a through 4z and enter here and on the applicable line of Part II.	5				
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.	6				

Department of the Treasury

Moving Expenses

OMB No. 1545-0074

▶ Information about Form 3903 and its instructions is available at www.irs.gov/form3903. Attachment Sequence No. **170** Internal Revenue Service (99) ► Attach to Form 1040 or Form 1040NR. Name(s) shown on return Your social security number Total Forms Filed = 1,145,104 Before you begin: ✓ See the Distance Test and Time Test in the instructions to find out if you can deduct your moving expenses. ✓ See Members of the Armed Forces in the instructions, if applicable. 1 Transportation and storage of household goods and personal effects (see instructions) . . . 1 1,003,291 Travel (including lodging) from your old home to your new home (see instructions). Do not 2 901,932 3 Add lines 1 and 2 . 3 1,127,588 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your 4 Form W-2 with code P 142,577 Is line 3 more than line 4? You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. ☐ **Yes.** Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form

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

Cat. No. 12490K

5

Form **3903** (2016)

1,106,410

Moving Expenses

OMB No. 1545-0074

▶ Information about Form 3903 and its instructions is available at www.irs.gov/form3903. Department of the Treasury Internal Revenue Service (99) Attachment Sequence No. **170** ► Attach to Form 1040 or Form 1040NR. Name(s) shown on return Your social security number Total Forms Filed = 1,145,104 Before you begin: ✓ See the Distance Test and Time Test in the instructions to find out if you can deduct your moving ✓ See Members of the Armed Forces in the instructions, if applicable. 1 Transportation and storage of household goods and personal effects (see instructions) . . . 1 2,822,529 Travel (including lodging) from your old home to your new home (see instructions). Do not 2 935,838 3 Add lines 1 and 2 3 3,758,367 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your 4 Form W-2 with code P 343,235 Is line 3 more than line 4? You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. ☐ **Yes.** Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form

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

5

Form **3903** (2016)

3,460,558

Form **4136**

Credit for Federal Tax Paid on Fuels

OMB No. 1545-0162

	ent of the Treasury Revenue Service (99) ► Information about Form 4136 and	d its separate instru	ctions is at i	www.irs.gov/forr	n4136. Attachr Seguen	nent ice No. 23
Name (as shown on your income tax return) Total Forms Filed =	293,699		Taxpayer identifica		
	Caution: Claimant has the name and address of the claims on lines 1c and 2b (type of use 13 For claims on lines 1c and 2b (type of use credit card issuer.	or 14), 3d, 4c, and	5, claiman	t has not waive	d the right to make	the claim.
1	Nontaxable Use of Gasoline Note: CRN is o	redit reference nun	nber.			
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cred	dit (e) CRN
а	Off-highway business use)		
b	Use on a farm for farming purposes			}		
С	Other nontaxable use (see Caution above line 1)			J	\$ 250,615	
d	Exported				*	
2	Nontaxable Use of Aviation Gasoline	(1)	(a) D. L.	(1) (2) (1)	1000	(t) ODA
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cred	dit (e) CRN
a	Use in commercial aviation (other than foreign trade)				\$ 745	
b	Other nontaxable use (see Caution above line 1)				1,142	
С	Exported				0	
d	LUST tax on aviation fuels used in foreign trade				0	
3 ——	Nontaxable Use of Undyed Diesel Fuel Claimant certifies that the diesel fuel did not contain visib Exception. If any of the diesel fuel included in this claim		idence of dy	re, attach an expla	anation and check her	re ▶ □
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cred	dit (e) CRN
а	Nontaxable use			1		
b	Use on a farm for farming purposes			}	\$ 62,233	
С	Use in trains				*	
d	Use in certain intercity and local buses (see Caution above line 1)				*	
е	Exported				0	
4	Nontaxable Use of Undyed Kerosene (Other That Claimant certifies that the kerosene did not contain visible Exception. If any of the kerosene included in this claim of Nontaxable use taxed at \$.244	e evidence of dye.			nation and check here (d) Amount of cred	
a h	·			 	\$ 7.557	
c	Use on a farm for farming purposes Use in certain intercity and local buses (see Caution above line 1)			,	\$ 7,557	
_	Exported					

For Paperwork Reduction Act Notice, see the separate instructions.

Nontaxable use taxed at \$.044

Nontaxable use taxed at \$.219

Form **4136** (2016) Cat. No. 12625R

0

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **4136**

Credit for Federal Tax Paid on Fuels

OMB No. 1545-0162

	ent of the Treasury Revenue Service (99) Information about Form 4136 and	its separate instruc	ctions is a	t www.irs.gov/fori	m4136.	Attachme Sequence	
	as shown on your income tax return) Total Forms Filed =	293,699		Taxpayer identifica	tion number	Goquanio	
	Caution: Claimant has the name and address of the claims on lines 1c and 2b (type of use 13 c For claims on lines 1c and 2b (type of use credit card issuer.	or 14), 3d, 4c, and	5, claima	int has not waive	d the right t	to make th	e claim.
1	Nontaxable Use of Gasoline Note: CRN is cr	edit reference nun	nber.				
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amour	nt of credit	(e) CRN
а	Off-highway business use)			
b	Use on a farm for farming purposes			 			
С	Other nontaxable use (see Caution above line 1)			 	\$ 69,99	8	
d	Exported				*		
2	Nontaxable Use of Aviation Gasoline	(a) Type of use	(b) Rate	(c) Gallons	(d) Amoun	nt of credit	(e) CRN
	Lies in commercial eviction (other than foreign trade)	(a) Type of use	(b) Hate	(c) dalloris		it of Credit	(e) Oniv
a b	Use in commercial aviation (other than foreign trade) Other nontaxable use (see Caution above line 1)						
C	Exported				545		
d	LUST tax on aviation fuels used in foreign trade				0		
3	Nontaxable Use of Undyed Diesel Fuel Claimant certifies that the diesel fuel did not contain visible	•					
	Exception. If any of the diesel fuel included in this claim d			<u> </u>			
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amou	nt of credit	(e) CRN
а	Nontaxable use			}			
b	Use on a farm for farming purposes			J	\$ 23,20	6	
C	Use in trains				*		
d	Use in certain intercity and local buses (see Caution						
	above line 1)				*		
e	Exported				0		
4	Nontaxable Use of Undyed Kerosene (Other Than		in Aviatio	on)			
	Claimant certifies that the kerosene did not contain visible Exception. If any of the kerosene included in this claim di	•	dence of d	ye, attach an expla	nation and cl	heck here ▶	
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amou	nt of credit	(e) CRN
а	Nontaxable use taxed at \$.244			1			
b	Use on a farm for farming purposes			<u> </u>	\$ 2,538	3	
С	Use in certain intercity and local buses (see Caution above line 1)				*		
d	Exported				0		
_	Nontavable use taxed at \$ 044						

For Paperwork Reduction Act Notice, see the separate instructions.

Nontaxable use taxed at \$.219

Form **4136** (2016) Cat. No. 12625R

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 4136 (2016) Page **2**

Kerosene Used in Aviation (see Caution above	ine 1))
--	--------	---

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cred	t (e) CRN
а	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244				\$ *	
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219				18	
С	Nontaxable use (other than use by state or local government) taxed at \$.244				7,557	
d	Nontaxable use (other than use by state or local government) taxed at \$.219				*	
е	LUST tax on aviation fuels used in foreign trade				0	

6	Sales by	Registered	Ultimate	Vendors of	Undyed	Diesel Fuel
---	----------	-------------------	-----------------	------------	--------	--------------------

Registration No. ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here ▶

		(b) Rate	(c) Gallons	(d) Amount of cre	edit	(e) CRN
а	Use by a state or local government			\$ 62,233		
b	Use in certain intercity and local buses			*		

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here ▶

		(b) Rate	(c) Gallons	(d) Amount of cr	redit	(e) CRN
а	Use by a state or local government)	7,557		
b	Sales from a blocked pump		J	\$ *		
С	Use in certain intercity and local buses					

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219				\$ 18	
b	Use in commercial aviation (other than foreign trade) taxed at \$.244				*	
С	Nonexempt use in noncommercial aviation				0	
d	Other nontaxable uses taxed at \$.244				7,557	
е	Other nontaxable uses taxed at \$.219				*	
f	LUST tax on aviation fuels used in foreign trade				0	

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 4136 (2016) Page **2**

5 Kerosene Used in Aviation (see Caution above li	ne 1	I)
---	------	----

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cree	dit (e)	e) CRN
а	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244				\$ *		
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219				205		
С	Nontaxable use (other than use by state or local government) taxed at \$.244				2,538		
d	Nontaxable use (other than use by state or local government) taxed at \$.219				*		
е	LUST tax on aviation fuels used in foreign trade				0		

6	Sales by Registered Ultimate Vendors of Undyed Diesel Fuel	Reg	istration No. ▶			
	Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the of the buyer to make the claim. Claimant certifies that the diesel fuel did not co		• •	has obtained the	writter	consent
	Exception. If any of the diesel fuel included in this claim did contain visible evi	idence of dye	e, attach an expla	nation and check	here >	. [
		(b) Rate	(c) Gallons	(d) Amount of	credit	(e) CRN
а	Use by a state or local government			\$ 23,206		
b	Use in certain intercity and local buses			*		
7	Sales by Registered Ultimate Vendors of Undved Kerosene (Other					

Than Kerosene For Use in Aviation)

Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here

		(b) Rate	(c) Gallons	(d) Amount of cr	edit	(e) CRN
а	Use by a state or local government		}	2,538		
b	Sales from a blocked pump		J	\$ *		
С	Use in certain intercity and local buses					

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219				\$ 205		
b	Use in commercial aviation (other than foreign trade) taxed at \$.244				*		
С	Nonexempt use in noncommercial aviation				0		
d	Other nontaxable uses taxed at \$.244				2,538		
е	Other nontaxable uses taxed at \$.219				*		
f	LUST tax on aviation fuels used in foreign trade				0		

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 4136 (2016) Page **3**

9 Reserved Registration No. ▶

		(b) Rate	(c) Gallons of alcohol	(d) Amount of cr	edit	(e) CRN
а	Reserved					
b	Reserved					

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. **Renewable diesel mixtures.** Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass process, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller, both of which have been edited as discussed in the Instructions for Form 4136. See the instructions for line 10 for information about renewable diesel used in aviation.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of c	redit	(e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures			\$ 45		
b	Agri-biodiesel mixtures			*		
С	Renewable diesel mixtures			0		

11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

		(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)				\$ 1,073	
b	"P Series" fuels				*	
С	Compressed natural gas (CNG) (see instructions)				*	
d	Liquefied hydrogen				0	
е	Fischer-Tropsch process liquid fuel from coal (including peat)				0	
f	Liquid fuel derived from biomass				*	
g	Liquefied natural gas (LNG) (see instructions)				*	
h	Liquefied gas derived from biomass				*	

12 Alternative Fuel Credit

Registration No. ▶

		(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credi	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)			\$ 1,662	
b	"P Series" fuels			*	
С	Compressed natural gas (CNG) (see instructions)			33	
d	Liquefied hydrogen			0	
е	Fischer-Tropsch process liquid fuel from coal (including peat)			0	
f	Liquid fuel derived from biomass			*	
g	Liquefied natural gas (LNG) (see instructions)			*	
h	Liquefied gas derived from biomass			*	
i	Compressed gas derived from biomass			0	

^{*} Data not shown because of the small number of sample returns on which they are based.

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9	Reserved	Registration No >

		(b) Rate	(c) Gallons of alcohol	(d) Amount of cr	edit	(e) CRN
а	Reserved					
b	Reserved					

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. **Renewable diesel mixtures.** Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass process, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller, both of which have been edited as discussed in the Instructions for Form 4136. See the instructions for line 10 for information about renewable diesel used in aviation.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of cr	edit	(e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures			\$ 5,124		
b	Agri-biodiesel mixtures			*		
С	Renewable diesel mixtures			0		

11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

		(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of cr	edit	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)				\$ 467		
b	"P Series" fuels				*		
С	Compressed natural gas (CNG) (see instructions)				*		
d	Liquefied hydrogen				0		
е	Fischer-Tropsch process liquid fuel from coal (including						
	peat)				0		
f	Liquid fuel derived from biomass				*		
g	Liquefied natural gas (LNG) (see instructions)				*		
h	Liquefied gas derived from biomass				*		

12 Alternative Fuel Credit Registration No. ▶

		(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)			\$ 2,925	
b	"P Series" fuels			*	
С	Compressed natural gas (CNG) (see instructions)			968	
d	Liquefied hydrogen			0	
е	Fischer-Tropsch process liquid fuel from coal (including peat)			0	
f	Liquid fuel derived from biomass			*	
g	Liquefied natural gas (LNG) (see instructions)			*	
h	Liquefied gas derived from biomass			*	
i	Compressed gas derived from biomass			0	

Form 4136 (2016) Page **4**

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

	Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).							
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit (e) CRN			
а	Nontaxable use				\$ 0			
b	Exported				0			

15 Diesel-Water Fuel Emulsion Blending

Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of cre	edit	(e) CRN
Blender credit			\$ 0		

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

		(b) Rate	(c) Gallons	(d) Amount of credit			(e) CRN
а	Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001			\$	0		
b	Exported dyed kerosene				0		

17	Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Form 1040, line 72; Form 1120, Schedule J, line 19b; Form 1120S, line 23c; Form 1041, line 24g; or			
	the proper line of other returns. ▶	17	\$ 293,699	

^{*} Data not shown because of the small number of sample returns on which they are based.

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13	Registered Credit Card Issuers	Reg	gistration No. ▶			
		(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN
а	Diesel fuel sold for the exclusive use of a state or local government			\$ 23,206		
b	Kerosene sold for the exclusive use of a state or local government			2,538		
С	Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219			*		

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

	Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).											
		(a) Type of use	(b) Rate	(c) Gallons	s (d) Amount of credit (e							
а	Nontaxable use				\$ 0							
b	Exported				0							

15 Diesel-Water Fuel Emulsion Blending

Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Blender credit			\$ 0	

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

		(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN
а	Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001			\$ 0		
b	Exported dyed kerosene			0		

17	Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Form			
	1040, line 72; Form 1120, Schedule J, line 19b; Form 1120S, line 23c; Form 1041, line 24g; or			
	the proper line of other returns. ▶	17	\$ 116,955	

^{*} Data not shown because of the small number of sample returns on which they are based.

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return. ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Internal Revenue Service

Business or activity to which this form relates

OMB No. 1545-0172

Attachment Sequence No. **179**

Identifying number

Name(s) shown on return
Total Forms Filed = 11.617.123 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Total cost of section 179 property placed in service (see instructions) . . . 2,479,492 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 4,222,057 (a) Description of property (b) Cost (business use only) 6 **7** Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 3,916,513 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 3,916,442 **10** Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 228,125 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 4,012,240 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 3,888,139 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 1.337.400 **15** Property subject to section 168(f)(1) election 15 85 **16** Other depreciation (including ACRS) 16 988,043 Part III MACRS Depreciation (Don't include listed property.) (See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2016 6.022.728 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 114,939 113,591 19a 3-year property 1,341,264 1,338,194 5-year property 7-year property 1,203,620 1.200.710 119,580 119,259 d 10-year property 308.948 308.502 e 15-year property 66,583 66,276 f 20-year property 4.636 4.644 **q** 25-year property h Residential rental 1.073.415 1.071.184 property undetermined type i Nonresidential real 478.209 474.263 property Total GDS cost 3,701,288 3,689,897 Section C-Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life 17,938 17,935 482 479 **b** 12-year 8,368 8,365 c 40-vear Part IV Summary (See instructions.) 25,328 25,318 2.059.019 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 11,321,932 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172 Attachment Sequence No. **179**

Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed = Identifying number Business or activity to which this form relates 11.617.123 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) 2 44,739,355 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 2,095,386,642 (a) Description of property (b) Cost (business use only) 6 2,136,579 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 68,191,804 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 68,138,721 **10** Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 3,083,563 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 656,923,158 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 67,630,770 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 10.442.602 15 16,329 **16** Other depreciation (including ACRS) 16 5,518,688 Part III MACRS Depreciation (Don't include listed property.) (See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2016 48.832.669 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) service 1,522,510 378,738 19a 3-year property 15,542,219 2,447,033 5-year property 7-year property 17,900,502 1,930,531 3,139,439 179.121 d 10-year property 289.984 7,003,384 e 15-year property f 20-year property 1,760,122 55,314 674.234 13,375 g 25-year property h Residential rental 164.102.734 3.560.913 property undetermined type i Nonresidential real 52.831.501 811,068 property Total GDS cost 264,489,525 9,678,957 Section C-Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life 940.533 43.622 102,297 4,323 **b** 12-year c 40-year 3,503,434 66.786 Part IV Summary (See instructions.) 4,546,264 114,731 21 7,059,049 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions **22** | 149,293,796 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

		Num	ber of r	eturn	is filed	l for s	elected	lines						
														Page 2
Pa						vehic	les, cer	tain air	craft,	certair	omp	outers,	and pr	operty
			-		,	rd mile	eage rate	or ded	ucting	lease (expens	e comi	olete or	l v 24a
										10000	олроно	0, 00,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
										for pas	ssenge	r autom	obiles.)	
248						Yes								☐ No
	e of property (list Date placed investment	use Cost or o		(busin	ess/inve	stment	(f) Recovery period	Met	hod/			ı Ele	(i) ected sectors cost	
25	Special depreciation allowance	e for qualifie		prope	erty pla	ced in		_	25	2	03 765			
26			·								05,705			
		%				95				1,5	580,265	5		
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21	Property used 50% or less in a		isiness L		586 730	<u> </u>		S/I -		52	6 700			
										32	0,700			
				_										
28	Add amounts in column (h), line	es 25 throug	h 27. En	ter he	re and	on line	21, page	e 1 .	28	2,0	059,019	9		
29	Add amounts in column (i), line											29 2	23,992	
Com	uplate this section for vehicles used								r"orr	olatad n	orcon I	fyou pr	ovidad v	ohiolos
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30		J				Vehicle 2 Vehicle 3			3 Vehi					cle 6
31	Total commuting miles driven durir	ng the year												
32		ommuting) 												
	lines 30 through 32									1				
	use during off-duty hours?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35		-												
36														
	wer these questions to determine	e if you mee	t an exc	eption									who ar	en't
	Do you maintain a written police	cy statemen	t that pr	ohibits	•					ling co	mmutin	ig, by	Yes	No
38	•	-			•						-			
	Do you provide more than five	vehicles to	your en	nploye	es, obt	tain info	ormation	from y	our er	nployee	es abou	ut the		
4 1														
•••		•	•					•			•			
Pa														
		Date amortiza	ation	Amor		mount	Co		n	Amortiza period	or	Amortiza	(f) tion for th	iis year
42	Amortization of costs that begin	ns durina vo	ur 2016	tax ve	ar (see	instruc	ctions):			portocrit	~g~			
					, , , , , ,									
	Amortization of costs that bega	-		-							43		57,699	
44	Total. Add amounts in column	(t). See the	ınstructi	ons fo	r where	e to rep	ort				44	8	69,576	

Form **4562** (2016)

Form	4562 (2016)															Page 2
Pa				de autom				vehic	les, cer	tain ai	rcraft,	certair	n comp	outers,	and pr	operty
				recreation												. 04
				which you (c) of Section								j iease	expense	e, com	olete or	ily 24a,
	Section A	-Depreci	ation an	d Other In	formati	on (Ca	ution:	See the	e instruc	tions fo	or limits	for pas	ssenger	autom	obiles.)	
24a	Do you have ev	vidence to su	pport the b	ousiness/inve	stment u	se claime	ed?] Yes [No	24b If	"Yes," i	s the ev	idence w	ritten?	☐ Yes	☐ No
	(a) e of property (list vehicles first)	(b) Date placed in service	Business investment percentag	use Cost or d	d) other basi		(e) for depreness/investuse only	stment	(f) Recovery period	/ Me	(g) ethod/ evention		(h) preciation eduction	Ele	(i) ected sectors cost	ion 179
25	Special dep										25	1	784,004			
26	Property use	ed more that	an 50% i	n a qualifie	d busin	ess use	======================================					'''	701,00			
				%		4	3,682,4	60				4,8	893,876	6		
				%												
				%												
_27	Property use	ed 50% or	less in a		usiness					C //		0.0	7.074			
				%		_	479,75			S/L -		36	67,074			
				%			al 26e + 8,162,1			5/L -						
28	Add amount	e in colum	n (h) line		nh 27 F				21 nag		28	7	059,049	7		
29	Add amount			_											136,579)
			(,),						e of Vel					,		
	plete this section employees,															ehicles
						a)	(b)	(4	c)		(d)	(e)	(1	
	Total business the year (don'	' t include co	mmuting	miles) .	Vehicle 1 Vehicle 2			Vehi	cle 3	Veh	icle 4	Vehi	icle 5	5 Vehicl		
	Total commut Total other miles driven	personal		ommuting)												
33	Total miles lines 30 thro	driven dur	ring the													
34	Was the ve			•	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the veh	icle used p	orimarily	by a more												
36	Is another veh		•													
				estions for	Emplo	yers W	/ho Pro	vide V	ehicles	for Us	e by Tł	neir Em	ployee	s		
	wer these que	stions to d	letermine	if you mee	et an ex	ceptior									who ar	en't
	e than 5% ow		-													
37	Do you mair your employ		•	-							s, includ		mmutin 	g, by 	Yes	No
38	Do you main employees?															
39	Do you treat					-										
40	Do you provuse of the ve	ide more t	than five	vehicles to	your e	mploye	ees, obt							it the		
41	Do you mee	t the requir	rements	concerning	qualifie	d auto	mobile (demon	stration	use? (S	See ins	truction	s.) .			
	Note: If you		o 37, 38,	39, 40, or	41 is "Y	es," do	n't com	nplete S	Section I	B for th	e cove	red veh	icles.			
Pa	rt VI Amor	tization														
		a) on of costs		(b) Date amortiz begins	ation	Amo	(c) rtizable ar	mount	C	(d) ode secti	ion	(e) Amortiza period percent	ation I or	Amortiza	(f) tion for th	is year
42	Amortization	of costs the	hat begir	ns during yo	our 201	3 tax ye	ear (see	instruc	ctions):							

Form **4684**

Casualties and Thefts

Information about Form 4684 and its separate instructions is at www.irs.gov/form4684.
 ► Attach to your tax return.

OMB No. 1545-0177

2016
Attachment
Sequence No. 26

Form **4684** (2016)

Department of the Treasury Internal Revenue Service

Name(s) shown on tax return

▶ Use a separate Form 4684 for each casualty or theft.

299,067

Total Forms Filed =

Sequence N

Identifying number

1	Description of properties (show type, location, and date act the same casualty or theft.	cquired	for each prop	erty).	Use a s	eparate	e line f	or each prop	erty los	t or damaged f	rom
	Property A										
	Property B										
	Property C										
	Property D										
							Prope	erties			
			Α			В		С		D	
2	Cost or other basis of each property	2	,								
3	Insurance or other reimbursement (whether or not you										
3	filed a claim) (see instructions)	3									
	Note: If line 2 is more than line 3, skip line 4.										
4	Gain from casualty or theft. If line 3 is more than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you										
	received payment for your loss in a later tax year	4									
5	Fair market value before casualty or theft	5									
6	Fair market value after casualty or theft	6									
7	Subtract line 6 from line 5	7									
8	Enter the smaller of line 2 or line 7	8									
9	Subtract line 3 from line 8. If zero or less, enter -0	9									
10	Casualty or theft loss. Add the amounts on line 9 in column	ns A th	rough D						10		
11									11		
12	Subtract line 11 from line 10								12		
	Caution: Use only one Form 4684 for lines 13 through 18.										
13	Add the amounts on line 12 of all Forms 4684								13	248,272	
14	Add the amounts on line 4 of all Forms 4684								14	1,274	
15	• If line 14 is more than line 13, enter the difference here a complete the rest of this section (see instructions).	ınd on	Schedule D. D	o not	t)				15	1,269	
	• If line 14 is less than line 13, enter -0- here and go to line	e 16.			Ì	,	•				
	• If line 14 is equal to line 13, enter -0- here. Do not comp	lete th	e rest of this s	ection	n. J						
16	If line 14 is less than line 13, enter the difference								16	248,269	
17	Enter 10% of your adjusted gross income from Form 1040 instructions								17	291,235	
18	Subtract line 17 from line 16. If zero or less, enter -0 Also Form 1040NR, Schedule A, line 6. Estates and trusts, enter return	r the r	esult on the "C	ther d	deductio	ns" line	e of yo	our tax	18	155,118	

Form **4684**

Casualties and Thefts

► Information about Form 4684 and its separate instructions is at www.irs.gov/form4684.

► Attach to your tax return.

299,067

OMB No. 1545-0177

2016
Attachment
Sequence No. 26

Form **4684** (2016)

Department of the Treasury
Internal Revenue Service

Name(s) shown on tax return

► Use a separate Form 4684 for each casualty or theft.

Total Forms Filed =

Sequence No Identifying number

	CTION A—Personal Use Property (Use this se usiness or for income-producing purposes.)	ection	to report o	asual	lties aı	nd the	fts of	property	not	used in a tra	ade
1	Description of properties (show type, location, and date at the same casualty or theft.	cquire	d for each pro	perty).	Use a s	eparate	e line fo	or each pro	perty los	st or damaged	from
	Property A										
	Property B										
	Property C										
	Property D										
						ı	Prope	rties			
			Α			В		С		D	
2	Cost or other basis of each property	2									
3	Insurance or other reimbursement (whether or not you										
	filed a claim) (see instructions)	3									
	Note: If line 2 is more than line 3, skip line 4.										
4	Gain from casualty or theft. If line 3 is more than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year	4									
5	Fair market value before casualty or theft	5									
6	Fair market value after casualty or theft	6									
7	Subtract line 6 from line 5	7									
8	Enter the smaller of line 2 or line 7	8									
9	Subtract line 3 from line 8. If zero or less, enter -0	9									
10	Casualty or theft loss. Add the amounts on line 9 in colum		hrough D						10		
11	Enter the smaller of line 10 or \$100		~						11		
	Subtract line 11 from line 10								12		
	Caution: Use only one Form 4684 for lines 13 through 18.										
13	Add the amounts on line 12 of all Forms 4684								13	7,023,317	
14	Add the amounts on line 4 of all Forms 4684								14	6,643	
15	• If line 14 is more than line 13, enter the difference here a complete the rest of this section (see instructions).	and on	Schedule D.	Do not	:]				15	6,322	
	• If line 14 is less than line 13, enter -0- here and go to line	e 16.									
	• If line 14 is equal to line 13, enter -0- here. Do not comp	olete th	ne rest of this	section	n. J						
16	If line 14 is less than line 13, enter the difference								16	7,022,996	
17	Enter 10% of your adjusted gross income from Form 1040 instructions), line :	38, or Form 10	040NR,	line 37	. Estate	s and	trusts, see	17	6,184,174	
18	Subtract line 17 from line 16. If zero or less, enter -0 Also Form 1040NR, Schedule A, line 6. Estates and trusts, enter				•		, .			5 442 615	

Form	4684 (2016)	Attacl	nment Sequence No.	26					Page 2
Name	(s) shown on tax return. Do not enter name and identifying number	f show	n on other side.			Identif	ying nu	ımber	
	TION B—Business and Income-Producing P			مال معمد عام	مالد بر م	-tr /			
Part	•						4		
19	Description of properties (show type, location, and date ac from the same casualty or theft. See instructions if claimi			•			•	•	leted.
	Property A			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Property B								
	Property C								
	Property D		Г		D				
					Prop	erties			
20	Cost or adjusted basis of each property	20	A	В		С		D	Τ
	, , ,	20							
21	Insurance or other reimbursement (whether or not you filed a claim). See the instructions for line 3	21							
	Note: If line 20 is more than line 21, skip line 22.								
22	Gain from casualty or theft. If line 21 is more than line 20, enter								
	the difference here and on line 29 or line 34, column (c), except as provided in the instructions for line 33. Also, skip lines 23								
	through 27 for that column. See the instructions for line 4 if line								
	21 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year	22							
23	Fair market value before casualty or theft	23							
24	Fair market value after casualty or theft	24							
25	Subtract line 24 from line 23	25							
26	Enter the smaller of line 20 or line 25	26							
	Note: If the property was totally destroyed by casualty or								
07	lost from theft, enter on line 26 the amount from line 20.	27							
28	Subtract line 21 from line 26. If zero or less, enter -0- Casualty or theft loss. Add the amounts on line 27. Enter the		l here and on line 2	⊥ 9 or line 34 (se	ee instr	ructions)	28		
Part						casualties or the		(c) Gains f	rom
	(a) Identify casualty or theft			(i) Trade, bus		(ii) Income		casualties or	thefts
				propert	/	employee pro		includible in ir	ncome
	Casualty or Theft	of P	roperty Held O	ne Year or	Less	1			1
29				()	()		
30	Totals. Add the amounts on line 29		30	()	()		
	Combine line 30, columns (b)(i) and (c). Enter the net gain of	or (loss		4797 line 14	If Forr	n 4797 is	,		
٠.							31	18,814	
32	Enter the amount from line 30, column (b)(ii) here. Individuals, enter	er the a	mount from income-p	roducing proper	ty on S	chedule A			
	(Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and e A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estat								
	Casualty or Theft o						32		
33	Casualty or theft gains from Form 4797, line 32		• •				33	1,546	T
34				()	()	.,510	
				()	()		
35	Total losses. Add amounts on line 34, columns (b)(i) and (b			•)	(11,951)		
36	3						36	7,110	+
37							37	32,647	+
38 a	If the loss on line 37 is more than the gain on line 36: Combine line 35, column (b)(i) and line 36, and enter the ne	et gain	or (loss) here. Partr	nerships (exce	pt elec	ting large			
	partnerships) and S corporations, see the note below. All 4797 is not otherwise required, see instructions.		, enter this amount				38a	20,454	
b	Enter the amount from line 35, column (b)(ii) here. Individu	ıals, eı	nter the amount fro	m income-pro	ducing	property on		2,.0.	
	Schedule A (Form 1040), line 28, or Form 1040NR, Schedu an employee on Schedule A (Form 1040), line 23, or Form								
	the "Other deductions" line of your tax return. Partnership	s (exc	ept electing large p	artnerships) a					
	see the note below. Electing large partnerships, enter on F	orm 1	065-B, Part II, line 1	1			38b	11,639	
39	If the loss on line 37 is less than or equal to the gain on line (except electing large partnerships), see the note below. All						39	7,013	
				•			33	1,013	
	Note: Partnerships, enter the amount from line 38a, 38b, o			uneuule K, IINE	: 11.				

orm -	4684 (2016)	Attacl	nment Sequence	No. 2	16					Page 2
Name	s) shown on tax return. Do not enter name and identifying number i	if show	n on other side.				Identify	ying nu	mber	
<u> </u>	TION D. D. C. C. D. L. C. D. D. D. D. L. C. D. D. D. D. L. C. D.									
	TION B—Business and Income-Producing P			× 000	h consolts.	o + + b o	-ft /			
Part							· · · · · · · · · · · · · · · · · · ·			
19	Description of properties (show type, location, and date ac from the same casualty or theft. See instructions if claimi	•	•	• ,	•		•	•	_	leted.
	Property A									
	Property B									
	Property C Property D									
						Prope	erties			
			Α		В		С		D	
20	Cost or adjusted basis of each property	20								
21	Insurance or other reimbursement (whether or not you filed a claim). See the instructions for line 3	21								
	Note: If line 20 is more than line 21, skip line 22.									
22	Gain from casualty or theft. If line 21 is more than line 20, enter the difference here and on line 29 or line 34, column (c), except as provided in the instructions for line 33. Also, skip lines 23									
	through 27 for that column. See the instructions for line 4 if line									
	21 includes insurance or other reimbursement you did not									
22	claim, or you received payment for your loss in a later tax year Fair market value before casualty or theft	22								
	Fair market value after casualty or theft	24								
25	Subtract line 24 from line 23	25								
26	Enter the smaller of line 20 or line 25	26								
	Note: If the property was totally destroyed by casualty or lost from theft, enter on line 26 the amount from line 20.									
27	Subtract line 21 from line 26. If zero or less, enter -0-	27								
	Casualty or theft loss. Add the amounts on line 27. Enter the			line 29				28		
Part	Summary of Gains and Losses (from se	epara	te Parts I)		. ,		asualties or thef		(c) Gains fr	
	(a) Identify casualty or theft				(i) Trade, busi rental or roya property	alty	(ii) Income producing a employee pro	and	casualties or includible in in	
	Casualty or Theft	of Pi	roperty Hel	d Or	e Year or L	_ess	1	<u> </u>		
29					()	()		
30	Totals. Add the amounts on line 29			30	()	()		
	Combine line 30, columns (b)(i) and (c). Enter the net gain ont otherwise required, see instructions	or (loss		Form			1 4797 is	31	-235,318	
32	Enter the amount from line 30, column (b)(ii) here. Individuals, enter						hedule A		230,010	
32	(Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and el									
	A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estat	es and	trusts, partners	nips, a	nd S corporation	ns, see i	nstructions	32		
	Casualty or Theft o		<u> </u>							
	Casualty or theft gains from Form 4797, line 32							33	58,325	
34					())		
35	Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii)		35	(1 046 105		(748,078)		
36	Total gains. Add lines 33 and 34, column (c)						<u> </u>	36	145,105	
37	•							37	1,794,272	
38	If the loss on line 37 is more than the gain on line 36:									
а	Combine line 35, column (b)(i) and line 36, and enter the nepartnerships) and S corporations, see the note below. All 4797 is not otherwise required, see instructions.	others	, enter this am	ount c	on Form 4797,	line 14	. If Form	38a	-1,033,021	
b	Enter the amount from line 35, column (b)(ii) here. Individu Schedule A (Form 1040), line 28, or Form 1040NR, Schedu	uals, er ule A, I	nter the amoui ine 14, and en	nt fron ter the	n income-prode amount from	lucing prope	property on rty used as			
	an employee on Schedule A (Form 1040), line 23, or Forn the "Other deductions" line of your tax return. Partnership									
	see the note below. Electing large partnerships, enter on F	orm 1	065-B, Part II,	line 1	1			38b	740,317	
39	If the loss on line 37 is less than or equal to the gain on line (except electing large partnerships), see the note below. All							39	131,768	
	Note: Partnerships, enter the amount from line 38a, 38b, o S corporations, enter the amount from line 38a or 38b on F					11.				

ION C—Theft Loss Deduction for Ponzi-Type Investment Scheme edure 2009-20 (Complete this section in lieu of Appendix A in Revenue Computation of Deduction initial investment	Usin e Prod 40 41	g the Proceedure 200	cedures	s in Revenue See instructions	5.)
Computation of Deduction itial investment	40 41	g the Proceedure 200	cedures 09-20. S	s in Revenue See instructions	3.)
nitial investment	41				
Subsequent investments (see instructions)	41				
ncome reported on your tax returns for tax years prior to the discovery year see instructions)					
see instructions)	42				
dd lines 40, 41, and 42	42				
, , ,					
Vithdrawals for all years (see instructions)	43				
	44				
Subtract line 44 from line 43. This is your total qualified investment	45				
inter .95 (95%) if you have no potential third-party recovery. Enter .75 (75%) if you					
ave potential third-party recovery	46		•		
Multiply line 46 by line 45	47				
ctual recovery	48				
otential insurance/Securities Investor Protection Corporation (SIPC) recovery	49				
dd lines 48 and 49. This is your total recovery	50				
Subtract line 50 from line 47. This is your deductible theft loss. Include this amount on					
ne 28 of Section B, Part I. Do not complete lines 19-27 for this loss. Then complete					
ection B, Part II	51	363			
Required Statements and Declarations (See instructions.)					
claiming a theft loss deduction pursuant to Revenue Procedure 2009-20 from a specified dual or entity.	d fraud	ulent arrange	ement cor	nducted by the foll	owing
of individual or entity					
ayer identification number (if known)ess					
written documentation to support the amounts reported in Part I of this Section C.					
qualified investor as defined in section 4.03 of Revenue Procedure 2009-20.					
			ursued ar	nd do not intend to	pursue
			C.		
,				, ,	
, ,					
	ave potential third-party recovery ultiply line 46 by line 45 cetual recovery detential insurance/Securities Investor Protection Corporation (SIPC) recovery detential insurance/Securities Investor Invest	ave potential third-party recovery ultiply line 46 by line 45 tual recovery total recovery defines 48 and 49. This is your total recovery defines 48 and 49. This is your deductible theft loss. Include this amount on the 28 of Section B, Part I. Do not complete lines 19-27 for this loss. Then complete section B, Part II. Required Statements and Declarations (See instructions.) Islaming a theft loss deduction pursuant to Revenue Procedure 2009-20 from a specified fraudulent arrangement conducted by the followal or entity. of individual or entity yer identification number (if known) sse written documentation to support the amounts reported in Part I of this Section C. qualified investor as defined in section 4.03 of Revenue Procedure 2009-20. We determined the amount of my theft loss deduction using .95 on line 46 above, I declare that I have not pursued and do not intend to the intential third-party recovery, as that term is defined in section 4.10 of Revenue Procedure 2009-20. The determined the amount of my theft loss deduction using .95 on line 46 above, I declare that I have not pursued and do not intend to the intential third-party recovery, as that term is defined in section 4.10 of Revenue Procedure 2009-20. The already filed a return or amended return that does not satisfy the conditions in section 6.02 of Revenue Procedure 2009-20, I agree ments or actions that are necessary to comply with those conditions. The tax year(s) for which I filed the return(s) or amended return(s)			

Form **4684** (2016)

Name	e(s) shown on tax return		Ident	ifying number	
SE(Pro	CTION C—Theft Loss Deduction for Ponzi-Type Investment Scheme cedure 2009-20 (Complete this section in lieu of Appendix A in Revenue	Usin Proc	g the Procedures	s in Revenue see instructions)	
Par		31100	2000 20. 0	oo mondonono.,	
40	Initial investment	40			
41	Subsequent investments (see instructions)	41			
42	Income reported on your tax returns for tax years prior to the discovery year				
	(see instructions).	42			
43	Add lines 40, 41, and 42	43			
44	Withdrawals for all years (see instructions)	44			
45	Subtract line 44 from line 43. This is your total qualified investment	45			
46	Enter .95 (95%) if you have no potential third-party recovery. Enter .75 (75%) if you				
	have potential third-party recovery	46	•		
47	Multiply line 46 by line 45	47			
48	Actual recovery	48			
49	Potential insurance/Securities Investor Protection Corporation (SIPC) recovery	49			
50	Add lines 48 and 49. This is your total recovery	50			
51	Subtract line 50 from line 47. This is your deductible theft loss. Include this amount on				
	line 28 of Section B, Part I. Do not complete lines 19-27 for this loss. Then complete		24,664		
Dox	Section B, Part II	51	24,004		
Par	,				
	n claiming a theft loss deduction pursuant to Revenue Procedure 2009-20 from a specified ividual or entity.	d fraud	ulent arrangement cor	nducted by the follow	ring
	me of individual or entity				
	xpayer identification number (if known)				
	dress				
• I ha	ave written documentation to support the amounts reported in Part I of this Section C.				
• I ar	n a qualified investor as defined in section 4.03 of Revenue Procedure 2009-20.				
	have determined the amount of my theft loss deduction using .95 on line 46 above, I declar potential third-party recovery, as that term is defined in section 4.10 of Revenue Procedu		•	nd do not intend to p	ursue
	gree to comply with the conditions and agreements set forth in Revenue Procedure 2009-2				
• If I	have already filed a return or amended return that does not satisfy the conditions in sectio	n 6 02	of Revenue Procedure	2000-20 Lagree to	all
adj	ustments or actions that are necessary to comply with those conditions. The tax year(s) fo e(s) on which they were filed are as follows:				
				Form 468	4 (2016)

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Attachment Sequence No. **27**

INaIII	e(s) snown on return	Tot	al Forms Filed =	3,372,5	542		identifying i	umbe	ı.
1	Enter the gross proce				•	` '	•		
	substitute statement		<u> </u>					1	311,566
Pa						ss and Involunt		sions	From Other
	Than Casua	Ity or	r Theft-Most	Property Hel	d More Than 1	Year (see instru	ictions)		
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 or basis, plu improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
									2,392,445
3	Gain, if any, from Form	า 4684	. line 39					3	5,967
4	Section 1231 gain fron		•					4	195,543
5	Section 1231 gain or (I							5	8,923
6	Gain, if any, from line 3			-				6	599,162
7	Combine lines 2 through			•				7	2,965,418
-	Partnerships (except	elect	ing large partner	ships) and S co	rporations. Repor	t the gain or (loss)	following the		
	instructions for Form 1					•			
	Individuals, partners, line 7 on line 11 below								
	losses, or they were a Schedule D filed with y								
8	Nonrecaptured net sec	ction 1	231 losses from p	rior years. See ins	structions			8	304,209
9	Subtract line 8 from lin	ne 7. If	zero or less, enter	-0 If line 9 is ze	ero, enter the gain fro	om line 7 on line 12 l	oelow. If line		
	9 is more than zero, e	enter tl	he amount from li	ne 8 on line 12 b	pelow and enter the	gain from line 9 as	a long-term		
	capital gain on the Sch							9	160,296
Pai	•		ind Losses (se		<u>, </u>				
10	Ordinary gains and los	ses no	ot included on lines	s 11 through 16 (ir	nclude property held	d 1 year or less):			
									481,062
11	Loss, if any, from line 7	7						11	(1,053,535)
12	Gain, if any, from line 7		•	• •				12	304,209
13	Gain, if any, from line 3							13	476,751
14	Net gain or (loss) from							14	15,017
15	Ordinary gain from inst							15	4,969
16	Ordinary gain or (loss)		_					16	1,610
17	Combine lines 10 throu							17	2,054,293
18	For all except individua					ne of your return and	d skip lines a		
	and b below. For indivi	idual re	eturns, complete li	ines a and b belov	w:				
ŧ	If the loss on line 11 inc								
	of the loss from income	•	•	,	•	•			*
	used as an employee or		,	•	•			18a	
t	Redetermine the gain of	or (loss	s) on line 17 exclud	aing the loss, if an	ıy, on iine 18a. Ente	r nere and on Form 1	U4U, IINE 14	18b	2,054,254

Form 4797

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) OMB No. 1545-0184

Department of the Treasury Internal Revenue Service ► Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Attachment Sequence No. 27

INAII	Tot	tal Forms Filed =	3,372,54	12		identifying n	umbe	
1	3 1					1099-S (or		
	substitute statement) that	you are including	on line 2, 10, or 2	20. See instruction	S		1	87,402,804
Pa	irt I Sales or Exchan	ges of Proper	ty Used in a Ti	rade or Busines	ss and Involunta	ary Convers	sions	From Other
	Than Casualty o	r Theft-Most	Property Held	d More Than 1	Year (see instru	ctions)		
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 of basis, plu improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
					·			
								107,031,986
								130,022
3	Gain, if any, from Form 4684						3	
4	Section 1231 gain from insta						4	7,347,160
5	Section 1231 gain or (loss) for		· ·	3824			5	1,361,798
6	Gain, if any, from line 32, fro						6	44,975,226
7	Combine lines 2 through 6. I	•	•	• • •			7	160,846,192
	Partnerships (except elec- instructions for Form 1065,							
	Individuals, partners, S co- line 7 on line 11 below and losses, or they were recap Schedule D filed with your re	l skip lines 8 and t tured in an earlier	9. If line 7 is a ga year, enter the g	in and you didn't h ain from line 7 as	ave any prior year s	section 1231		
8	Nonrecaptured net section 1						8	12,816,223
	·	·	•				-	
9	Subtract line 8 from line 7. If 9 is more than zero, enter							
	capital gain on the Schedule				~	_	9	33,197,863
Pa	rt II Ordinary Gains a				<u> </u>			
10					1 year or less):			
	Cramary game and 100000 m		l l		1 year or 1000).			
								13,089,329
4.4	1						4.	(17,214,978)
11	Loss, if any, from line 7						11	3,782,616
12	Gain, if any, from line 7 or ar		• •				12	
13	Gain, if any, from line 31 .						13	7,783,291
14	Net gain or (loss) from Form						14	-570,662
15	Ordinary gain from installme						15	112,297
16	Ordinary gain or (loss) from						16	76,189
17	Combine lines 10 through 16	6					17	7,058,081
18	For all except individual retu				ne of your return and	I skip lines a		
	and b below. For individual i	returns, complete l	ines a and b below	<i>r</i> :				
;	a If the loss on line 11 includes	a loss from Form 4	1684, line 35, colum	nn (b)(ii), enter that pa	art of the loss here. E	nter the part		
	of the loss from income-prod							
	used as an employee on Sche						18a	*
	b Redetermine the gain or (los	s) on line 17 exclud	ding the loss, if any	y, on line 18a. Enter	here and on Form 1	040, line 14	18b	7,059,209

Form 4797 (2016) Page **2**

19	(see instructions) (a) Description of section 1245, 1250, 1252, 1254, or 1253	5 prope	rty:			(b) Date acqu		(c) Date sold (mo. day, yr.)
Α						(mo., day,)	1.,	ddy, yr.)
В								
С								
D								
			Property A	Property	В	Property	С	Property D
	These columns relate to the properties on lines 19A through 19D	.▶		1.1000113				
	Gross sales price (Note: See line 1 before completing.) .	20						
	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a						
b	Enter the smaller of line 24 or 25a	25b	460,696					
26	If section 1250 property: If straight line depreciation was used,							
	enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions .	26a						
b	Applicable percentage multiplied by the smaller of line							
	24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
Ч	Additional depreciation after 1969 and before 1976.	26d						
	Enter the smaller of line 26c or 26d	26e						
	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g	19,296					
a b	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). Soil, water, and land clearing expenses	27a 27b						
	Enter the smaller of line 24 or 27b	27c	*					
а	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
	Enter the smaller of line 24 or 28a	28b	794					
а	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions Enter the smaller of line 24 or 29a. See instructions .	29a 29b	*					
	mary of Part III Gains. Complete property colum		hrough D through	gh line 29b h	efore	goina to lin	e 30.	
						<u> </u>		
30	Total gains for all properties. Add property columns A thro	ugh D,	line 24				30	905,095
31	Add property columns A through D, lines 25b, 26g, 27c, 26	8b, and	29b. Enter here an	d on line 13 .			31	477,585
		•	theft on Form 4684	-			32	600,495
Part	Recapture Amounts Under Sections 17 (see instructions)	9 and	280F(b)(2) Wh	en Busines	s Us	e Drops to	50%	or Less
						(a) Section 179	n	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable	•	•		33			
34	Recomputed depreciation. See instructions				34	I		1

Form 4797 (2016) Page **2**

Pa	Tt III Gain From Disposition of Property Und (see instructions)	ler Se	ections 1245, 12	250, 1252, 1	254,	and 1255		
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255	5 prop	erty:			(b) Date acqu (mo., day, y		(c) Date sold (mo., day, yr.)
A								
В								
C								
D								
	These columns relate to the properties on lines 19A through 19D	.▶	Property A	Property	В	Property	С	Property D
20	Gross sales price (Note: See line 1 before completing.) .	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	04						
25	If section 1245 property:	24						
	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b	7,370,387					
<u>_</u> 26	If section 1250 property: If straight line depreciation was used,	200	1,010,001					
_,	enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions .	26a						
	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property							
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
	Additional depreciation after 1969 and before 1976.	26d						
	Enter the smaller of line 26c or 26d Section 291 amount (corporations only)	26e 26f						
f	Add lines 26b, 26e, and 26f	26g	309,358					
<u></u> 27	•	209	000,000					
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a							
	partnership (other than an electing large partnership).							
а	Soil, water, and land clearing expenses	27a						
b	Line 27a multiplied by applicable percentage. See instructions	27b						
С	Enter the smaller of line 24 or 27b	27c	*					
28	If section 1254 property:							
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See							
	instructions	28a						
b	Enter the smaller of line 24 or 28a	28b	98,855					
29	If section 1255 property:							
а	Applicable percentage of payments excluded from							
h	income under section 126. See instructions Enter the smaller of line 24 or 29a. See instructions .	29a	*					
	mmary of Part III Gains. Complete property column	29b	through D throu	h line 20h h	efore	aoina to lin	A 30	
Guii	milary of Fart in Gams. Complete property colum	11113 /	tillough D tillou	911 11116 230 0	CIOIC	going to iii	C 30.	
30	Total gains for all properties. Add property columns A thro	_					30	52,816,704
31	Add property columns A through D, lines 25b, 26g, 27c, 26						31	7,783,291
32	Subtract line 31 from line 30. Enter the portion from casulother than casualty or theft on Form 4797, line 6	•				•	32	45,033,412
Par	Recapture Amounts Under Sections 17						-	
	(see instructions)					(a) Section	n	(b) Section
						179		280F(b)(2)
33	Section 179 expense deduction or depreciation allowable		•		33			
34 35	Recomputed depreciation. See instructions				34			
J	Tiecapture amount. Subtract line 34 monthine 33. See the l	i iou uC	LIGHTS TOT WITELE TO LE	port	35			

Department of the Treasury Internal Revenue Service (99)

Farm Rental Income and Expenses
(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))
(Income not subject to self-employment tax)

► Attach to Form 1040 or Form 1040NR.

▶ Information about Form 4835 and its instructions is at www.irs.gov/form4835.

OMB No. 1545-0074 Attachment Sequence No. **37**

Name(s)	shown on tax return							Your soc	ial security numb	er
	Total F	orms	Filed = 52	8,804				Employer	ID number (EIN)	if on.
								Employer	ID number (EIN),	ir any
Α	Did you actively participate in th	e opei	ration of this farm	durin	ng 2016	(see ins	structions)?	:	· Yes	□ No
							·			
Part	Gross Farm Rental Inc	ome-	–Based on Pro	duct	i on. In	clude	amounts converte	ed to cas	sh or the equ	ivalent.
1	Income from production of lives	tock, p	oroduce, grains, a	nd ot	her crop	os		1	244,101	
2a	Cooperative distributions (Form(s) 109	9-PATR) 2a	10	3,336		2b Taxable amount	2b		
3a	Agricultural program payments (s		· —		0,342		3b Taxable amount	3b	189,457	
4	Commodity Credit Corporation	. ,	,	tions):					
а	CCC loans reported under elect							4a	*	
b	CCC loans forfeited				*	<u> </u>	4c Taxable amount	4c		
5	Crop insurance proceeds and fe		1 1			structio	ons): 5b Taxable amount	5 h	20.002	
а	Amount received in 2016 If election to defer to 2017 is att				9.889 Ed Ama	unt dat	ferred from 2015	5b 5d	29,883	
с 6	Other income, including federal							6	227,825	
7	Gross farm rental income. Ad									
-	total here and on Schedule E (Fo								499,019	
Dout	<u> </u>								,	
Part	Expenses – Farm Rent	ai Pro	pperty. Do not i	nciu	de pers	onai o	r living expenses.			
8	Car and truck expenses (see				21		on and profit-			
	Schedule F (Form 1040)						ng plans	21	*	
	instructions). Also attach Form 4562	8	45,785		22		or lease:			
9	Chemicals	9	63,536		а		les, machinery, and			
10	Conservation expenses (see instructions)	10	9,535				ment (see ctions)	00-		
11	Custom hire (machine work) .	11	49,007		b		(land, animals, etc.)	22a 22b		
12	Depreciation and section 179	11	40,007		23		rs and maintenance	23	127,278	
12	expense deduction not				24		s and plants	24	63,642	
	claimed elsewhere	12	153,486		25		ge and warehousing		-	
13	Employee benefit programs other				26		lies	26	74,746	
	than on line 21 (see Schedule F				27		3	27	346,024	
	(Form 1040) instructions)	13	*		28		es	28		
14	Feed	14	14,352		29		inary, breeding,			
15	Fertilizers and lime	15	88,362				nedicine	29		
16	Freight and trucking	16	00.070		30		expenses			
17	Gasoline, fuel, and oil	17	83,073		_	(spec	iiy).	00-		
18 19	Insurance (other than health). Interest:	18	214,692		a b			30a 30b		
a	Mortgage (paid to banks, etc.)	19a	42,174		C			30c		
b	Other	19b	18,713		d			30d		
20	Labor hired (less employment		•		e			30e		
	credits) (see Schedule F (Form				f			30f		
	1040) instructions)	20	15,556		g			30g		
31	Total expenses. Add lines 8 thr							31	422,157	
32	Net farm rental income or (loss and on Schedule E (Form 1040), instructions)	line 40). If the result is a l					•	500 700	
22	instructions)			· ·				32 33	500,706	
33 34	If line 32 is a loss, check the box	•	,		,				☐ Yes ☐ No	
0 - 7	· · · · · · · · · · ·						, i	34a	☐ All investment ☐ Some investment	
С	You may have to complete For			our de	eductible	e loss i	regardless of which			
J	box you checked (see instruction									
	before going to Form 8582. In 6	either o	case, enter the de	educt	ible los	s here	and on Schedule E			
	(Form 1040), line 40 Nondeduc	tible lo	oss (+.) / suspend	ed.lo	ss carr	yover ((-) = 29,059	34c	87,484	

Department of the Treasury Internal Revenue Service (99)

Farm Rental Income and Expenses
(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))
(Income not subject to self-employment tax)

► Attach to Form 1040 or Form 1040NR.

▶ Information about Form 4835 and its instructions is at www.irs.gov/form4835.

OMB No. 1545-0074 Attachment Sequence No. **37**

A Did you actively participate in the operation of this farm during 2016 (see instructions)? A Did you actively participate in the operation of this farm during 2016 (see instructions)? A Did you actively participate in the operation of this farm during 2016 (see instructions)? A Did you actively participate in the operation of this farm during 2016 (see instructions)? A Did you actively participate in the operation of this farm during 2016 (see instructions)? A Did you actively participate in the operation of this farm during 2016 (see instructions)? A Coparative distributions (Form(s) 1099-PATR) A Agricultural program payments (see instructions): A Coparative distributions (Form(s) 1099-PATR) A Coparative distributions (Form(s) 1099-PATR) A Coparative distributions (Form(s) 1099-PATR) A Coparative distribution (CCC) loans (see instructions): A Arount received in 2016. A Coparative (see instructions): A Apricultural program payments (see instructions): A A Apricultural program payments (see instructions): A A Agricultural program payments (see instructions): A A Apricultural program payments (see instructions): A A Coparative (see instruc	Name(s)	shown on tax return							Your so	cial security number	
Part Gross Farm Rental Income — Based on Production. Include amounts converted to cash or the equivalent. 1		l otal Fo	orms F	iled = 528	,804				Employe	r ID number (EIN), if a	nv
Part											,
Part	Α	Did you actively participate in th	e oper	ration of this farm	durin	g 2016 (see ins	structions)?		· · ☐ Yes [No
2a Cooperative distributions (Form(s) 1099-PATR)	Part						`				
3 Agricultural program payments (see instructions) 4 Commodity Credit Corporation (CCC) loans (see instructions): a CCC loans reported under election b CCC loans reported under election c If closurs reported under election b CCC loans reported under election c If election to defer to 2017 is attached, check here ▶ 5b Taxable amount c If election to defer to 2017 is attached, check here ▶ 5d Amount deferred from 2015 G Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) Gross farm rental income. Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42. ▶ 7 10,026,544 Part II Expenses Farm Rental Property. Do not include personal or living expenses. 8 Car and truck expenses (see Schedule F (Form 1040) instructions). Also attach Form 4562 as 63,485 as 10 Conservation expenses (see instructions). 10 41,447 as 11 Custom hire (machine work). 11 162,073 b Other (land, animals, etc.) D Expensed eduction not claimed elsewhere. 12 1,100,305 25 Storage and warehousing claimed elsewhere. 13 Employee benefit programs other than on line 21 (see Schedule F (Form 1040) instructions). 13 2 8 Utilities 2 1 300, 201 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Income from production of lives	tock, p	oroduce, grains, a	nd ot	her crop	s		1	5,231,198	
4 Commodity Credit Corporation (CCC) loans (see instructions): a CCC loans reported under election b CCC loans forfeited . 4b	2a	Cooperative distributions (Form(s) 1099	9-PATR) 2a	79	3,611			~		
a CCC loans reported under election b CCC loans forfeited .	3a	Agricultural program payments (s	ee inst	ructions) 3a	77	0,970		3b Taxable amount	3b	755,461	
b CCC loans forfeited	4										
5 Crop insurance proceeds and federal crop disaster payments (see instructions): a Amount received in 2016	а		ion .						4a	*	
a Amount received in 2016 .						*			4c		
C If election to defer to 2017 is attached, check here ▶ □ 5d Amount deferred from 2015 C Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) C Gross farm rental income. Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42.				1 1			structio	1		407.770	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 7 Gross farm rental income. Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42.										127,778	
Total expenses Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42.										3 299 691	
Part II										0,200,001	
8										10,026,544	
Schedule F (Form 1040) instructions). Also attach Form 4562 8 63.485 22 Rent or lease: 21 * 9 Chemicals	Part	II Expenses – Farm Rent	al Pro	perty. Do not i	includ	de perso	onal o	r living expenses.			
Schedule F (Form 1040) instructions). Also attach Form 4562 8 63.485 22 Rent or lease: 4 21 * 9 Chemicals	8	Car and truck expenses (see				21	Pensi	ion and profit-			
9 Chemicals		Schedule F (Form 1040)					sharir	ng plans	21	*	
10 Conservation expenses (see instructions)		instructions). Also attach Form 4562	8			22	Rent	or lease:			
Instructions 10			9	312,193		а					
11 Custom hire (machine work) . 11 162,073 b Other (land, animals, etc.) 22b 12 Depreciation and section 179 expense deduction not claimed elsewhere 12 1,100,305 23 Repairs and maintenance 24 28 eds and plants . 24 326,976 25 13 Employee benefit programs other than on line 21 (see Schedule F (Form 1040) instructions)	10										
12 Depreciation and section 179 expense deduction not claimed elsewhere			_								
expense deduction not claimed elsewhere		· · · · · · · · · · · · · · · · · · ·	11	162,073						307 261	
Claimed elsewhere 12 1,100,305 25 Storage and warehousing 25	12	•									
13 Employee benefit programs other than on line 21 (see Schedule F (Form 1040) instructions). 26 Supplies. 26 71,869 14 Feed		•	12	1.100.305						020,070	
than on line 21 (see Schedule F (Form 1040) instructions)	13		12	,,				-		71,869	
(Form 1040) instructions). 13 * 28 Utilities 28 14 Feed . 14 39,029 29 Veterinary, breeding, and medicine 29 15 Fertilizers and lime . 15 589,292 and medicine 29 16 Freight and trucking . 16 30 Other expenses (specify): 17 Gasoline, fuel, and oil . 17 98,423 (specify): 30a 18 Insurance (other than health). 18 290,824 a 30b 19 Interest: b 30b 30b a Mortgage (paid to banks, etc.) 19a 325,594 c 30c b Other . 19b 357,536 d 30d 20 Labor hired (less employment credits) (see Schedule F (Form 1040) instructions) f 30f 1040) instructions) . 20 47,852 g 30g 31 Total expenses. Add lines 8 through 30g (see instructions) <th></th>											
14 Feed 14 39,029 29 Veterinary, breeding, and medicine 29 15 Fertilizers and lime . 15 589,292 30 Other expenses 16 Freight and trucking . . 16 30 Other expenses 17 Gasoline, fuel, and oil . . 17 98,423 (specify): 18 Insurance (other than health). 18 290,824 a 30a 19 Interest: b 30b 30b a Mortgage (paid to banks, etc.) 19a 325,594 c 30c b Other . 19b 357,536 d 30d 20 Labor hired (less employment credits) (see Schedule F (Form 1040) instructions) 20 47,852 g 30g 31 Total expenses. Add lines 8 through 30g (see instructions) .			13	*							
16 Freight and trucking	14	Feed	14	39,029		29	Veter	inary, breeding,			
17 Gasoline, fuel, and oil 17 98,423 (specify): 18 Insurance (other than health). 18 290,824 a 30a 19 Interest: b 30b 30b a Mortgage (paid to banks, etc.) 19a 325,594 c 30c b Other 19b 357,536 d 30d 20 Labor hired (less employment credits) (see Schedule F (Form 1040) instructions)	15	Fertilizers and lime	15	589,292			and n	nedicine	29		
18 Insurance (other than health). 18 290,824 a 30a 19 Interest: b 30b a Mortgage (paid to banks, etc.) 19a 325,594 c 30c b Other 19b 357,536 d 30d 20 Labor hired (less employment credits) (see Schedule F (Form 1040) instructions) e 30e 1040) instructions) 20 47,852 g 30g 31 Total expenses. Add lines 8 through 30g (see instructions) ▶ 31 6,069,034	16		-			30					
19 Interest: b 30b a Mortgage (paid to banks, etc.) 19a 325,594 c 30c b Other 19b 357,536 d 30d 20 Labor hired (less employment credits) (see Schedule F (Form 1040) instructions) e 30e 30e 1040) instructions) 20 47,852 g 30g 31 Total expenses. Add lines 8 through 30g (see instructions) 31 6,069,034			-				(spec	ify):			
a Mortgage (paid to banks, etc.) 19a 325,594 c 30c b Other			18	290,824		a					
b Other			10-	325 504							
20 Labor hired (less employment credits) (see Schedule F (Form 1040) instructions)			-								
credits) (see Schedule F (Form 1040) instructions) f 30f 30g 30g 31 Total expenses. Add lines 8 through 30g (see instructions)			190	337,330							
1040) instructions) 20	20	` , ,				f					
31 Total expenses. Add lines 8 through 30g (see instructions)			20	47,852		g					
32 Net farm rental income or (loss). Subtract line 31 from line 7. If the result is income, enter it here	31	Total expenses. Add lines 8 thr	ough 3	30g (see instruction	ons)				31	6,069,034	
	32										
and on Schedule E (Form 1040), line 40. If the result is a loss, you must go to lines 33 and 34 (see					-		_				
instructions)		'								<u> </u>	
33 Did you receive an applicable subsidy in 2016? (see instructions)		•	•	•		•					
If line 32 is a loss, check the box that describes your investment in this activity (see instructions)	34	,							}		
, , , , , , , , , , , , , , , , , , , ,		,	 m 050	2 to dotormina		duotible	loca	rogardloog of which		Some investment is f	ot at fisk.
c You may have to complete Form 8582 to determine your deductible loss, regardless of which box you checked (see instructions). If you checked box 34b, you must complete Form 6198	C										
before going to Form 8582. In either case, enter the deductible loss here and on Schedule E		before going to Form 8582. In e	either c	case, enter the de	educt	ible loss	s here	and on Schedule E			
(Form 1040), line 40 Nondeductible loss (+) / suspended loss carryover (-) =		(Form 1040), line 40 Nondeduc	tible l	oss (+) / suspen	ded lo	oss carr	yover	(-) = 189,147		855,675	

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Investment Interest Expense Deduction

► Information about Form 4952 and its instructions is at www.irs.gov/form4952.

► Attach to your tax return.

OMB No. 1545-0191

2016

Attachment
Sequence No. 51

Identifying number Total Forms Filed = 1,842,861 Part I **Total Investment Interest Expense** 1 Investment interest expense paid or accrued in 2016 (see instructions) 1,295,923 1 2 Disallowed investment interest expense from 2015 Form 4952, line 7 924,857 2 3 **Total investment interest expense.** Add lines 1 and 2 1,821,921 Part II **Net Investment Income** 4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) . . . 1,668,265 4a Qualified dividends included on line 4a 4b 1,403,759 Subtract line 4b from line 4a 1,596,374 4c Net gain from the disposition of property held for investment . . . 4d 728,792 Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions) . . . 4e 679,712 Subtract line 4e from line 4d 4f 277,215 Enter the amount from lines 4b and 4e that you elect to include in investment income (see 196,962 Investment income. Add lines 4c, 4f, and 4g h 4h 1,629,826 5 811,065 **Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0- 1,387,215 Part III **Investment Interest Expense Deduction** Disallowed investment interest expense to be carried forward to 2017. Subtract line 6 from 974,160 7 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions . 1,367,298 Form **4952** (2016) For Paperwork Reduction Act Notice, see page 4. Cat. No. 13177Y

Department of the Treasury Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Information about Form 4952 and its instructions is at www.irs.gov/form4952. Attach to your tax return.

OMB No. 1545-0191 Attachment Sequence No. **51**

Identifying number Name(s) shown on return Total Forms Filed = 1,842,861 Part I **Total Investment Interest Expense** Investment interest expense paid or accrued in 2016 (see instructions) 20,243,111 1 2 2 32,909,756 Disallowed investment interest expense from 2015 Form 4952, line 7 3 **Total investment interest expense.** Add lines 1 and 2 3 53,152,867 Part II Net Investment Income 4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) . . . 153,435,063 4a 4b 80,293,785 73,141,279 4c **d** Net gain from the disposition of property held for investment . . . 4d 226,390,994 Enter the smaller of line 4d or your net capital gain from the 209,010,394 disposition of property held for investment (see instructions) . . . 17,380,600 4f Enter the amount from lines 4b and 4e that you elect to include in investment income (see 4g 3,906,127 h Investment income. Add lines 4c, 4f, and 4g 4h 94,428,005 21,793,691 5 6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0- 6 76,761,692 Part III **Investment Interest Expense Deduction** Disallowed investment interest expense to be carried forward to 2017. Subtract line 6 from 34,771,648 7 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions . 8 18,381,219

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 13177Y

Form **4952** (2016)

Form **4972**

Department of the Treasury Internal Revenue Service (99)

Tax on Lump-Sum Distributions

(From Qualified Plans of Participants Born Before January 2, 1936)

► Information about Form 4972 and its instructions is available at www.irs.gov/form4972.

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

OMB No. 1545-0193

2016
Attachment
Sequence No. 28

Name of recipient of distribution

Total Forms Filed = 7,176

Identifying number

Part	Complete this part to see if you can use Form 4972				
1	Was this a distribution of a plan participant's entire balance (excluding deductible voluntary e	employ	/ee	Yes	No
	contributions and certain forfeited amounts) from all of an employer's qualified plans of one				
	example, pension, profit-sharing, or stock bonus)? If "No," don't use this form				
2	Did you roll over any part of the distribution? If "Yes," don't use this form				
3	Was this distribution paid to you as a beneficiary of a plan participant who was born before January				
4	Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, a	-	·		
	participant in the plan for at least 5 years before the year of the distribution?		. 4		
_	If you answered "No" to both questions 3 and 4, don't use this form.				
5a	Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," don't form for a 2016 distribution from your own plan	use t	inis . 5a		
L-	form for a 2016 distribution from your own plan	 orm 40			
b	for a previous distribution received as a beneficiary of that participant after 1986? If "Yes," don't		I		
	form for this distribution				
Part					
6	Capital gain part from Form 1099-R, box 3	6	0		
7	Multiply line 6 by 20% (0.20)	7			
	If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the				
	total on Form 1040, line 44; Form 1040NR, line 42; or Form 1041, Schedule G, line 1b.				
Part	Complete this part to choose the 10-year tax option (see instructions)				
8	If you completed Part II, enter the amount from Form 1099-R, box 2a minus box 3. If you didn't				
	complete Part II, enter the amount from box 2a. Multiple recipients (and recipients who elect to		- 4-0		
	include net unrealized appreciation (NUA) in taxable income) see instructions	8	7,176	j	
9	Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996.	9	7 176		
10 11	Total taxable amount. Subtract line 9 from line 8	10 11	7,176 0)	
12	Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines		0		
12	13 through 16, enter this amount on line 17, and go to line 18	12	7,176	;	
13	Multiply line 12 by 50% (0.50), but don't enter more than \$10,000 13		.,		
14	Subtract \$20,000 from line 12. If line 12 is				
	\$20,000 or less, enter -0				
15	Multiply line 14 by 20% (0.20)				
16	Minimum distribution allowance. Subtract line 15 from line 13	16	7,176		
17	Subtract line 16 from line 12	17			
18	Federal estate tax attributable to lump-sum distribution	18	0		
19	Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23	19			
20	Divide line 11 by line 12 and enter the result as a decimal (rounded to at				
04	least three places)				
21	Multiply line 16 by the decimal on line 20				
22 23	Subtract line 21 from line 11	23			
24	Tax on amount on line 23. Use the Tax Rate Schedule in the instructions	24	7,175	5	
25	Multiply line 24 by 10.0. If line 11 is zero, skip lines 26 through 28, enter this amount on		.,		
	line 29, and go to line 30	25			
26	Multiply line 22 by 10% (0.10)				
27	Tax on amount on line 26. Use the Tax Rate Schedule in the				
	instructions				
28	Multiply line 27 by 10.0	28			
29	Subtract line 28 from line 25. Multiple recipients see instructions	29	7,17	5	
30	Tax on lump-sum distribution. Add lines 7 and 29. Also include this amount in the total on Form				
	1040, line 44; Form 1040NR, line 42; or Form 1041, Schedule G, line 1b ▶	30	7,17	5	

* Data not shown because of the small number of sample returns on which they are based.

Form **4972**

Department of the Treasury Internal Revenue Service (99)

Tax on Lump-Sum Distributions

(From Qualified Plans of Participants Born Before January 2, 1936)

► Information about Form 4972 and its instructions is available at www.irs.gov/form4972.

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

OMB No. 1545-0193

2016
Attachment
Sequence No. 28

Name of recipient of distribution

Total Forms Filed = 7,176

Identifying number

Par	Complete this part to see if you can use Form 4972				
1	Was this a distribution of a plan participant's entire balance (excluding deductible voluntary contributions and certain forfeited amounts) from all of an employer's qualified plans of one example, pension, profit-sharing, or stock bonus)? If "No," don't use this form	kind (fo	<i>,</i> – – –	Yes	No
2	Did you roll over any part of the distribution? If "Yes," don't use this form		2		
3	Was this distribution paid to you as a beneficiary of a plan participant who was born before January				
4	Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, a				
Ť	participant in the plan for at least 5 years before the year of the distribution?		4		
5a	Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," don't	t usa this			
Ou	form for a 2016 distribution from your own plan		์ 5a		
b	If you are receiving this distribution as a beneficiary of a plan participant who died, did you use For a previous distribution received as a beneficiary of that participant after 1986? If "Yes," don't form for this distribution	orm 4972 t use this	2		
Part					
6	Capital gain part from Form 1099-R, box 3	6	0		
7	Multiply line 6 by 20% (0.20)	7			
	If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the				
	total on Form 1040, line 44; Form 1040NR, line 42; or Form 1041, Schedule G, line 1b.				
Part	Complete this part to choose the 10-year tax option (see instructions)				
8	If you completed Part II, enter the amount from Form 1099-R, box 2a minus box 3. If you didn't				
	complete Part II, enter the amount from box 2a. Multiple recipients (and recipients who elect to				
_	include net unrealized appreciation (NUA) in taxable income) see instructions	8	59,500		
9	Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996 .	9	0		
10	Total taxable amount. Subtract line 9 from line 8	10	59,500		
11	Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0	11	0		
12	Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18	12	59,500		
13	Multiply line 12 by 50% (0.50), but don't enter more than \$10,000 13				
14	Subtract \$20,000 from line 12. If line 12 is				
45	\$20,000 or less, enter -0				
15	Multiply line 14 by 20% (0.20)	40	04.005		
16	Minimum distribution allowance. Subtract line 15 from line 13	16	24,935		
17	Subtract line 16 from line 12	17			
18 19	Federal estate tax attributable to lump-sum distribution	18	0		
20	Divide line 11 by line 12 and enter the result as a decimal (rounded to at	19			
20	least three places)				
21	Multiply line 16 by the decimal on line 20				
22	Subtract line 21 from line 11				
23	Multiply line 19 by 10% (0.10)	23			
24	Tax on amount on line 23. Use the Tax Rate Schedule in the instructions	24	387		
25	Multiply line 24 by 10.0. If line 11 is zero, skip lines 26 through 28, enter this amount on				
	line 29, and go to line 30	25			
26	Multiply line 22 by 10% (0.10)				
27	Tax on amount on line 26. Use the Tax Rate Schedule in the instructions				
28	Multiply line 27 by 10.0	28			
29	Subtract line 28 from line 25. Multiple recipients see instructions	29	3,872		
	Tax on lump-sum distribution. Add lines 7 and 29. Also include this amount in the total on Form				
30	Tax of family call alour battorn flag into a fine afficient in the total of form				

5329

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040 or Form 1040NR.

▶ Information about Form 5329 and its separate instructions is at www.irs.gov/form5329.

Attachment Sequence No. 29

Nan	findividual subjects and distinct to additional to the second of the sec	V	alal as a suite	
ivame (of individual subject to additional tax. If married filing jointly, see instructions. Total Forms Filed = 2,478,312	rour so	cial security numb	per
	Home address (number and street), or P.O. box if mail is not delivered to your home		Apt. no.	
-: ::::	Varus Address Only			
	Your Address Only I Are Filing This City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).			
	by Itself and Not	If this is	s an amended	
	Your Tax Return		check here ►	Ц
	Foreign country name Foreign province/state/county	Foreign	postal code	
Form	only owe the additional 10% tax on early distributions, you may be able to report this tax direct 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 1040NR, line 59, or			59, or
Par	Additional Tax on Early Distributions. Complete this part if you took a taxable distribution by	efore yo	ou reached age :	59½
	from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are re	eporting	this tax directly	on /
	Form 1040 or Form 1040NR—see above). You may also have to complete this part to indicate that y	ou quali	ify for an except	tion to
	the additional tax on early distributions or for certain Roth IRA distributions (see instructions).			1
1	Early distributions included in income. For Roth IRA distributions, see instructions	1	1,670,459	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions).			
	Enter the appropriate exception number from the instructions:	2	749,543	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	1,219,361	
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	4	1,205,095	
	Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have			
_	to include 25% of that amount on line 4 instead of 10% (see instructions).			
Part	Additional Tax on Certain Distributions From Education Accounts and ABLE Acc	ounts.	Complete this	part if
	you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell ec	lucatior	n savings accou	unt
	(ESA), a qualified tuition program (QTP), or an ABLE account.			
5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account	5	200,108	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6		
7	Amount subject to additional tax. Subtract line 6 from line 5	7	130,523	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	8	130,124	
Part			outed more to y	our/
	traditional IRAs for 2016 than is allowable or you had an amount on line 17 of your 2015 Form 5	329.		-
9	Enter your excess contributions from line 16 of your 2015 Form 5329 (see instructions). If zero, go to line 15	9		
10	If your traditional IRA contributions for 2016 are less than your			
	maximum allowable contribution, see instructions. Otherwise, enter -0-			
11	2016 traditional IRA distributions included in income (see instructions) . 11			
12	2016 distributions of prior year excess contributions (see instructions) . 12			
13	Add lines 10, 11, and 12	13		
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0	14		
15	Excess contributions for 2016 (see instructions)	15		
16	Total excess contributions. Add lines 14 and 15	16	25,670	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2016			
	(including 2016 contributions made in 2017). Include this amount on Form 1040, line 59, or Form 1040NR, line 57 .	17	22,814	
Part	IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributions to Roth IRAs.	outed m	nore to your Ro	th
	IRAs for 2016 than is allowable or you had an amount on line 25 of your 2015 Form 5329.			
18	Enter your excess contributions from line 24 of your 2015 Form 5329 (see instructions). If zero, go to line 23	18	36,905	
19	If your Roth IRA contributions for 2016 are less than your maximum			
	allowable contribution, see instructions. Otherwise, enter -0 19			
20	2016 distributions from your Roth IRAs (see instructions)			
21	Add lines 19 and 20	21		
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0	22		
23	Excess contributions for 2016 (see instructions)	23	32,897	
24	Total excess contributions. Add lines 22 and 23	24	54,221	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2016			
	(including 2016 contributions made in 2017). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	25	49,168	

Form **5329**

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

	nent of the Treasury Revenue Service (99) Information about Form 5329 and its separate instructions is at www.irs.gov/form53	329.	Attachment Sequence No. 2	29
	of individual subject to additional tax. If married filing jointly, see instructions.		cial security numb	
	Total Forms Filed = 2,478,312		A	
	Home address (number and street), or P.O. box if mail is not delivered to your home		Apt. no.	
Fill in	Your Address Only City, town or post office, state, and ZIP code. If you have a foreign address, also complete			
	the spaces below (see instructions).	If this i	a an amandad	
	by Itself and Not		s an amended check here ►	
witn	Your Tax Return Foreign country name Foreign province/state/county		postal code	
If you	only owe the additional 10% tax on early distributions, you may be able to report this tax directly	ly on F	orm 10/0 line	50 0
	1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 10			39, 0
Par				 5Ω1/a
	from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are re			
	Form 1040 or Form 1040NR—see above). You may also have to complete this part to indicate that you			
	the additional tax on early distributions or for certain Roth IRA distributions (see instructions).		,	
1	Early distributions included in income. For Roth IRA distributions, see instructions	1	24,144,927	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions).			
	Enter the appropriate exception number from the instructions:	2	8,638,543	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	15,506,384	
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	4	1,558,169	
	Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have			
	to include 25% of that amount on line 4 instead of 10% (see instructions).			
Par	Additional Tax on Certain Distributions From Education Accounts and ABLE Acc	ounts	Complete this	part if
	you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell ec	lucatio	n savings accou	unt
	(ESA), a qualified tuition program (QTP), or an ABLE account.			
5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account	5	429,966	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6		
7	Amount subject to additional tax. Subtract line 6 from line 5	7	280,661	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	8	28,071	
Part			buted more to y	our
	traditional IRAs for 2016 than is allowable or you had an amount on line 17 of your 2015 Form 5			
9	Enter your excess contributions from line 16 of your 2015 Form 5329 (see instructions). If zero, go to line 15	9		
10	If your traditional IRA contributions for 2016 are less than your			
	maximum allowable contribution, see instructions. Otherwise, enter -0-			
11	2016 traditional IRA distributions included in income (see instructions) . 11			
12	2016 distributions of prior year excess contributions (see instructions) . 12	- 40		
13	Add lines 10, 11, and 12	13		
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0	14		-
15	Excess contributions for 2016 (see instructions)	15 16	102.610	
16 17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2016		102,619	
17	(including 2016 contributions made in 2017). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	17	4,343	
Part				th.
	IRAs for 2016 than is allowable or you had an amount on line 25 of your 2015 Form 5329.	Juleu i	nore to your no	uı
18	Enter your excess contributions from line 24 of your 2015 Form 5329 (see instructions). If zero, go to line 23	18	168,738	
19	If your Roth IRA contributions for 2016 are less than your maximum		,	
.,	allowable contribution, see instructions. Otherwise, enter -0 19			
20	2016 distributions from your Roth IRAs (see instructions)			
21	Add lines 19 and 20	21		
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0	22		
23	Excess contributions for 2016 (see instructions)	23	121,027	
24	Total excess contributions. Add lines 22 and 23	24	242,287	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2016			
	(including 2016 contributions made in 2017) Include this amount on Form 1040 line 50, or Form 1040ND, line 57	0.5	12 011	

		Numbe	er of returns filed for selected iii	nes			
Form 53	29 (2016)						Page 2
Part	V Additional Tax	x on Excess Contrib	outions to Coverdell ESAs. Comp	lete this part if the	e contributi	ons to your	
			an is allowable or you had an amount			า 5329.	
26	Enter the excess con	tributions from line 32 of	your 2015 Form 5329 (see instructions).	If zero, go to line 3	31 26		
27	If the contributions	to your Coverdell ESAs	s for 2016 were less than the				
			uctions. Otherwise, enter -0-				
28	2016 distributions f	rom your Coverdell ESA	As (see instructions) 28				
29	Add lines 27 and 28				. 29		
30	•		ne 29 from line 26. If zero or less, ent				
31			ions)				
32	Total excess contrib	outions. Add lines 30 ar	nd 31		. 32	*	
33	Additional tax. Ent	er 6% (0.06) of the sm	naller of line 32 or the value of your	Coverdell ESAs of	n		
			ributions made in 2017). Include this				
	1040, line 59, or Fo	rm 1040NR, line 57 .	<u> </u>		. 33	*	
Part \			outions to Archer MSAs. Complet			•	outed
			an is allowable or you had an amount			1 5329.	_
34			your 2015 Form 5329 (see instructions).	If zero, go to line 3	39 34		
35			s for 2016 are less than the				
			uctions. Otherwise, enter -0-				
36		•	from Form 8853, line 8 36				
37	Add lines 35 and 36						_
38	•		ne 37 from line 34. If zero or less, ent				_
39		•	ions)			0.050	
40			nd 39			8,653	_
41			maller of line 40 or the value of you				
			ributions made in 2017). Include this			6.012	
Dart \						6,013	
rait			outions to Health Savings Accou				
		ur beriali, or your emplo ur 2015 Form 5329.	oyer contributed more to your HSAs for	or 2016 than is all	owable or y	ou nad an a	nouni
42			of your 2015 Form 5329. If zero, go	to line 17	. 42		\top
43			S are less than the maximum		. 42		+
43		_	therwise, enter -0 43				
44			orm 8889, line 16 44				
45	Add lines 43 and 44		· ——		. 45		
46			ne 45 from line 42. If zero or less, ent	 er -N-			+-
47			ions)		. 47		+
48		•	nd 47			448,181	+
49			of line 48 or the value of your HSAs or			440,101	+-
43			ude this amount on Form 1040, line 59, or F			283,112	
Part V			outions to an ABLE Account. Con				 3I F
		6 were more than is allo		p.oto tino pai tin			
50	Excess contribution	s for 2016 (see instruct	ions)		. 50	0	\top
51			naller of line 50 or the value of your	ABLE account o	on T		
		` '	n Form 1040, line 59, or Form 1040N		. 51	0	
Part I			ulation in Qualified Retirement l		g IRAs). C	omplete this	part if
	you did not rece	eive the minimum requir	red distribution from your qualified ret	irement plan.			
52	Minimum required of	distribution for 2016 (se	e instructions)		. 52		
53	Amount actually dis	stributed to you in 2016			. 53		
54		m line 52. If zero or less				14,156	
55	Additional tax. Enter		de this amount on Form 1040, line 59, or F			15,154	
Sian L	lere Only If You	Under penalties of perjury, knowledge and belief it is to	I declare that I have examined this form, incrue, correct, and complete. Declaration of prepare	cluding accompanying are the state of the st	attachments,	and to the beall information	st of m
_	ling This Form by	preparer has any knowledge		(,		
	and Not With Your						
Tax Re							
	leve-	Your signature	Ta	V Da	ate	Taru:	
Daid	Print/Type prepa	rer's name	Preparer's signature	Date	Check if	PTIN	

Tax Return			Your signature			Da	ate		
Paid	Print/Type prepar	rer's na	ame	Preparer's signature	Date		Check if self-employed	PTIN	
Paid Preparer Jse Only	Firm's name ▶					Firm's EIN ▶			
JSE Office	Firm's address ▶	•				Phone	e no.		

Form 5329 (2016)

		,						•	~9° —
Part				utions to Coverdell ESAs. Compl	•			•	
				n is allowable or you had an amount o				rm 5329.	
26				your 2015 Form 5329 (see instructions).	r zero, go to	line 31	26		
27			•	for 2016 were less than the					
00				actions. Otherwise, enter -0-					
28				s (see instructions) <u>28</u>			-		
29		ines 27 and 28					29		
30				ne 29 from line 26. If zero or less, ente			30		
31				ons)			31	*	
32				d 31			32		
33				aller of line 32 or the value of your C					
				ibutions made in 2017). Include this			33	*	
Part	1040,	dditional Ta	v on Excess Contrib	utions to Archer MSAs. Complete	thic part if	· · ·		anlover contribu	ıtod
rait				n is allowable or you had an amount o	•			•	iteu
34				your 2015 Form 5329 (see instructions).			34	111 3329.	
				` 1 1	11 2 6 10, go to		04		
35				for 2016 are less than the actions. Otherwise, enter -0-					
36				from Form 8853, line 8 36			-		
37		ines 35 and 36	•				37		
38				ne 37 from line 34. If zero or less, ente			38		
39		=		ons)			39		
40				d 39			40	18,844	
41				naller of line 40 or the value of your				10,011	
41				ibutions made in 2017). Include this					
							41	561	
Part \				utions to Health Savings Accou			lete th		
				yer contributed more to your HSAs fo					ount
	or	n line 49 of you	ur 2015 Form 5329.					,	
42				of your 2015 Form 5329. If zero, go to	o line 47		42		
43			•	are less than the maximum herwise, enter -0 43					
44				rm 8889, line 16 44					
44 45		ines 43 and 44	•				45		
46				ne 45 from line 42. If zero or less, ente			46		
47				ons)			47		
48			•	d 47			48	876,625	
49				of line 48 or the value of your HSAs on			70	670,025	
43				ide this amount on Form 1040, line 59, or Fo			49	26,142	
Part \			,	utions to an ABLE Account. Com					l F
			6 were more than is allo		ibioto tilio b	, a, t ii 00i	TET TO GE	iono to your 7121	
50				ons)			50	0	
51				aller of line 50 or the value of your					
			` '	n Form 1040, line 59, or Form 1040NF			51	0	
Part				ulation in Qualified Retirement P			RAs).	Complete this p	art if
	yc	ou did not rece	eive the minimum require	ed distribution from your qualified reti	rement plar	۱.			
52	Minim	num required o	distribution for 2016 (see	e instructions)			52		
53	Amou	int actually dis	stributed to you in 2016				53		
54	Subtr	act line 53 fro	m line 52. If zero or less,	, enter -0			54	13,210	
55	Additi	onal tax. Enter		de this amount on Form 1040, line 59, or Fo			55	7,286	
Are Fi	ling Thand No	nly If You nis Form by ot With Your	knowledge and belief, it is true preparer has any knowledge.	I declare that I have examined this form, inclue, correct, and complete. Declaration of prepar	uding accomper (other than t	taxpayer) is	achmen based	ts, and to the best on all information of	of my which
		Print/Type pro-	Your signature	Preparer's signature	Date	Date		PTIN	
Paid		Print/Type prepa	trer s name	Preparer's signature	Date		eck 🗆	if	
Prep	arer ———						f-emplo	yed	
Use		Firm's name				Firm's EIN			
		Firm's address				Phone no.			

Department of the Treasury Internal Revenue Service

Repayment of the First-Time Homebuyer Credit

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

Information about Form 5405 and its separate instructions is at www.irs.gov/form5405.

Attachment

OMB No. 1545-0074

Name shown on return

Total Forms Filed = 130 896

Sequence No. 58 Your social security number

	130,030			
Part	Disposition or Change in Use of Main Home for Which the Credit Was Claimed			
1	Enter the date you disposed of, or ceased using as your main home, the home for which you claim			
	credit (MM/DD/YYYY) (see instructions)	!	>	
2	If you meet the following conditions, check here			▶ □
	I (or my spouse if married) am, or was, a member of the uniformed services or Foreign Service, or an e	mploye	e of the intellig	ence
	community. I sold the home, or it ceased to be my main home, in connection with Government orders extended duty service. No repayment of the credit is required (see instructions). Stop here.	for qua	lified official	
3	Check the box below that applies to you. See the instructions for the definition of "related person."			
а	I sold (including through foreclosure) the home to a person who isn't related to me and had a gain on below). Go to Part II below.	the sale	(as figured in	Part II
b	I sold (including through foreclosure) the home to a person who isn't related to me and didn't have a part III below). No repayment of the credit is required. Stop here.	gain on	the sale (as fig	ured ir
С	☐ I sold the home to a related person OR I gave the home to someone other than my spouse (or ex-s settlement). Go to Part II below.	pouse a	as part of my o	divorce
d	☐ I converted the entire home to a rental or business use OR I still own the home but no longer use it as below.	my mai	n home. Go to	Part I
е	☐ I transferred the home to my spouse (or ex-spouse as part of my divorce settlement). The full name of	my ex-	spouse is ►	
	The responsibility for repayment of the credit is transferred to your spouse or ex-spouse. Stop here.			
f	$\ \square$ My home was destroyed, condemned, or sold under threat of condemnation and I had a gain (see instance)	ructions	s).	
g	☐ My home was destroyed, condemned, or sold under threat of condemnation and I didn't have a gain (see	instructi	ons).	
h	☐ The taxpayer who claimed the credit died in 2016. No repayment of the credit is required of the decea	ısed tax	payer. If you ar	e filing
	a joint return for 2016 with the deceased taxpayer, see instructions. Otherwise, stop here.			
Part	Repayment of the Credit			
4	Enter the amount of the credit you claimed on Form 5405 for a prior year. See instructions if you filed a joint			
	return for the year you claimed the credit or you checked the box on line 3f or 3g	4	70,742	
5	If you purchased the home in 2008, enter the amount of the credit you repaid with your tax returns for			
	the years 2010 through 2015. Otherwise, enter -0	5	65,702	
6	Subtract line 5 from line 4. If you checked the box on line 3f or 3g, see instructions. If you checked the			
	box on line 3a, go to line 7. Otherwise, skip line 7 and go to line 8	6	68,446	
7	Enter the gain on the disposition of your main home (from line 15 below)	7	12,333	
8	Amount of the credit to be repaid. See instructions	8	88,216	
	Next: Enter the amount from line 8 on your 2016 Form 1040, line 60b, or Form 1040NR, line 59b.			
Part	Form 5405 Gain or (Loss) Worksheet			
	Note: Complete this part only if your home was destroyed or you sold your home to someone who isn't re through condemnation or under threat of condemnation). See Pub. 523, Selling Your Home, for informatio 10, and 12. But if you sold your home through condemnation, see chapter 1 in Pub. 544, Sales and Oth information on what to enter on lines 9 and 10.	n on wh	nat to enter on lositions of Asse	lines 9
9	Selling price of home, insurance proceeds, or gross condemnation award	9	25,041	
10	Selling expenses (including commissions, advertising and legal fees, and seller-paid loan charges) or			
	expenses in getting the condemnation award	10	21,148	
11	Subtract line 10 from line 9. This is the amount realized on the sale of the home	11	25,041	
12	Adjusted basis of home sold (see instructions)	12	25,045	
13	Enter the first-time homebuyer credit claimed on Form 5405 minus the amount of the credit you repaid with your tax returns for the years 2010 through 2015	13	23,374	
14	Subtract line 13 from line 12. This is the adjusted basis for purposes of repaying the credit	14	26,372	
15	Subtract line 14 from line 11	15	25,366	
	• If line 15 is more than -0-, you have a gain. Check the box on line 3a and complete Part II. However,			
	check the box on line 3f (instead of the box on line 3a) if your home was destroyed or you sold the home			
	through condemnation or under threat of condemnation. Then complete Part II if you purchased the home in 2008 or you purchased the home in 2011 and the event occurred in 2014.			
	• If line 15 is -0- or less, check the box on line 3b. However, if your home was destroyed or you sold the home through condemnation or under threat of condemnation, check the box on line 3g instead. You don't have to repay the credit			

(Rev. December 2016) Department of the Treasury Internal Revenue Service

Repayment of the First-Time Homebuyer Credit

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

Information about Form 5405 and its separate instructions is at www.irs.gov/form5405.

Attachment Sequence No. **58**

Name shown on return

OMB No. 1545-0074

	Total Forms Filed = 130,896						
Part	Disposition or Change in Use of Main Home for Which the Credit Was Claimed						
1	Enter the date you disposed of, or ceased using as your main home, the home for which you claim credit (MM/DD/YYYY) (see instructions)						
2	If you meet the following conditions, check here			▶ □			
	I (or my spouse if married) am, or was, a member of the uniformed services or Foreign Service, or an ecommunity. I sold the home, or it ceased to be my main home, in connection with Government orders extended duty service. No repayment of the credit is required (see instructions). Stop here.			ence			
3 a	Check the box below that applies to you. See the instructions for the definition of "related person." I sold (including through foreclosure) the home to a person who isn't related to me and had a gain on below). Go to Part II below.	the sal	e (as figured in l	Part III			
b	I sold (including through foreclosure) the home to a person who isn't related to me and didn't have a gain on the sale (as figured in Part III below). No repayment of the credit is required. Stop here.						
С	☐ I sold the home to a related person OR I gave the home to someone other than my spouse (or exsettlement). Go to Part II below.	spouse	as part of my d	ivorce			
d	I converted the entire home to a rental or business use OR I still own the home but no longer use it as below.	my ma	ain home. Go to	Part II			
е	I transferred the home to my spouse (or ex-spouse as part of my divorce settlement). The full name of	my ex	-spouse is ►				
f g h	The responsibility for repayment of the credit is transferred to your spouse or ex-spouse. Stop here. My home was destroyed, condemned, or sold under threat of condemnation and I had a gain (see instance). My home was destroyed, condemned, or sold under threat of condemnation and I didn't have a gain (see The taxpayer who claimed the credit died in 2016. No repayment of the credit is required of the decease a joint return for 2016 with the deceased taxpayer, see instructions. Otherwise, stop here.	instruct	tions).	e filing			
Part	• •						
4	Enter the amount of the credit you claimed on Form 5405 for a prior year. See instructions if you filed a joint return for the year you claimed the credit or you checked the box on line 3f or 3g	4	446,840				
5	If you purchased the home in 2008, enter the amount of the credit you repaid with your tax returns for the years 2010 through 2015. Otherwise, enter -0	5	184,649				
6	Subtract line 5 from line 4. If you checked the box on line 3f or 3g, see instructions. If you checked the box on line 3a, go to line 7. Otherwise, skip line 7 and go to line 8	6	262,191				
7	Enter the gain on the disposition of your main home (from line 15 below)	7	639,284				
8	Amount of the credit to be repaid. See instructions	8	93,986				
Part	Next: Enter the amount from line 8 on your 2016 Form 1040, line 60b, or Form 1040NR, line 59b. Form 5405 Gain or (Loss) Worksheet						
	Note: Complete this part only if your home was destroyed or you sold your home to someone who isn't rethrough condemnation or under threat of condemnation). See Pub. 523, Selling Your Home, for information 10, and 12. But if you sold your home through condemnation, see chapter 1 in Pub. 544, Sales and Oth information on what to enter on lines 9 and 10.	on on w ier Disp	that to enter on li	ines 9,			
9 10	Selling price of home, insurance proceeds, or gross condemnation award	9	5,919,838				
11	Subtract line 10 from line 9. This is the amount realized on the sale of the home	10	500,220 5,419,618				
12	Adjusted basis of home sold (see instructions)	12	5,464,563				
13	Enter the first-time homebuyer credit claimed on Form 5405 minus the amount of the credit you repaid with your tax returns for the years 2010 through 2015	13	95,485				
14	Subtract line 13 from line 12. This is the adjusted basis for purposes of repaying the credit	14	5,369,078				
15	Subtract line 14 from line 11	15	50,540				
	• If line 15 is more than -0-, you have a gain. Check the box on line 3a and complete Part II. However, check the box on line 3f (instead of the box on line 3a) if your home was destroyed or you sold the home through condemnation or under threat of condemnation. Then complete Part II if you purchased the home in 2008 or you purchased the home in 2011 and the event occurred in 2014.						
	• If line 15 is -0- or less, check the box on line 3b. However, if your home was destroyed or you sold the home through condemnation or under threat of condemnation, check the box on line 3g instead. You don't have to repay the credit						

Form **5695**

Department of the Treasury Internal Revenue Service

Residential Energy Credits

► Information about Form 5695 and its separate instructions is at www.irs.gov/form5695.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016

Attachment
Sequence No. 158

Name(s) shown on return

Total Forms Filed = 2,795,505

Sequence No. 158
Your social security number

Par		nis par	t.)	
Note:	Skip lines 1 through 11 if you only have a credit carryforward from 2015.			
1	Qualified solar electric property costs	1	300,598	
2	Qualified solar water heating property costs	2	68,380	
3	Qualified small wind energy property costs	3	16,932	
4	Qualified geothermal heat pump property costs	4	74,844	
5	Add lines 1 through 4	5	417,981	
6	Multiply line 5 by 30% (0.30)	6	417,981	
7a	Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions)	7a	☐ Yes ☐ I	No
	Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.			
b	Print the complete address of the main home where you installed the fuel cell property.			
	Number and street Unit No.			
	City, State, and ZIP code			
8	Qualified fuel cell property costs	_		
9	Multiply line 8 by 30% (0.30)	_		
10	Kilowatt capacity of property on line 8 above ►x \$1,000 10 7,784			
11	Enter the smaller of line 9 or line 10	11	7,636	
12	Credit carryforward from 2015. Enter the amount, if any, from your 2015 Form 5695, line 16	12	198,068	
13	Add lines 6, 11, and 12	13	605,650	
14	Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	14	823,105	
15	Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50		538,316	
16	Credit carryforward to 2017. If line 15 is less than line 13, subtract line 15 from line 13		,	

5695 Form

Department of the Treasury Internal Revenue Service

Residential Energy Credits

► Information about Form 5695 and its separate instructions is at www.irs.gov/form5695.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016

Attachment
Sequence No. 158

Name(s) shown on return

Total Forms Filed = 2,795,505

Your social security number

	Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)								
Note:	Skip lines 1 through 11 if you only have a credit carryforward from 2015.								
1	Qualified solar electric property costs	. 1	4,893,531						
2	Qualified solar water heating property costs	. 2	317,377						
3	Qualified small wind energy property costs	. 3	76,422						
4	Qualified geothermal heat pump property costs	. 4	1,153,249						
5	Add lines 1 through 4	. 5	6,440,579						
6	Multiply line 5 by 30% (0.30)		1,932,195						
7a	main home located in the United States? (See instructions)	▶ 7a	☐ Yes ☐	No					
	Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property Skip lines 7b through 11.	y.							
b	Print the complete address of the main home where you installed the fuel cell property.								
	Number and street Unit No.	_							
	City, State, and ZIP code	_							
8	Qualified fuel cell property costs								
9	Multiply line 8 by 30% (0.30)								
10	Kilowatt capacity of property on line 8 above ▶ x \$1,000								
11	Enter the smaller of line 9 or line 10	. 11	10,135						
12	Credit carryforward from 2015. Enter the amount, if any, from your 2015 Form 5695, line 16	. 12	667,488						
13	Add lines 6, 11, and 12		2,609,818						
14	Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	. 14	16,255,358						
15	Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50		1,822,632						
16	Credit carryforward to 2017. If line 15 is less than line 13, subtract line 15 from line 13								
			5005						

Form 5695 (2016) Page **2**

Par	Nonbusiness Energy Property Credit			
17a	Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)	17a	☐ Yes ☐	No
	Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.			-
b	Print the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time.			
	Number and street Unit No.			
	City, State, and ZIP code			
С	Were any of these improvements related to the construction of this main home? ▶	17c	☐ Yes ☐	No
	Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.			
18	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)	18	547,308	
19	Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).			
а	Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC	40-	EC4 070	
b	Exterior doors that meet or exceed the version 6.0 Energy Star program requirements	19a 19b	561,078 508,267	
C	Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has	190	300,201	
·	appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home	19c	222,724	
d	Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements			
е	Maximum amount of cost on which the credit can be figured 19e			
f	If you claimed window expenses on your Form 5695 prior to 2016, enter the amount from the Window Expense Worksheet (see			
-	instructions); otherwise enter -0	-		
g h	Subtract line 19f from line 19e. If zero or less, enter -0	19h	630,125	
20	Add lines 19a, 19b, 19c, and 19h	20	1,433,948	
21	Multiply line 20 by 10% (0.10)	21	1,432,928	
22	Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).		, ,	
а	Energy-efficient building property. Do not enter more than \$300	22a	483,485	
b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150	22b	551,370	
С	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50	00-		
23	Add lines 22a through 22c	22c 23	113.059	
23 24	Add lines 21 and 23	24	993,129 2,171,401	
25	Maximum credit amount. (If you jointly occupied the home, see instructions)	25	2,171,401	
26	Enter the amount, if any, from line 18	26		
27	Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy			
	property credit	27	2,344,308	L
28	Enter the smaller of line 24 or line 27	28	2,160,988	
29	Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)	29		
30	Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50	30	2,144,870	

Form 5695 (2016) Page **2**

Par	Nonbusiness Energy Property Credit			
17a	main home located in the United States? (see instructions)	17a	Yes	No
b	Do not complete Part II. Print the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time.			
	Number and street Unit No.			
	City, State, and ZIP code			
С	Were any of these improvements related to the construction of this main home?	17c	☐ Yes ☐ I	No
	Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.			
18	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)	18	159,720	
19	Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).			
а	Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC	19a	1,499,528	
b	Exterior doors that meet or exceed the version 6.0 Energy Star program requirements	19b	904,291	
С	Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home	19c	1,418,180	
d	Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements			
е	Maximum amount of cost on which the credit can be figured 19e			
f	If you claimed window expenses on your Form 5695 prior to 2016, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0			
g	Subtract line 19f from line 19e. If zero or less, enter -0			
h	Enter the smaller of line 19d or line 19g	19h	957,339	
20	Add lines 19a, 19b, 19c, and 19h	20	4,779,337	
21 22	Multiply line 20 by 10% (0.10)	21	477,996	
a	preparation, assembly, and original installation) (see instructions). Energy-efficient building property. Do not enter more than \$300	22a	142,400	
b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150	22b	81,949	
С	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50	22c	5.578	
23	Add lines 22a through 22c	23	229,927	
24	Add lines 21 and 23	24	707,923	
25	Maximum credit amount. (If you jointly occupied the home, see instructions)	25		
26	Enter the amount, if any, from line 18	26		
27	Subtract line 26 from line 25. If zero or less, stop ; you cannot take the nonbusiness energy property credit	07	4 007 040	
28	Enter the smaller of line 24 or line 27	27 28	1,067,216 522,285	
29	Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)	29	522,205	
30	Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50	30	513,279	

5884 **5884**

(Rev. December 2016)
Department of the Treasury
Internal Revenue Service
Name(s) shown on return

For Paperwork Reduction Act Notice, see separate instructions.

Work Opportunity Credit

► Attach to your tax return.

▶ Information about Form 5884 and its separate instructions is at www.irs.gov/form5884.

OMB No. 1545-0219

Attachment Sequence No. **77**

Form **5884** (Rev. 12-2016)

Identifying number

Total Forms Filed = 12,077 Enter on the applicable line below the total qualified first- or second-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who are certified as members of a targeted group. a Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours . \$_____ × 25% (0.25) 2,499 1a **b** Qualified first-year wages of employees who worked 1b 1,538 c Qualified second-year wages of employees certified as long-term family assistance recipients \$ × 50% (0.50) 123 1c Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to 2 2.822 3 Work opportunity credit from partnerships, S corporations, cooperatives, estates, and 3 9,391 Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here 4 12.077 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust 5 Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount on 6

Cat. No. 13570D

5884

(Rev. December 2016)
Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Work Opportunity Credit

► Attach to your tax return.

▶ Information about Form 5884 and its separate instructions is at www.irs.gov/form5884.

OMB No. 1545-0219

Attachment Sequence No. 77
Identifying number

Total Forms Filed = 12.077 Enter on the applicable line below the total qualified first- or second-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who are certified as members of a targeted group. a Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours . \$_____ × 25% (0.25) 8.576 1a **b** Qualified first-year wages of employees who worked 1b 16,403 c Qualified second-year wages of employees certified as long-term family assistance recipients \$ _____ × 50% (0.50) 1c 696 Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to 25.675 2 3 Work opportunity credit from partnerships, S corporations, cooperatives, estates, and 3 85,228 Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here 4 110.903 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust 5 Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount on

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 13570D

Form **5884** (Rev. 12-2016)

6

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2016

Department of the Treasury Internal Revenue Service (99) ► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

Attachment Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR Your social security number Total Forms Filed = 10,215,706 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, 10,212,483 enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), 608,173 Taxes from Schedule A (Form 1040), line 9 7,680,690 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line 4 62,905 5 2,200,875 If Form 1040, line 38, is \$155,650 or less, enter -0-. Otherwise, see instructions 6 2,416,465 7 3,096,888 8 8 Investment interest expense (difference between regular tax and AMT). 227,318 9 9 42,461 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 10 204.214 11 106.553 12 Interest from specified private activity bonds exempt from the regular tax 12 1,177,161 13 19,156 14 Exercise of incentive stock options (excess of AMT income over regular tax income) 14 13,659 223,030 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 15 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) . 16 314 16 17 17 Disposition of property (difference between AMT and regular tax gain or loss) . . 585.209 18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 18 1.434.179 19 Passive activities (difference between AMT and regular tax income or loss) 19 1,406,944 20 Loss limitations (difference between AMT and regular tax income or loss) 20 389,823 21 Circulation costs (difference between regular tax and AMT) 21 2,628 22 Long-term contracts (difference between AMT and regular tax income) 22 4,847 23 13,003 24 Research and experimental costs (difference between regular tax and AMT) 24 30,971 25 26 26 1,637 27 27 183,673 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$247,450, see instructions.) 10,209,764 Part II Alternative Minimum Tax (AMT) Exemption. (If you were under age 24 at the end of 2016, see instructions.) AND line 28 is not over . . . THEN enter on line 29 . . . IF your filing status is . . . Single or head of household \$119,700 \$53.900 83,800 Married filing jointly or qualifying widow(er) 159,700 Married filing separately. 79.850 41.900 29 9,266,641 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, 7.560.648 30 • 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 7,418,731 31 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 \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result. 32 Alternative minimum tax foreign tax credit (see instructions) 2,421,774 33 Tentative minimum tax. Subtract line 32 from line 31 . 7,361,662 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any

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

Form **6251** (2016)

9,145,875

4,632,313

Cat. No. 13600G

35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 . . .

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2016

Department of the Treasury Internal Revenue Service (99) ► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

Attachment Sequence No. **32**

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

Total Forms Filed = 10,215,706

Your social security number

	Total Forms Filed = 10,215,700				
Pa	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. Otherwis enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount		1	2,442,909,41	10
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040 line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0		2	1,441,266	
3	Taxes from Schedule A (Form 1040), line 9		3	250,012,890	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this lin	ne 4	4	264,645	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	. [5	41,038,068	
6	If Form 1040, line 38, is \$155,650 or less, enter -0 Otherwise, see instructions		6	33,596,515)
7	Tax refund from Form 1040, line 10 or line 21		7	14,144,339)
8	Investment interest expense (difference between regular tax and AMT)	8	8	-1,490,087	
9	Depletion (difference between regular tax and AMT)	!	9	191,417	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	. 1	10	81,867,789	<u></u>
11	Alternative tax net operating loss deduction	. 1	11	15,609,048)
12	Interest from specified private activity bonds exempt from the regular tax		12	1,035,340	
13	Qualified small business stock, see instructions		13	332,172	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)		14	1,265,071	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		15	2,125,945	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	_	16	-649	
17	Disposition of property (difference between AMT and regular tax gain or loss)		17	-3,428,238	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		18	-394,169	
19	Passive activities (difference between AMT and regular tax income or loss)		19	1,497,040	
20	Loss limitations (difference between AMT and regular tax income or loss)		20	156,688	
21	Circulation costs (difference between regular tax and AMT)		21	62,954	
22	Long-term contracts (difference between AMT and regular tax income)		22	176,818	
23	Mining costs (difference between regular tax and AMT)		23	46,542	
24	Research and experimental costs (difference between regular tax and AMT)		24 25	-219,726 (*	<u> </u>
25	Intangible drilling costs preference		25 26	247,707	,
26 27	Other adjustments, including income-based related adjustments		27	46,072	
			-/	40,072	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$247,450, see instructions.)		28	2,756,729,8	38
Pai	t II Alternative Minimum Tax (AMT)		-0	2,7 00,7 20,0	
29	Exemption. (If you were under age 24 at the end of 2016, see instructions.)				
	IF your filing status is AND line 28 is not over THEN enter on line 29				
	Single or head of household \$119,700 \$53,900				
	Married filing jointly or qualifying widow(er) 159,700 83,800				
	Married filing separately	. 2	29	538,913,517	
	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, 3	33,			
	and 35, and go to line 34	. 3	30	2,338,032,02	48
31	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.	. 3	31	584,002,175	
	• All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result.				
32	Alternative minimum tax foreign tax credit (see instructions)	. 3	32	16,534,095	
33	Tentative minimum tax. Subtract line 32 from line 31	. 3	33	567,504,628	
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result a	ny			
	foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 4	14,			
	refigure that tax without using Schedule J before completing this line (see instructions)	_	34	591,452,742	
	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45		35	31,016,101	<u> </u>
For E	Paperwork Reduction Act Notice, see your tax return instructions. Cat No. 13600G			Form 6251	(2016)

Form 6251 (2016) Page **2**

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. 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 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 4,987,930 you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 37 38 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see 541,002 38 instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 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 39 4,986,221 40 **40** Enter the **smaller** of line 36 or line 39 41 42 If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result 42 4,417,801 43 Enter: • \$75,300 if married filing jointly or qualifying widow(er), • \$37,650 if single or married filing separately, or 43 • \$50,400 if head of household. 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 45 **45** Subtract line 44 from line 43. If zero or less, enter -0- **46** Enter the **smaller** of line 36 or line 37 46 **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 49 Enter: • \$415,050 if single • \$233,475 if married filing separately 49 • \$466,950 if married filing jointly or qualifying widow(er) • \$441,000 if head of household **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, 51 **52** Add line 50 and line 51 52 53 Subtract line 52 from line 49. If zero or less, enter -0- 53 54 **54** Enter the smaller of line 48 or line 53 3,961,565 55 **55** Multiply line 54 by 15% (0.15) 56 If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. 57 58 684.022 If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59. **59** Add lines 41, 56, and 57 59 **60** Subtract line 59 from line 36 60 421,777 61 62 63 If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26). 63 4,769,810 Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result 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 . 64

Form 6251 (2016) Page 2

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 36 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 577,287,671 you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 38 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see 19,761,433 instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 38 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 596,266,745 **40** Enter the **smaller** of line 36 or line 39 40 41 42 If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result . . . 364,629,087 43 Enter: • \$75,300 if married filing jointly or qualifying widow(er), • \$37,650 if single or married filing separately, or 43 • \$50,400 if head of household. 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 45 **46** Enter the **smaller** of line 36 or line 37 46 **47** Enter the **smaller** of line 45 or line 46. This amount is taxed at 0%. 47 **48** Subtract line 47 from line 46 49 Enter: • \$415,050 if single • \$233,475 if married filing separately • \$466,950 if married filing jointly or qualifying widow(er) • \$441,000 if head of household 50 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, 51 **52** Add line 50 and line 51 53 Subtract line 52 from line 49. If zero or less, enter -0- 53 **54** Enter the smaller of line 48 or line 53 21,149,077 55 **55** Multiply line 54 by 15% (0.15) 56 If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. 57 74.568.152 58 If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59. 59 60 61 3,657,088 62 63 If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26). **63** | 515,427,709 Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result 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 .

Form **6252**

Department of the Treasury

Internal Revenue Service

Installment Sale Income

► Attach to your tax return.

► Use a separate form for each sale or other disposition of property on the installment method.

► Information about Form 6252 and its instructions is at www.irs.gov/form6252.

OMB No. 1545-0228

2016
Attachment
Sequence No. 79

Name(s) shown on return Identifying number Total Forms Filed = 534.808 Description of property ► **b** Date sold (mm/dd/yyyy) ▶ 2a Date acquired (mm/dd/yyyy) ▶ 3 Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," **Gross Profit and Contract Price.** Complete this part for the year of sale only. Part I 117,090 Selling price including mortgages and other debts. Don't include interest, whether stated or unstated 5 6 Mortgages, debts, and other liabilities the buyer assumed or took the property subject to (see instructions) 7 7 8 8 Cost or other basis of property sold 9 9 10 10 Adjusted basis. Subtract line 9 from line 8 11 Commissions and other expenses of sale 11 12 Income recapture from Form 4797, Part III (see instructions) . . . 109.817 13 13 116,126 14 Subtract line 13 from line 5. If zero or less, don't complete the rest of this form (see instructions) 14 15 If the property described on line 1 above was your main home, enter the amount of your excluded 1,569 15 115,111 16 16 17 1,532 17 18 18 115,163 Part II Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have certain debts you must treat as a payment on installment obligations. 19 Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. For years after 19 20 If this is the year of sale, enter the amount from line 17. Otherwise, enter -0- 20 21 Payments received during year (see instructions). Don't include interest, whether stated or unstated . 21 473,553 474.184 22 22 23 Payments received in prior years (see instructions). Don't include 464.721 24 6,234 25 Enter the part of line 24 that is ordinary income under the recapture rules (see instructions) . . . 25 26 462,325 26 Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions). . . Related Party Installment Sale Income. Don't complete if you received the final payment this tax year. Part III Name, address, and taxpayer identifying number of related party 28 29 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies. а The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy). . . . The first disposition was a sale or exchange of stock to the issuing corporation. b ☐ The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition. С ☐ The second disposition occurred after the death of the original seller or buyer. d ☐ It can be established to the satisfaction of the IRS that tax avoidance wasn't a principal purpose for either of the dispositions. If this box is checked, attach an explanation (see instructions). Selling price of property sold by related party (see instructions) 30 30 31 * 32 32 33 Total payments received by the end of your 2016 tax year (see instructions) 33 34 34 35 35 36 0 36 Enter the part of line 35 that is ordinary income under the recapture rules (see instructions) . . . Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions). . .

* Data not shown because of the small number of sample returns on which they are based.

Form **6252**

Installment Sale Income

► Attach to your tax return.

Department of the Treasury
Internal Revenue Service

Luse a separate form for each sale or other disposition of property on the installment method.

Luce a separate form for each sale or other disposition of property on the installment method.

Luce a separate form for each sale or other disposition of property on the installment method.

OMB No. 1545-0228

2016
Attachment
Sequence No. 79

Identifying number Name(s) shown on return Total Forms Filed = 534,808 Description of property ► 2a Date acquired (mm/dd/yyyy) ▶ **b** Date sold (mm/dd/yyyy) ▶ 3 Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," Gross Profit and Contract Price. Complete this part for the year of sale only. Part I 69,734,727 Selling price including mortgages and other debts. Don't include interest, whether stated or unstated 6 Mortgages, debts, and other liabilities the buyer assumed or took the property subject to (see instructions) 7 7 8 8 9 9 10 Adjusted basis. Subtract line 9 from line 8 10 11 11 12 Income recapture from Form 4797, Part III (see instructions) . . . 21,309,187 13 48,425,540 14 Subtract line 13 from line 5. If zero or less, don't complete the rest of this form (see instructions) 14 If the property described on line 1 above was your main home, enter the amount of your excluded 15 417,262 15 16 16 48,027,840 17 17 245,651 Contract price. Add line 7 and line 17 18 68.521.433 18 Part II Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have certain debts you must treat as a payment on installment obligations. 19 Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. For years after 19 20 If this is the year of sale, enter the amount from line 17. Otherwise, enter -0- 20 21 21 54,517,897 Payments received during year (see instructions). Don't include interest, whether stated or unstated . 54,763,328 22 23 Payments received in prior years (see instructions). Don't include 136.195.168 38.781.660 24 239,254 25 25 Enter the part of line 24 that is ordinary income under the recapture rules (see instructions) . . . 38.542.407 Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions). 26 26 Related Party Installment Sale Income. Don't complete if you received the final payment this tax year. Part III Name, address, and taxpayer identifying number of related party 28 Did the related party resell or dispose of the property ("second disposition") during this tax year? Yes 29 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies. The second disposition was more than 2 years after the first disposition (other than dispositions а of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy). . . . The first disposition was a sale or exchange of stock to the issuing corporation. b ☐ The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition. С ☐ The second disposition occurred after the death of the original seller or buyer. d It can be established to the satisfaction of the IRS that tax avoidance wasn't a principal purpose for either of the е dispositions. If this box is checked, attach an explanation (see instructions). 30 Selling price of property sold by related party (see instructions) 30 31 31 * 32 Enter the **smaller** of line 30 or line 31 32 33 Total payments received by the end of your 2016 tax year (see instructions) 33 34 34 35 35 Multiply line 34 by the gross profit percentage on line 19 for year of first sale Enter the part of line 35 that is ordinary income under the recapture rules (see instructions) . . . 36 0 36 37 37 Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions). . .

* Data not shown because of the small number of sample returns on which they are based.

Form **6765**

Department of the Treasury Internal Revenue Service

Credit for Increasing Research Activities

► Attach to your tax return.
► Information about Form 6765 and its separate instructions is at www.irs.gov/form6765.

OMB No. 1545-0619

2016

Attachment
Sequence No. 81

Name(s) shown on return

Total Forms Filed =

4,763

Identifying number

	on A-Regular Credit. Skip this section and go to Section B if you are elec	cting	or previously elec	cted (and ar	e not revoking)	the
	ative simplified credit.						
1	Certain amounts paid or incurred to energy consortia (see instructions)		 I		1	*	
2	Basic research payments to qualified organizations (see instructions) .	2					
3	Qualified organization base period amount	3				*	
4	Subtract line 3 from line 2. If zero or less, enter -0	· ·			4		
5	Wages for qualified services (do not include wages used in figuring the work opportunity credit)	5					
6	Cost of supplies	6					
7	Rental or lease costs of computers (see instructions)	7					
8	Enter the applicable percentage of contract research expenses (see						
	instructions)	8					
9	Total qualified research expenses. Add lines 5 through 8	9					
10	Enter fixed-base percentage, but not more than 16% (0.16) (see instructions)	10		%			
11	Enter average annual gross receipts (see instructions)	11					
12	Multiply line 11 by the percentage on line 10	12					
13	Subtract line 12 from line 9. If zero or less, enter -0	13					
14	Multiply line 9 by 50% (0.50)	14					
15	Enter the smaller of line 13 or line 14				15	240	
16	Add lines 1, 4, and 15				16	286	
17	Are you electing the reduced credit under section 280C? ► Yes ☐ If "Yes," multiply line 16 by 13% (0.13). If "No," multiply line 16 by instructions for the statement that must be attached. Members of control under common control: see instructions for the statement that must be at	lled g	(0.20) and see roups or busines	ses	17	286	
Secti	on B—Alternative Simplified Credit. Skip this section if you are completing	ıg Sed	ction A.				
18	Certain amounts paid or incurred to energy consortia (see the line 1 instru	uction	s)		18	0	
19	Basic research payments to qualified organizations (see the line 2		,			<u> </u>	
	instructions)	19					
20	Qualified organization base period amount (see the line 3 instructions) .	20					
21	Subtract line 20 from line 19. If zero or less, enter -0				21	0	
22	Add lines 18 and 21				22	0	
23	Multiply line 22 by 20% (0.20)				23	0	
24	Wages for qualified services (do not include wages used in figuring the						
05	work opportunity credit)	24					
25 26	Cost of supplies	25					
26 27	Rental or lease costs of computers (see the line 7 instructions) Enter the applicable percentage of contract research expenses (see the	26					
21	line 8 instructions)	27					
28	Total qualified research expenses. Add lines 24 through 27	28					
29	Enter your total qualified research expenses for the prior 3 tax years. If						
	you had no qualified research expenses in any one of those years, skip						
	lines 30 and 31	29					
30	Divide line 29 by 6.0	30					
31	Subtract line 30 from line 28. If zero or less, enter -0	31	00((0.00)		00	25	
32	Multiply line 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line aperwork Reduction Act Notice, see separate instructions.			•	32	35 Form 6765	
LAT D	DANACE REGULATION ACT NOTICE SEE SENSIFIED INSTRUCTIONS	Cat	t. No. 13700H			Earm h /hh	12016

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **6765**

Department of the Treasury Internal Revenue Service

Credit for Increasing Research Activities

► Attach to your tax return.
► Information about Form 6765 and its separate instructions is at www.irs.gov/form6765.

OMB No. 1545-0619

2016

Attachment
Sequence No. 81

Name(s) shown on return

Total Forms Filed =

4,763

Identifying number

	on A—Regular Credit. Skip this section and go to Section B if you are electric simplified credit.	cting o	or previously elec	ted (a	and a	re not revoking)	the
1	Certain amounts paid or incurred to energy consortia (see instructions)			. 1	1	*	
2	Basic research payments to qualified organizations (see instructions) .	2		-			
3	Qualified organization base period amount	3					
4	Subtract line 3 from line 2. If zero or less, enter -0				4	*	
5	Wages for qualified services (do not include wages used in figuring the			•	7		
3	work opportunity credit)	5					
_							
6	Cost of supplies	6					
7	Rental or lease costs of computers (see instructions)	7					
8	Enter the applicable percentage of contract research expenses (see	_					
_	instructions)	8					
9	Total qualified research expenses. Add lines 5 through 8	9					
10	Enter fixed-base percentage, but not more than 16% (0.16) (see instructions)	10		%			
11	Enter average annual gross receipts (see instructions)	11					
12	Multiply line 11 by the percentage on line 10	12					
13	Subtract line 12 from line 9. If zero or less, enter -0	13					
14		14					
15	Enter the smaller of line 13 or line 14				15	19,522	
16	Add lines 1, 4, and 15				16	20,137	
17	Are you electing the reduced credit under section 280C? ▶ Yes □	No					
	If "Yes," multiply line 16 by 13% (0.13). If "No," multiply line 16 by						
	instructions for the statement that must be attached. Members of control						
	under common control: see instructions for the statement that must be at	tache	ed	•	17	2,698	
Section	on B-Alternative Simplified Credit. Skip this section if you are completing	g Sed	ction A.				
18	Certain amounts paid or incurred to energy consortia (see the line 1 instru	uction	s)		18	0	
19	Basic research payments to qualified organizations (see the line 2						
	instructions)	19					
20	Qualified organization base period amount (see the line 3 instructions) .	20					
21	Subtract line 20 from line 19. If zero or less, enter -0				21	0	
22	Add lines 18 and 21			.	22	0	
23	Multiply line 22 by 20% (0.20)				23	0	
24	Wages for qualified services (do not include wages used in figuring the						
	work opportunity credit)	24					
25	Cost of supplies	25					
26	Rental or lease costs of computers (see the line 7 instructions)	26					
27	Enter the applicable percentage of contract research expenses (see the						
	line 8 instructions)	27					
28	Total qualified research expenses. Add lines 24 through 27	28					
29	Enter your total qualified research expenses for the prior 3 tax years. If						
	you had no qualified research expenses in any one of those years, skip						
	lines 30 and 31	29					
30	Divide line 29 by 6.0	30					
31	Subtract line 30 from line 28. If zero or less, enter -0	31					
32	Multiply line 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line	e 28 b	y 6% (0.06)		32	1,381	
For Pa	perwork Reduction Act Notice, see separate instructions.	Cat	No 13700H			Form 6765	(2016)

^{*} Data not shown because of the small number of sample returns on which they are based.

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Form 6765 (2016) Page 2 Section B—Alternative Simplified Credit (continued) Add lines 23 and 32 35 No 🗌 Yes 🗌 34 Are you electing the reduced credit under section 280C? ▶ If "Yes," multiply line 33 by 65% (0.65). If "No," enter the amount from line 33 and see the line 17 instructions for the statement that must be attached. Members of controlled groups or businesses under common control: see instructions for the statement that must be attached 35 Section C-Current Year Credit 35 Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also used to figure the credit on line 17 or line 34 (whichever applies) 35 320 36 Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0-. 36 37 Credit for increasing research activities from partnerships, S corporations, estates, and trusts . . . 37 4,488 38 4,762 Estates and trusts, go to line 39. Partnerships and S corporations not electing the payroll tax credit, stop here and report this amount on Schedule K. Partnerships and S corporations electing the payroll tax credit, complete Section D and report on Schedule K the amount on this line reduced by the amount on line 44. • Eligible small businesses, stop here and report the credit on Form 3800, Part III, line 4i. See instructions for the definition of eligible small business. • Filers other than eligible small businesses, stop here and report the credit on Form 3800, Part III, line 1c. Note: Qualified small business filers, other than partnerships and S corporations, electing the payroll tax credit must complete Form 3800 before completing Section D. 39 39 Amount allocated to beneficiaries of the estate or trust (see instructions) 40 Estates and trusts, subtract line 39 from line 38. For eligible small businesses, report the credit on Form 3800, Part III, line 4i. See instructions. For filers other than eligible small businesses, report Section D-Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this section if the payroll tax election does not apply. See instructions. 41 Check this box if you are a qualified small business electing the payroll tax credit. See instructions $\ \Box$ 42 Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See 42 43 General business credit carryforward from the current year (see instructions). Partnerships and

Form **6765** (2016)

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of line 36, line 42, or line 43. Enter here and on Form 8974, line 5. Members of controlled groups or businesses under common control: see instructions for the statement that must be attached . . .

^{*} Data not shown because of the small number of sample returns on which they are based.

Page **2** Form 6765 (2016)

Secti	on B—Alternative Simplified Credit (continued)			
33	Add lines 23 and 32	33	1,381	
34	Are you electing the reduced credit under section 280C? ▶ Yes No If "Yes," multiply line 33 by 65% (0.65). If "No," enter the amount from line 33 and see the line 17 instructions for the statement that must be attached. Members of controlled groups or businesses under common control: see instructions for the statement that must be attached	34	1,060	
Secti	on C—Current Year Credit			
35	Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also used to figure the credit on line 17 or line 34 (whichever applies)	35	*	
36	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0	36	3,684	
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	53,351	
38	Add lines 36 and 37	38	57,035	
	 Estates and trusts, go to line 39. Partnerships and S corporations not electing the payroll tax credit, stop here and report this amount on Schedule K. Partnerships and S corporations electing the payroll tax credit, complete Section D and report on 			
	Schedule K the amount on this line reduced by the amount on line 44.			
	• Eligible small businesses, stop here and report the credit on Form 3800, Part III, line 4i. See instructions for the definition of eligible small business.			
	• Filers other than eligible small businesses, stop here and report the credit on Form 3800, Part III, line 1c.			
	Note: Qualified small business filers, other than partnerships and S corporations, electing the payroll tax credit must complete Form 3800 before completing Section D.			
39	Amount allocated to beneficiaries of the estate or trust (see instructions)	39		
40	Estates and trusts, subtract line 39 from line 38. For eligible small businesses, report the credit on Form 3800, Part III, line 4i. See instructions. For filers other than eligible small businesses, report the credit on Form 3800, Part III, line 1c	40		
Secti	on D-Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this section if th		roll tax election o	does
	pply. See instructions.	' '		
41	Check this box if you are a qualified small business electing the payroll tax credit. See instructions			
42	Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See instructions	42	*	
43	General business credit carryforward from the current year (see instructions). Partnerships and S corporations skip this line and go to line 44	43	*	
44	Partnerships and S corporations, enter the smaller of line 36 or line 42. All others, enter the smallest of line 36, line 42, or line 43. Enter here and on Form 8974, line 5. Members of controlled groups or			
	businesses under common control: see instructions for the statement that must be attached	44	*	
			Form 6765	(2016)

* Data not shown because of the small number of sample returns on which they are based.

Department of the Treasury

Gains and Losses From Section 1256 Contracts and Straddles

▶ Information about Form 6781 and its instructions is at www.irs.gov/form6781.

OMB No. 1545-0644

Internal	Revenue Service		•	Attach to your	r tax return.					Sequence No. 82	2
Name(s) shown on tax return Tot	al Forms I	Filed = 4	95,799					Identifying number		
Check	all applicable boxes (see instruc-	tions).	A Mixed	straddle electio	n		С	☐ Mixed strade	dle a	count election	
				lle-by-straddle i	dentification	election	D	☐ Net section	1256	contracts loss elect	ion
Part	Section 1256 Contr	acts Ma	rked to M	larket							
	(a) Identificat	ion of acc	ount		(b) (l	Loss)		(c) Gain			
1											
2	Add the amounts on line 1 in co	olumns (b) a	and (c)	2	()				
3	Net gain or (loss). Combine line								3	492,116	
4	Form 1099-B adjustments. See	instruction	s and attach	n statement					4	3,419	
5	Combine lines 3 and 4								5	490,850	
	Note: If line 5 shows a net gai instructions.										
6	If you have a net section 125										
	carried back. Enter the loss as	a positive r	iumber. it yo	u alan't check t	oox D, enter	-0			6	767	
7									7	490,274	
8	Short-term capital gain or (lo D or on Form 8949 (see instruction)			, ,					8	458,881	
9	Long-term capital gain or (los	ss). Multipl	y line 7 by 6	0% (0.60). Ente	r here and in	clude on	line 1	11 of Schedule			
Part	D or on Form 8949 (see instruction Gains and Losses F								9	490,274	l
	on A—Losses From Stra		auules. F	allacii a separ	ale Staterrie	ant nating	y eac	n straudie and	u its	components.	
occu	OII A—LOSSES I TOIII GUA					(f) Los	ss.				
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	If columnis more to (d), enticolor differentiation of the column of the	s more than Unrecognized I (d), enter gain on difference. offsetting		(h) Recognized lo If column (f) is mo than (g), enter difference. Otherwise, enter	ore	
10											
11a	Enter the short-term portion of Form 8949 (see instructions)			lumn (h), here a				nedule D or on	11a	a (891)
b	Enter the long-term portion of I Form 8949 (see instructions)		-	` '.					11b	0 (33)
Secti	on B—Gains From Strad								1	, 00	,
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) G sales			ba	ost or other sis plus nse of sale		(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-	
12											
13a	Enter the short-term portion of Form 8949 (see instructions)	gains from	n line 12, co	lumn (f), here ar	nd include o	n line 4 of	f Sch	nedule D or on	13a	1,672	
b	Enter the long-term portion of Form 8949 (see instructions)	gains from	line 12, colu	umn (f), here and	d include on	line 11 o	f Sch	nedule D or on	13b	1,603	
Part	III Unrecognized Gain	s From I	Positions	Held on Las	st Day of	Tax Yea	ar. N	Memo Entry O	nly (s		
	(a) Description of property		(b) Da acquir		market value o		(d)	Cost or other bas as adjusted	is	(e) Unrecognized g If column (c) is mo than (d), enter differe Otherwise, enter -	re ence.
14											
								į.			!

Gains and Losses From Section 1256

OMB No. 1545-0644

Contracts and Straddles ▶ Information about Form 6781 and its instructions is at www.irs.gov/form6781. Department of the Treasury Attachment Sequence No. 82 ► Attach to your tax return. Internal Revenue Service Name(s) shown on tax return Identifying number Total Forms Filed = 495.799 Check all applicable boxes (see instructions). A Mixed straddle election C Mixed straddle account election **B** Straddle-by-straddle identification election **D** Net section 1256 contracts loss election Part I Section 1256 Contracts Marked to Market (c) Gain (a) Identification of account (b) (Loss) Add the amounts on line 1 in columns (b) and (c) 8,243,616 3 Net gain or (loss). Combine line 2, columns (b) and (c) . . . 3 -6.785 4 Form 1099-B adjustments. See instructions and attach statement . . . 4 8.236.832 5 Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0- 153,390 7 8,390,222 Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule D or on Form 8949 (see instructions) 3,356,089 Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of Schedule D or on Form 8949 (see instructions) 5.034.131 Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. Part II Section A—Losses From Straddles (f) Loss. (e) Cost or If column (e) (h) Recognized loss. (b) Date (c) Date other basis is more than Unrecognized If column (f) is more (d) Gross entered (a) Description of property closed out than (g), enter plus (d), enter gain on into or sales price difference. offsetting difference. or sold expense of acquired Otherwise. positions Otherwise, enter -0sale enter -0-10 Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on 11a Form 8949 (see instructions) 11a 9.106 Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949 (see instructions) Section B-Gains From Straddles (b) Date (f) Gain. If column (c) Date (e) Cost or other entered (d) Gross (d) is more than (e), (a) Description of property closed out basis plus into or sales price enter difference. expense of sale or sold acquired Otherwise, enter -0-12 Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949 (see instructions) 603,790 Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949 (see instructions) 432,730 Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo Entry Only (see instructions) Part III (e) Unrecognized gain. (b) Date (c) Fair market value on last (d) Cost or other basis If column (c) is more (a) Description of property than (d), enter difference. acquired business day of tax year as adjusted Otherwise, enter -0-

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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

Total Forms Filed = 8,628,961

Identifying number

					an \$5,000 (see in							
Par	Inform	ation on Dona	ted Prop		ı need more spa					crintian of danated pro	nerty.	
1		me and address of the onee organization	Э	(b) If donated check the bo number ((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.)							
Α												
В												
С												
D												
E												
Note.	If the amount y	ou claimed as a	deduction	」 for an item i	s \$500 or less, you	ı do	not have	to comp	ete c	columns (e), (f), an	d (g).	
	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	` ,	v acquired donor	(g) Donor's cost or adjusted basis		1 ' '	market valuenstructions)	•	(i) Method used to the fair market		ine
Α					5,060,528		8,545	,090				
B C												
D												
E												
Part	entire in	nterest in a pro	perty list	ed in Part	operty—Comple I. Complete line required stateme	es 3	3a throu	gh 3c if	con			
2a					for which you gave separate statement		ss than a	n entire in	teres	t ▶		
b				-	listed in Part I: (1		For this t	ax year		•		
					(2	-		orior tax y	ears	•		
С	from the done	dress of each or ee organization a e organization (donee	above):	to which ar	ny such contribution	on v	vas mado	e in a prio	r yea	ır (complete only	if diffe	erent
	Address (number,	street, and room or s	uite no.)									
	City or town, state	e, and ZIP code										
d	For tangible p	property enter the	e place wh	ere the prop	erty is located or l	ken	t >					
e					ion, having actual			of the pro	perty	y ▶		
3a				•	nt, on the donee'		-		oose 	of the donated	Yes	No
b	organization in the property,	n cooperative fur including the righ	ndraising) t It to vote d	he right to the onated secu	nization or another ne income from the rities, to acquire the n. or right to acqui	e do ne p	onated property b	operty or	to th	ne possession of		

c Is there a restriction limiting the donated property for a particular use?

Form **8283**(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Name(s) shown on your income tax return

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.

8,628,961

OMB No. 1545-0908

Attachment Sequence No. **155**

Identifying number

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

Total Forms Filed =

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 publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Par	Inform	ation on Dona	ted Prop	erty—If you	need more space	ce,	attach a	stateme	nt.			
1		me and address of the onee organization	• •	check the bo	property is a vehicle (see ex. Also enter the vehicle (unless Form 1098-C is	ider	ntification	(For a ve	hicle r sec	cription of donated prop , enter the year, make, n curities, enter the compa he number of shares.)	nodel, a	
Α												
В												
С												
D												
E												
Note.	If the amount y	ou claimed as a	deduction	ı for an item i:	s \$500 or less, you	do	not have	to compl	ete	columns (e), (f), and	d (g).	
	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)		v acquired donor	(g) Donor's cost or adjusted basis			air market value (i) Method used to the fair market			determine	
A					46,912,899		57,277	,556				
B C												
D												
Е												
Part	entire ii contribi	nterest in a proution listed in P	operty list art I; also	ed in Part attach the		es 3 ent (Ba throu see inst	gh 3c if ructions).	cor	if you gave less		
2a					separate statement		ss man a	i entire in	.ere:	St >		
b	Total amount	claimed as a dec	luction for	the property	listed in Part I: (1		For this t	ax year orior tax ye	are	. ——		
С	from the done	Idress of each or ee organization a le organization (dones	ibove):	to which ar	•	-		•		ar (complete only i	f diffe	rent
	Address (number,	street, and room or s	uite no.)									
	City or town, state	e, and ZIP code										
d e	• .	• •	•		perty is located or l ion, having actual	•		of the pro	pert	ty ►		
3a	Is there a resproperty? .	striction, either t			nt, on the donee'		ght to us		ose	e of the donated	Yes	No
b	organization i the property,	n cooperative fur including the righ	ndraising) t It to vote d	he right to the onated secu	nization or another ne income from the rities, to acquire the n, or right to acqui	e do	onated pr roperty b	operty or y purchas	to ti e or	he possession of otherwise, or to		
С	Is there a rest	riction limiting th	e donated	property for	a particular use?							

Form 8283 (Rev. 12-2014)					Page 2
Name(s) shown on your in	come tax return				Identifying number
similar it traded s	Property Over \$5,000 (Exceems) for which you claimed a ecurities reported in Section arems. An appraisal is generally	a deduction of more A). Provide a separa	than \$5,000 per item te form for each prop	or group (excep erty donated unle	t contributions of publicly
Part I Infor	mation on Donated Prope	erty—To be comp	leted by the taxpaye	er and/or the ap	praiser.
a 🗌 Art* (contri	Conservation Contribution e	Art* (contribution Other Real Estate		g Collectibles h Intellectual i Vehicles	• —
other similar objects. **Collectibles include coin	culptures, watercolors, prints, drawing s, stamps, books, gems, jewelry, spor you must attach a qualified appr	ts memorabilia, dolls, etc.	, but not art as defined abov		ripts, historical memorabilia, and
(a) Descriptio	n of donated property (if you need e, attach a separate statement)	(b) If tangible prope	erty was donated, give a brie andition of the property at the		rall (c) Appraised fair market value
A B C D					140,598
(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	Se (h) Amount claimed a deduction	e instructions s a (i) Date of contribution
A		122,244	2,900	113,366	
B					
D					
a valu	ayer (Donor) Statement— ue of \$500 or less. See inst wing item(s) included in Part I a ifying letter from Part I and desc	ructions. bove has to the best o	of my knowledge and be		
Signature of taxpayer (•	_	Date ▶	
	aration of Appraiser			Bator	
married to any person wh appraisals during my tax y Also, I declare that I perform valued. I certify that the app value as described in the qu understand that I may be su	donor, the donee, a party to the transo is related to any of the foregoing pervear for other persons. appraisals on a regular basis; and that be traisal fees were not based on a percental field appraisal or this Form 8283 may bject to a penalty under section 6695A if n misstatement results from my appraisal.	ersons. And, if regularly us ecause of my qualifications a age of the appraised propert subject me to the penalty u I know, or reasonably should	sed by the donor, donee, or as described in the appraisal, I by value. Furthermore, I undersinder section 6701(a) (aiding an at know, that my appraisal is to	party to the transaction am qualified to make applated that a false or frauch abetting the understable used in connection w	in, I performed the majority of my praisals of the type of property being dulent overstatement of the property tement of tax liability). In addition, I ith a return or claim for refund and a
Sign				, ,	
Here Signature ► Business address (including	ng room or suite no.)	Title ►		Date ►	Identifying number
City or town, state, and ZI	P code				
This charitable organiz in Section B, Part I, ab Furthermore, this orga portion thereof) within	ee Acknowledgment—To ation acknowledges that it is a quove on the following date ▶	ualified organization un it sells, exchanges, or t will file Form 8282,	der section 170(c) and the otherwise disposes of the Donee Information Retur	at it received the do	ed in Section B, Part I (or any
Does the organization Name of charitable organi	intend to use the property for an zation (donee)	unrelated use?	Employer identification n		► Yes No
Address (number, street, a	and room or suite no.)		City or town, state, and ZII	P code	
Authorized signature			Title	Da	ate

	n 8283 (Rev. 12-2014) le(s) shown on your inc	ome tax return				Page 2
	similar ite traded se similar ite	Property Over \$5,000 (Exc ms) for which you claimed curities reported in Section ms. An appraisal is generall nation on Donated Prop	a deduction of mon A). Provide a sepan y required for prope	re than \$5,000 per ite rate form for each pro rty listed in Section B	m or group (excepoperty donated unlo . See instructions.	ot contributions of publicly ess it is part of a group of
				pieted by the taxpay	yer and/or the ap	praiser.
4	a Art* (contrib	onservation Contribution		n of less than \$20,000) re	g	·
othe	r similar objects. Ilectibles include coins	ulptures, watercolors, prints, drawin , stamps, books, gems, jewelry, sp you must attach a qualified app	orts memorabilia, dolls, e	c., but not art as defined ab		cripts, historical memorabilia, and
5	(a) Description	of donated property (if you need attach a separate statement)	(b) If tangible pro	perty was donated, give a b condition of the property at		rall (c) Appraised fair market value
Α						42,804,124
В						
С						
D					1	
	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received		e instructions
Α	., , , ,		,		(h) Amount claimed a deduction	(i) Date of contribution
В			8,388,701	565,793	11,127,706	
C						
D						
Pa		yer (Donor) Statement		cluded in Part I abo	ve that the appra	aisal identifies as having
		e of \$500 or less. See ins				
		ving item(s) included in Part I ying letter from Part I and des			belief an appraised	value of not more than \$500
	nature of taxpayer (d				Date ►	
		ration of Appraiser				
marr	clare that I am not the dried to any person who raisals during my tax ye	donor, the donee, a party to the tra is related to any of the foregoing par for other persons.	nsaction in which the dor persons. And, if regularly	or acquired the property, er used by the donor, donee, or	mployed by, or related to or party to the transaction	o any of the foregoing persons, or on, I performed the majority of my
value value unde	ed. I certify that the appra e as described in the quarstand that I may be sub- tantial or gross valuation	appraisals on a regular basis; and that laisal fees were not based on a percer alified appraisal or this Form 8283 ma ject to a penalty under section 6695A misstatement results from my appraisa	stage of the appraised property subject me to the penalty if I know, or reasonably should be appraised by the subject to the penalty should be appraised by the subject to	erty value. Furthermore, I under under section 6701(a) (aiding uld know, that my appraisal is t	erstand that a false or frau and abetting the underst to be used in connection v	dulent overstatement of the property atement of tax liability). In addition, I with a return or claim for refund and a
He			Title ▶		Date ►	
Busi	ness address (including	g room or suite no.)				Identifying number
City	or town, state, and ZIP	² code				
		e Acknowledgment — To tion acknowledges that it is a continuous co	· · · · · ·			onated property as described
in S	ection B, Part I, abo	ve on the following date				
port	ion thereof) within 3	ization affirms that in the even years after the date of receipt, nent does not represent agreer	it will file Form 8282	Donee Information Ret		
	s the organization in e of charitable organiza	ntend to use the property for ar ation (donee)	unrelated use? .	Employer identification		► Yes No
Addr	ress (number, street, ar	nd room or suite no.)		City or town, state, and	ZIP code	
Auth	orized signature			Title	D	ate

Form **8396**

Mortgage Interest Credit

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

2016

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) State or Local Governmental Units or Agencies)

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

► Attach to Form 1040 or 1040NR.

Attachment Sequence No. **138**

Name(s) shown on your tax return Your social security number Total Forms Filed = 95,386 Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return. Name of Issuer of Mortgage Credit Certificate Mortgage Credit Certificate Number Issue Date Before you begin Part I, figure the amounts of any of the following credits you are claiming: Credit for the elderly or the disabled, alternative motor vehicle credit, and qualified plug-in electric drive motor vehicle credit. Part I Current Year Mortgage Interest Credit Interest paid on the certified indebtedness amount. If someone else (other than your spouse if filing jointly) also held an interest in the home, enter only your share of the interest paid 1 Enter the certificate credit rate shown on your mortgage credit certificate. Do not enter the 2 % If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced 88.705 your mortgage and received a reissued certificate, see the instructions for the amount to enter. 3 You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3. Enter any 2013 credit carryforward from line 16 of your 2015 Form 8396 . . . 9,093 5 Enter any 2014 credit carryforward from line 14 of your 2015 Form 8396 . . . 16.396 6 Enter any 2015 credit carryforward from line 17 of your 2015 Form 8396 . 6 94,037 7 Add lines 3 through 6 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see 85,014 Current year mortgage interest credit. Enter the smaller of line 7 or line 8. Also include this amount in the total on Form 1040, line 54, or Form 1040NR, line 51. Check box c on that line and 83,665 enter "8396" in the space next to that box Mortgage Interest Credit Carryforward to 2017. (Complete only if line 9 is less than line 7.) 10 10 11 Enter the amount from line 7. . . 12 Enter the **larger** of line 9 or line 10. . . 12 13 13 14 **2015 credit carryforward to 2017.** Enter the **smaller** of line 6 or line 13 . 14 15 15 Subtract line 14 from line 13. . . 16 2014 credit carryforward to 2017. Enter the smaller of line 5 or line 15 . . . 16 17 2016 credit carryforward to 2017. Subtract line 9 from line 3. If zero or less, enter -0-

* Data not shown because of the small number of sample returns on which they are based.

8396

Department of the Treasury

Mortgage Interest Credit

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

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

OMB No. 1545-0074

Sequence No. 138

Internal Revenue Service (99) ► Attach to Form 1040 or 1040NR. Name(s) shown on your tax return Your social security number 95,386 Total Forms Filed = Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return. Name of Issuer of Mortgage Credit Certificate Mortgage Credit Certificate Number Issue Date Before you begin Part I, figure the amounts of any of the following credits you are claiming: Credit for the elderly or the disabled, alternative motor vehicle credit, and qualified plug-in electric drive motor vehicle credit. Part I Current Year Mortgage Interest Credit Interest paid on the certified indebtedness amount. If someone else (other than your spouse if filing jointly) also held an interest in the home, enter only your share of the interest paid . . . Enter the certificate credit rate shown on your mortgage credit certificate. Do not enter the 2 % If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced 131,988 your mortgage and received a reissued certificate, see the instructions for the amount to enter. 3 You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3. Enter any 2013 credit carryforward from line 16 of your 2015 Form 8396 4 21,337 5 Enter any 2014 credit carryforward from line 14 of your 2015 Form 8396 . . . 5 27,878 Enter any 2015 credit carryforward from line 17 of your 2015 Form 8396 . . . 6 6 224,214 7 7 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions) 512,053 Current year mortgage interest credit. Enter the smaller of line 7 or line 8. Also include this amount in the total on Form 1040, line 54, or Form 1040NR, line 51. Check box c on that line and 116,318 enter "8396" in the space next to that box . Part II Mortgage Interest Credit Carryforward to 2017. (Complete only if line 9 is less than line 7.) 10 10 11 Enter the amount from line 7. . . 11 12 Enter the **larger** of line 9 or line 10. . . . 12 13 13 14 2015 credit carryforward to 2017. Enter the smaller of line 6 or line 13 . . . 14 15 Subtract line 14 from line 13. . . 15 16 **2014 credit carryforward to 2017.** Enter the **smaller** of line 5 or line 15 . . . 16

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

Cat. No. 62502X

17

Form **8396** (2016)

2016 credit carryforward to 2017. Subtract line 9 from line 3. If zero or less, enter -0-

^{*} Data not shown because of the small number of sample returns on which they are based.

Department of the Treasury Internal Revenue Service (99)

Passive Activity Loss Limitations See separate instructions.

► Attach to Form 1040 or Form 1041. ▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

OMB No. 1545-1008

Attachment Sequence No. **88**

Name(s) shown on return

Total Forms Filed = 7,659,354 Identifying number

	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Par	2016 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Pa	art I.				
	al Real Estate Activities With Active Participation (For the definition ial Allowance for Rental Real Estate Activities in the instructions.)		tive participation, see			
	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	2,567,353			
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(3,371,588)		
С	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(1,635,539)		
d	Combine lines 1a, 1b, and 1c			1d	4,849,098	
Com	mercial Revitalization Deductions From Rental Real Estate Activitie	S				
2a	Commercial revitalization deductions from Worksheet 2, column (a) .	2a	(*)		
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	(*)		
С	Add lines 2a and 2b	·		2c	(1,642	
	her Passive Activities					
За	Activities with net income (enter the amount from Worksheet 3,					
	column (a))	3a	2,542,649			
b	Activities with net loss (enter the amount from Worksheet 3, column					
	(b))	3b	(1,809,462)		
С	Prior years unallowed losses (enter the amount from Worksheet 3,		1,000,100			
•	column (c))	3с	1.357.095)		
d			1,001,000	3d	3,770,405	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here			,	5,1115,115	
•	your return; all losses are allowed, including any prior year unallowed					
	2b, or 3c. Report the losses on the forms and schedules normally use			' 4	7,651,989	
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.				7,001,000	
	Line 2c is a loss (and line 1d is zero or mor	e) ski	n Part II and go to Pa	rt III		
	• Line 3d is a loss (and lines 1d and 2c are z				nd ao to line 15	
Cauti	on: If your filing status is married filing separately and you lived with y				_	molete
	on Part III. Instead, go to line 15.	our or	oddo at arry tirrio dai	mg ano	your, do not oor	πριστο
Part		th Ac	tive Participation			
	Note: Enter all numbers in Part II as positive amounts. See instru					
5	Enter the smaller of the loss on line 1d or the loss on line 4			5	2.816.823	
6	Enter \$150,000. If married filing separately, see instructions	6	2,793,835		2,010,023	
7	Enter modified adjusted gross income, but not less than zero (see instructions)	7	2,793,833			
•	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9,	•	2,940,013	_		
	enter -0- on line 10. Otherwise, go to line 8.					
8	Subtract line 7 from line 6	8	1,549,071			
9	Multiply line 8 by 50% (0.5). Do not enter more than \$25,000. If married filin			9	4 540 074	
10	Enter the smaller of line 5 or line 9	•	•	10	1,549,071 1,549,070	
10	If line 2c is a loss, go to Part III. Otherwise, go to line 15.			10	1,549,070	
Part		ıctior	e From Pontal Do	al Esta	ato Activitios	
rait	Note: Enter all numbers in Part III as positive amounts. See the e					
11	·				*	
	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing		•	12		
12	Enter the loss from line 4			-	4.004	
13	Reduce line 12 by the amount on line 10			13	1,634	
14 Port	Enter the smallest of line 2c (treated as a positive amount), line 11, or	iiiie i	J	14		
Part						_
15	Add the income, if any, on lines 1a and 3a and enter the total			15	1,223,500	1
16	Total losses allowed from all passive activities for 2016. Add instructions to find out how to report the losses on your tax return			16	3 819 865	

Department of the Treasury Internal Revenue Service (99)

Passive Activity Loss Limitations See separate instructions.

► Attach to Form 1040 or Form 1041. ▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582. Attachment Sequence No. **88**

OMB No. 1545-1008

Name(s) shown on return

Identifying number

	Total Forms Filed = 7,059,354				
Par	2016 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Pa	art I.			
	al Real Estate Activities With Active Participation (For the definition ial Allowance for Rental Real Estate Activities in the instructions.)	of active participation, se	ee		
	Activities with net income (enter the amount from Worksheet 1, column (a))	1a 80.171.750			
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b (43,551,694)		
	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c (78,653,282)		
	Combine lines 1a, 1b, and 1c		1d	-42,033,227	
Com	mercial Revitalization Deductions From Rental Real Estate Activitie	ī ı			
2a	Commercial revitalization deductions from Worksheet 2, column (a) .	2a (*)		
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b (*)		
C	Add lines 2a and 2b		2c	(16,578)
	her Passive Activities				
3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a 150,679,999			
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b (51,291,696)		
С	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c (85,075,568)		
d	Combine lines 3a, 3b, and 3c		3d	14,312,735	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here your return; all losses are allowed, including any prior year unallowed 2b, or 3c. Report the losses on the forms and schedules normally use	d losses entered on line 1	с,	-27,737,070	
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.				
	 Line 2c is a loss (and line 1d is zero or mor 				
	 Line 3d is a loss (and lines 1d and 2c are z 			_	
	on: If your filing status is married filing separately and you lived with y	our spouse at any time d	uring the	e year, do not col	mplete
	or Part III. Instead, go to line 15.				
Part	Note: Enter all numbers in Part II as positive amounts. See instru				
5	Enter the smaller of the loss on line 1d or the loss on line 4	, ,	5	101,618,194	
6	Enter \$150,000. If married filing separately, see instructions	6 418,468,220			
7	Enter modified adjusted gross income, but not less than zero (see instructions)	7 726,209,329			
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9,				
	enter -0- on line 10. Otherwise, go to line 8.				
8	Subtract line 7 from line 6	8 93,871,657			
9	Multiply line 8 by 50% (0.5). Do not enter more than \$25,000. If married filing	g separately, see instruction		29,077,039	
10	Enter the smaller of line 5 or line 9		10	14,106,250	
_	If line 2c is a loss, go to Part III. Otherwise, go to line 15.				
Part	Note: Enter all numbers in Part III as positive amounts. See the e	example for Part II in the in	struction		
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing			*	
12	Enter the loss from line 4		12		
13	Reduce line 12 by the amount on line 10			69,137	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or	line 13	14	*	
Part					
15	Add the income, if any, on lines 1a and 3a and enter the total		15	24,790,499	
16	Total losses allowed from all passive activities for 2016. Add				
	instructions to find out how to report the losses on your tax return		16	68,722,175	
For Pa	perwork Reduction Act Notice, see instructions.	Cat. No. 63704F		Form 858	2 (2016)

Form **8586**(Rev. December 2016)
Department of the Treasury
Internal Revenue Service (99)

Low-Income Housing Credit

► Attach to your tax return.

► Information about Form 8586 and its instructions is at www.irs.gov/form8586.

OMB No. 1545-0984

Attachment Sequence No. **36a**

Name(s	Total Forms Filed = 19,550	ziitiiyiiig	number	
Part	Buildings Placed in Service Before 2008			
1	Number of Forms 8609-A attached for buildings placed in service before 2008			
2	Has there been a decrease in the qualified basis of any buildings accounted for on line 1 since the close of the preceding tax year? Yes No If "Yes," enter the building identification numbers (BINs) of the buildings that had a decreased basis. If you need more space, attach a schedule.			
	(i) (ii) (iii) (iv) Current year credit from attached Form(s) 8609-A for buildings placed in service before 2008			
3	Current year credit from attached Form(s) 8609-A for buildings placed in service before 2008 (see instructions)	3	1,155	
4	Low-income housing credit for buildings placed in service before 2008 from partnerships, S corporations, estates, and trusts	4	6,893	
5	Add lines 3 and 4. Estates and trusts, go to line 6. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 1d, column (c)	5	8,037	
6	Amount allocated to beneficiaries of the estate or trust (see instructions)	6		
7	Estates and trusts, subtract line 6 from line 5. Report this amount on Form 3800, Part III, line 1d, column (c)	7		
Part	Buildings Placed in Service After 2007	- 1		
8	Number of Forms 8609-A attached for buildings placed in service after 2007			
9	Has there been a decrease in the qualified basis of any buildings accounted for on line 8 since the close of the preceding tax year? Yes No If "Yes," enter the building			
	identification numbers (BINs) of the buildings that had a decreased basis. If you need more space, attach a schedule.			
	(i) (ii) (iv)			
10	Current year credit from attached Form(s) 8609-A for buildings placed in service after 2007 (see instructions)	10	*	
11	Low-income housing credit for buildings placed in service after 2007 from partnerships, S corporations, estates, and trusts	11	2,911	
12	Add lines 10 and 11. Estates and trusts, go to line 13. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 4d, column (c)	12	2,912	
13	Amount allocated to beneficiaries of the estate or trust (see instructions)	13		
14	Estates and trusts, subtract line 13 from line 12. Report this amount on Form 3800, Part III,	10		

For Paperwork Reduction Act Notice, see General Instructions.

Cat. No. 63987I

Form **8586** (Rev. 12-2016)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form **8586**(Rev. December 2016)
Department of the Treasury
Internal Revenue Service (99)

14

line 4d, column (c) .

For Paperwork Reduction Act Notice, see General Instructions.

Low-Income Housing Credit

► Attach to your tax return.
► Information about Form 8586 and its instructions is at www.irs.gov/form8586.

OMB No. 1545-0984

Attachment

14

Cat. No. 63987I

Form **8586** (Rev. 12-2016)

Attachment Sequence No. **36a**

Name(s)	shown on return Total Forms Filed = 19,550	dentifying	number	
Part	Buildings Placed in Service Before 2008			
1 2	Number of Forms 8609-A attached for buildings placed in service before 2008			
	(i) (ii) (iii) (iv)			
3	Current year credit from attached Form(s) 8609-A for buildings placed in service before 2008 (see instructions)	3	3,803	
4	Low-income housing credit for buildings placed in service before 2008 from partnerships, S corporations, estates, and trusts		15,485	
5	Add lines 3 and 4. Estates and trusts, go to line 6. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 1d, column (c)		19,288	
6	Amount allocated to beneficiaries of the estate or trust (see instructions)	6		
7	Estates and trusts, subtract line 6 from line 5. Report this amount on Form 3800, Part III, line 1d, column (c)	,		
Part	Buildings Placed in Service After 2007			
9	Number of Forms 8609-A attached for buildings placed in service after 2007	,		
	(i)			
10	Current year credit from attached Form(s) 8609-A for buildings placed in service after 2007 (see instructions)	10	*	
11	Low-income housing credit for buildings placed in service after 2007 from partnerships, S corporations, estates, and trusts		18,103	
12	Add lines 10 and 11. Estates and trusts, go to line 13. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 4d, column (c)		18,106	
13	Amount allocated to beneficiaries of the estate or trust (see instructions)	13		

* Data not shown because of the small number of sample returns on which it is based.

Estates and trusts, subtract line 13 from line 12. Report this amount on Form 3800, Part III,

Form **8606**

Department of the Treasury Internal Revenue Service (99)

Nondeductible IRAs

► Information about Form 8606 and its separate instructions is at www.irs.gov/form8606.

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

OMB No. 1545-0074

2016

Attachment
Sequence No. 48

Name. If married, file a separate form for each spouse required to file Form 8606. See instructions.

Total Forms Filed = 2,341,433

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

Fill in Your Address Only
If You Are Filing This
Form by Itself and Not
With Your Tax Return

Foreign country name

Foreign province/state/county

Foreign postal code

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2016.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2016 and you made nondeductible contributions to a traditional IRA in 2016 or an earlier year. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2016 (excluding any portion you recharacterized) **and** you made nondeductible contributions to a traditional IRA in 2016 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2016, including those made for 2016			
_	from January 1, 2017, through April 18, 2017 (see instructions)	1	732,839	
2	Enter your total basis in traditional IRAs (see instructions)	2	959,178	
3	Add lines 1 and 2	3	1,402,429	
	In 2016, did you take a distribution No — Enter the amount from line 3 on line 14.			
	from traditional, SEP, or SIMPLE IRAs, Do not complete the rest of Part I.			
	or make a Roth IRA conversion? Yes ——— Yes ——— Go to line 4.			
4	Enter those contributions included on line 1 that were made from January 1, 2017, through April 18, 2017	4	23,425	
5	Subtract line 4 from line 3	5	1,394,175	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of			
	December 31, 2016, plus any outstanding rollovers (see instructions) 6 379,898			
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in			
-	2016. Do not include rollovers, qualified charitable distributions, a one-			
	time distribution to fund an HSA, conversions to a Roth IRA, certain			
	returned contributions, or recharacterizations of traditional IRA			
	contributions (see instructions)			
8	Enter the net amount you converted from traditional, SEP, and SIMPLE			
J	IRAs to Roth IRAs in 2016. Do not include amounts converted that you			
	later recharacterized (see instructions). Also enter this amount on line 16 . 8 56,142			
9	Add lines 6, 7, and 8 9 530,413	_		
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least			
	3 places. If the result is 1.000 or more, enter "1.000"			
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount			
	you converted to Roth IRAs. Also enter this amount on line 17 11 50,530			
12	Multiply line 7 by line 10. This is the nontaxable portion of your			
12	distributions that you did not convert to a Roth IRA			
13	A 1 1 1 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13	556,563	
	· · · · · · · · · · · · · · · · · · ·		· ·	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2016 and earlier years	14	1,291,008	
15	Taxable amount. Subtract line 12 from line 7. If more than zero, also include this amount on Form	4.5	407.004	
	1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	15	437,234	
	Note: You may be subject to an additional 10% tax on the amount on line 15 if you were under			
	age 59½ at the time of the distribution (see instructions).			

Form **8606**

Nondeductible IRAs

▶ Information about Form 8606 and its separate instructions is at www.irs.gov/form8606.

OMB No. 1545-0074

Department of the Treasury

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

memaii	Revenue Service (99)									Sequence No. 4	ю
Name. I	f married, file a separate form fo Tot	r each spouse tal Forms F	e required to file Form 8 Filed = 2,341,4		ctions.			Yo	ur so	cial security numb	er
Fill in	Your Address Only	Home add	ress (number and stree	t, or P.O. box if	mail is not o	delivere	d to your home)			Apt. no.	
	Are Filing This by Itself and Not	City, town	or post office, state, an	d ZIP code. If yo	ou have a fo	oreign a	address, also comple	te the sp	aces b	pelow.	
With \	Your Tax Return	Foreign co	untry name	F	oreign prov	rince/st	ate/county		Foreig	n postal code	
Part	Nondeductible C Complete this part					itions	From Traditio	nal, S	EP, a	and SIMPLE I	RAs
	 You made nonde 	eductible c	ontributions to a tr	raditional IRA	for 2016	3.					
		1 2016 or a	a traditional, SEP n earlier year. For bution to fund an	this purpose	, a distrib	oution	does not includ	e a roll	over,	, qualified chari	itable
	 You converted p you recharacteri 		t all, of your tradition to made nondedu								tion
1	Enter your nondeductib from January 1, 2017, the					_			1	4,475,234	
2	Enter your total basis in	traditional	IRAs (see instruct	ions)					2	27,172,611	
3									3	31,647,845	
	In 2016, did you take a distr from traditional, SEP, or SIM or make a Roth IRA convers	MPLE IRAs,			ot comple		om line 3 on line e rest of Part I.	14.			
4	Enter those contributions	included or	n line 1 that were ma	ade from Jani	uary 1, 20	17, th	rough April 18, 20)17	4	152,274	
5	Subtract line 4 from line	3							5	31,495,572	
6	Enter the value of all December 31, 2016, plus	•				6	197,660,405				
7	Enter your distributions 2016. Do not include rotime distribution to fun returned contributions contributions (see instru	ollovers, qu d an HSA , or rect	alified charitable of conversions to a	distributions, a Roth IRA, of traditiona	a one- certain al IRA	7	12,776,212				
8	Enter the net amount you IRAs to Roth IRAs in 20 later recharacterized (see	16. Do no	t include amounts	converted the converted the converted the converted to the converted to the converted	hat you ne 16 .	8	1,225,305				
9 10	Add lines 6, 7, and 8 . Divide line 5 by line 9. E			211,661,92							
	3 places. If the result is	1.000 or m	ore, enter "1.000"			10	× .				
11	Multiply line 8 by line 1 you converted to Roth I		•		amount	11	400,061				
12	Multiply line 7 by line distributions that you did					12	1,155,158				
13	Add lines 11 and 12. Th								13	2,296,881	
14	Subtract line 13 from line			-				_	14	29,350,964	
15	Taxable amount. Subtr		-				•	_		11,110,001	
	1040, line 15b; Form 10								15	11,983,535	
	Note: You may be subj							_			

age 59½ at the time of the distribution (see instructions).

Preparer

Use Only

Firm's name

Firm's address ▶

 \blacktriangleright

2016 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form 8606 (2016) Page 2 2016 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs Part II Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2016 (excluding any portion you recharacterized). 16 If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2016. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2016 or 2017 (see instructions) 16 215,717 17 If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount 17 127,932 Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on 18 Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b 18 137,491 **Distributions From Roth IRAs** Part III Complete this part only if you took a distribution from a Roth IRA in 2016. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions). Enter your total nonqualified distributions from Roth IRAs in 2016, including any qualified first-time 19 19 361,473 20 20 13,108 Qualified first-time homebuyer expenses (see instructions). **Do not** enter more than \$10,000 21 21 350,840 22 Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here . 22 235,568 Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, 23 23 187,203 Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from 24 24 21,739 25 Taxable amount. Subtract line 24 from line 23. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b. 25 169,976 Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and Sign Here Only If You belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. **Are Filing This Form** by Itself and Not With **Your Tax Return** Date Your signature Print/Type preparer's name Preparer's signature Date PTIN Check if **Paid** self-employed

Form **8606** (2016)

Firm's EIN ▶

Phone no.

Form 8606 (2016) Page 2 2016 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs Part II Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2016 (excluding any portion you recharacterized). 16 If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2016. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2016 or 2017 (see instructions) 16 4,471,108 17 If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount 17 1,197,478 Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on 18 Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b 18 3,273,630 **Distributions From Roth IRAs** Part III Complete this part only if you took a distribution from a Roth IRA in 2016. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions). Enter your total nonqualified distributions from Roth IRAs in 2016, including any qualified first-time 19 19 3,235,183 20 Qualified first-time homebuyer expenses (see instructions). **Do not** enter more than \$10,000 . . . 20 82,466 21 21 3,152,957 22 Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here . 22 4,047,972 Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, 23 23 1,240,298 Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from 24 1,081,190 Taxable amount. Subtract line 24 from line 23. If more than zero, also include this amount on 25 Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b. 810,440 Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and Sign Here Only If You belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. **Are Filing This Form** by Itself and Not With **Your Tax Return** Date Your signature

Preparer's signature

Date

Print/Type preparer's name

Firm's name

Firm's address ▶

Paid

Preparer

Use Only

Form **8606** (2016)

PTIN

Check if self-employed

Firm's EIN ▶

Phone no.

Form **8615**

Department of the Treasury Internal Revenue Service (99)

Tax for Certain Children Who Have Unearned Income

► Attach only to the child's Form 1040, Form 1040A, or Form 1040NR.

Information about Form 8615 and its separate instructions is at www.irs.gov/form8615.

OMB No. 1545-0074

2016

Attachment
Sequence No. 33

Child's name shown on return

Total Forms Filed = 327,871

Child's social security number

A Pa	explains how to figure the child's tax using the Schedule D Tax Worksheet or Schedul rent's name (first, initial, and last). Caution: See instructions before completing.		1040). s social security nur	
	one 3 marile (mat, mind), and lasty. Sauton See manded on a periode completing.	D Tarches	Social Scourity Hai	IIDCI
	rent's filing status (check one): Single	ı [Qualifying wide	ow(er)
Par	t1 Child's Net Unearned Income		T	T
1	Enter the child's unearned income (see instructions)	. 1	327,871	
2	If the child did not itemize deductions on Schedule A (Form 1040 or Form 1040NR), en \$2,100. Otherwise, see instructions		327,871	
3	Subtract line 2 from line 1. If zero or less, stop; do not complete the rest of this form but attach it to the child's return		325,240	
4	Enter the child's taxable income from Form 1040, line 43; Form 1040A, line 27; or Form 1040N line 41. If the child files Form 2555 or 2555-EZ, see the instructions	. 4	308,074	
5	Enter the smaller of line 3 or line 4. If zero, stop ; do not complete the rest of this form but attach it to the child's return	I .	308,074	
Par			Τ	T
6	Enter the parent's taxable income from Form 1040, line 43; Form 1040A, line 27; Form 1040E line 6; Form 1040NR, line 41; or Form 1040NR-EZ, line 14. If zero or less, enter -0 If the pare files Form 2555 or 2555-EZ, see the instructions	ent	269,623	
7	Enter the total, if any, from Forms 8615, line 5, of all other children of the parent named above Do not include the amount from line 5 above		100,272	
8	Add lines 5, 6, and 7 (see instructions)	. 8	309,074	
9	Enter the tax on the amount on line 8 based on the parent's filing status above (see instruction If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, Schedule J (Form 1040) is used to figure the tax, check here		298,875	
10	Enter the parent's tax from Form 1040, line 44; Form 1040A, line 28, minus any alternat minimum tax; Form 1040EZ, line 10; Form 1040NR, line 42; or Form 1040NR-EZ, line 15. Do r include any tax from Form 4972, 8814, or 8885 or any tax from recapture of an education credit the parent files Form 2555 or 2555-EZ, see the instructions. If the Qualified Dividends and Capi Gain Tax Worksheet, Schedule D Tax Worksheet, or Schedule J (Form 1040) was used to figure the tax, check here	not :. If ital	266,615	
11	Subtract line 10 from line 9 and enter the result. If line 7 is blank, also enter this amount on li 13 and go to Part III	ine . 11	281,885	
12a b		. 12b	325,240	
13 Pari	Multiply line 11 by line 12b	. 13 16	280,886	
rai	Clind's Tax—II lines 4 and 3 above are the same, enter -0- off line 13 and go to lin	10.		Т
14	Subtract line 5 from line 4			
15	Enter the tax on the amount on line 14 based on the child's filing status (see instructions) the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, Schedule J (Form 1040) is used to figure the tax, check here		132,863	
16	Add lines 13 and 15	. 16	285,883	
17	Enter the tax on the amount on line 4 based on the child's filing status (see instructions). the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, Schedule J (Form 1040) is used to figure the tax, check here		184,605	
18	Enter the larger of line 16 or line 17 here and on the child's Form 1040, line 44; Form 1040 line 28; or Form 1040NR, line 42. If the child files Form 2555 or 2555-EZ, see the instructions.		290,880	

Department of the Treasury Internal Revenue Service (99)

Tax for Certain Children Who Have Unearned Income

► Attach only to the child's Form 1040, Form 1040A, or Form 1040NR.

Information about Form 8615 and its separate instructions is at www.irs.gov/form8615.

OMB No. 1545-0074 Attachment Sequence No. **33**

Child's name shown on return

327,871

Total Forms Filed =

Child's social security number

Before	e you begin: If the child, the parent, or any of the parent's other children for whom Form 8615 must D Tax Worksheet or has income from farming or fishing, see Pub. 929, Tax Rules f explains how to figure the child's tax using the Schedule D Tax Worksheet or Schedule	or Childre	en and Dependents.	
A Pare	ent's name (first, initial, and last). Caution: See instructions before completing.	B Parent's	social security number	r
	ent's filing status (check one): Single		Qualifying widow(e	r)
Part	Child's Net Unearned Income			
4	Enter the child's uncorned income (see instructions)	. 1	4,786,634	
1 2	Enter the child's unearned income (see instructions)	ter	760,504	
3	Subtract line 2 from line 1. If zero or less, stop ; do not complete the rest of this form but attach it to the child's return	do	4,031,041	
4	Enter the child's taxable income from Form 1040, line 43; Form 1040A, line 27; or Form 1040N line 41. If the child files Form 2555 or 2555-EZ, see the instructions		4,377,495	
5	Enter the smaller of line 3 or line 4. If zero, stop; do not complete the rest of this form but attach it to the child's return		3,717,956	
Part				
6	Enter the parent's taxable income from Form 1040, line 43; Form 1040A, line 27; Form 1040E line 6; Form 1040NR, line 41; or Form 1040NR-EZ, line 14. If zero or less, enter -0 If the pare files Form 2555 or 2555-EZ, see the instructions	ent	206,948,910	
7	Enter the total, if any, from Forms 8615, line 5, of all other children of the parent named above		200,940,910	
•	Do not include the amount from line 5 above		3,091,334	
8	Add lines 5, 6, and 7 (see instructions)	. 8	213,758,200	
9	Enter the tax on the amount on line 8 based on the parent's filing status above (see instruction If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, Schedule J (Form 1040) is used to figure the tax, check here		55,431,761	
10	Enter the parent's tax from Form 1040, line 44; Form 1040A, line 28, minus any alternati minimum tax; Form 1040EZ, line 10; Form 1040NR, line 42; or Form 1040NR-EZ, line 15. Do n include any tax from Form 4972, 8814, or 8885 or any tax from recapture of an education credit the parent files Form 2555 or 2555-EZ, see the instructions. If the Qualified Dividends and Capir Gain Tax Worksheet, Schedule D Tax Worksheet, or Schedule J (Form 1040) was used to figure the tax, check here	ot . If tal	53,856,610	
11	Subtract line 10 from line 9 and enter the result. If line 7 is blank, also enter this amount on li 13 and go to Part III	ne . 11	1,575,150	
	Add lines 5 and 7			
	Divide line 5 by line 12a. Enter the result as a decimal (rounded to at least three places)	. 12b	X .	
13 Part	Multiply line 11 by line 12b	. 13 e 16	824,653	_
14	Subtract line 5 from line 4			
15	Enter the tax on the amount on line 14 based on the child's filing status (see instructions). the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, Schedule J (Form 1040) is used to figure the tax, check here		43,800	
16	Add lines 13 and 15	. 16	868,453	
17	Enter the tax on the amount on line 4 based on the child's filing status (see instructions).			
	the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, Schedule J (Form 1040) is used to figure the tax, check here	or	562,710	
18	Enter the larger of line 16 or line 17 here and on the child's Form 1040, line 44; Form 1040 line 28; or Form 1040NR, line 42. If the child files Form 2555 or 2555-EZ, see the instructions.		881,706	

Form **8801**

Department of the Treasury Internal Revenue Service (99)

Credit for Prior Year Minimum Tax—Individuals, Estates, and Trusts

Individuals, Estates, and Trusts

► Information about Form 8801 and its separate instructions is at www.irs.gov/form8801.

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

OMB No. 1545-1073

2016

Attachment
Sequence No. 74

Identifying number

Name(s) shown on return

Total Forms Filed = 1,242,722

	Total Forms Filed = 1,242,722			
Par	Net Minimum Tax on Exclusion Items		1	
1	Combine lines 1, 6, and 10 of your 2015 Form 6251. Estates and trusts, see instructions	. 1	1,220,795	
2	Enter adjustments and preferences treated as exclusion items (see instructions)	. 2	1,149,472	
3	Minimum tax credit net operating loss deduction (see instructions)	. 3	(12,998)
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$246,250 and you were married filing separately for 2015, see instructions	. 4	1,189,108	
5	Enter: \$83,400 if married filing jointly or qualifying widow(er) for 2015; \$53,600 if single or head of household for 2015; or \$41,700 if married filing separately for 2015. Estates and trusts, enter \$23,800 in the separately for 2015.	5	1,242,722	
6	Enter: \$158,900 if married filing jointly or qualifying widow(er) for 2015; \$119,200 if single or head of household for 2015; or \$79,450 if married filing separately for 2015. Estates and trusts, enter			
	\$79,450	. 6	1,242,722	
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	. 7	1,024,841	
8	Multiply line 7 by 25% (0.25)	. 8	1,024,841	
9	Subtract line 8 from line 5. If zero or less, enter -0 If under age 24 at the end of 2015, see instructions	9	1,036,774	
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	. 10	1,112,853	
11	 If for 2015 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. If for 2015 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040NR filers, see instructions. All others: If line 10 is \$185,400 or less (\$92,700 or less if married filing separately for 2015), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,708 (\$1,854 if married filing separately for 2015) from the result. Form 1040NR filers, see instructions. 	11	1,101,336	
12	Minimum tax foreign tax credit on exclusion items (see instructions)	. 12	325,232	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	. 13	1,100,010	
14	Enter the amount from your 2015 Form 6251, line 34, or 2015 Form 1041, Schedule I, line 55 .	. 14	1,103,182	
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0	. 15	906,931	

Department of the Treasury Internal Revenue Service (99)

Credit for Prior Year Minimum Tax— Individuals, Estates, and Trusts

▶ Information about Form 8801 and its separate instructions is at www.irs.gov/form8801. ► Attach to Form 1040, 1040NR, or 1041.

OMB No. 1545-1073 Attachment Sequence No. 74

10,158,358

Form **8801** (2016)

Name(s) shown on return

Identifying number Total Forms Filed = 1,242,722 **Net Minimum Tax on Exclusion Items** Part I 433,859,197 Combine lines 1, 6, and 10 of your 2015 Form 6251. Estates and trusts, see instructions . . . 64,066,546 2 Enter adjustments and preferences treated as exclusion items (see instructions) 2,936,161 3 Minimum tax credit net operating loss deduction (see instructions) . Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$246,250 and you were married filing separately for 2015, see instructions 501,078,737 5 Enter: \$83,400 if married filing jointly or qualifying widow(er) for 2015; \$53,600 if single or head of household for 2015; or \$41,700 if married filing separately for 2015. Estates and trusts, enter \$23,800 5 94,061,202 Enter: \$158,900 if married filing jointly or qualifying widow(er) for 2015; \$119,200 if single or head of household for 2015; or \$79,450 if married filing separately for 2015. Estates and trusts, enter 6 183,916,057 7 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9 7 335,379,860 8 Multiply line 7 by 25% (0.25). 8 83,845,088 Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2015, see instructions 51,721,883 9 9 10 Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions . . . 10 455,740,812 • If for 2015 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. 11 • If for 2015 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040NR filers, see instructions. 108,018,083 11 All others: If line 10 is \$185,400 or less (\$92,700 or less if married filing separately for 2015), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,708 (\$1,854 if married filing separately for 2015) from the result. Form 1040NR filers, see instructions. 1,789,401 12 Minimum tax foreign tax credit on exclusion items (see instructions) 12 13 Tentative minimum tax on exclusion items. Subtract line 12 from line 11 13 106,246,284 14 Enter the amount from your 2015 Form 6251, line 34, or 2015 Form 1041, Schedule I, line 55 . . . 97,731,712

Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-.

Form 8801 (2016) Page **2**

Part	II Minimum Tax Credit and Carryforward to 2017		
16	Enter the amount from your 2015 Form 6251, line 35, or 2015 Form 1041, Schedule I, line 56	16	999,828
17	Enter the amount from line 15	17	
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	743,563
19	2015 credit carryforward. Enter the amount from your 2015 Form 8801, line 26	19	868,120
20	Enter your 2015 unallowed qualified electric vehicle credit (see instructions)	20	*
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	1,171,992
22	Enter your 2016 regular income tax liability minus allowable credits (see instructions)	22	1,078,418
23	Enter the amount from your 2016 Form 6251, line 33, or 2016 Form 1041, Schedule I, line 54	23	1,048,225
24	Subtract line 23 from line 22. If zero or less, enter -0	24	321,279
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2016 Form 1040, line 54 (check box b); Form 1040NR, line 51 (check box b); or Form 1041, Schedule G, line 2c	25	321,279
26	Credit carryforward to 2017. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	961,924

Form **8801** (2016)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 8801 (2016) Page **2**

Par	II Minimum Tax Credit and Carryforward to 2017			
16	Enter the amount from your 2015 Form 6251, line 35, or 2015 Form 1041, Schedule I, line 56	16	11,265,126	
17	Enter the amount from line 15	17		
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	1,106,768	
19	2015 credit carryforward. Enter the amount from your 2015 Form 8801, line 26	19	9,923,205	
20	Enter your 2015 unallowed qualified electric vehicle credit (see instructions)	20	*	
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	11.471.974	
22	Enter your 2016 regular income tax liability minus allowable credits (see instructions)	22	94,454,945	
23	Enter the amount from your 2016 Form 6251, line 33, or 2016 Form 1041, Schedule I, line 54	23	100,472,248	
24	Subtract line 23 from line 22. If zero or less, enter -0	24	3,315,280	
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2016 Form 1040, line 54 (check box b); Form 1040NR, line 51 (check box b); or Form 1041, Schedule G,			
	line 2c	25	906,848	
26	Credit carryforward to 2017. Subtract line 25 from line 21. Keep a record of this amount because			
	you may use it in future years	26	10.564.959	

Form **8801** (2016)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 8801 (2016) Page **3**

Part III Tax Computation Using Maximum Capital Gains Rates

	Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax W	orksh/	eet in the instruct	ions.
	Caution: If you didn't complete the 2015 Qualified Dividends and Capital Gain Tax Worksheet, the 2015 Schedule D Tax Worksheet, or Part V of the 2015 Schedule D (Form 1041), see the instructions before completing this part.*			
27	Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2015, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions	27		
	Caution: If for 2015 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.			
28	Enter the amount from line 6 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2015 Schedule D Tax Worksheet, or the amount from line 26 of the 2015 Schedule D (Form 1041), whichever applies*	28		
	If you figured your 2015 tax using the 2015 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.			
29	Enter the amount from line 19 of your 2015 Schedule D (Form 1040), or line 18b, column (2), of the 2015 Schedule D (Form 1041)	29		
30	Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2015 Schedule D Tax Worksheet	30		
31	Enter the smaller of line 27 or line 30	31		
32	Subtract line 31 from line 27	32		
33	If line 32 is \$185,400 or less (\$92,700 or less if married filing separately for 2015), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,708 (\$1,854 if married filing separately for 2015) from the result. Form 1040NR filers, see instructions	33		
34	Enter: • \$74,900 if married filing jointly or qualifying widow(er) for 2015, • \$37,450 if single or married filing separately for 2015, • \$50,200 if head of household for 2015, or • \$2,500 for an estate or trust. Form 1040NR filers, see instructions.	34		
35	Enter the amount from line 7 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2015 Schedule D Tax Worksheet, or the amount from line 27 of the 2015 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2015 Schedule D (Form 1041), enter the amount from your 2015 Form 1040, line 43, or 2015 Form 1041, line 22, whichever applies; if zero or less, enter -0 Form 1040NR filers, see instructions	35		
36	Subtract line 35 from line 34. If zero or less, enter -0	36		
37	Enter the smaller of line 27 or line 28	37		
38	Enter the smaller of line 36 or line 37	38		
39	Subtract line 38 from line 37	39		
40	Enter: • \$413,200 if single for 2015, • \$232,425 if married filing separately for 2015, • \$464,850 if married filing jointly or qualifying widow(er) for 2015, • \$439,000 if head of household for 2015, or	40		
	• \$12,300 for an estate or trust.			
	Form 1040NR filers, see instructions.			
41	Enter the amount from line 36	41		
42	Form 1040 filers, enter the amount from line 7 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2015 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2015 Schedule D (Form 1041) or line 18 of your 2015 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2015 Schedule D (Form 1041), enter the amount from your 2015 Form 1041, line 22; if zero or less, enter -0 Form 1040NR filers, see instructions	42		

^{*} The 2015 Qualified Dividends and Capital Gain Tax Worksheet is in the 2015 Instructions for Form 1040. The 2015 Schedule D Tax Worksheet is in the 2015 Instructions for Schedule D (Form 1040) (or the 2015 Instructions for Schedule D (Form 1041)).

Form 8801 (2016) Page 3

Down Will T O I I I I I I I I I I I I I I I I I I						
Part III Tax Computation Using Maximum Capital Gains Rates						

	Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax W	orksh	eet in the instruct	tions.
27	Caution: If you didn't complete the 2015 Qualified Dividends and Capital Gain Tax Worksheet, the 2015 Schedule D Tax Worksheet, or Part V of the 2015 Schedule D (Form 1041), see the instructions before completing this part.* Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2015, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions Caution: If for 2015 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30. Enter the amount from line 6 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet,	27		
	the amount from line 13 of your 2015 Schedule D Tax Worksheet, or the amount from line 26 of the 2015 Schedule D (Form 1041), whichever applies*	28		
29	If you figured your 2015 tax using the 2015 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29. Enter the amount from line 19 of your 2015 Schedule D (Form 1040), or line 18b, column (2), of the	20		
23	2015 Schedule D (Form 1041)	29		
30	Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2015 Schedule D Tax Worksheet	30		
31	Enter the smaller of line 27 or line 30	31		
32 33	Subtract line 31 from line 27	32		
33	by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,708 (\$1,854 if married filing separately for 2015) from the result. Form 1040NR filers, see instructions	33		
34	Enter: • \$74,900 if married filing jointly or qualifying widow(er) for 2015, • \$37,450 if single or married filing separately for 2015, • \$50,200 if head of household for 2015, or • \$2,500 for an estate or trust. Form 1040NR filers, see instructions.	34		
35	Enter the amount from line 7 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2015 Schedule D Tax Worksheet, or the amount from line 27 of the 2015 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2015 Schedule D (Form 1041), enter the amount from your 2015 Form 1040, line 43, or 2015 Form 1041, line 22, whichever applies; if zero or less, enter -0 Form 1040NR filers, see instructions	35		
36	Subtract line 35 from line 34. If zero or less, enter -0	36 37		
37 38	Enter the smaller of line 27 or line 28	38		
39	Subtract line 38 from line 37	39		
40	Enter: • \$413,200 if single for 2015, • \$232,425 if married filing separately for 2015, • \$464,850 if married filing jointly or qualifying widow(er) for 2015, • \$439,000 if head of household for 2015, or • \$12,300 for an estate or trust. Form 1040NR filers, see instructions.	40		
41	Enter the amount from line 36	41		
42	Form 1040 filers, enter the amount from line 7 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2015 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2015 Schedule D (Form 1041) or line 18 of your 2015 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2015 Schedule D (Form 1041), enter the amount from your 2015 Form 1041, line 22; if zero or less, enter -0 Form 1040NR filers, see instructions	40		
	non your 2010 Form 1041, line 22, if Zero or less, enter -0 Form 1040in filers, see instructions	42		

^{*} The 2015 Qualified Dividends and Capital Gain Tax Worksheet is in the 2015 Instructions for Form 1040. The 2015 Schedule D Tax Worksheet is in the 2015 Instructions for Schedule D (Form 1040) (or the 2015 Instructions for Schedule D (Form 1041)).

Form **8814**

Department of the Treasury Internal Revenue Service (99)

Parents' Election To Report Child's Interest and Dividends

► Information about Form 8814 and its instructions is at www.irs.gov/form8814.

► Attach to parents' Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016

Attachment
Sequence No. 40

Name(s) shown on your return

Total Forms Filed = 68,480

Your social security number

Α (Child's name (first, initial, and last)	B Ch	nild's social security i	numbe
С	If more than one Form 8814 is attached, check here			
Par				
1a	Enter your child's taxable interest. If this amount is different from the amounts shown on th child's Forms 1099-INT and 1099-OID, see the instructions	9 1	a 16,085	
b	Enter your child's tax-exempt interest. Do not include this amount on line 1a			
2 a	child received any ordinary dividends as a nominee, see the instructions	r 2	a 38,907	
b	instructions			
3	Enter your child's capital gain distributions. If your child received any capital gain distribution as a nominee, see the instructions	s 3	3 24,966	
4	Add lines 1a, 2a, and 3. If the total is \$2,100 or less, skip lines 5 through 12 and go to line 13. the total is \$10,500 or more, do not file this form. Your child must file his or her own return t report the income		4 43,470	
5	Base amount	5		
6	Subtract line 5 from line 4		5 17,432	
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)			
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)			
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return			
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return			
11 12	Add lines 9 and 10	J	,,,,,	
Dor	checked the box on line C above, see the instructions. Go to line 13 below	1:	2 12,071	
Par		14	2	
13 14	Amount not taxed	1:		-
15	Tax. Is the amount on line 14 less than \$1,050?		,	1
	No. Enter \$105 here and see the Note below.	1:	5 41,691	

8814 **881**4

Department of the Treasury Internal Revenue Service (99)

Parents' Election To Report Child's Interest and Dividends

► Information about Form 8814 and its instructions is at www.irs.gov/form8814.

► Attach to parents' Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016

Attachment
Sequence No. 40

Name(s) shown on your return Your social security number Total Forms Filed = 68,480 Caution: The federal income tax on your child's income, including qualified dividends and capital gain distributions, may be less if you file a separate tax return for the child instead of making this election. This is because you cannot take certain tax benefits that your child could take on his or her own return. For details, see Tax benefits you cannot take in the instructions. A Child's name (first, initial, and last) B Child's social security number C If more than one Form 8814 is attached, check here Child's Interest and Dividends To Report on Your Return Enter your child's taxable interest. If this amount is different from the amounts shown on the child's Forms 1099-INT and 1099-OID, see the instructions 14.664 1a Enter your child's tax-exempt interest. Do not include this amount 1b 1.000 Enter your child's ordinary dividends, including any Alaska Permanent Fund dividends. If your child received any ordinary dividends as a nominee, see the instructions . . . 95,291 2a Enter your child's qualified dividends included on line 2a. See the Enter your child's capital gain distributions. If your child received any capital gain distributions 3 40,324 Add lines 1a, 2a, and 3. If the total is \$2,100 or less, skip lines 5 through 12 and go to line 13. If the total is \$10,500 or more, do not file this form. Your child must file his or her own return to 150,280 Base amount 5 Subtract line 5 from line 4 6 39,462 If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and go to line 12. Otherwise, go to line 7. Divide line 2b by line 4. Enter the result as a decimal (rounded to at 7 7 Divide line 3 by line 4. Enter the result as a decimal (rounded to at 8 9 Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return 18,118 Multiply line 6 by line 8. Enter the result here. See the instructions 10 for where to report this amount on your return 8,060 11 11 26,178 Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you checked the box on line C above, see the instructions. Go to line 13 below 12 13.300 Part II Tax on the First \$2.100 of Child's Interest and Dividends 13 13 Subtract line 13 from line 4. If the result is zero or less, enter -0-. . . . 14 14 44,139 15 **Tax.** Is the amount on line 14 less than \$1,050?

Note: If you checked the box on line C above, see the instructions. Otherwise, include the amount from line 15 in the tax you enter on Form 1040, line 44, or Form 1040NR, line 42. Be sure to check box **a** on Form 1040, line 44, or Form 1040NR, line 42.

No. Enter \$105 here and see the Note below.

Yes. Multiply line 14 by 10% (.10). Enter the result here and see the **Note** below.

4,412

15

Form **8824**

Like-Kind Exchanges

25,289

(and section 1043 conflict-of-interest sales)

▶ Attach to your tax return.

OMB No. 1545-1190 20**16**

Attachment Sequence No. 109

Department of the Treasury Internal Revenue Service

Name(s) shown on tax return

▶ Information about Form 8824 and its separate instructions is at www.irs.gov/form8824.

Total Forms Filed =

Sequence N
Identifying number

Part	Information on the Like-Kind Exchange							
	Note: If the property described on line 1 or line 2 is real or personal property local	rated outside the United	State	es indicate the country				
1	Description of like-kind property given up:	area earea are errica	Oluic	o, maioato ano coamay.				
_	5							
2	Description of like-kind property received:							
3	Date like-kind property given up was originally acquired (month, day, year)		3	MM/DD/YYYY				
_		,						
4	Date you actually transferred your property to other party (month, day, year))	4	MM/DD/YYYY				
5	Date like-kind property you received was identified by written notice to another	ther party (month.						
	day, year). See instructions for 45-day written identification requirement .		5	MM/DD/YYYY				
_								
6	Date you actually received the like-kind property from other party (month, day, you	ear). See instructions	6	MM/DD/YYYY				
7	Was the exchange of the property given up or received made with a related	party_either_directly_o	r indir	ectly				
-	(such as through an intermediary)? See instructions. If "Yes," complete Part							
	Note: Do not file this form if a related party sold property into the exchange, dire property became your replacement property; and none of the exceptions in line							
	disposition of the property as if the exchange had been a sale. If one of the exce							
	Part II.							
Part 8	,	ationship to you	Polato	nd party's identifying number				
0	Traile of related party	ationship to you	Related party's identifying number					
	Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)							
				_				
9	During this tax year (and before the date that is 2 years after the last transfe the exchange), did the related party sell or dispose of any part of the like-kir							
	(or an intermediary) in the exchange?		•					
10	During this tax year (and before the date that is 2 years after the last transfer							
	the exchange), did you sell or dispose of any part of the like-kind property y	/ou received?		🗌 Yes 🗌 No				
	If both lines 9 and 10 are "No" and this is the year of the exchange, go to Pa	art III. If hoth lines 9 an	d 10	are "No" and this is not				
	the year of the exchange, stop here. If either line 9 or line 10 is "Yes," compa							
	deferred gain or (loss) from line 24 unless one of the exceptions on line 11 a	applies.						
44	If one of the executions below applies to the disposition, shock the applies	blo boy						
11	If one of the exceptions below applies to the disposition, check the applical	DIG DUX.						
а	☐ The disposition was after the death of either of the related parties.							
b	The disposition was an involuntary conversion, and the threat of conversion	sion occurred after the	e excl	nange.				
С	☐ You can establish to the satisfaction of the IRS that neither the exchang	nor the disposition b	nad tr	ay avoidance as one of				
U	its principal purposes. If this box is checked, attach an explanation. See		iau la	an avoluative as offe of				

8824 **8824**

Department of the Treasury Internal Revenue Service

Name(s) shown on tax return

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

▶ Attach to your tax return.

OMB No. 1545-1190
2016

Sequence No. 109

► Information about Form 8824 and its separate instructions is at www.irs.gov/form8824.

Total Forms Filed = 25,289

Identifying number

Part	Information on the Like-Kind Exchange											
1	Note: If the property described on line 1 or line 2 is real or Description of like-kind property given up:	r personal property	/ located outside the United	d State	es, indicate the country.							
2	Description of like-kind property received:											
3	Date like-kind property given up was originally acquire	d (month, day, yo		3	MANA/DDAYYYY							
3	Date like-kind property given up was originally acquire	a (month, day, ye	cai)	3	IVIIVI/ DD/ 1 1 1 1							
4	Date you actually transferred your property to other pa	irty (month, day, y	/ear)	4	MM/DD/YYYY							
5	Date like-kind property you received was identified by day, year). See instructions for 45-day written identified			5	MM/DD/YYYY							
6	Date you actually received the like-kind property from other	6	MM/DD/YYYY									
7	Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III											
	Note: Do not file this form if a related party sold property property became your replacement property; and none of disposition of the property as if the exchange had been a Part II.	the exceptions in	line 11 applies to the excha	nge. I	Instead, report the							
Part	Related Party Exchange Information											
8	Name of related party		Relationship to you	Related party's identifying number								
	Address (no., street, and apt., room, or suite no., city or town, state, a	nd ZIP code)										
9	During this tax year (and before the date that is 2 years the exchange), did the related party sell or dispose of a (or an intermediary) in the exchange?											
10	During this tax year (and before the date that is 2 years the exchange), did you sell or dispose of any part of the			-	of 🗌 Yes 🗌 No							
	If both lines 9 and 10 are "No" and this is the year of the the year of the exchange, stop here. If either line 9 or line deferred gain or (loss) from line 24 unless one of the exchange.	ine 10 is "Yes," co	omplete Part III and report									
11	If one of the exceptions below applies to the disposition	on, check the app	licable box.									
а	☐ The disposition was after the death of either of the	related parties.										
b	☐ The disposition was an involuntary conversion, and	d the threat of cor	nversion occurred after th	e excl	hange.							
С	☐ You can establish to the satisfaction of the IRS that its principal purposes. If this box is checked, attack			had ta	ax avoidance as one of							

37

38

2016 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Page 2

Form 8824 (2016) Name(s) shown on tax return. Do not enter name and social security number if shown on other side. Your social security number Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received Part III Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see Reporting of multi-asset exchanges in the instructions. Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15. Fair market value (FMV) of other property given up 8.126 12 12 13 Adjusted basis of other property given up 3,071 13 14 Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the 8.183 gain or (loss) in the same manner as if the exchange had been a sale 14 Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions. 15 Cash received, FMV of other property received, plus net liabilities assumed by other party, 16,143 reduced (but not below zero) by any exchange expenses you incurred. See instructions . . . 15 16 16 227,032 17 17 229,338 Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any 18 250,986 18 19 19 244.117 20 Enter the smaller of line 15 or line 19, but not less than zero 20 12,290 21 1,278 Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions 21 22 Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on 11,286 Schedule D or Form 4797, unless the installment method applies. See instructions 22 12.349 23 23 24 Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions 24 242,677 25 Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23 250,895 **Deferral of Gain From Section 1043 Conflict-of-Interest Sales** Part IV Note: This part is to be used only by officers or employees of the executive branch of the Federal Government or judicial officers of the Federal Government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used only if the cost of the replacement property is more than the basis of the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a 26 copy of your certificate. Keep the certificate with your records.) ▶ 27 Description of divested property ► _____ Description of replacement property ▶ 28 MM/DD/YYY 29 Date divested property was sold (month, day, year) . . . 29 30 Sales price of divested property. See instructions. . . 30 31 Basis of divested property 31 32 Realized gain. Subtract line 31 from line 30 32 33 Cost of replacement property purchased within 60 days after date 33 34 Subtract line 33 from line 30. If zero or less, enter -0-34 35 35 Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions 36 Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on 36

Deferred gain. Subtract the sum of lines 35 and 36 from line 32

Basis of replacement property. Subtract line 37 from line 33

37

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Form 8824 (2016) Page **2**

Name(s) shown on tax return. Do not enter name and social security number if shown on other side.

Your social security number

Part	III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Rec	eive	d						
	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or ot	her (no	ot like-kind) property,						
	see Reporting of multi-asset exchanges in the instructions.								
	Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise,	go to	line 15.						
12	Fair market value (FMV) of other property given up								
13	Adjusted basis of other property given up								
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the		1,272,715						
	gain or (loss) in the same manner as if the exchange had been a sale	14	1,272,715						
	Caution: If the property given up was used previously or partly as a home, see Property used as								
4-	home in the instructions.								
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred. See instructions	45	2,562,458						
16	FMV of like-kind property you received	15 16	57.593.702						
17	Add lines 15 and 16	17	60.156.160						
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any		00.100.100						
.0	exchange expenses not used on line 15. See instructions	18	35,717,925						
19	Realized gain or (loss). Subtract line 18 from line 17	19	24,438,235						
20	Enter the smaller of line 15 or line 19, but not less than zero	20	2,098,707						
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21	56,878						
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on								
	Schedule D or Form 4797, unless the installment method applies. See instructions	22	2,053,920						
23	Recognized gain. Add lines 21 and 22	23	2,110,798						
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions .	24	22,327,437						
25 Part	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25	35.266.265						
26	section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used only if the cost of the replacement property is more than the basis of the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)								
27	Description of divested property ►								
28									
29	Description of replacement property ►								
	Description of replacement property ▶			Y					
30	Description of replacement property ►			Y					
30 31	Description of replacement property ► Date divested property was sold (month, day, year)			Y					
	Description of replacement property ► Date divested property was sold (month, day, year)			Y					
31	Description of replacement property ► Date divested property was sold (month, day, year)	29		Y					
31 32	Description of replacement property ► Date divested property was sold (month, day, year)	29		Y					
31 32 33	Description of replacement property ► Date divested property was sold (month, day, year)	32		Y					
31 32 33 34	Description of replacement property ► Date divested property was sold (month, day, year)	32		Y					
31 32 33 34 35	Description of replacement property ▶ Date divested property was sold (month, day, year)	32 34 35		Y					

Expenses for Business Use of Your Home

▶ File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

OMB No. 1545-0074

2016

Department of the Treasury Attachment ▶ Information about Form 8829 and its separate instructions is at www.irs.gov/form8829. Sequence No. 176 Internal Revenue Service (99) Name(s) of proprietor(s) Your social security number Total Forms Filed = 3,125,045 Part of Your Home Used for Business Area used regularly and exclusively for business, regularly for daycare, or for storage of 1 2,911,929 2 2,916,179 % 3 For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7. 4 Multiply days used for daycare during year by hours used per day 4 Total hours available for use during the year (366 days x 24 hours) (see instructions) Divide line 4 by line 5. Enter the result as a decimal amount . . . 6 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 % Figure Your Allowable Deduction 8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, 2.961.186 minus any loss from the trade or business not derived from the business use of your home (see instructions) R See instructions for columns (a) and (b) before completing lines 9-21. (a) Direct expenses (b) Indirect expenses Casualty losses (see instructions). 9 19,281 5,505 10 10 Deductible mortgage interest (see instructions) 46,327 1,656,535 11 Real estate taxes (see instructions) 11 58,574 1,881,960 74,725 **12** Add lines 9, 10, and 11 12 1,979,254 13 Multiply line 12, column (b) by line 7. . . . 13 1.975.001 14 Add line 12, column (a) and line 13 2.018.779 14 15 Subtract line 14 from line 8. If zero or less, enter -0-15 2,078,818 16 Excess mortgage interest (see instructions) . 16 24,075 **17** Insurance 80,421 17 1,970,671 18 61,184 606,224 **18** Rent 19 Repairs and maintenance . . . 19 133,086 974,680 **20** Utilities 20 170.047 2,420,025 21 81,632 21 Other expenses (see instructions). . . . 783,784 **22** Add lines 16 through 21 2,596,116 **23** Multiply line 22, column (b) by line 7 2.589.894 **24** Carryover of prior year operating expenses (see instructions) 645,613 25 Add line 22, column (a), line 23, and line 24 25 2,823,609 26 Allowable operating expenses. Enter the smaller of line 15 or line 25. 26 1,985,974 27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 27 1,942,504 28 Excess casualty losses (see instructions) 3,198 29 Depreciation of your home from line 41 below 29 1,324,419 30 Carryover of prior year excess casualty losses and depreciation (see 1.341.785 31 32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31 . . . 32 877,067 33 2,620,562 34 34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions) 20,853 35 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ▶ 2,618,192 **Depreciation of Your Home** 36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions) . 1,280,358 **37** Value of land included on line 36 37 717,522 **38** Basis of building. Subtract line 37 from line 36 38 1,272,095 **39** Business basis of building. Multiply line 38 by line 7. 39 1,265,920 40 41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above 1,324,419 Part IV Carryover of Unallowed Expenses to 2017 **42** Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- 42 1,008,724

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

Cat. No. 13232M

43

Form **8829** (2016)

512,102

43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-

8829 **8829**

Expenses for Business Use of Your Home

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

2016
Attachment
Sequence No. 176

OMB No. 1545-0074

Department of the Treasury ▶ Information about Form 8829 and its separate instructions is at www.irs.gov/form8829. Sequence No. 176 Internal Revenue Service (99) Name(s) of proprietor(s) Your social security number Total Forms Filed = 3.125.045 Part of Your Home Used for Business Area used regularly and exclusively for business, regularly for daycare, or for storage of 1 1.066.451 2 6,187,747 % 3 For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7. 4 Multiply days used for daycare during year by hours used per day 4 **5** Total hours available for use during the year (366 days x 24 hours) (see instructions) Divide line 4 by line 5. Enter the result as a decimal amount . . . 6 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 % **Figure Your Allowable Deduction** 8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, 72.252.194 minus any loss from the trade or business not derived from the business use of your home (see instructions) R See instructions for columns (a) and (b) before completing lines 9-21. (a) Direct expenses (b) Indirect expenses Casualty losses (see instructions). 9 182,394 8,644 10 10 Deductible mortgage interest (see instructions) 183,624 14,447,132 11 Real estate taxes (see instructions) 11 84,001 8,329,362 276,269 **12** Add lines 9, 10, and 11 12 22,958,888 13 Multiply line 12, column (b) by line 7. . . . 13 3,398,790 14 Add line 12, column (a) and line 13 3.675.060 14 15 Subtract line 14 from line 8. If zero or less, enter -0-15 79,238,499 104,792 **16** Excess mortgage interest (see instructions) . 16 68.372 2,781,408 **17** Insurance 17 18 386,842 **18** Rent 9,514,446 19 19 Repairs and maintenance 145,386 3,370,827 20 Utilities 20 271.425 8,898,997 21 64,464 21 Other expenses (see instructions). 1,741,575 **22** Add lines 16 through 21 26,412,045 23 Multiply line 22, column (b) by line 7 23 4,676,494 Carryover of prior year operating expenses (see instructions) 2,698,824 Add line 22, column (a), line 23, and line 24 8,313,905 26 Allowable operating expenses. Enter the smaller of line 15 or line 25. 26 4,254,960 74,983,539 27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 27 28 Excess casualty losses (see instructions) 13,681 29 Depreciation of your home from line 41 below 1,208,177 30 Carryover of prior year excess casualty losses and depreciation (see 2.264.338 31 32 32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31 . . . 838,066 33 8,768,085 34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions) 34 47,060 35 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ▶ 35 8,721,025 **Depreciation of Your Home** 36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions) . 365,821,428 37 59,580,907 38 306,240,521 39 42,816,797 % 40 70,336 41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above 41 1,208,177 Part IV Carryover of Unallowed Expenses to 2017 42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- 42 4,058,945

43

1,426,272

43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-

Form **8839**

Qualified Adoption Expenses

OMB No. 1545-0074

2016

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return ► Attach to Form 1040 or 1040NR.

For information about Form 8839 and its separate instructions, see www.irs.gov/form8839.

Attachment Sequence No. **38**

Your social security number

Total Forms Filed = 92,677

Part I Information About Your Eligible Child or Children—You must complete this part. See instructions for the second security number.

	details, including what to				heck if child wa	as—					(g)	
1	(a) Child's name		(b) Child's year of birth	(c) born before 1999 and	with special		1	C identify	(f) Child's ring nur	mber	Chec adop became 2016 or	tion final in
O	First Las	t		disabled	needs	child					2010 01	earner
Child 1												
Child 2												
Child 3												
Cauti	on: If the child was a foreign cl	nild, see	Special rules	in the ins	tructions fo	or line 1	column	(e), be	fore \	you compl	ete Par	t II or
	I. If you received employer-pro							(-//		,		
Part	Adoption Credit											
			Child 1		Child 2		Child 3					
2	Maximum adoption credit pe	er										
	child	2										
3	Did you file Form 8839 for	а										
	prior year for the same child?	,										
	No. Enter -0											
	Yes. See instructions for] 3	25,786		12,038		4,035	\vdash				
	the amount to enter.	´ _										
4	Subtract line 3 from line 2 .	4										
5	Qualified adoption expense (see instructions)	es 5	39,182		11,306		2,990					
	,		00,102		11,000		2,000					
	Caution : Your qualified adoption expenses may not be											
	equal to the adoption expense	I										
	you paid in 2016.	,5										
6	Enter the smaller of line 4 or line	5 6	39,150		11,274		2,990					
7	Enter modified adjusted gross i		see instructions	 		7						
8	Is line 7 more than \$201,920?			,								
	■ No. Skip lines 8 and 9, and	d enter	-0- on line 10.									
	☐ Yes. Subtract \$201,920 from	m line 7				8						
9	Divide line 8 by \$40,000. En		esult as a dec	cimal (rou	nded to at	least th	ree place	es).				
	Do not enter more than 1.000				<u> </u>				9		× .	
10	Multiply each amount on line											
	by line 9	10										
11	Subtract line 10 from line 6 .	11	38,383		11,272		2,988	\sqcup	40			
12	Add the amounts on line 11.							. • .	12	40,4	31	-
13	Credit carryforward, if any, fro					-			,	E0 700	`	
14	in the 2015 Form 8839 instruct Add lines 12 and 13								13	56,760		-
14 15	Enter the amount from line 5 or								14 15	90,102		
								ŀ	13	66,250	U	
16	Adoption Credit. Enter the sm 1040NR, line 51. Check box c											
	is smaller than line 14, you may								16	66,25	0	1

Form **8839**

Qualified Adoption Expenses

OMB No. 1545-0074

	Revenue Service (99)	For information a	bout F	Attach t Form 8839 and					see wwv	v.irs.gov	//form	18839.	Attachmen Sequence I	t No. 3 8	В
Name(s) shown on return	Total For			2,677								I security numb	er	
Par	Information	About Your	Eliaik	ole Child o	r Ch	ildre	n —You	mus	t com	plete t	his r	oart.	See instruc	tions	s for
		ding what to d	_												
		(a)				Che	eck if child v	was-						(g)	
1		(a) 's name		(b) Child's year		c)	(d) a child		(e)		C		Check		
•				of birth		oorn before a child 1999 and with specia		al f	a iden			ing num	nber be	came t	final in
	First	Last			disa	bled	needs		child				20	16 or (earlier ———
Child 1															
Child 2]
Child 3						1									
	en If the shild was	a faraign shild	200 6	Presiel wyles	in th	_ inst	l L	for liv	22.1.00	duman (a\ ba	foro	au complete	Dord	<u> </u>
	on: If the child was I. If you received em										e), be	fore y	ou complete	Pan	I II or
			- auc	ption benen	13, 00	Tipici	e i ait iii	OII tiii	- Dack	TIGAL.					
rart	rt II Adoption Credit Child 1 Child 2 Child 3														
2	Maximum adoption	n credit ner		Offina 1			Offina 2			illia 0					
_	child		2												
3	Did you file Form														
	prior year for the sa														
	☐ No. Enter -0														
	☐ Yes. See instr	ructions for	3	306,117		1:	36,556		53	,396					
	the amount to														
4	Subtract line 3 from		4												
5	Qualified adoption (see instructions)		5	362,149	119,714		19 714		40,219						
			-	002,110			10,7 11		10	,210					
	Caution: Your adoption expenses														
	equal to the adopt	<u> </u>													
	you paid in 2016.	·													
6	Enter the smaller of		6	291,736		10	02,946		40	,189					
7	Enter modified adju	_	me (se	e instructions	3)			7							
8	Is line 7 more than) U 40											
	No. Skip lines														
9	☐ Yes. Subtract Divide line 8 by \$							8	ct thro	nlaco	c)				
Э	Do not enter more					•				э ріас с	5).	9	×		
10	Multiply each amo														
	by line 9		10												
11	Subtract line 10 fro		11	283,981		1	02,879		40.	133					
12	Add the amounts of										•	12	440,747	7	
13	Credit carryforward		-	-				-							
	in the 2015 Form 8839 instructions										•	13	865,515		
14	Add lines 12 and 1										•	14	1,306,262		
15	Enter the amount f											15	290,168		
16	Adoption Credit. 8 1040NR, line 51. C														
	is smaller than line						•					16	290,168		

Form 8839 (2016) Page **2**

Par	t III Employer-Provided Ado	ption	Benefi	ts										
			Ch	ild 1		Chi	ld 2			Child	3			
17	Maximum exclusion per child	17										-		
40	5													
18	Did you receive employer- provided adoption benefits for a													
	prior year for the same child?													
	No. Enter -0													
	☐ Yes. See instructions for	18												
	the amount to enter.													
19	Subtract line 18 from line 17	19										-		
20	Employer-provided adoption benefits you received in 2016.													
	This amount should be shown													
	in box 12 of your 2016 Form(s)													
	W-2 with code T	20										4		
21	Add the amounts on line 20											21	E 242	
				• •			· ·	•			1	21	5,212	
22	Enter the smaller of line 19 or line 20. But if the child was a													
	child with special needs and the													
	adoption became final in 2016,													
	enter the amount from line 19	22	/6				-					-		
23	Enter modified adjusted gross in the worksheet in the instructions)		e (from	23										
24	Is line 23 more than \$201,920?						\dashv							
	■ No. Skip lines 24 and 25, a	nd er	nter -0-											
	on line 26.													
	☐ Yes. Subtract \$201,920 from			24			_							
25	Divide line 24 by \$40,000. Enter the							05		.,				
26	at least three places). Do not ente Multiply each amount on line 22	r more	e man i.u	. 000				25		×	·	-		
20	by line 25	26												
27	Excluded benefits. Subtract													
	line 26 from line 22	27	*			0				0				
00	Add the amounts on line 27											00	*	
28	Add the amounts on line 27							•				28	^	
29	Taxable benefits. Is line 28 more	than I	line 21?											
	☐ No. Subtract line 28 from line		,			,			-					
line 7 of Form 1040 or line 8 of Form 1040NR. On the dotted line next to line														
	7 of Form 1040 or line 8 o						- I I) o ol · · -	, }		29	1 162	
						-						29	1,163	Ь
	the amount on Form 883													
line 8 of Form 1040NR. Enter "SNE" on the dotted line next to the entry line.														

You may be able to claim the adoption credit in Part II on the front of this form if any of the following apply.



- You paid adoption expenses in 2015, those expenses were not fully reimbursed by your employer or otherwise, and the adoption was not final by the end of 2015.
- The total adoption expenses you paid in 2016 were not fully reimbursed by your employer or otherwise, and the adoption became final in 2016 or earlier.
- You adopted a child with special needs and the adoption became final in 2016.

Form 8839 (2016) Page 2

Part III Employer-Provided Adoption E	Senetits						
	Child 1	Child 2		Child 3			
17 Maximum exclusion per child 17							
18 Did you receive employer- provided adoption benefits for a							
prior year for the same child?							
□ No. Enter -0							
☐ Yes. See instructions for 18							
the amount to enter.							
19 Subtract line 18 from line 17 19							
20 Employer-provided adoption							
benefits you received in 2016. This amount should be shown							
in box 12 of your 2016 Form(s)							
W-2 with code T 20							
21 Add the amounts on line 20					. 2	24,132	_
22 Enter the smaller of line 19 or							
line 20. But if the child was a child with special needs and the							
adoption became final in 2016,							
enter the amount from line 19 22							
23 Enter modified adjusted gross income							
the worksheet in the instructions)	. 23						
24 Is line 23 more than \$201,920? ☐ No. Skip lines 24 and 25, and enter	_						
on line 26.	1 -0-						
☐ Yes. Subtract \$201,920 from line 23	3 24						
25 Divide line 24 by \$40,000. Enter the resul							
at least three places). Do not enter more t	han 1.000		25	Χ.			
Multiply each amount on line 22 by line 25							
by line 25							
line 26 from line 22 27	*	0		0			
				'			
28 Add the amounts on line 27					. 28	*	
OO Tavable benefite to line 00 many them line	- 010						
Taxable benefits. Is line 28 more than line							
7 of Form 1040 or line 8 of Form			. IOAL L				
☐ Yes. Subtract line 21 from line 28. En	ter the result as	a negative numb	ber. Re	duce .	. 29	6,842	
the total you would enter on line							
the amount on Form 8839, line 2 line 8 of Form 1040NR. Enter "SI							

You may be able to claim the adoption credit in Part II on the front of this form if any of the following apply.



- You paid adoption expenses in 2015, those expenses were not fully reimbursed by your employer or otherwise, and the adoption was not final by the end of 2015.
- The total adoption expenses you paid in 2016 were not fully reimbursed by your employer or otherwise, and the adoption became final in 2016 or earlier.
- You adopted a child with special needs and the adoption became final in 2016.

Form **8846**

Department of the Treasury Internal Revenue Service

Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips

► Attach to your tax return.

▶ Information about Form 8846 and its instructions is at www.irs.gov/form8846.

OMB No. 1545-0123

2016
Attachment
Sequence No. 98

Name(s) shown on return

Total Forms Filed = 25,476

Note: Claim this credit **only** for employer social security and Medicare taxes paid by a food or beverage establishment where tipping is customary for providing food or beverages. See the instructions for line 1.

1	Tips received by employees for services on which you paid or incurred employer social			
-	security and Medicare taxes during the tax year (see instructions)	1	14,117	
2	Tips not subject to the credit provisions (see instructions)	2	2,504	
3	Creditable tips. Subtract line 2 from line 1	3	14,117	
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded \$118,500, see instructions and check here ▶ □	4	14,117	
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations	5	13,682	
6	Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4f	6	25,476	
	and the deather Ant Notice and Indiana.		F 0016	(0010)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 16148Z

Form **8846** (2016

8846

Department of the Treasury Internal Revenue Service

Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips

Note: Claim this credit only for employer social security and Medicare taxes paid by a food or beverage establishment

► Attach to your tax return.

► Information about Form 8846 and its instructions is at www.irs.gov/form8846.

Cat. No. 16148Z

OMB No. 1545-0123

2016

Attachment Sequence No. 98

Form **8846** (2016)

Name(s) shown on return

Total Forms Filed =

For Paperwork Reduction Act Notice, see instructions.

25,476

Identifying number

wher	e tipping is customary for providing food or beverages. See the instructions for line 1.		ŭ	
1	Tips received by employees for services on which you paid or incurred employer social security and Medicare taxes during the tax year (see instructions)	1	817,878	
2	Tips not subject to the credit provisions (see instructions)	2	72,760	
3	Creditable tips. Subtract line 2 from line 1	3	745,118	
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded \$118,500, see instructions and check here ▶ □	4	56,929	
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations	5	102.525	
6	Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K.	6		

Form **8853**

Department of the Treasury Internal Revenue Service (99)

Archer MSAs and Long-Term Care Insurance Contracts

► Information about Form 8853 and its separate instructions is available at www.irs.gov/form8853.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016

Attachment Sequence No. 39

Name(s) shown on return

Total Forms Filed =

160,216

Social security number of MSA account holder. If both spouses have MSAs, see instructions ▶

Secti	on A. Archer MSAs. If you have only a Medicare Advantage MSA, skip Section A and com	plete	Section B.	
Part	Archer MSA Contributions and Deductions. See instructions before completing t jointly and both you and your spouse have high deductible health plans with self-on separate Part I for each spouse.		•	_
1 2	Total employer contributions to your Archer MSA(s) for 2016 1 9,154 Archer MSA contributions you made for 2016, including those made from January 1, 2017, through April 18, 2017, that were for 2016. Don't include rollovers (see instructions)	2	6,732	
3	Limitation from the Line 3 Limitation Chart and Worksheet in the instructions	3	5,714	
4	Compensation (see instructions) from the employer maintaining the high deductible health plan. (If self-employed, enter your earned income from the trade or business under which the high deductible health plan was established.)	4	6,720	
5	Archer MSA deduction. Enter the smallest of line 2, 3, or 4 here. Also include this amount on Form 1040, line 36, or Form 1040NR, line 35. On the dotted line next to Form 1040, line 36, or Form 1040NR, line 35, enter "MSA" and the amount	5	3,712	
	Caution: If line 2 is more than line 5, you may have to pay an additional tax (see instructions).			
Part			05.000	
6a	Total distributions you and your spouse received in 2016 from all Archer MSAs (see instructions) .	6a	25,233	
b	Distributions included on line 6a that you rolled over to another Archer MSA or a health savings account. Also include any excess contributions (and the earnings on those excess contributions) included on line 6a that were withdrawn by the due date of your return (see instructions)	6b	*	
С	Subtract line 6b from line 6a	6c	24,912	
7	Unreimbursed qualified medical expenses (see instructions)	7	17,880	
8	Taxable Archer MSA distributions. Subtract line 7 from line 6c. If zero or less, enter -0 Also include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "MSA" and the amount	8	9,029	
9a	If any of the distributions included on line 8 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		0,020	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 8 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "MSA" and the amount on the line next to the box	9b	8,021	
Secti	on B. Medicare Advantage MSA Distributions. If you are filing jointly and both you ar distributions in 2016 from a Medicare Advantage MSA, complete a separate Section instructions).	nd you		
10	Total distributions you received in 2016 from all Medicare Advantage MSAs (see instructions)	10	10,589	
11	Unreimbursed qualified medical expenses (see instructions)	11	7,580	
12	Taxable Medicare Advantage MSA distributions. Subtract line 11 from line 10. If zero or less, enter -0 Also include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "Med MSA" and the amount	12	*	
13a	If any of the distributions included on line 12 meet any of the Exceptions to the Additional 50% Tax (see instructions), check here			
b	Additional 50% tax. Enter 50% (0.50) of the distributions included on line 12 that are subject to the additional 50% tax. See instructions for the amount to enter if you had a Medicare Advantage MSA at the end of 2015. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "Med MSA" and the amount on the line next to the box	125	*	
For Do		13b	Form 8853	(2016)
rur Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 24091H		Form 0033	• (∠UIO)

* Data not shown because of the small number of sample returns on which they are based.

Department of the Treasury Internal Revenue Service (99)

Archer MSAs and Long-Term Care Insurance Contracts

▶ Information about Form 8853 and its separate instructions is available at www.irs.gov/form8853. ► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 Attachment Sequence No. **39**

Name(s) shown on return

Total Forms Filed =

160

Social security number of MSA account holder. If both spouses

	Trave Words, see instructions			
Section	on A. Archer MSAs. If you have only a Medicare Advantage MSA, skip Section A and com	plete	Section B.	
Part	Archer MSA Contributions and Deductions. See instructions before completing t jointly and both you and your spouse have high deductible health plans with self-on separate Part I for each spouse.			
1 2	Total employer contributions to your Archer MSA(s) for 2016	2	23,438	
3	Limitation from the Line 3 Limitation Chart and Worksheet in the instructions	3	14,402	
4	Compensation (see instructions) from the employer maintaining the high deductible health plan. (If self-employed, enter your earned income from the trade or business under which the high deductible health plan was established.)	4	443,091	
5	Archer MSA deduction. Enter the smallest of line 2, 3, or 4 here. Also include this amount on Form 1040, line 36, or Form 1040NR, line 35. On the dotted line next to Form 1040, line 36, or Form 1040NR, line 35, enter "MSA" and the amount	5	6,922	
	Caution: If line 2 is more than line 5, you may have to pay an additional tax (see instructions).			
Part				
6a	Total distributions you and your spouse received in 2016 from all Archer MSAs (see instructions) .	6a	104,840	
b	Distributions included on line 6a that you rolled over to another Archer MSA or a health savings account. Also include any excess contributions (and the earnings on those excess contributions) included on line 6a that were withdrawn by the due date of your return (see instructions)	6b	631	
С	Subtract line 6b from line 6a	6c	104,209	
7	Unreimbursed qualified medical expenses (see instructions)	7	97,869	
8	Taxable Archer MSA distributions. Subtract line 7 from line 6c. If zero or less, enter -0 Also include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "MSA" and the amount	8	7,154	
9a	If any of the distributions included on line 8 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		,	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 8 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "MSA" and the amount on the line next to the box	9b	1,243	
Section	on B. Medicare Advantage MSA Distributions. If you are filing jointly and both you are		•	Pived
	distributions in 2016 from a Medicare Advantage MSA, complete a separate Section instructions).		r each spouse	
10	Total distributions you received in 2016 from all Medicare Advantage MSAs (see instructions)	10	12,209	
11	Unreimbursed qualified medical expenses (see instructions)	11	8,365	
12	Taxable Medicare Advantage MSA distributions. Subtract line 11 from line 10. If zero or less, enter -0 Also include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "Med MSA" and the amount	12	3,845	
13a	If any of the distributions included on line 12 meet any of the Exceptions to the Additional 50% Tax (see instructions), check here			
b	Additional 50% tax. Enter 50% (0.50) of the distributions included on line 12 that are subject to the additional 50% tax. See instructions for the amount to enter if you had a Medicare Advantage MSA at the end of 2015. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "Med MSA" and the amount on the line next to the box	106	1,922	
For Bo	"Med MSA" and the amount on the line next to the box perwork Reduction Act Notice, see your tax return instructions. Cat. No. 24091H	13b	Form 8853	(2016)
I VI Fa	DELWOLK DEGLECTION ACTIVOLICE, SEE VOIL LAX LETOTH HISTOCHOUS. USE NO 24091H			12010

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 88	353 (2016)		Attachment Se	equence	No. 39	Page 2
Name o	f policyholder (as shown on Form 1040)	Social security policyholder				
Secti	on C. Long-Term Care (LTC) Insurance Contracts. See Filing Re before completing this section.	equirements	for Section	on C	in the instr	ructions
	If more than one Section C is attached, check here					
14a	Name of insured ▶ b Social s	security numb	er of insured	d ►		
15	In 2016, did anyone other than you receive payments on a per diem or other qualified LTC insurance contract covering the insured or receive accelerated insurance policy covering the insured?	d death benefi	ts under a li		☐ Yes	□ No
16	Was the insured a terminally ill individual?	d death benef	its that were	 e paid	☐ Yes	☐ No
17	Gross LTC payments received on a per diem or other periodic basis. Enter the amounts from box 1 of all Forms 1099-LTC you received with respect to the "Per diem" box in box 3 is checked			17	68,074	
	Caution: Don't use lines 18 through 26 to figure the taxable amount of bene LTC insurance contract that isn't a qualified LTC insurance contract. Instead excludable from your income (for example, if the benefits aren't paid for persickness through accident or health insurance), report the amount not exclude Form 1040, line 21.	d, if the benef sonal injuries	its aren't or			
18 19	Enter the part of the amount on line 17 that is from qualified LTC insurance Accelerated death benefits received on a per diem or other periodic basis. E amounts you received because the insured was terminally ill (see instruction	Don't include a	any	18	50,714	
20	Add lines 18 and 19	·		20	50,714	
21 22	Costs incurred for qualified LTC services provided for the insured	21 _{65,91} ,				
23 24	Enter the larger of line 21 or line 22	22 77,83, 23 92,19 24 56,53	0			
	Caution: If you received any reimbursements from LTC contracts issued before August 1, 1996, see instructions.	1 00,00				
25	Per diem limitation. Subtract line 24 from line 23		[25	83,178	
26	Taxable payments. Subtract line 25 from line 20. If zero or less, enter -0 A amount in the total on Form 1040, line 21. On the dotted line next to line 21, amount			26	1,638	

Form **8853** (2016)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **8853** (2016)

2016 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

orm 88	353 (2016)	Attachment S	equenc	e No. 39	Page 2
	pc	ocial security number of blicyholder			
Secti	on C. Long-Term Care (LTC) Insurance Contracts. See Filing Requi before completing this section.	rements for Secti	on C	in the instru	ctions
	If more than one Section C is attached, check here				- _
14a	Name of insured ▶ b Social secu	rity number of insure	d►		
15	In 2016, did anyone other than you receive payments on a per diem or other per qualified LTC insurance contract covering the insured or receive accelerated decinsurance policy covering the insured?	ath benefits under a l		· 🗌 Yes 🛭	No
16	Was the insured a terminally ill individual?	eath benefits that wer		. 🗌 Yes 🗌	No
17	Gross LTC payments received on a per diem or other periodic basis. Enter the tamounts from box 1 of all Forms 1099-LTC you received with respect to the insuffer diem" box in box 3 is checked		17	2,746,012	
	Caution: Don't use lines 18 through 26 to figure the taxable amount of benefits LTC insurance contract that isn't a qualified LTC insurance contract. Instead, if excludable from your income (for example, if the benefits aren't paid for personal sickness through accident or health insurance), report the amount not excludable Form 1040, line 21.	the benefits aren't al injuries or			
18 19	Enter the part of the amount on line 17 that is from qualified LTC insurance con Accelerated death benefits received on a per diem or other periodic basis. Don't amounts you received because the insured was terminally ill (see instructions)	t include any	18	2,005,489	
20	Add lines 18 and 19		20	2,005,492	
	Note: If you checked "Yes" on line 15 above, see Multiple Payees in the instructions before completing lines 21 through 25.				
21 22	Multiply \$340 by the number of days in the LTC period	6,953,966			
23 24	Enter the larger of line 21 or line 22	8,118,202 1,457,828			
	Caution: If you received any reimbursements from LTC contracts issued before August 1, 1996, see instructions.	.,			
25	Per diem limitation. Subtract line 24 from line 23		25	6,935,536	
26	Taxable payments. Subtract line 25 from line 20. If zero or less, enter -0 Also amount in the total on Form 1040, line 21. On the dotted line next to line 21, entergraph.		00		

* Data not shown because of the small number of sample returns on which they are based.

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

Education Credits (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or Form 1040A.

▶ Information about Form 8863 and its separate instructions is at www.irs.gov/form8863.

OMB No. 1545-0074 Attachment Sequence No. **50** Your social security number

	Total Forms Filed =	11,090,423
	e a separate Part III o plete Parts I and II.	n page 2 for each student for wh

nom you're claiming either credit before

Part	Refundable American Opportunity Credit						
1	After completing Part III for each student, enter the total of all amounts from a	all P	arts III, line 30 .		1	8,847,514	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	8,847,514				
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	8,788,428				
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	8,845,507				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	8,845,507				
6	If line 4 is:		,				
	• Equal to or more than line 5, enter 1.000 on line 6		l l				
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (r at least three places)		I		6	8,845,507	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the y	ear	and meet				
	the conditions described in the instructions, you can't take the refundable Am						
	credit; skip line 8, enter the amount from line 7 on line 9, and check this box		▶ □		7	8,845,507	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter			d			
David	on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below				8	8,763,285	
Part			, , , , ,		_		1
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksh		,		9	8,845,507	
10	After completing Part III for each student, enter the total of all amounts from				40	2,379,734	
44	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 Enter the smaller of line 10 or \$10,000				10 11		
11 12	Multiply line 11 by 20% (0.20)				12	2,379,734	
					12	2,379,734	
13	, , ,	13	2,379,734				
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're						
	filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	0.070.704				
45	· · · · · · · · · · · · · · · · · · ·	14	2,379,734	\dashv			
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0-on line 18, and go to line 19	15	2,371,725				
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household,		2,371,723	\neg			
		16	2,371,725				
17	If line 15 is:		_,0,0				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18						
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (ro	ounc	led to at least thre	- 1			
	places)				17	2,371,725	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Workshe				18	2,371,725	
19	Nonrefundable education credits. Enter the amount from line 7 of the Cred						
	instructions) here and on Form 1040, line 50, or Form 1040A, line 33 $$. $$.				19	8,997,968	

Form **8863**

Department of the Treasury Internal Revenue Service (99)

Education Credits (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or Form 1040A.

► Information about Form 8863 and its separate instructions is at www.irs.gov/form8863.

OMB No. 1545-0074

2016
Attachment Sequence No. 50

Name(s) shown on return

Total Forms Filed = 11,090,423

Your social security number



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all Par	rts III, line 30 .	1	20,177,720	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	1,137,609,97			
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	454,515,645			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	683,686,739			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	126,361,426			
6	If line 4 is:	,			
	• Equal to or more than line 5, enter 1.000 on line 6				
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (round at least three places)		6	8,699,275	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year a	•			
•	the conditions described in the instructions, you can't take the refundable America				
		▶ 🗖	7	19,792,897	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the				
	on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below		8	7,864,516	
Part					_
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (s	,	9	11,928,381	
10	After completing Part III for each student, enter the total of all amounts from all F zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19		40	16,598,306	
11	Enter the smaller of line 10 or \$10,000		10 11	11,565,145	
12	Multiply line 11 by 20% (0.20)		12		
13	Enter: \$131,000 if married filing jointly; \$65,000 if single, head of		12	2,313,043	
10	household, or qualifying widow(er)	224,155,771			
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from				
	Puerto Rico, see Pub. 970 for the amount to enter	122,353,140			
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0-				
	on line 18, and go to line 19	101,975,332			
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household,				
4-	or qualifying widow(er)	34,186,792	-		
17	If line 15 is:				
	 Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounde 	nd to at locat three			
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounde places)		17	23,338,060	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (se		18	2,254,088	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Lim				
	instructions) here and on Form 1040, line 50, or Form 1040A, line 33		19	9,653,056	

Form 8863 (2016	6)		Page 2
Name(s) shown	on return	Your so	ocial security number
7! 0	Complete Part III for each student for whon pportunity credit or lifetime learning credit each student.		
	Student and Educational Institution Information See instructions.	1	
	t name (as shown on page 1 of your tax return)	21 Student social security number (as shown on p	page 1 of your tax return)
22 Educa	tional institution information (see instructions)		
	of first educational institution	b. Name of second educational institution	on (if any)
a. Name	of first educational institution	b. Name of second educational institution	in (ii arry)
post	ress. Number and street (or P.O. box). City, town or toffice, state, and ZIP code. If a foreign address, see ructions.	(1) Address. Number and street (or P.O post office, state, and ZIP code. If a instructions.	
	the student receive Form 1098-T Yes No	(2) Did the student receive Form 1098- from this institution for 2016?	T
from	the student receive Form 1098-T this institution for 2015 with box Yes No ed in and box 7 checked?	(3) Did the student receive Form 1098- from this institution for 2015 with bo 2 filled in and box 7 checked?	
If you check	ked "No" in both (2) and (3) , skip (4).	If you checked "No" in both (2) and (3), ski	p (4) .
	ou checked "Yes" in (2) or (3) , enter the institution's eral identification number (from Form 1098-T).	(4) If you checked "Yes" in (2) or (3), federal identification number (from F	
credit	he Hope Scholarship Credit or American opportunity been claimed for this student for any 4 tax years 2016?	Yes — Stop! Go to line 31 for this student. No —	- Go to line 24.
acade 2016 leadin other	the student enrolled at least half-time for at least one emic period that began or is treated as having begun in at an eligible educational institution in a program g towards a postsecondary degree, certificate, or recognized postsecondary educational credential? estructions.		- Stop! Go to line 31 is student.
	e student complete the first 4 years of postsecondary tion before 2016? See instructions.	Yes — Stop! Go to line 31 for this No — student.	- Go to line 26.
	the student convicted, before the end of 2016, of a for possession or distribution of a controlled ance?		Complete lines 27 gh 30 for this student.
CAUTION	ou can't take the American opportunity credit and the li ou complete lines 27 through 30 for this student, don't c		n Steidante lye Student 3 Student 2 Student 4
	ican Opportunity Credit	It ontor more than \$4,000	27 047 544 47 00
-	ed qualified education expenses (see instructions). Don act \$2,000 from line 27. If zero or less, enter -0		28 847,514 47,205 28 681,492 *
			28 681,492
30 If line enter t	28 is zero, enter the amount from line 27. Otherwise, the result. Skip line 31. Include the total of all amounts fi	add \$2,000 to the amount on line 29 and	8,847,514 47,205 36 81,492 *
	me Learning Credit		0 070 704
	ted qualified education expenses (see instructions). Ince 31, on Part II, line 10	lude the total of all amounts from all Parts	2,379,734 * 31 48,236 0

Form 8863 (2016)	Page 2
Name(s) shown on return	Your social security number
Complete Part III for each student for whom opportunity credit or lifetime learning credit each student.	n you're claiming either the American t. Use additional copies of page 2 as needed for
Part III Student and Educational Institution Information See instructions.	n
20 Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of your tax return)
22 Educational institution information (see instructions)	
a. Name of first educational institution	b. Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T ☐ Yes ☐ No from this institution for 2016?	(2) Did the student receive Form 1098-T Yes No from this institution for 2016?
(3) Did the student receive Form 1098-T from this institution for 2015 with box Yes No 2 filled in and box 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2015 with box ☐ Yes ☐ No 2 filled in and box 7 checked?
If you checked "No" in both (2) and (3), skip (4).	If you checked "No" in both (2) and (3), skip (4).
(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).	(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2016?	TES = 3100!
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2016 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	Yes — Go to line 25. No — Stop! Go to line 31 for this student
Did the student complete the first 4 years of postsecondary education before 2016? See instructions.	Yes — Stop! Go to line 31 for this No — Go to line 26. student.
Was the student convicted, before the end of 2016, of a felony for possession or distribution of a controlled substance?	
you complete lines 27 through 30 for this student, don't of	ifetime learning credit for the same student in Student 4 ye 8tuldent 3 complete line 31. Student 2 Student 4
American Opportunity Credit	
Adjusted qualified education expenses (see instructions). Dor Subtract \$2,000 from line 27. If zero or less, enter -0	28 ,158,172 *
 Multiply line 28 by 25% (0.25) If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts for the complex of the co	add \$2,000 to the amount on line 29 and 18,613,076 97,867
Lifetime Learning Credit 31 Adjusted qualified education expenses (see instructions). Including III, line 31, on Part II, line 10	clude the total of all amounts from all Parts 16,429,326

Department of the Treasury Internal Revenue Service

Credit for Qualified Retirement Savings Contributions

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

OMB No. 1545-0074

Name(s) shown on return

▶ Information about Form 8880 and its instructions is at www.irs.gov/form8880.

Sequence No. 54 Your social security number

(b) Your spouse

Total Forms Filed = 8,545,757

Traditional and Roth IRA (including myRA) contributions for 2016. Do



2

3 4

9

10 11

12

You cannot take this credit if either of the following applies. • The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$30,750 (\$46,125 if head of

- household; \$61,500 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1999, (b) is claimed as a dependent on someone else's 2016 tax return, or (c) was a student (see instructions).

(a) You

Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2016 (see instructions)		not include rol	lover contribu	itions		1	666,554		223,977	
Certain distributions received after 2013 and before the due date (including extensions) of your 2016 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception	2									
Add lines 1 and 2 Certain distributions received after 2013 and before the due date (including extensions) of your 2016 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception See instructions for an exception Subtract line 4 from line 3. If zero or less, enter -0- In each column, enter the smaller of line 5 or \$2,000 Add the amounts on line 6. If zero, stop; you cannot take this credit Enter the amount from Form 1040, line 38°; Form 1040A, line 22; or Form 1040NR, line 37 Enter the applicable decimal amount shown below: If line 8 is -										
Certain distributions received after 2013 and before the due date (including extensions) of your 2016 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception		•	,							
(including extensions) of your 2016 tax return (see instructions). If married filling jointly, include both spouses' amounts in both columns. See instructions for an exception	•					3	7,725,771		1,277,138	
See instructions for an exception 4 274,760 112,232										
See instructions for an exception 4 274,760 112,232										
Subtract line 4 from line 3. If zero or less, enter -0-										
In each column, enter the smaller of line 5 or \$2,000			•							
Add the amounts on line 6. If zero, stop; you cannot take this credit Enter the amount from Form 1040, line 38"; Form 1040A, line 22; or Form 1040NR, line 37				•						
Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37						6	7,717,741			
Single								7	8,536,055	
Statistical Color	•									
Note: If line 9 is -						8	8,535,056			
Over— But not over— Married filing jointly over— Head of household household separately, or Qualifying widow(er) \$18,500 .5 .5 .5 \$18,500 \$20,000 .5 .5 .2 \$20,000 \$27,750 .5 .5 .1 .9 8,520,163 X. \$27,750 \$30,000 .5 .2 .1 .30,750 \$37,000 .5 .1 .1 .0 .5 .37,000 .5 .1 .0 .5 .37,000 .5 .1 .0	1	Enter the appli	cable decimal	amount shown below	V:					
Over— But not over— filling jointly over— household separately, or Qualifying widow(er) \$18,500 .5 .5 .5 \$18,500 \$20,000 .5 .5 .2 \$20,000 \$27,750 .5 .5 .1 9 8,520,163 X . \$27,750 \$30,000 .5 .2 .1 .30,000 \$30,750 .5 .1 .1 .1 .330,750 \$37,000 .5 .1 .0		If line	8 is-	1	And your filing status i	is—				
Separately, or Qualifying widow(er)			Put not			Sing	gle, Married filing			
\$18,500		Over-								
\$18,500 \$20,000						Qua	, , ,			
\$20,000 \$27,750				-						
\$27,750 \$30,000		1					l l			
\$30,000 \$30,750		1						9	8,520,163 X .	
\$30,750 \$37,000		1 , ,					· · ·			
\$37,000 \$40,000 .2 .1 .0		1			.1					
\$40,000 \$46,125		1 ' '	\$37,000	_	.1					
\$46,125 \$61,500				.2	.1		1			
\$61,500 0.0 0.0 0.0 Note: If line 9 is zero, stop; you cannot take this credit. Multiply line 7 by line 9		1		.1						
Note: If line 9 is zero, stop; you cannot take this credit. Multiply line 7 by line 9			\$61,500							
Multiply line 7 by line 9		\$61,500					.0			
Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions			Note: If	line 9 is zero, stop; y	ou cannot take this cre	dit.				
instructions)							-	8,520,163	
Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here			sed on tax lia	ability. Enter the am	nount from the Credit	Limit	Worksheet in the			
'									8,477,439	
and on Form 1040, line 51; Form 1040A, line 34; or Form 1040NR, line 48										
		and on Form 1	040, line 51; F	orm 1040A, line 34; c	or Form 1040NR. line 48	3.		12	8 457 550	

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

Department of the Treasury Internal Revenue Service

Credit for Qualified Retirement Savings Contributions

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

OMB No. 1545-0074

Attachment

(b) Your spouse

▶ Information about Form 8880 and its instructions is at www.irs.gov/form8880.

Sequence No. 54

Name(s) shown on return

Total Forms Filed = 8,545,757 Your social security number



You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$30,750 (\$46,125 if head of household; \$61,500 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1999, (b) is claimed as a dependent on someone else's 2016 tax return, or (c) was a student (see instructions).

(a) You

		l Roth IRA (ind lover contribut	cluding <i>my</i> RA) contri tions	ributions for 2016. Do	1	2,680,187		862,500
				nlover plan voluntary		2,000,107	_	002,000
Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2016								
	nstruction				2	11,628,574		2,109,020
,	nes 1 and	,			3	14,308,761		2,971,520
				before the due date		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	2,6:::,626
				(see instructions). If				
				unts in both columns.				
					4	466,303		286,018
Subtra	act line 4	from line 3. If z	ero or less, enter -0-		5	13,950,307		2,826,985
			aller of line 5 or \$2,0			8,695,572		1,610,034
			zero, stop ; you can				. 7	10,305,606
Enter	the amo	unt from Forn	n 1040, line 38*; Fo	rm 1040A, line 22; or				
Form ¹	1040NR,	line 37			8	289,315,289		
Enter t	the appli	cable decimal	amount shown belov	w:				
	If line	8 is-		And your filing status	is-			
	If line		Married	Head of		le, Married filing		
	If line	8 is— But not over—			Sing	separately, or		
		But not over—	Married filing jointly Enter o	Head of household n line 9—	Sing	separately, or lifying widow(er)		
Ov	ver—	But not over—	Married filing jointly Enter o .5	Head of household n line 9—	Sing	separately, or lifying widow(er)		
Ov 	ver— 8,500	But not over— \$18,500 \$20,000	Married filing jointly Enter o .5 .5	Head of household n line 9— .5 .5	Sing	separately, or lifying widow(er) .5 .2		
Ov \$18 \$20	ver— 8,500 0,000	But not over— \$18,500 \$20,000 \$27,750	Married filing jointly Enter o .5 .5 .5	Head of household n line 9— .5 .5 .5	Sing	separately, or difying widow(er) .5 .2 .1	9	Х.
Ov \$18 \$20 \$27	ver— 8,500 0,000 7,750	But not over— \$18,500 \$20,000 \$27,750 \$30,000	Married filing jointly Enter o .5 .5 .5 .5	Head of household n line 9— .5 .5 .5 .2	Sing	separately, or difying widow(er) .5 .2 .1	9	Х.
\$18 \$20 \$27 \$30	ver— 8,500 0,000 17,750 0,000	But not over— \$18,500 \$20,000 \$27,750 \$30,000 \$30,750	Married filing jointly Enter o .5 .5 .5 .5 .5	Head of household n line 9— .5 .5 .5 .5 .1	Sing	separately, or difying widow(er) .5 .2 .1 .1	9	X .
\$18 \$20 \$27 \$30 \$30	ver— 8,500 0,000 0,7,750 0,000 0,750	But not over— \$18,500 \$20,000 \$27,750 \$30,000 \$30,750 \$37,000	Married filing jointly Enter o .5 .5 .5 .5 .5 .5	Head of household n line 9— .5 .5 .5 .5 .1 .1	Sing	separately, or difying widow(er) .5 .2 .1 .1 .1	9	Х.
\$18 \$20 \$27 \$30 \$30 \$37	ver— 8,500 0,000 7,750 0,000 0,750 7,000	But not over— \$18,500 \$20,000 \$27,750 \$30,000 \$30,750 \$37,000 \$40,000	Married filing jointly Enter o .5 .5 .5 .5 .5 .5 .5 .5	Head of household n line 9— .5 .5 .5 .2 .1 .1 .1	Sing	separately, or slifying widow(er) .5 .2 .1 .1 .1 .0 .0	9	X.
\$18 \$20 \$27 \$30 \$30 \$37 \$40	ver— 8,500 0,000 7,750 0,000 0,750 0,700 0,000	But not over— \$18,500 \$20,000 \$27,750 \$30,000 \$30,750 \$37,000 \$40,000 \$46,125	Married filing jointly Enter o .5 .5 .5 .5 .5 .5 .5 .5 .1 .5 .5 .5 .1 .5 .1 .5 .1 .5 .1 .5 .1 .5 .1 .5 .1 .5 .1 .5 .1 .5	Head of household n line 9— .5 .5 .5 .2 .1 .1 .1	Sing	separately, or slifying widow(er) .5 .2 .1 .1 .1 .0 .0	9	X.
\$18 \$20 \$27 \$30 \$37 \$44 \$46	ver— 8,500 0,000 7,750 0,000 0,750 17,000 0,000 6,125	But not over— \$18,500 \$20,000 \$27,750 \$30,000 \$30,750 \$37,000 \$40,000	Married filing jointly Enter o .5 .5 .5 .5 .5 .5 .1 .1 .1	Head of household n line 9— .5 .5 .5 .2 .1 .1 .1 .1 .1	Sing	separately, or slifying widow(er) .5 .2 .1 .1 .1 .0 .0 .0 .0	9	X .
\$18 \$20 \$27 \$30 \$37 \$40 \$46	ver— 8,500 0,000 7,750 0,000 0,750 0,700 0,000	But not over— \$18,500 \$20,000 \$27,750 \$30,000 \$30,750 \$37,000 \$40,000 \$46,125 \$61,500	Married filing jointly Enter o .5 .5 .5 .5 .5 .5 .1 .1 .1 .0	Head of household n line 9— .5 .5 .5 .2 .1 .1 .1 .1 .1 .0 .0	Sing s Qua	separately, or slifying widow(er) .5 .2 .1 .1 .1 .0 .0	9	X.
\$18 \$20 \$27 \$30 \$37 \$40 \$46	ver— 8,500 0,000 17,750 0,000 0,750 17,000 0,000 6,125 11,500	But not over— \$18,500 \$20,000 \$27,750 \$30,000 \$30,750 \$37,000 \$40,000 \$46,125 \$61,500 Note: If	Married filing jointly Enter o .5 .5 .5 .5 .5 .5 .1 .1 .1 .0	Head of household n line 9— .5 .5 .5 .2 .1 .1 .1 .1 .0 .0 .vou cannot take this cr	Sing s Qua	separately, or slifying widow(er) .5 .2 .1 .1 .1 .0 .0 .0 .0		
\$18 \$20 \$27 \$30 \$37 \$40 \$46 \$61	ver— 8,500 0,000 17,750 0,000 0,750 17,000 0,000 6,125 11,500 bly line 7	But not over— \$18,500 \$20,000 \$27,750 \$30,000 \$30,750 \$37,000 \$40,000 \$46,125 \$61,500 Note: If by line 9	Married filing jointly Enter o .5 .5 .5 .5 .5 .5 .1 .1 .0 line 9 is zero, stop; y	Head of household n line 9— .5 .5 .5 .2 .1 .1 .1 .1 .0 .0 .vou cannot take this cr	Sing s Qua	separately, or slifying widow(er) .5 .2 .1 .1 .1 .0 .0 .0 .0 .0	. 10	X . 1,838,056
\$18 \$20 \$27 \$30 \$30 \$40 \$46 \$61	ver— 8,500 0,000 7,750 0,000 0,750 7,000 0,000 6,125 1,500 bly line 7	But not over— \$18,500 \$20,000 \$27,750 \$30,000 \$30,750 \$37,000 \$40,000 \$46,125 \$61,500 Note: If by line 9	Married filing jointly Enter o .5 .5 .5 .5 .5 .5 .5 .1 .1 .0 line 9 is zero, stop; y bility. Enter the an	Head of household n line 9— .5 .5 .5 .2 .1 .1 .1 .1 .0 .0 .0 you cannot take this cr	Sing s Qua	separately, or slifying widow(er) .5 .2 .1 .1 .1 .0 .0 .0 .0 .0	. 10	1,838,056
\$18 \$20 \$27 \$30 \$30 \$40 \$46 \$61 Multip Limitar instruction	ver— 8,500 0,000 7,750 0,000 0,750 7,000 0,000 6,125 1,500 bly line 7 ation bas ctions .	But not over— \$18,500 \$20,000 \$27,750 \$30,000 \$30,750 \$37,000 \$40,000 \$46,125 \$61,500 Note: If by line 9 ed on tax lia	Married filing jointly Enter o .5 .5 .5 .5 .5 .5 .5 .1 .1 .0 line 9 is zero, stop; y	Head of household n line 9— .5 .5 .5 .2 .1 .1 .1 .1 .0 .0 .0 you cannot take this cr	Sing s Qua edit. it Limit	separately, or slifying widow(er) .5 .2 .1 .1 .1 .0 .0 .0 .0 .0 .0 .Worksheet in th	. 10 ne . 11	
\$18 \$20 \$27 \$30 \$30 \$37 \$40 \$61 Multip Limitar instruct	ver— 8,500 0,000 7,750 0,000 0,750 0,000 6,125 1,500 bly line 7 ation bas ctions . it for qua	But not over— \$18,500 \$20,000 \$27,750 \$30,000 \$30,750 \$37,000 \$40,000 \$46,125 \$61,500 Note: If by line 9	Married filing jointly Enter o .5 .5 .5 .5 .5 .5 .5 .1 .1 .0 line 9 is zero, stop; y	Head of household n line 9— .5 .5 .5 .2 .1 .1 .1 .1 .0 .0 .0 you cannot take this cr	edit it Limit	separately, or slifying widow(er) .5 .2 .1 .1 .1 .0 .0 .0 .0 .0 .0 .Worksheet in th	. 10 ne . 11	1,838,056

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

▶ Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889. ► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 Attachment Sequence No. 52

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

Total Forms Filed =

10,555,111

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

a separate Part II for each spouse. 14a Total distributions you received in 2016 from all HSAs (see instructions)	Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contract	cts, if	required.	
2016 (see instructions). Self-only Family 21 HSA contributions you made for 2016 (or those made on your behalf), including those made from January 1, 2017, through April 18, 2017, that were for 2016. Do not include employer contributions, contributions from January 1, 2017, through April 18, 2017, that were for 2016. Do not include employer contributions, contributions for de 2016, and on the first day of every month during 2016, loss of 2016, and of 2016, and on the first day of every month during 2016, so were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,750 for family coverage). All others, see the instructions for the amount to enter . 4 Enter the amount you and your employer contributed to your Archer MSAs for 2016 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, also include any amount contributed to your spouse's Archer MSAs . 5 Subtract line 4 from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions) 7 If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions) 8 Add lines 6 and 7 9 Employer contributions made to your HSAs for 2016 9 Typ99,183 10 Qualified HSA funding distributions 10 Typ99,183 11 Add lines 9 and 10 12 Subtract line 11 from line 8. If zero or less, enter -0 12 Subtract line 11 from line 8. If zero or less, enter -0 13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25. 13 Ly21,015 14 Total distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 15 Caution: If line 2 is more than line 13, you may have to pay an additional xie (see instructions). 16 Caution	Part				ointly
from January 1, 2017, through April 18, 2017, that were for 2016. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions). If you were under age 55 at the end of 2016, and on the first day of every month during 2016, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$8,750 for family coverage). All others, see the instructions for the amount to enter . Enter the amount you and your employer contributed to your Archer MSAs for 2016 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, also include any amount contributed to your spouse's Archer MSAs	1		□ Se	elf-only	nily
you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,750 for family coverage). All others, see the instructions for the amount to enter . 3 8,963,822 4 Enter the amount you and your employer contributed to your Archer MSAs for 2016 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, also include any amount contributed to your spouse's Archer MSAs . 4 26,976 5 Subtract line 4 from line 3. If zero or less, enter -0 5 8,960,571 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2016, see the instructions for the amount to enter . 6 8,779,704 7 If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions)	2	from January 1, 2017, through April 18, 2017, that were for 2016. Do not include employer	2	1,789,299	
8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, also include any amount contributed to your spouse's Archer MSAs. 5 Subtract line 4 from line 3. If zero or less, enter -0. 5 Rye60,571 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2016, see the instructions for the amount to enter . 7 If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions) . 8 Add lines 6 and 7 9 Employer contributions made to your HSAs for 2016 . 9 7.999.183 10 Qualified HSA funding distributions . 10 70,371 11 Add lines 9 and 10 . 12 Subtract line 11 from line 8. If zero or less, enter -0- 13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 . 13 LY21.015 Part II HSA D istributions If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 14a Total distributions you received in 2016 from all HSAs (see instructions) . 15 Subtract line 14 for miline 14a at you rolled over to another HSA. Also include any excess contributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . 15 Go.678,241 16 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0- Also, include this amount in the total on Form 1040, line 21, enter "HSA" and the amount . 16 Taxable HSA distributions, check here . Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Che	3	you were, or were considered, an eligible individual with the same coverage, enter \$3,350	3	8,963,822	
Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2016, see the instructions for the amount to enter If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions) Add lines 6 and 7 Employer contributions made to your HSAs for 2016 Qualified HSA funding distributions Qualified HSA funding distributions HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions). HSA deduction. Enter the smaller of line 2 or line 14 hat you and your spouse each have separate HSAs, complete a separate Part II for each spouse. HSA Distributions you received in 2016 from all HSAs (see instructions) Distributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) Caulified medical expenses paid using HSA distributions (see instructions) Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0- Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	4	8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time	4	26,976	
family coverage under an HDHP at any time during 2016, see the instructions for the amount to enter 7 If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions) 8 Add lines 6 and 7 9 Employer contributions made to your HSAs for 2016 9 Qualified HSA funding distributions 10 Qualified HSA funding distributions 11 Add lines 9 and 10 Subtract line 11 from line 8. If zero or less, enter -0- 12 Subtract line 11 from line 8. If zero or less, enter -0- 13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25. Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions). Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 14a Total distributions you received in 2016 from all HSAs (see instructions) b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) c Subtract line 14b from line 14a. 14a G,934,579 15b Qualified medical expenses paid using HSA distributions (see instructions) 15c G,688,886 16c 284,278 17a If any of the distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 6	5	Subtract line 4 from line 3. If zero or less, enter -0	5	8,960,571	
coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions) 8 Add lines 6 and 7	6	family coverage under an HDHP at any time during 2016, see the instructions for the amount to	6	8,779,704	
8 Add lines 6 and 7	7	coverage under an HDHP at any time during 2016, enter your additional contribution amount	7	1 100 765	
9 Employer contributions made to your HSAs for 2016	٥			, ,	
10 Qualified HSA funding distributions . 10 70,371 11 8,017,401 12 8,072,266 13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 . Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions). 13 1,721,015 Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 14a 6,934,579 b Distributions you received in 2016 from all HSAs (see instructions) . 14a 6,934,579 b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . 14b 90,664 c Subtract line 14b from line 14a . 14c 6,888,886 15 Qualified medical expenses paid using HSA distributions (see instructions) . 15 6,678,241 16 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0- Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount . 16 284,278 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% tax (see instructions). Enter 20% (,20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040NR, line 62, or Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box . 17b 264,918			0	8,785,782	
Add lines 9 and 10		' '	-		
12 Subtract line 11 from line 8. If zero or less, enter -0- 13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25. Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions). Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 14a Total distributions you received in 2016 from all HSAs (see instructions). 15 Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions). 15 Qualified medical expenses paid using HSA distributions (see instructions). 16 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount. 16 Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box			11	0.017.401	
HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25			_		
Total distributions you received in 2016 from all HSAs (see instructions) Babel 14a Total distributions you received in 2016 from all HSAs (see instructions) Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions). HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 14a Total distributions you received in 2016 from all HSAs (see instructions) Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) included on line 14a that were withdrawn by the due date of your return (see instructions) C Subtract line 14b from line 14a			12	0,072,200	
Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 14a Total distributions you received in 2016 from all HSAs (see instructions)	13		13	1 721 015	
HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 14a Total distributions you received in 2016 from all HSAs (see instructions)				1,721,013	
a separate Part II for each spouse. 14a Total distributions you received in 2016 from all HSAs (see instructions)	Part		sepa	rate HSAs. com	plete
Total distributions you received in 2016 from all HSAs (see instructions)					
b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions). c Subtract line 14b from line 14a	14a		14a	6,934,579	
c Subtract line 14b from line 14a	b				
15 Qualified medical expenses paid using HSA distributions (see instructions)		withdrawn by the due date of your return (see instructions)	14b	90,664	
Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	С		14c	· · ·	
include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	15	Qualified medical expenses paid using HSA distributions (see instructions)	15	6,678,241	
20% Tax (see instructions), check here	16	include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	284,278	
that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17a	· · · · · · · · · · · · · · · · · · ·			
	b	that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR,	4=:	264.040	
		line 60. Enter "HSA" and the amount on the line next to the box	1/0) (0 =

Form **8889**

Health Savings Accounts (HSAs)

► Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016

Attachment Sequence No. 52

Department of the Treasury Internal Revenue Service

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

Total Forms Filed =

10,555,111

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2 HSA contributions you made for 2016 (or those made on your behalf), including those made from January 1, 2017, through April 18, 2017, that were for 2016. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) 2 5,417,174 If you were under age 55 at the end of 2016, and on the first day of every month during 2016, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,750 for family coverage). All others, see the instructions for the amount to enter 49.106.153 3 Enter the amount you and your employer contributed to your Archer MSAs for 2016 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, also include any amount contributed to your spouse's Archer MSAs 4 60,643 5 49.054.842 5 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2016, see the instructions for the amount to 6 46,955,293 If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount 7 1,129,478 8 8 48,084,771 9 Employer contributions made to your HSAs for 2016 9 19,406,717 10 170,116 11 19,576,832 11 12 29,678,708 12 HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 13 4.966.885 Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions). Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 16,294,382 14a 14a Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) 14b 127,531 14c 16,166,851 Qualified medical expenses paid using HSA distributions (see instructions) 15 15 15,812,395 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, 16 include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted 16 354.456 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional b Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box 17b 60,527

Form 8889 (2016) Page **2**

Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instance completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.			
18	Last-month rule	18	9,279	
19	Qualified HSA funding distribution	19	*	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	11,584	
21	Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	11,584	

Form **8889** (2016)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 8889 (2016) Page 2

FOIIII	1009 (2010)			Page Z
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the inscompleting this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.			
18	Last-month rule	18	8,595	
19	Qualified HSA funding distribution	19	*	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	11,934	
21	Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	1.193	

Form **8889** (2016)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **8903**(Rev. December 2010)
Department of the Treasury

Domestic Production Activities Deduction

► Attach to your tax return. ► See separate instructions.

Attachment Sequence No. **143**

OMB No. 1545-1984

Internal Revenue Service

Name(s) as shown on return

Total Forms Filed =

887.200

Identifying number

	Total Forms Filed = 887,200				
	Note. Do not complete column (a), unless you have oil-related production activities. Enter amounts for all activities in column (b), including oil-related production activities. (a) Oil-related production activities.	tion activi	ities	(b) All activities	
1	Domestic production gross receipts (DPGR)	32		449,947	
2	Allocable cost of goods sold. If you are using the small business				
	simplified overall method, skip lines 2 and 3			309,320	┷
3	Enter deductions and losses allocable to DPGR (see instructions) . 3 86,15	51		347,812	+
4	If you are using the small business simplified overall method, enter the				
	amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4	7		64,979	
5	Add lines 2 through 4			428,504	+-
6	Subtract line 5 from line 1			403,879	+-
7				,	+
	certain partnerships and S corporations (see instructions)	90		332,294	
8	Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10				
9	Amount allocated to beneficiaries of the estate or trust (see				
	instructions)				
10a	Oil-related qualified production activities income. Estates and				
	trusts, subtract line 9, column (a), from line 8, column (a), all others,	_			
_	enter amount from line 8, column (a). If zero or less, enter -0- here . 10a 69,22	28			Т
k	O Qualified production activities income. Estates and trusts, subtract				
	line 9, column (b), from line 8, column (b), all others, enter amount				
	from line 8, column (b). If zero or less, enter -0- here, skip lines 11 through 21, and enter -0- on line 22			615,969	
11	Income limitation (see instructions):			010,000	+
	• Individuals, estates, and trusts. Enter your adjusted gross income figured without the)			
	domestic production activities deduction				
	• All others. Enter your taxable income figured without the domestic production activities		11	614,949	\perp
	deduction (tax-exempt organizations, see instructions)	J			
12	Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip lines 13 through				
	and enter -0- on line 22		12	607,966	+
	Enter 9% of line 12	1	13	598,433	
	a Enter the smaller of line 10a or line 12	6	116	E6 926	
	Reduction for oil-related qualified production activities income. Multiply line 14a by 3% Subtract line 14b from line 13		14b 15	56,826 598,433	+-
	Form W-2 wages (see instructions)		16	285,246	+-
	Form W-2 wages from estates, trusts, and certain partnerships and S corporations		10	200,240	+-
	(see instructions)		17	306,274	
18	Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line		18		
19	Amount allocated to beneficiaries of the estate or trust (see instructions)		19		
20	Estates and trusts, subtract line 19 from line 18, all others, enter amount from line 18		20	566,206	
21	Form W-2 wage limitation. Enter 50% of line 20		21	566,206	
22	Enter the smaller of line 15 or line 21		22	563,548	<u> </u>
23	Domestic production activities deduction from cooperatives. Enter deduction from Form				
	1099-PATR, box 6		23	186,678	+-
24	Expanded affiliated group allocation (see instructions)		24	*	+-
25	here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return		25	710 500	
	Tiele dila eri i eri i eri i eri eri eri eri eri e	• •	23	719,598	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37712F

Form **8903** (Rev. 12-2010)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **8903**

(Rev. December 2010) Department of the Treasury Internal Revenue Service

Domestic Production Activities Deduction

► Attach to your tax return. ► See separate instructions.

OMB No. 1545-1984

Attachment Sequence No. **143**

Identifying number Name(s) as shown on return Total Forms Filed = 887,200 Note. Do not complete column (a), unless you have oil-related (b) (a) production activities. Enter amounts for all activities in column (b), All activities Oil-related production activities including oil-related production activities. Domestic production gross receipts (DPGR) 1,289,373,461 35,943,133 2 Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3 2 29,166,075 899,132,132 3 4,712,845 3 Enter deductions and losses allocable to DPGR (see instructions). 228,885,304 4 If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4 51,120,158 4 161,894 1,179,137,595 5 34,040,814 110,235,866 1,902,320 6 7 Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions) . . . 7 65,595,761 595,307 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 8 9 Amount allocated to beneficiaries of the estate or trust (see 10a Oil-related qualified production activities income. Estates and trusts, subtract line 9, column (a), from line 8, column (a), all others, 3,263,530 enter amount from line 8, column (a). If zero or less, enter -0- here . 10a b Qualified production activities income. Estates and trusts, subtract line 9, column (b), from line 8, column (b), all others, enter amount from line 8, column (b). If zero or less, enter -0- here, skip lines 11 through 21, and enter -0- on line 22 188,958,819 11 Income limitation (see instructions): • Individuals, estates, and trusts. Enter your adjusted gross income figured without the All others. Enter your taxable income figured without the domestic production activities 11 442,231,705 deduction (tax-exempt organizations, see instructions) 12 Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip lines 13 through 21, 12 142,407,890 13 12,816,704 **b** Reduction for oil-related qualified production activities income. Multiply line 14a by 3% . . . 14b 70,166 15 12,746,538 16 195,362,033 17 Form W-2 wages from estates, trusts, and certain partnerships and S corporations 17 132,814,555 18 Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line 20 18 19 Amount allocated to beneficiaries of the estate or trust (see instructions) 19 20 Estates and trusts, subtract line 19 from line 18, all others, enter amount from line 18 . . . 20 328,176,588 21 164,088,420 12,221,130 23 Domestic production activities deduction from cooperatives. Enter deduction from Form 1.151.053 23 24 Expanded affiliated group allocation (see instructions) 24 Domestic production activities deduction. Combine lines 22 through 24 and enter the result here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return . . . 25 13,372,136

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37712F

Form **8903** (Rev. 12-2010)

^{*} Data not shown because of the small number of sample returns on which they are based.

13

14

2016 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form **8910**

Department of the Treasury Internal Revenue Service

Alternative Motor Vehicle Credit

► Attach to your tax return.

▶ Information about Form 8910 and its separate instructions is at www.irs.gov/form8910.

OMB No. 1545-1998

2016

Attachment
Sequence No. 152

Name(s) shown on return Total Forms Filed = 11,135		Ider	ntifying number	
	<u> </u>				
Note					
	e this form to claim the credit for certain alternative motor vehicles.				
	im the credit for certain plug-in electric vehicles on Form 8936.				
Par					
	a separate column for each vehicle. If you need more columns,	(a) Vehicle 1		(b) Vehicle	2
use a	additional Forms 8910 and include the totals on lines 7 and 11.				
4	Year, make, and model of vehicle				
1	real, make, and meder of remote 1. 1. 1. 1. 1. 1.				
2	Vehicle identification number (see instructions) 2 Enter date vehicle was placed in service (MM/DD/YYYY) 3				
3 4	Tentative credit (see instructions for amount to enter) 4	11,125		*	
-4	Next: If you did NOT use your vehicle for business or investm	,	havo r		tnorchin o
	S corporation, skip Part II and go to Part III. All others, go to Par		iiave d	a credit ironi a pai	thership o
Dor	<u> </u>			_	
Par			%		%
5 6			70		70
7			7	696	
	Add columns (a) and (b) on line 6	-	8	*	
8	Alternative motor vehicle credit from partnerships and S corpora	` _	0		
9	Business/investment use part of credit. Add lines 7 and	·			
	corporations, stop here and report this amount on Schedule I amount on Form 3800, Part III, line 1r			706	
			9	706	
Par					
10	If you skipped Part II, enter the amount from line 4. If you completed Part II, subtract line 6 from line 4				
				40.000	
11	Add columns (a) and (b) on line 10	<u> </u>	11	10,626	
12	Enter the amount from Form 1040, line 47, or Form 1040NR, line	9 45	12		

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37720F

13

14

15

2,882

11,132

10,623

Form **8910** (2016)

the space next to that box. If line 14 is smaller than line 11, see instructions .

Personal credits from Form 1040 or 1040NR (see instructions)

Personal use part of credit. Enter the **smaller** of line 11 or line 14 here and on Form 1040, line 54 (or Form 1040NR, line 51). Check box **c** on that line and enter "8910" in

^{*} Data not shown because of the small number of sample returns on which they are based.

Department of the Treasury Internal Revenue Service

Alternative Motor Vehicle Credit

► Attach to your tax return.

▶ Information about Form 8910 and its separate instructions is at www.irs.gov/form8910.

OMB No. 1545-1998 Attachment Sequence No. **152**

Name(s) shown on return Total Forms Filed = 11,135	ŀ	dentifying number	
Note	:	_		
• Use	e this form to claim the credit for certain alternative motor vehicles.			
• Cla	im the credit for certain plug-in electric vehicles on Form 8936.			
Pai	t I Tentative Credit			
	a separate column for each vehicle. If you need more columns, (a) Vehicle 1		(b) Vehicle 2	
use a	additional Forms 8910 and include the totals on lines 7 and 11.		(0) 10	
1	Year, make, and model of vehicle			
2	Vehicle identification number (see instructions) 2			
3	Enter date vehicle was placed in service (MM/DD/YYYY) 3 / /		/ /	
4	Tentative credit (see instructions for amount to enter) 4 65,761	<u> </u>	*	
	Next: If you did NOT use your vehicle for business or investment purposes and did no	ot hav	e a credit from a partner	ship c
	S corporation, skip Part II and go to Part III. All others, go to Part II.			
Par				
5	Business/investment use percentage (see instructions) 5	<u> %</u>		<u> %</u>
6	Multiply line 4 by line 5		2.22	
7	Add columns (a) and (b) on line 6	7	3,205	
8	Alternative motor vehicle credit from partnerships and S corporations (see instructions)	8	*	
9	Business/investment use part of credit. Add lines 7 and 8. Partnerships and S			
	corporations, stop here and report this amount on Schedule K. All others, report this			
_	amount on Form 3800, Part III, line 1r	9	4,237	
Par				
10	If you skipped Part II, enter the amount from line 4. If			
	you completed Part II, subtract line 6 from line 4			+
11	Add columns (a) and (b) on line 10	11	79,594	
12	Enter the amount from Form 1040, line 47, or Form 1040NR, line 45	12		
13	Personal credits from Form 1040 or 1040NR (see instructions)	13	5,092	
14	Subtract line 13 from line 12. If zero or less, enter -0- and stop here. You cannot claim		500 504	
	the personal use part of the credit	14	590,764	
15	Personal use part of credit. Enter the smaller of line 11 or line 14 here and on Form 1040 line 54 (or Form 1040NR line 51). Check box c on that line and enter "8910" in			

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37720F

15

26,867

Form **8910** (2016)

the space next to that box. If line 14 is smaller than line 11, see instructions $\,$.

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **8911**

Department of the Treasury Internal Revenue Service

Alternative Fuel Vehicle Refueling Property Credit

► Attach to your tax return.

▶ Information about Form 8911 and its instructions is at www.irs.gov/form8911.

OMB No. 1545-1981

2016

Attachment
Sequence No. 151

Name(s) shown on return Identifying number 9.704 Total Forms Filed = Part I Total Cost of Refueling Property Total cost of qualified alternative fuel vehicle refueling property placed in service during the tax 9,694 Part II Credit for Business/Investment Use Part of Refueling Property 2 Business/investment use part (see instructions) 1,222 3 Section 179 expense deduction (see instructions) 3 4 4 5 5 6 Maximum business/investment use part of credit (see instructions) . . . 6 2,221 7 7 1,219 8 Alternative fuel vehicle refueling property credit from partnerships and S corporations (see 8 Business/investment use part of credit. Add lines 7 and 8. Partnerships and S corporations, 9 stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1s 9 1.221 **Credit for Personal Use Part of Refueling Property** Part III Subtract line 2 from line 1. If zero, stop here; do not file this form unless you are claiming a 10 10 11 11 12 12 Maximum personal use part of credit (see instructions) 13 13 9,454 14 Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46; or the sum of the amounts from Form 1040NR, lines 42 and 44. 14 • Other filers. Enter the regular tax before credits from your return. 15 Credits that reduce regular tax before the alternative fuel vehicle refueling property credit: 15a Certain allowable credits (see instructions) 15b Add lines 15a and 15b 15c 7,432 16 Net regular tax. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; do not 16 9,449 17 Tentative minimum tax (see instructions): • Individuals. Enter the amount from Form 6251, line 33. 6,425 17 Other filers. Enter the tentative minimum tax from your alternative minimum } tax form or schedule. 18 Subtract line 17 from line 16. If zero or less, stop here; do not file this form unless you are 18 8,486 19 Personal use part of credit. Enter the smaller of line 13 or line 18 here and on Form 1040, line 54; Form 1040NR, line 51; or the appropriate line of your return. If line 18 is smaller than line 13, see instructions 8,486 19

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 37721Q

Form **8911** (2016)

^{*} Data not shown because of the small number of sample returns on which they are based.

8911

Department of the Treasury Internal Revenue Service

Alternative Fuel Vehicle Refueling Property Credit

► Attach to your tax return.

▶ Information about Form 8911 and its instructions is at www.irs.gov/form8911.

OMB No. 1545-1981

2016

Attachment
Sequence No. 151

Name(s) shown on return Identifying number 9,704 Total Forms Filed = **Total Cost of Refueling Property** Part I Total cost of qualified alternative fuel vehicle refueling property placed in service during the tax year (see **What's New** in the instructions) 18,324 **Credit for Business/Investment Use Part of Refueling Property** Part II 2 Business/investment use part (see instructions) 2 8,854 3 3 Section 179 expense deduction (see instructions) 4 4 5 6 Maximum business/investment use part of credit (see instructions) 64,153 2,442 Alternative fuel vehicle refueling property credit from partnerships and S corporations (see 8 **Business/investment use part of credit.** Add lines 7 and 8. Partnerships and S corporations. stop here and report this amount on Schedule K. All others, report this amount on Form 3800, 9 Part III, line 1s 2,585 Part III **Credit for Personal Use Part of Refueling Property** Subtract line 2 from line 1. If zero, stop here; do not file this form unless you are claiming a 10 10 11 11 12 Maximum personal use part of credit (see instructions) 12 13 13 2,610 Regular tax before credits: 14 • Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46; or the sum of the amounts from Form 1040NR, lines 42 and 44. 14 • Other filers. Enter the regular tax before credits from your return. 15 Credits that reduce regular tax before the alternative fuel vehicle refueling property credit: 15a 15b 15c 20,562 Net regular tax. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; do not 16 16 734,276 Tentative minimum tax (see instructions): 17 • Individuals. Enter the amount from Form 6251, line 33. 17 612,881 • Other filers. Enter the tentative minimum tax from your alternative minimum } tax form or schedule. 18 Subtract line 17 from line 16. If zero or less, stop here; do not file this form unless you are 18 127,852 19 Personal use part of credit. Enter the smaller of line 13 or line 18 here and on Form 1040, line 54; Form 1040NR, line 51; or the appropriate line of your return. If line 18 is smaller 19 2,309

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 37721Q

Form **8911** (2016)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **8917**

Department of the Treasury Internal Revenue Service

Tuition and Fees Deduction

► Attach to Form 1040 or Form 1040A.

Information about Form 8917 and its instructions is at www.irs.gov/form8917.

OMB No. 1545-0074

2016

Attachment Sequence No. 60

Name(s) shown on return

Before you begin:

Total Forms Filed = 1,694,022

Your social security number

5

6

1,686,917

1,687,102

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	1	
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CAL	77	ON

You cannot take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student for the same tax year.

✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.

	✓ If you file Form 1040, figure any write-in adju 1040, line 36. See the 2016 Form 1040 instru			red on the d	lotted	l line next to Form	
1	1 (a) Student's name (as shown on page 1 of your tax return) First name Last name		number (as	s social secu shown on pa ır tax return)	•	(c) Adjusted qualified expenses (see instructions)	
			Student 1			1,690,637	
			Student 2			42,470	
			Student 3	Student 4		*	
2	Add the amounts on line 1, column (c), and enter the total				2	1,690,637	
3	Enter the amount from Form 1040, line 22, or Form 1040A, line 15	3					
4	Enter the total from either:						
	• Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, or						
	• Form 1040A, lines 16 through 18	4					

Also enter this amount on Form 1040, line 34, or Form 1040A, line 19.

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

6, to figure the amount to enter on line 5.

Yes. Enter the smaller of line 2, or \$2,000.

No. Enter the smaller of line 2, or \$4,000.

filing jointly)?

Cat. No. 37728P

Form **8917** (2016)

* Data not shown because of the small number of sample returns on which they are based.

Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly),

*If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Effect of the Amount of Your Income on the Amount of Your Deduction in Pub. 970, chapter

Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married

stop; you cannot take the deduction for tuition and fees

Form **8917**

Department of the Treasury Internal Revenue Service

Tuition and Fees Deduction

► Attach to Form 1040 or Form 1040A.

Information about Form 8917 and its instructions is at www.irs.gov/form8917.

1,694,022

OMB No. 1545-0074

2016

Attachment
Sequence No. 60

Name(s) shown on return

Before you begin:

Total Forms Filed =

Your social security number

,	
	\
	_
_	_
	10.1
 	10.17

You **cannot** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.

	✓ If you file Form 1040, figure any write-in adjust 1040, line 36. See the 2016 Form 1040 instru			the c	lotted	line next to Form	
1	1 (a) Student's name (as shown on page 1 of your tax return) (b) St numb First name Last name 1				,	(c) Adjusted qualified expenses (see instructions)	
			Student 1			11,522,310	
			Student 2			338,312	
			Student 3 Stu	ıdent 4	4	*	*
2	Add the amounts on line 1, column (c), and enter the total				2	11,860,907	
3	Enter the amount from Form 1040, line 22, or Form 1040A, line 15	3					
4	Enter the total from either:						
	• Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, or						
	• Form 1040A, lines 16 through 18	4					
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160 stop ; you cannot take the deduction for tuition and fees		•	• .	5	106,386,576	
						100,000,010	
	*If you are filing Form 2555, 2555-EZ, or 4563, or you are excludin see <i>Effect of the Amount of Your Income on the Amount of Your Dec</i> 6, to figure the amount to enter on line 5.						
6	Tuition and fees deduction. Is the amount on line 5 more than \$ filing jointly)?	65,000) (\$130,000 if mai	ried			

Also enter this amount on Form 1040, line 34, or Form 1040A, line 19.

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

Yes. Enter the smaller of line 2, or \$2,000.

No. Enter the smaller of line 2, or \$4,000.

Cat. No. 37728P

Form **8917** (2016)

3,910,226

* Data not shown because of the small number of sample returns on which they are based.

Form **8936**

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles)

▶ Attach to your tax return.

2016
Attachment

OMB No. 1545-2137

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Total Forms Filed = 60.245

• Use this form to claim the credit for certain plug-in electric vehicles.

► Information about Form 8936 and its separate instructions is at www.irs.gov/form8936.

| Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | Identifying number | I

	00,210	
Note:		

• Clai	m the credit for certain alternative motor vehicles on Form	8910.			
Par	t I Tentative Credit				
Use a separate column for each vehicle. If you need more column use additional Forms 8936 and include the totals on lines 12 and			(a) Vehicle 1	(b) Vehicle 2	
1	Year, make, and model of vehicle	1			
2	Vehicle identification number (see instructions)	2			
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3			
4	If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, enter the tentative credit (see instructions)	4			

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Part	II Credit for Business/Investment Use Part of	Vehi	cle			
5	Pusingso/investment use percentage (see instructions)	5		07		0/
5	Business/investment use percentage (see instructions)	-		%		%
6	Multiply line 4 by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6				
7	Section 179 expense deduction (see instructions)	7				
8	Subtract line 7 from line 6	8				
9	Multiply line 8 by 10% (0.10)	9				
10	Maximum credit per vehicle	10				
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11				
12				12	5,008	
13				13	403	
14	Business/investment use part of credit. Add lines 12 and 13. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y			14	5,411	

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

Form **8936**

Department of the Treasury

Name(s) shown on return

Total Forms Filed =

Internal Revenue Service

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles)

► Attach to your tax return.

▶ Information about Form 8936 and its separate instructions is at www.irs.gov/form8936.

60.245

OMB No. 1545-2137

2016

Attachment
Sequence No. 125

Identifying number

Use a separate column for each vehicle. If you need more columns, use additional Forms 8936 and include the totals on lines 12 and 19.	()) () ()	
disc additional Forms coop and monder the totals on lines 12 and 15.	(a) Vehicle 1	(b) Vehicle 2
 Year, make, and model of vehicle		
4 If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, enter the tentative credit (see instructions)		

Part	Credit for Business/Investment Use Part of	Vehic	cle			
5	Business/investment use percentage (see instructions)	5		%		%
6	Multiply line 4 by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6				
7	Section 179 expense deduction (see instructions)	7				
8	Subtract line 7 from line 6	8				
9	Multiply line 8 by 10% (0.10)	9				
10	Maximum credit per vehicle	10				
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11				
12	Add columns (a) and (b) on line 11			12	19,352	
13				13	2,628	
14	Business/investment use part of credit. Add lines 12 corporations, stop here and report this amount on Scho	edule	K. All others, report this			
	amount on Form 3800, Part III, line 1y			14	21,980	

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

Form 8936 (2016) Page **2**

Part	Credit for Personal Use Part of Vehicle					
			(a) Vehicle 1		(b) Vehicle 2	
15	If you skipped Part II, enter the amount from line 4. If you completed Part II, subtract line 6 from line 4. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15				
16	Multiply line 15 by 10% (0.10)	16				_
17	Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17				_
18	For vehicles with four or more wheels, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17	18				
19	Add columns (a) and (b) on line 18			19	57,094	
20	Enter the amount from Form 1040, line 47, or Form 1040	NR, lir	ne 45	20		_
21	Personal credits from Form 1040 or 1040NR (see instruct	ions)		21	21,654	_
22	Subtract line 21 from line 20			22	60,197	
23	Personal use part of credit. Enter the smaller of line 1 1040, line 54, or Form 1040NR, line 51. Check box c of the space next to that box. If line 22 is smaller than line 19	n that	line and enter "8936" in	23	57,066	
						$\overline{}$

Form **8936** (2016)

Form 8936 (2016) Page **2**

Part	III Credit for Personal Use Part of Vehicle					_
			(a) Vehicle 1		(b) Vehicle 2	
15	If you skipped Part II, enter the amount from line 4. If you completed Part II, subtract line 6 from line 4. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15				
16	Multiply line 15 by 10% (0.10)	16				
17	Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17				
18	For vehicles with four or more wheels, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17	18				
19	Add columns (a) and (b) on line 18			19	388,710	
20	Enter the amount from Form 1040, line 47, or Form 1040f	NR, lir	ne 45	20		
21	Personal credits from Form 1040 or 1040NR (see instruct	ions)		21	157,406	
22	Subtract line 21 from line 20			22	9,327,073	
23	Personal use part of credit. Enter the smaller of line 1 1040, line 54, or Form 1040NR, line 51. Check box c of the space next to that box. If line 22 is smaller than line 1	n that	line and enter "8936" in	23	375,125	

Form **8936** (2016)

Form **8941**

Department of the Treasury

Credit for Small Employer Health Insurance Premiums

► Attach to your tax return.

▶ Information about Form 8941 and its separate instructions is at www.irs.gov/form8941.

OMB No. 1545-2198

Attachment

Internal Revenue Service Sequence No. **65** Name(s) shown on return Identifying number Total Forms Filed = 1,183

Α	Did you pay premiums during your tax year for employee health insurance coverage you provide Health Options Program (SHOP) Marketplace (or do you qualify for an exception to this requirement			ısiness
	 Yes. Enter Marketplace Identifier (if any): No. Stop. Do not file Form 8941 (see instructions for an exception that may apply to a cooperative, estate, trust, or tax-exempt entity) 	partr	nership, S corpo	ration
В	Enter the employer identification number (EIN) used to report employment taxes for individuals different from the identifying number listed above	inclu	ided on line 1 be	elow i
С	Does a tax return you (or any predecessor) filed for a tax year beginning in 2014 include a Form 89 and line 12 showing a positive amount?	41 wi	th line A checked	l "Yes'
	☐ Yes. Stop. Do not file Form 8941 (see instructions for an exception that may apply to a cooperative, estate, trust, or tax-exempt entity) (also see instructions for information about the	•		
	□ No.			
	tion: See the instructions and complete Worksheets 1 through 7 as needed.			
1	Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (total from Worksheet 1, column (a))	1		
2	Enter the number of full-time equivalent employees (FTEs) you had for the tax year (from Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2		
3	Average annual wages you paid for the tax year (from Worksheet 3, line 3). This amount must be a			
4	multiple of \$1,000. If you entered \$52,000 or more, skip lines 4 through 11 and enter -0- on line 12	3		
4	Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (b))	4	1,169	
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the	_	1,122	
•	average premium for the small group market in which the employee enrolls in health insurance			
	coverage (total from Worksheet 4, column (c))	5	1,165	
6	Enter the smaller of line 4 or line 5	6	1,165	
7	Multiply line 6 by the applicable percentage:			
	• Tax-exempt small employers, multiply line 6 by 35% (0.35)		4.405	
0	• All other small employers, multiply line 6 by 50% (0.50)	7	1,165	-
8 9	If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, enter the amount from	8	1,165	
3	Worksheet 6, line 7	9	1,157	
10	Enter the total amount of any state premium subsidies paid and any state tax credits available to		1,101	
	you for premiums included on line 4 (see instructions)	10	*	
11	Subtract line 10 from line 4. If zero or less, enter -0	11	1,169	
12	Enter the smaller of line 9 or line 11	12	1,157	
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health			
	insurance coverage under a qualifying arrangement (total from Worksheet 4, column (a))	13		
14	Enter the number of FTEs you would have entered on line 2 if you only included employees included on line 13 (from Worksheet 7, line 3)	14		
15	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	15	*	
16	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small			
	employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here		4.450	
	and report this amount on Schedule K. All others, stop here and report this amount on Form		1,158	
	3800, Part III, line 4h	16	1,158	
17	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	17		
18	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, Part III, line 4h	40		
19	Enter the amount you paid in 2016 for taxes considered payroll taxes for purposes of this credit	18		+
13	(see instructions)	19		
20	Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 45f	20		

For Paperwork Reduction Act Notice, see separate instructions.

* Data not shown because of the small number of sample returns on which they are based.

Cat. No. 37757S

Form **8941** (2016)

Form **8941**

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Credit for Small Employer Health Insurance Premiums

► Attach to your tax return.

▶ Information about Form 8941 and its separate instructions is at www.irs.gov/form8941.

OMB No. 1545-2198

Attachment Sequence No. **65**

Identifying number

Total Forms Filed = 1.183 Did you pay premiums during your tax year for employee health insurance coverage you provided through a Small Business Health Options Program (SHOP) Marketplace (or do you qualify for an exception to this requirement)? (see instructions) Yes. Enter Marketplace Identifier (if any): No. Stop. Do not file Form 8941 (see instructions for an exception that may apply to a partnership, S corporation, cooperative, estate, trust, or tax-exempt entity) Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1 below if different from the identifying number listed above Does a tax return you (or any predecessor) filed for a tax year beginning in 2014 include a Form 8941 with line A checked "Yes" and line 12 showing a positive amount? Tys. Stop. Do not file Form 8941 (see instructions for an exception that may apply to a partnership, S corporation, cooperative, estate, trust, or tax-exempt entity) (also see instructions for information about the credit period limitation) Caution: See the instructions and complete Worksheets 1 through 7 as needed. Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (total from Worksheet 1, column (a)) Enter the number of full-time equivalent employees (FTEs) you had for the tax year (from Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12 Average annual wages you paid for the tax year (from Worksheet 3, line 3). This amount must be a multiple of \$1,000. If you entered \$52,000 or more, skip lines 4 through 11 and enter -0- on line 12 Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (b)) 16,410 Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which the employee enrolls in health insurance 20,471 5 6 15.656 Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 35% (0.35) • All other small employers, multiply line 6 by 50% (0.50) 7,828 7 If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6 8 7,702 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, enter the amount from 4.378 Enter the total amount of any state premium subsidies paid and any state tax credits available to 10 10 16.410 11 11 12 4,378 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of 13 employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (a)) . . . 13 Enter the number of FTEs you would have entered on line 2 if you only included employees 14 Credit for small employer health insurance premiums from partnerships, S corporations, 15 16 Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here 4,378 and report this amount on Schedule K. All others, stop here and report this amount on Form 4,378 16 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) 17 17 18 Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount 18 19 Enter the amount you paid in 2016 for taxes considered payroll taxes for purposes of this credit (see instructions) 19 Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 45f 20

* Data not shown because of the small number of sample returns on which they are based.

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

OMB No. 1545-0074 6 Attachment

Name(s) shown on return Total Forms Filed =

Sequence No. 71 Your social security number 4,306,746 Additional Medicare Tay on Medicare Wages

Part	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	4,108,533		
2	Unreported tips from Form 4137, line 6	2	*		
3	Wages from Form 8919, line 6	3	1,255		
4	Add lines 1 through 3	4	4,108,591		
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	4,284,327		
6	Subtract line 5 from line 4. If zero or less, enter -0	·		. 6	3,186,499
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by	0.9%	(0.009). Enter here an	b	
	go to Part II		`	. 7	3,184,832
Part	go to Part II	come	•	-	
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	1,129,338		
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	4,099,148		
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11	1,088,391		
12	Subtract line 11 from line 8. If zero or less, enter -0			. 12	1,007,905
13	Additional Medicare Tax on self-employment income. Multiply				
	here and go to Part III		1,007,603		
Part	Additional Medicare Tax on Railroad Retirement	Tax	Act (RRTA) Comper	sation	
14	Railroad retirement (RRTA) compensation and tips from		2.450		
	Form(s) W-2, box 14 (see instructions)	14	2,458		
15	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000		4 004 500		
	Single, Head of household, or Qualifying widow(er) \$200,000	15	4,001,582		1,551
16	Subtract line 15 from line 14. If zero or less, enter -0			. 16	1,951
17	Additional Medicare Tax on railroad retirement (RRTA) compen	sation	n. Multiply line 16 by		1,551
D1	0.9% (0.009). Enter here and go to Part IV			. 17	1,951
Part				_	
18	Add lines 7, 13, and 17. Also include this amount on Form				3,647,785
Part	1040-PR, and 1040-SS filers, see instructions) and go to Part \ V Withholding Reconciliation	<i>/</i>	<u> </u>	. 18	3,011,000
19	Medicare tax withheld from Form W-2, box 6. If you have				
19	more than one Form W-2, enter the total of the amounts				
	from box 6	19	4,100,677		
20		20	4,100,011		
20 21	Enter the amount from line 1	20			
-1	Medicare tax withholding on Medicare wages	21	4,106,883		
22					
22	Subtract line 21 from line 19. If zero or less, enter -0 This is you withholding on Medicare wages	. 22	3,147,691		
99	Additional Medicare Tax withholding on railroad retirement (RF				-,,
23	W-2, box 14 (see instructions)	,	•	n . 23	1,363
24	Total Additional Medicare Tax withholding. Add lines 22 and			. 23	
		1	l .		
				R.	
	amount with federal income tax withholding on Form 1040, line and 1040-SS filers, see instructions)	64 (F	orm 1040NR, 1040-PF	R, 24	3,148,740

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

Cat. No. 59475X

Form **8959** (2016)

Department of the Treasury

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.

2016

OMB No. 1545-0074

Attachment Sequence No. **71** Internal Revenue Service ▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959. Name(s) shown on return Your social security number Total Forms Filed = 4.306.746 **Additional Medicare Tax on Medicare Wages** Part I 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 1.614.721.190 1 2 Unreported tips from Form 4137, line 6 2 Wages from Form 8919, line 6 3 3 138,871 4 Add lines 1 through 3 4 1,614,868,814 Enter the following amount for your filing status: Married filing separately \$125,000 1.021.852.647 Single, Head of household, or Qualifying widow(er) \$200,000 715,637,752 6 6 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and 6.440.741 go to Part II . 7 Part II Additional Medicare Tax on Self-Employment Income 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.) 252,095,185 8 9 Enter the following amount for your filing status: Married filing separately \$125,000 978,470,565 Single, Head of household, or Qualifying widow(er) \$200,000 9 10 10 Subtract line 10 from line 9. If zero or less, enter -0-... 125,147,494 11 11 174,126,112 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter 13 1,567,132 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from 829.181 Form(s) W-2, box 14 (see instructions) 15 Enter the following amount for your filing status: Married filing jointly. \$250,000 Married filing separately \$125,000 955.202.094 Single, Head of household, or Qualifying widow(er) \$200,000 15 314,322 16 16 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 2.829 17 **Total Additional Medicare Tax** Part IV Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 8,010,702 1040-PR, and 1040-SS filers, see instructions) and go to Part V . . . Withholding Reconciliation Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts 29,491,251 19 20 20 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages 23.413.435 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 6,150,813 22 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form 23 2,893 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,

* Data not shown because of the small number of sample returns on which they are based.

Form **8960**

Department of the Treasury Internal Revenue Service (99)

Net Investment Income Tax— Individuals, Estates, and Trusts

► Attach to your tax return.

▶ Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

OMB No. 1545-2227

2016

Attachment
Sequence No. 72

Name(s)	shown on your tax return Total Forms Filed = 4,526,310			Yo	ur socia	al security number or	EIN
Part	(6)			66			
	Section 6013(h) election (see instruction is a section for						
	Regulations section 1.1411-10(g) elec						Г
1	Taxable interest (see instructions)				1	3,812,995	
2	Ordinary dividends (see instructions)			•	3	3,284,016	
3	Annuities (see instructions)			•	3	80,987	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	2,239,175				
b	Adjustment for net income or loss derived in the ordinary course of		2,200,170		-		
Б	a non-section 1411 trade or business (see instructions)	4b	1,481,006				
С	Combine lines 4a and 4b		1,401,000		4c	1,451,540	
5a	Net gain or loss from disposition of property (see instructions)	5a	3,269,124	•		1,401,040	
b	Net gain or loss from disposition of property that is not subject to				1		
b	net investment income tax (see instructions)	5b	361,244				
С	Adjustment from disposition of partnership interest or S corporation		40.000				
	stock (see instructions)	5с	12,360				
d	Combine lines 5a through 5c				5d	3,199,536	
6	Adjustments to investment income for certain CFCs and PFICs (see in				6	8,494	
7	Other modifications to investment income (see instructions)				7	832,181	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7				8	4,293,600	
Part			odifications				
9a	Investment interest expenses (see instructions)	9a	567,432				
b	State, local, and foreign income tax (see instructions)	9b	3,035,554				
С	Miscellaneous investment expenses (see instructions)	9с	555,655				
d	Add lines 9a, 9b, and 9c				9d	3,242,853	
10	Additional modifications (see instructions)				10	204,278	
	Total deductions and modifications. Add lines 9d and 10				11	3,257,670	
	Tax Computation						Т
12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Inc					3,934,267	
	17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-			•	12	3,934,207	
	Individuals:	1					
13	Modified adjusted gross income (see instructions)	13	4,522,295		-		
14	Threshold based on filing status (see instructions)	14	4,526,310		-		
15	Subtract line 14 from line 13. If zero or less, enter -0	15	4,483,536			3,908,932	
16	Enter the smaller of line 12 or line 15				16	0,000,002	
17	Net investment income tax for individuals. Multiply line 16 by 3.8 include on your tax return (see instructions)				17	3,853,849	
	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					
С	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			-		
	Highest tax bracket for estates and trusts for the year (see	134			-		
J	instructions)	19b					
С	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 b			ere			
	and include on your tax return (see instructions)	, J.O	, (.000). Litter 110		21		

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

Cat. No. 59474M

Form **8960** (2016)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form **8960**

Department of the Treasury Internal Revenue Service (99)

Net Investment Income Tax— Individuals, Estates, and Trusts

► Attach to your tax return.

► Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

OMB No. 1545-2227

2016

Attachment
Sequence No. 72

Name(s) shown on your tax return Your social security number or EIN Total Forms Filed = 4.526.310 Section 6013(g) election (see instructions) **Investment Income** Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) 1 1 53,538,223 2 2 149,409,193 3 3 2,864,114 Rental real estate, royalties, partnerships, S corporations, trusts, 4a 4a 586,221,457 b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) 4b -513,588,212 4c C 72.633.245 521,291,986 Net gain or loss from disposition of property (see instructions) . 5a 5a Net gain or loss from disposition of property that is not subject to -124,163,112 net investment income tax (see instructions) 5b Adjustment from disposition of partnership interest or S corporation -25.223.225 stock (see instructions) d 5d 371,905,649 Adjustments to investment income for certain CFCs and PFICs (see instructions) . . . 6 6 450.016 7 Other modifications to investment income (see instructions) 7 -2.452.340 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 648.348.101 Part II **Investment Expenses Allocable to Investment Income and Modifications** Investment interest expenses (see instructions) 12.021.932 b State, local, and foreign income tax (see instructions) 39,556,598 Miscellaneous investment expenses (see instructions) 9c 18,177,436 9d 69,755,967 10 10 402,276 Total deductions and modifications. Add lines 9d and 10 11 11 70,158,243 Part III Tax Computation 12 Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-586,820,736 17. Estates and trusts complete lines 18a–21. If zero or less, enter -0- 12 Individuals: 2,933,170,976 13 Modified adjusted gross income (see instructions) 13 14 Threshold based on filing status (see instructions) 14 1,070,650,716 15 Subtract line 14 from line 13. If zero or less, enter -0-15 1,870,280,411 511,872,364 16 16 Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and 17 19,451,137 include on your tax return (see instructions) 17 **Estates and Trusts:** 18a Deductions for distributions of net investment income and 18b deductions under section 642(c) (see instructions) Undistributed net investment income. Subtract line 18b from 18a (see 18c 19a Adjusted gross income (see instructions) 19a Highest tax bracket for estates and trusts for the year (see 19b Subtract line 19b from line 19a. If zero or less, enter -0-19c 20 20 21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here 21 and include on your tax return (see instructions) .

Form **8962**

Premium Tax Credit (PTC)

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

Attachment Sequence No. **73**

Department of the Treasury Internal Revenue Service

▶ Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.

2016 Attachment Sequence No. 73

OMB No. 1545-0074

Name	shown on your r	eturn			4 =			Your socia	al security number						
	-	Total For	ms Filed =	6,55	1,589										
		PTC if your filing status		· ·		qualify for a	n exception (se	ee instructi	ons). If you qualify, c	heck t	he box.				
Pa		ual and Monthly								1 -	C FF4 0FC				
1	Tax family s	ize. Enter the number	er of exemption	ns from	Form 1040 o	or Form 10	40A, line 6d,	or Form	1040NR, line 7d	1	6,551,056				
2a		GI. Enter your motructions)		6,5	23,389		r the total ified AGI (see		ur dependents' ons)	2b	91,611				
3	Household i	ncome. Add the amo	ounts on lines	2a and 2	2b (see instr	uctions) .				3	6,408,855				
4		erty line. Enter the fe box for the federal p							ions). Check the 3 states and DC	4					
5	Household in		5	6,551,589 %											
6	Did you ente														
	No. Cor	ntinue to line 7.													
		ou are not eligible to report your excess a				nt of the P	TC was mad	e, see the	instructions for						
7	Applicable F	igure. Using your line	e 5 percentage	, locate y	our "applica	able figure"	on the table	in the inst	ructions	7	6,060,964				
8a	Annual contrib	oution amount. Multiply li	ine 3 by			b Mont	hly contributi	on amour	nt. Divide line 8a						
		to nearest whole dollar a			30,376				le dollar amount	8b	5,922,000				
Par		nium Tax Credit													
9		0.			•			_	_		ge (see instructions)?				
40		to Part IV, Allocation of	•					-	No. Continue to	line	10.				
10	Yes. Co	ructions to determin ontinue to line 11. Continue to line 24.	•			•	ū	123.	_		es 12–23. Compute d continue to line 24.				
	Annual (a) Annual enrollment premiums (Form(s) 1095-A (Form(s) 1095-A) (b) Annual applicable SLCSP premium contribution amount (Form(s) 1095-A) (c) Annual premium assistance contribution amount (subtract (c) from (h) if						(e) Annual premium credit allowed	tax	(f) Annual advance payment of PTC (Form (s) 1095-A, line 33C)						
		1095-A, line 33A)		line 33B)			zero or less,	enter -0-)	(smaller of (a) or (a))	,				
11_	Annual Totals	2,392,682	2,357,8			-	2,226,057		2,226,057		2,450,332				
c	Monthly calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)	(b) Monthly ap SLCSP premiu (s) 1095-A, line column	mium (Form (amount fro		on amount rom line 8b ve marriage (d) Monthly premium as (subtract (c)		rom (b), if	credit allowed		(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)				
12	January								1,818,271		2,073,786				
13	February								2,091,783		2,390,532				
14	March								2,402,751		2,741,069				
15	April								2,393,394		2,733,137				
_16	May								2,322,969		2,645,358				
	June								2,259,971		2,566,543				
18	July								2,213,234		2,506,285 2,401,322				
	August September								2,126,037 2,073,879		2,341,819				
21	October								2,073,079		2,285,286				
22	November								1,991,596		2,234,999				
23	December								1,939,834		2,166,119				
24		um tax credit. Enter t	the amount fro	m line 1	1(e) or add I	ines 12(e) 1	through 23(e)	and ente	-	24	5,426,187				
25	Advance pa	yment of PTC. Enter	the amount fr	om line	11(f) or add	lines 12(f)	through 23(f)	and ente	r the total here	25	6,156,456				
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater														
D		leave this line blank an								26	2,644,433				
Par		ayment of Exce							difference le	07	2 454 270				
27 28		ince payment of PTC. limitation (see instru	-				4 from line 25		e uitterence here	27 28	3,454,370 3,069,027				
28 29	Excess adva	ance premium tax cr	redit repaymer	nt. Enter	the smaller	of line 27	or line 28 he	re and on							
	46; Form 10	40A, line 29; or For	m 1040NR, lin	e 44 .						29	3,454,370				

Premium Tax Credit (PTC)

► Attach to Form 1040, 1040A, or 1040NR. ▶ Information about Form 8962 and its separate instructions is at www.irs.gov/form8962. OMB No. 1545-0074 2016 Attachment Sequence No. 73

Department of the Treasury Internal Revenue Service

Name shown on your return Your social security number Total Forms Filed = 6,551,589 You cannot claim the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box.

Part I Annual and Monthly Contribution Amount												
1					or Form 10	40A, line 6d, or Form	040NR, line 7d	1	13,452			
2a		GI. Enter your motructions)		,326,243		r the total of you		2b	753,299			
3	Household i	ncome. Add the amo	ounts on lines 2a and	2b (see instr	uctions) .			3	220,221,652			
4			ederal poverty line am			-2, or 1-3 (see instruct awaii c ☐ Other 48	ions). Check the 3 states and DC	8,634				
5	Household in	ncome as a percentaç	ge of federal poverty li	ne (see instru	ctions) .			5	105,897,476%			
6	Did you ente	er 401% on line 5? (\$	See instructions if you	entered less	s than 1009	%.)						
	No. Cor	ntinue to line 7.										
			take the PTC. If advance PTC repayme		nt of the P	TC was made, see the	instructions for					
7	Applicable F	ructions	7	3,262,509								
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount 8a 12,026,844 by 12. Round to nearest whole dollar amount 8b 1,002,4												
Part	Pren	nium Tax Credit	Claim and Rece	onciliation	of Adva	ance Payment of	Premium Tax	Cre	dit			
9	Are you allo	cating policy amount	ts with another taxpay	er or do you	want to us	se the alternative calcu	lation for year of m	narriaç	ge (see instructions)?			
	Yes. Skip	to Part IV, Allocation of	of Policy Amounts, or Par	t V, Alternative	Calculation	for Year of Marriage.	No. Continue to	line 1	0.			
10			e if you can use line 1		•							
			ompute your annual I	PTC. Then sl	kip lines 12	2–23			es 12–23. Compute			
	and con	tinue to line 24.				(d) Appual maximum	your monthly P1	C and	d continue to line 24.			
	Annual	(a) Annual enrollment	(b) Annual applicable SLCSP premium	(c) Ar		(d) Annual maximum premium assistance	(e) Annual premium		(f) Annual advance			
Ca	Calculation premiums		(Form(s) 1095-A,	contribution amount (line 8a)		(subtract (c) from (b), if	credit allowed (smaller of (a) or (d		payment of PTC (Form (s) 1095-A, line 33C)			
44	AI Tatala	,	line 33B) 15,990,160	`		zero or less, enter -0-)			· · · · · · · · · · · · · · · · · · ·			
11	Annual Totals	16,547,387	15,990,100	4,765 (c) Mo	-	11,745,607	11,537,990		12,445,034			
1	Monthly	(a) Monthly enrollment premiums (Form(s)	(b) Monthly applicable SLCSP premium (Form	contributio	n amount	(d) Monthly maximum premium assistance	(e) Monthly premium credit allowed	tax p	(f) Monthly advance ayment of PTC (Form(s)			
Ca	alculation	1095-A, lines 21–32,	(s) 1095-A, lines 21–32,	(amount from line 8b or alternative marriage		(subtract (c) from (b), if	(smaller of (a) or (d))		1095-A, lines 21–32,			
		column A)	column B)	monthly ca	alculation)	zero or less, enter -0-)			column C)			
12	January						812,493		910,731			
13	February						903,291		1,013,428			
14	March						1,009,909		1,130,637			
15	April						1,004,791		1,124,948			
16	May						978,630		1,084,669			
17	June						953,308		1,059,607			
18	July						930,757		1,036,047			
19	August						895,204		995,172			
20	September						875,592		969,416			
21	October						855,574		944,496			
22	November						842,342		926,827 907,612			
23	December Total promit	ım tay aradit. Enter t	ho amount from line	11(0) or odd 1	inos 19(s)	through 23(a) and ente	823,779	24	22,183,074			
24 25	•			, ,		through 23(e) and ente through 23(f) and ente		24 25	24,537,138			
23	·			` '	` '	• ,,		20	24,007,100			
26						24. Enter the difference lands, enter zero. Stop here. I						
						, enter zero. Stop nere. I		26	1,919,003			
Part			ss Advance Pay						1,010,000			
27						4 from line 25. Enter the	difference here	27	4,274,073			
28		limitation (see instru	•					28	3,173,961			
29	' '	`	,									
		r the smaller	of line 27	or line 28 here and on	Form 1040 line							

Form 8962 (2016) Page 2 Part IV Allocation of Policy Amounts Complete the following information for up to four shared policy allocations. See instructions for allocation details. Allocation 1 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (d) Allocation stop month 30 (c) Allocation start month (g) Advance Payment of the PTC Allocation percentage (f) SLCSP Percentage (e) Premium Percentage applied to monthly Percentage amounts Allocation 2 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 3 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (f) SLCSP Percentage (e) Premium Percentage Percentage applied to monthly amounts Allocation 4 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 33 (g) Advance Payment of the PTC Allocation percentage (f) SLCSP Percentage (e) Premium Percentage applied to monthly Percentage amounts 34 Have you completed all policy amount allocations? Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and nonallocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24. No. See the instructions to report additional policy amount allocations. Part V Alternative Calculation for Year of Marriage Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V. (a) Alternative family size (c) Alternative start month (d) Alternative stop month (b) Alternative monthly 35 Alternative entries contribution amount for your SSN

(b) Alternative monthly

contribution amount

(a) Alternative family size

Alternative entries

for your spouse's

SSN

36

(c) Alternative start month

Form **8962** (2016)

(d) Alternative stop month

Form 8962 (2016) Page **2**

Part											
Compl	ete the following informat	on for up to four sl	nared policy allocations	. See instruct	ons for allocation details.						
Alloca	ation 1										
30	(a) Policy Number (For	m 1095-A, line 2)	(b) SSN of other taxpa	ayer	(c) Allocation start m	nonth	(d) Allocation stop month				
	Allocation percentage applied to monthly amounts	(e) Pren	nium Percentage	(f) SI	CSP Percentage	(g) A	(g) Advance Payment of the PTC Percentage				
Alloca	ation 2										
31	(a) Policy Number (For	m 1095-A, line 2)	(b) SSN of other taxpa	ayer	(c) Allocation start m	nonth	(d) Allocation stop month				
	Allocation percentage applied to monthly amounts	(e) Pren	nium Percentage	(f) SI	CSP Percentage	(g) A	(g) Advance Payment of the PTC Percentage				
Alloor	ation 3										
32	(a) Policy Number (For	m 1095-A, line 2)	(b) SSN of other taxpa	ayer	(c) Allocation start m	nonth	(d) Allocation stop month				
	Allocation percentage applied to monthly amounts	(e) Pren	nium Percentage	entage (f) SLCSP Percentage			dvance Payment of the PTC Percentage				
Alloor	ation 4										
33	(a) Policy Number (For	m 1095-A, line 2)	(b) SSN of other taxpa	ayer	(c) Allocation start m	nonth	nth (d) Allocation stop month				
	Allocation percentage applied to monthly amounts	(e) Pren	nium Percentage	(f) SI	CSP Percentage	(g) Advance Payment of the PTC Percentage					
Have you completed all policy amount allocations? Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24. No. See the instructions to report additional policy amount allocations.											
Part	V Alternative Ca	Iculation for Y	ear of Marriage								
Compl		elect the alternative	ve calculation for year o			election,	see the instructions for line 9.				
35	Alternative entries for your SSN	a) Alternative fam	ily size (b) Alternative contribution an		(c) Alternative start mon	th (d) Alternative stop month				
36	Alternative entries for your spouse's SSN	a) Alternative fam	ily size (b) Alternative contribution an		(c) Alternative start mon	th ((d) Alternative stop month				

Internal Revenue Service

Health Coverage Exemptions

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

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

OMB No. 1545-0074

Name as shown on return

Total Forms Filed = 13,095,704 Your social security number

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part	Marketplace-Granted							you a	and/o	r a m	emb	er of	your	tax l	nouse	eholo
	have an exemption granted by the Marketplace, (a) Name of Individual					(1	b) SN			(c) Exemption Certificate Number						
				258	,802											
1						95	047									
2						00,	047									
3						40,	276									
						29,	068									
4					18,804											
5						13.	729									
6	0	- Olaima d	V D-1-		V -			11-								
	Coverage Exemption If you are claiming a coverage check here.									is be	elow t		ng thi		ld,	
Part I	Coverage Exemption								u and	d/or a	a mer				ıx	
	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(I) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8		9,646,115														
9		3,798,870														
10		1,838,513														
11		1,022,534														
12		463,223														
10		204,424														

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

Cat. No. 37787G

Form **8965** (2016)

Note: Individuals may receive multiple exemptions.

