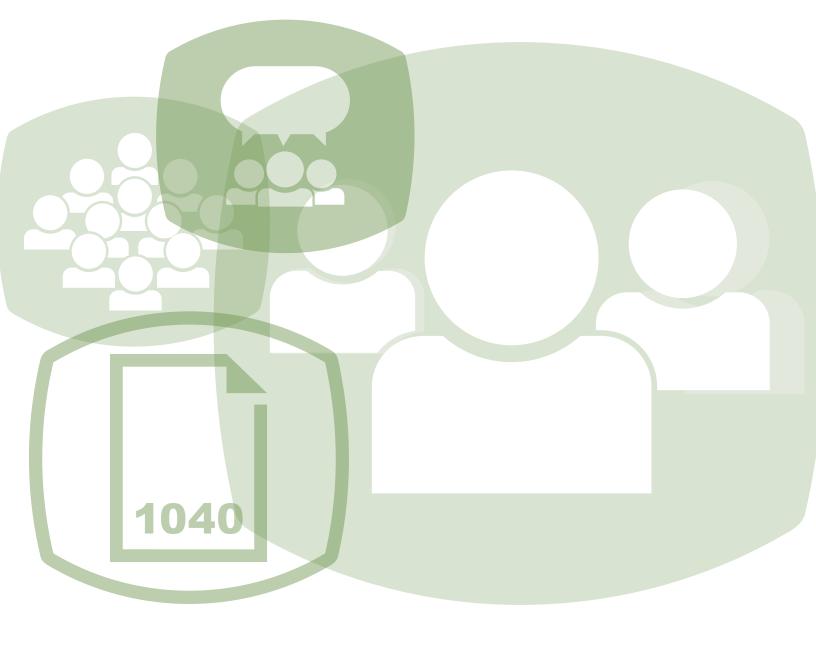


Individual Income Tax Returns Line Item Estimates



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Department of the Treasury Internal Revenue Service

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Individual Income Tax Returns Line Item Estimates, 2017

Publication 4801 (Rev. 9-2019)

This 2017 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 2017 Individual SOI Complete report weighted file. The estimates presented here are based on returns filed in Processing Year 2018 that were sampled statistically and then weighted to estimate the entire 2017 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.

2017 Complete Report estimates:

152,903,231	Total, all individual returns filed
88,437,257	1040 returns
39,621,455	1040A returns
24,844,519	1040EZ returns

Estimates of returns filed electronically:

135,016,593 Total, all individual returns filed

75,826,047	1040 returns
36,842,523	1040A returns
22,348,023	1040EZ returns

Suggested Citation

Statistics of Income—2017 Individual Income Tax Returns Line Item Estimates Internal Revenue Service Washington, D.C.

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Form 8903, Domestic Production Activities Deduction Returns
Form 8910, Alternative Motor Vehicle Credit Returns
Form 8911, Alternative Fuel Vehicle Refueling Property Credit Returns
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This publication was prepared by Adrian Dungan, Jennifer Ferris, and Michael Parisi, economists with the Individual and Tax-Exempt Special Studies Section.

Totals for Forms and Schedules

Line Item Estimate Totals for Tax Year 2017

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 2017

Type of Form	Total	Electronically Filed
All returns filed	152,903,231	135,016,593
Form 1040	88,437,257	75,826,047
Form 1040A	39,621,455	36,842,523
Form 1040EZ	24,844,519	22,348,023
Schedule A, Itemized Deductions	47,405,095	42,663,729
Schedule B, Interest and Ordinary Dividends	22,116,864	19,557,205
Schedule C, Profit or Loss From Business (Sole Proprietorship)	29,928,860	25,849,184
Schedule C-EZ, Net Profit From Business (Sole Proprietorship)	5,512,722	4,778,730
Schedule D, Capital Gains and Losses	21,961,028	19,686,092
Schedule E, Supplemental Income and Loss	19,790,900	17,634,461
Schedule EIC, Earned Income Credit	20,020,867	18,856,745
Schedule F, Profit or Loss From Farming	1,867,570	1,677,502
Schedule R, Credit for the Elderly or Disabled	64,426	54,284
Schedule SE, Self-Employment Tax	21,336,384	18,337,638
Schedule 8812, Child Tax Credit	18,688,039	17,285,769
Form 982, Reduction of Tax Attributes Due to Discharge of Indebtedness		
(and Section 1082 Basis Adjustment)	148,439	129,530
Form 2106, Employee Business Expenses	9,408,647	8,431,644
Form 2106-EZ, Unreimbursed Employee Business Expenses	4,768,927	4,268,041
Form 2439, Undistributed Long-Term Capital Gains	5,631	5,631
Form 2441, Child and Dependent Care Expenses	7,282,062	6,894,261
Form 3468, Investment Credit	27,936	26,542
Form 3800, General Business Credit	696,588	635,202
Form 3903, Moving Expenses	1,098,781	1,005,425
Form 4136, Credit for Federal Tax Paid on Fuels	288,899	259,585
Form 4562, Depreciation and Amortization	11,647,767	10,523,339
Form 4684, Casualties and Thefts	786,702	702,791
Form 4797, Sales of Business Property	3,493,430	3,159,745
Form 4835, Farm Rental Income and Expenses	511,366	449,563
Form 4952, Investment Interest Expense Deduction	1,869,834	1,679,053
Form 4972, Tax on Lump-Sum Distributions	8,715	6,012
Form 5329, Additional Taxes on Qualified Plans (including IRAs) and Other Tax-Favored Accounts	2,344,142	2,135,065
Form 5405, Repayment of the First-Time Homebuyer Credit	126,623	111,337
Form 5695, Residential Energy Credits	1,779,690	1,616,286

Type of Form	Total	Electronically Filed
Form 5884, Work Opportunity Credit	10,717	9,790
Form 6251, Alternative Minimum Tax-Individuals	10,781,598	9,833,996
Form 6252, Installment Sale Income	496,698	444,811
Form 6765, Credit for Increasing Research Activities	15,236	13,444
Form 6781, Gains and Losses From Section 1256 Contracts and Straddles	529,417	471,880
Form 8283, Noncash Charitable Contributions	8,846,912	7,962,811
Form 8396, Mortgage Interest Credit	105,035	100,643
Form 8582, Passive Activity Loss Limitations	8,000,130	7,200,438
Form 8586, Low-Income Housing Credit	8,235	7,458
Form 8606, Nondeductible IRAs	2,462,006	2,226,212
Form 8615, Tax for Certain Children Who Have Unearned Income	370,710	327,968
Form 8801, Credit for Prior Year Minimum Tax—Individuals, Estates, and Trusts	1,242,584	1,137,654
Form 8814, Parents' Election To Report Child's Interest and Dividends	121,914	108,225
Form 8824, Like-Kind Exchanges	263,470	233,323
Form 8829, Expenses for Business Use of Your Home	3,282,756	2,927,704
Form 8839, Qualified Adoption Expenses	111,585	100,747
Form 8846, Credit for Employer Social Security and Medicare Taxes Paid	04.007	00.045
on Certain Employee Tips	31,887	29,815
Form 8853, Archer MSAs and Long-Term Care Insurance Contracts	161,959	144,966
Form 8863, Education Credits (American Opportunity & Lifetime Learning Credits)	10,545,097	9,820,686
Form 8880, Credit for Qualified Retirement Savings Contributions	8,799,026	8,238,686
Form 8889, Health Savings Accounts (HSAs)	11,774,233	10,956,897
Form 8903, Domestic Production Activities Deduction	927,345	860,996
Form 8910, Alternative Motor Vehicle Credit	13,801	12,766
Form 8911, Alternative Fuel Vehicle Refueling Property Credit	10,612	9,449
Form 8917, Tuition and Fees Deduction	1,114,293	987,097
Form 8936, Qualified Plug-in Electric Drive Motor Vehicle Credit	94,364	86,881
Form 8941, Credit for Small Employer Health Insurance Premiums	442	436
Form 8959, Additional Medicare Tax	4,649,074	4,287,670
Form 8960, Net Investment Income Tax- Individuals, Estates, and Trusts	5,312,048	4,822,025
Form 8962, Premium Tax Credit	6,343,258	5,500,795
Form 8965, Health Coverage Exemptions	12,861,580	11,213,185

Limitations and Guidelines for the 2017 Line Item Estimates

Since SOI obtained the line counts used in this package from the Tax Year 2017 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 125,986,699 and 126,542,263.) These confidence intervals correspond to the estimates for all individual income tax returns filed for Tax Year 2017.

Item	Line number on 1040	95% confidence interval		
Salaries and wages	7	(125,986,699	, 126542263)	
Taxable interest	8a	(43,892.497	, 44,493,521)	
Tax-exempt interest	8b	(6,045,050	, 6,281,724)	
Ordinary dividends	9a	(27,923,423	, 28,419,239)	
State income tax refunds	10	(19,762,611	, 20,218,395)	
Alimony received	11	(374,379	, 453,709)	
Capital gain distributions reported on Form 1040	13 (margin write in)	(4,108,850	, 4,350,796)	
Taxable IRA distributions	15b	(14,902,529	, 15,331,857)	
Total pension and annuities	16a	(30,323,038	, 30,898,520)	
Taxable pension and annuities	16b	(27,982,261	, 4,350,796)	
Unemployment compensation	19	(5,064,779	, 5,343,727)	
Total social security benefits	20a	(28,677,927	, 29,257,279)	
Taxable social security benefits	20b	(20,686,650	, 21,172,212)	
Net operating loss	21 (margin write in)	(1,113,002	, 1,212,050)	
Educator expenses	23	(3,497,586	, 3,725,846)	
Moving expenses	26	(1,019,453	, 1,145,451)	
Deductible part of self-employment tax	27	(19,903,484	, 20,224,508)	
Payments to a Keogh plan	28	(971,611	, 1,052,579)	
Self-employed health insurance deduction	29	(4,009,368	, 4,209,918)	
Penalty on early withdrawal of savings	30	(372,774	, 449,038)	
Alimony paid	31a	(544,108	, 628,538)	
IRA payments deduction	32	(2,542,041	, 2,732,997)	
Student loan interest deduction	33	(12,352,777	, 12,774,923)	
Tuition and fees deduction	34	(1,043,844	, 1,174,740)	
Total adjustments	36	(38,816,498	, 39,363,760)	
Adjusted gross income (amount in thousands)	37	(10,992,284,315	, 11,027,515,995)	
Basic standard deduction	40	(103,721,878	, 104,304,351)	
Additional standard deduction	40 (margin write in)	(15,516,373	, 15,982,557)	

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

10

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

Item	Line number on 1040	95%	confidence int	erval
Total itemized deductions	40	(46,571,559	,	47,133,791)
Exemptions	42	(291,724,666	,	293,597,698)
Taxable income	43	(118,759,545	,	119,330,962)
Alternative minimum tax	45	(5,006,393	,	5,144,445)
Income tax before credits	47	(118,359,366	,	118,928,858)

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, Form 1040 (including electronic returns) filed by U.S. citizens and residents during Calendar Year 2018.

All returns processed during 2018 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 had no income information, frivolous income information, 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 2017. While most of the returns processed during Calendar Year 2018 were filed for Tax Year 2017, the remaining returns were mostly for prior years, and a few for non-calendar years ending during 2016 and 2017.

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 an independent sample is randomly selected 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.

Tax data processed to the IRS Individual Master File at the Enterprise Computing Center at Martinsburg during Calendar Year 2018 were used to assign each taxpayer's record to the appropriate stratum and to determine whether 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 (SSN), 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 considering the provisions of the tax law, taxpayer reporting variations and limitations, economic conditions, and comparability with other statistical series. 12

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 2017, 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 sampled returns for that stratum. The weights were adjusted to correct for misclassified returns and were then applied to the sample data to produce all 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.

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Line Item Estimates, by Individual Income Tax Form and Schedule for Tax Year 2017

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.

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For the year Jan. 1-Dec.	. 31. 2017	7, or other tax year beginning			, 2017, ending			, 20			e separate instruction	
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Total of all ret		ed = 152.903.231			ically Filed Return	s =	135,016,5	93			····· , ···· , ····	
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		street). If you have a P.O. b		tructions				40	+ no			
	Jer and s		JOX, See ins	structions.				Ар	t. no.		Make sure the SSN(s and on line 6c are co	
1040A =		39,621,455										
	e, state, a	nd ZIP code. If you have a fo	oreign addres	ss, also complete sj	paces below (see ins	truction	s).				esidential Election Car	
1040EZ =		24,844,519									5,019,945 Y = ** 4,9 γ, want φο το go το this rund.	
Foreign country name	e			Foreign pro	vince/state/county		Fore	eign post	al code		below will not change your	
										refund	d. 🗌 You 🗌	Spouse
Filing Status	³³² 1 [Single			21,894,095	н 🗌	ead of housel	hold (wi	th qualify	ing p	erson). (See instruction	ıs.)
54,693,84	40 2 [Married filing jointly	/ (even if c	only one had ind	come)	lf	the qualifying	j persor	i is a child	d but	not your dependent, e	nter this
Check only one	3	Married filing separ	ately. Ent	er spouse's SS	N above	cł	hild's name he	ere. 🕨				
OX. 3,212,807	7	and full name here.	-		80,557	ΠQ	ualifying wid	dow(er)	(see ins	truc	tions)	
	6a	Yourself. If some	one can (claim vou as a d	dependent do n	ot che	eck hox 6a	143	295,160		Boxes checkec Ret	= 143.29
xemptions	b			•				,	,	` }	on 6a an Exempt.=	197,952,5
	c	Dependents:	,,				lumber of	hild und	er age 17	- '	No. of children on 6c who:	
	(1) First							for child	tax credit		 lived with you 	
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more than four		CHILDREN AT HOME		47,004					17,505	-	or separation (see instructions)	
lependents, see		CHILDREN AWAY FROM	I HOME	359,79	1		,855		75,206	-	Dependents on 6c	
nstructions and		PARENTS		2,826,	1		70,306		1,586	-	not entered above	
heck here 🕨 🔄		OTHER DEPENDENTS		5,604,	952	7,7	55,153	2,21	7,614	_	Add numbers on	
	d	Total number of exem	nptions cl	aimed Return	s = See 6a		Exemptions	= 292,	361,181		lines above 🕨	
ncome	7	Wages, salaries, tips,	, etc. Atta	ch Form(s) W-2	Taxable Schol	arship	= 703	,682		7	126,264,481	
	8a	Taxable interest. A ta	ach Scheo	dule B if rer aire	d	. <u>.</u> .		· · .	. 8	3a	44,193,009	
	b	Tax-exer nt inter st.	. Do not i	nclude on line 8	328	b	6,163,38	57				
ttach Form(s)	9a	Ordinary a vide A	Attach Sch	nedu. Bifi qu	ired				. 9	9a	28,171,331	
V-2 here. Also ttach Forms	b	Qualified div dends			9	b	26,216,04	41				
V-2G and	10	Ta> ble refunds, crec	dits, or on	ets of state an	nd local income	axes			. 1	10	19,990,503	
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et a W-2, ee instructors.	12 13 15a 16a 17 18 19 20a 21 22 23 24 25 26 27 28 29 30 31a 32 33 34 35	Busil ess income or (los 3). Other gain or oss of IRA districturios Pensions and annuities Fenta real estate, roy Ferm income or (loss) Unempoyment comp bolial security benefits Other income. List typ Combine the amounts in Educator expenses Certain business expense fee-basis government of Health savings accour Moving expenses. Att Deductible part of self-es Self-employed SEP, S Self-employed health Penalty on early witho Alimony paid b Reci IRA deduction . Student loan interest Tuition and fees. Atta Domestic production and	Attach So Attach So Attach So Attach So yalties, pa). Attach So pensation s 20a pe and an n the far rig ses of rese fficials. Attach attach Form employmer SIMPLE, a n insurance drawal of ipient's SS deduction ach Form B	chedule D if req Form 4797 . 15.904.75 30.610.77 artnerships, S co Schedule F . 28.967,60 nount ght column for lin rvists, performing ach Form 2106 or tion. Attach For n 3903 . nt tax. Attach Sch and qualified pla e deduction savings . SN ►	quired. If not req 6 b 9 b orporations, trus . . 3 b 3 b artists, and 2 2 antists, and 2 . . <td>Gain uired, o Gain Faxable ts, etc Faxable faxable 6 7 8 9 0 2 3 2 3 4 5 5 5 6 6 7 8 9 0 1 2 3 5 5 5 5 5 5 6 6 5 5 5 5 5 5 5 5 5 5 5 5 5</td> <td>check here amount amount Attach Sc amount Attach Sc amount your total inc 3,611,71 147,070 1,857,85 1,082,45 20,063,99 1,012,09 4,109,64 410,906 586,323 2,637,51 12,563,85 1,109,29 789,696</td> <td></td> <td></td> <td>11 12 13 14 5b 6b 17 18 19 0b 21 22 22</td> <td>414,044 25,898,832 21,169,727 2,110,046 15,117,193 28,264,910 17,434,334 1,789,262 5,204,253 20,929,431 6,434,957 152,396,024 21. Net oper. loss= 21. Stock options= 21. Cancel. of debt= 21. For. earn. inc. ex 21. Gambling inc.= 21. Taxable HSA = 36. Archer MSA Ded.= 3, 36. Other adj.= 12</td> <td>4,303 564,94 ‡ 451,5 2,094,(287,86</td>	Gain uired, o Gain Faxable ts, etc Faxable faxable 6 7 8 9 0 2 3 2 3 4 5 5 5 6 6 7 8 9 0 1 2 3 5 5 5 5 5 5 6 6 5 5 5 5 5 5 5 5 5 5 5 5 5	check here amount amount Attach Sc amount Attach Sc amount your total inc 3,611,71 147,070 1,857,85 1,082,45 20,063,99 1,012,09 4,109,64 410,906 586,323 2,637,51 12,563,85 1,109,29 789,696			11 12 13 14 5b 6b 17 18 19 0b 21 22 22	414,044 25,898,832 21,169,727 2,110,046 15,117,193 28,264,910 17,434,334 1,789,262 5,204,253 20,929,431 6,434,957 152,396,024 21. Net oper. loss= 21. Stock options= 21. Cancel. of debt= 21. For. earn. inc. ex 21. Gambling inc.= 21. Taxable HSA = 36. Archer MSA Ded.= 3, 36. Other adj.= 12	4,303 564,94 ‡ 451,5 2,094,(287,86
et a W-2, be instructions.	12 13 1 5a 16a 17 18 19 20a 21 22 23 24 25 26 27 28 29 30 31a 32 33 34	Busit ess income or (los 3). Other gain or oss of IRA distributions Pensions and annuities Fenta real estate, roy Ferm income or (loss) Unempoyment comp be tial security benefits Other income. List typ Combine the amounts in Educator expenses Certain business expense fee-basis government of Health savings accour Moving expenses. Att Deductible part of self-es Self-employed SEP, S Self-employed health Penalty on early witho Alimony paid b Reci IRA deduction .	Attach So Attach So Attach So Attach So yalties, pa). Attach So pensation s 20a pe and an n the far rig ses of rese fficials. Attach attach Form employmer SIMPLE, a n insurance drawal of ipient's SS deduction ach Form 8 SS 	chedule D if req Form 4797 . 15.904.75 30.610.77 artnerships, S co Schedule F . 28.967,60 nount ght column for lin rvists, performing ach Form 2106 or tion. Attach For n 3903 . nt tax. Attach Sch and qualified pla e deduction savings . SN ►	quired. If not req 6 b 9 b orporations, trus . . 3 b 3 b artists, and 2 2 antists, and 2 . . <td>Gain uired, o Faxable Faxable faxable Savette Sa</td> <td>check here amount amount Attach Sc amount amount amount your total inc 3,611,71 147,070 1,857,85 1,082,45 20,063,99 1,012,09 4,109,64 410,906 586,323 2,637,51 12,563,85 1,109,29 789,696</td> <td></td> <td></td> <td>11 12 13 14 5b 6b 17 18 19 0b 21 22</td> <td>414,044 25,898,832 21,169,727 2,110,046 15,117,193 28,264,910 17,434,334 1,789,262 5,204,253 20,929,431 6,434,957 152,396,024 21. Net oper. loss= 21. Stock options= 21. Cancel. of debt= 21. For. earn. inc. ex 21. Gambling inc.= 21. Taxable HSA = 36. Archer MSA Ded.= 3, 36. Housing ded.= 3,</td> <td>4,303 564,94 ‡ 451,5 2,094, 287,86 885 8869</td>	Gain uired, o Faxable Faxable faxable Savette Sa	check here amount amount Attach Sc amount amount amount your total inc 3,611,71 147,070 1,857,85 1,082,45 20,063,99 1,012,09 4,109,64 410,906 586,323 2,637,51 12,563,85 1,109,29 789,696			11 12 13 14 5b 6b 17 18 19 0b 21 22	414,044 25,898,832 21,169,727 2,110,046 15,117,193 28,264,910 17,434,334 1,789,262 5,204,253 20,929,431 6,434,957 152,396,024 21. Net oper. loss= 21. Stock options= 21. Cancel. of debt= 21. For. earn. inc. ex 21. Gambling inc.= 21. Taxable HSA = 36. Archer MSA Ded.= 3, 36. Housing ded.= 3,	4,303 564,94 ‡ 451,5 2,094, 287,86 885 8869

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

1040		ent of the Treasury-Internal Re Individual Incor		(99)	017	7	No. 1545-0074			o not write or staple in this	
E					0017				-		<u> </u>
For the year Jan. 1–Dec. Your first name and ir		, or other tax year beginning	Last name		, 2017, end	ng	,	20	_	e separate instruction ur social security num	
		ed = 152.903.231	Last name						1.0		
Total of all ret		- //	1 +						0		
If a joint return, spous	se's tirst	name and initial	Last name						Spo	ouse's social security nu	mber
Home address (numb	er and s	treet). If you have a P.O. be	ox, see instruc	tions.				Apt. no.		Make sure the SSN(s) and on line 6c are co	
011 1 1 1			·								
City, town or post office	, state, ar	nd ZIP code. If you have a for	eign address, als	so complete spaces	below (see	instructions)).			residential Election Cam	
								<u> </u>	iointl	ck here if you, or your spouse ly, want \$3 to go to this fund.	
Foreign country name	9			Foreign province/	/state/cour	ity	Foreign	postal code	a bo	x below will not change your t	ax or
		_							refur	nd. You	Spouse
Filing Status	1	Single				4 🗌 Hea	ad of househol	d (with qual	ifying I	person). (See instruction	s.)
3	2	Married filing jointly	(even if only	one had income	e)	lf th	he qualifying pe	erson is a ch	nild bu	t not your dependent, er	nter this
Check only one	3	Married filing separa		pouse's SSN abo			ld's name here				
box.		and full name here.	<u> </u>			5 🗌 Qu	alifying wido	w(er) (see ii	nstruc	ctions)	
Exemptions	6a	Yourself. If some	one can clain	n you as a deper	ndent, do	not chec	ck box 6a .		. }	Boxes checked on 6a and 6b	
	b	Spouse	<u></u>		<u></u>		<u></u>		J	No. of children	
	с	Dependents:		(2) Dependent's	1	pendent's	(4) ✓ if child qualifying for	d under age 1 child tax cred		on 6c who: • lived with you	
	(1) First r	name Last name	SOC	ial security number	relation	ship to you		tructions)		 did not live with 	
If we are the set for w							[you due to divorce or separation	
If more than four dependents, see							[(see instructions)	
instructions and										Dependents on 6c not entered above	
check here 🕨 🗌										Add numbers on	
	d	Total number of exem	ptions claime	ed						lines above	
Income	7	Wages, salaries, tips,	etc. Attach F	orm(s) W-2	Taxable S	cholarship	o = . 2,860),012	7	7,577,563,943	
moomo	8a	Taxable interest. Attac	ch Schedule	B if required .		. <u>.</u> .			8a	106,055,367	
	b	Tax-exempt in terest.	Do not inclu	de on line 8a .	[8b	60,058,772	2			
Attach Form(s) W-2 here. Also	9a	Ordinary divicence At	tach Schedu	le B f re rired					9a	282,336,042	
attach Forms	b	Qualific . Vividen 's				9b	216,846,96	6			
W-2G and	10	Taxable of los, credi	ts, or offsອເ	of state and loc	cal incom	e taxes			10	34,292,386	
1099-R if tax	11	dimony received .						[11	10.381.660	
was withheld.	12	Euriness income or (lo	ss). At hch	Chedule C or C	-EZ .13 (Cap. Gain	n Dist. = 11,3	371,193	12	346,372,148	
	13	choin gain or (loss)	ltta h Si neo	dule D if required	d. If not re	quired, cl	heck here 🕨		13	843.115.530	
If you did not	14	Otl er gains or (losses)	. \ttach Forr	m 4797				[14	12,736,895	
get a W-2, see instructions.	15a	IRA distributions		332.071.488	b	Taxable	amount .	[15b	286,496,949	
	۶a	Pension and innuit	16a 1	.171.791.907	b	Taxable	amount .	[16b	729,187,412	
	17	Rental al estate, roya	alties, partne	rships, S corpor	rations, tr	usts, etc.	Attach Sche	dule E	17	766.936.736	
	18	Farm incon e or (loss).	Attach Sche	edule F				[18	-19.166.242	
	19	Une. ployment compe						[19	23,946,035	
	2 ` a	ocial ecurity benefits		644,989,570			amount .	[20b	309,539,629	
	2	Other income. List typ							21	40.011.966	
	21	combine the amounts in	the far right c	olumn for lines 7 t	through 21	. This is yo	our total incor	ne 🕨	22	11,170,081,552	
	2	Educator expenses				23	930,641			21. Net oper. loss=	213,363,9
Adjusted	2 +	Certain business expense	es of reservists	s, performing artist	ts, and					21. Stock options=	345,604
Gross		fee-basis government off		<i>i</i> 0	· ·	24	765,539			21. Cancel. of debt=	6,247,49
Income	25	Health savings accour	nt deduction.	Attach Form 88	. 989	25	5,350,980			21. For. earn. inc. ex=	
	26	Moving expenses. Atta			-	26	3,467,230			21. Gambling inc.=	32,579,6
	27	Deductible part of self-er					31,914,949			21. Taxable HSA =	384,201
	28	Self-employed SEP, S			t i i i i i i i i i i i i i i i i i i i		25,821,484				
	29	Self-employed health		• •			31,709,190				
	30	Penalty on early withd			-	30	123,924				
	31a	Alimony paid b Recip					13,436,431				
	32	IRA deduction					13,427,254				
	33	Student loan interest of			-		13,687,484			36. Archer MSA Ded.= 4.	715
	34	Tuition and fees. Attac			F	34	2,584,883			36. Housing ded.= 84	
	34 35	Domestic production ac			-		15,126,066			36. Other adj.= 1 ,	
	36	Add lines 23 through 3			-				36	160,181,396	
	30	Subtract line 36 from I						H	37	11,009,900,156	
	31			Notice, see sen					-	Form 1040	

Form 1040 (2017)	25,924,675	10,959,8	898	260,535		83,983	5			Page 2
	38	Amount from line 37 (adjust	sted gross income)						38		
T	39a	Check A You were be	orn before January 2	2, 1953.	C Blind.		al boxes			Basic Stand. Ded. =	104,013,118
Tax and			s born before Janua			(cked ► 39a			Add. Stand. Ded. =	15,749,465
Credits	b	If your spouse itemizes on a								Stand. = 104,013,115	1
Standard	40	Itemized deductions (from							40	Itmzed = 46,852,675	
Deduction	41	Subtract line 40 from line 3	· · ·			•	• •		41	134,881,306	
for—	42	Exemptions. If line 38 is \$15							42	141,330,508	
 People who check any 	43	-		-					43	119,045,254	
box on line 39a or 39b or		Taxable income. Subtrac							43	118,014,807	
who can be	44 45	Tax (see instructions). Check	,	.,					44 45	5,075,419	
claimed as a dependent,		Alternative minimum tax	. ,						-	3.419.815	
see instructions.	46	Excess advance premium	1,2					•	46	118,644,112	
All others:	47	Add lines 44, 45, and 46							47	54a F3800= 409,870	
Single or	48	Foreign tax credit. Attach	•				651,605			54b F8801= 293,466	
Married filing separately,	49	Credit for child and depende	•				469,236			54c other= 5,415 54c AMV= 13,776	
\$6,350	50	Education credits from Fo	-				751,052			54c Sch R= 63,417	
Married filing jointly or	51	Retirement savings contr					712,026			54c F8911= 9,523 54c F8936= 91,406	
Qualifying widow(er),	52	Child tax credit. Attach So		•		-	,075,218			54c F8396= 96,168	
\$12,700	53	Residential energy credits		· <u>·</u> · ·		1,	577,700			54c F8839= 79,670	1
Head of	54	Other credits from Form: a		c 🗆	54					45 050 505	
household, \$9,350	55	Add lines 48 through 54. T	•						55	45,853,705	
	56	Subtract line 55 from line							56	107,784,100	
	57	Self-employment tax. Atta	ch Schedule SE .			• •		•	57	20,063,996	
Other	58	Unreported social security	and Medicare tax f	rom Form:	a 📃 4137	b	8919 .	•	58	a= 94,039 b=	34,712
Taxes	59	Additional tax on IRAs, othe	er qualified retiremen	nt plans, etc. A	ttach Form	5329 i	f required .	•	59	5,112,100	
Tuxoo	60a	Household employment tax	es from Schedule H						60a	196,669	
	b	First-time homebuyer credi	t repayment. Attach	Form 5405 if r	required .				60b	585,006	
	61	Health care: individual esp							61	4,606,271	
	62	Taxes from: a Rem	959 b Form 896	60 c 🗌 Ins	tructions;	enter	code(s)		62	Other Taxes = 942	864
	63	Add lines 56 through 62.		<u> </u>	ecapture Tax =	1,48	9		63	117,316,073	
Payments	64	Federal income ax v be	d from Forms 1-2	ar 1 1099 .	. 64	135	5,130,601				
	65	2017 estimated tax payment	s and amour applic	from 2016 ret	turn 65	9,	644,085				
If you have a qualifying	<u>66</u> a	Earned iverome credit (El	C)	·	. 66a	27	,030,382				
child, attach	b	Nontar usin combat pay elect	tic <u>\$6b</u> 1	0,047							
Schedule EIC.	67	Addi onal child tax credit. A	Attaci, Schedule 8812	2	. 67	18	,341,984				
	68	American opportunity c e	d', from Form 8863	3, line 8	. 68	8,	068,544				
	69	Not premium tax cre lit.	ttar n Form 8962 .		. 69	2,	471,815				
	0	mount paid with reque	for extension to file		. 70	2,	018,154				
	71	Excess social secu. 'v and t	tier 1 RRTA tax withh	neld	. 71	1,	467,562			73a F2439= 6,840	•
		Credit or a teral tax on fu	els. Attach Form 41	36	. 72	2	288,899			73d Other Payments: 19,61	6
	73	Credits fro. Form: 1 🗌 2439 b	Reserved c 8885	5 d 🗌	73						
	74	Ad 1. nes 61, 55, 66a, and	67 through 73. The	se are your to	otal payme	nts .			74	144,314,861	
Refu.d	75	If lii e . 4 's more than line	63, subtract line 63	3 from line 74	. This is the	amol	unt you overp	aid	75	117.024,435	
	76 h	An ount of line 75 you war	nt refunded to you.	If Form 8888	is attached	, chec	k here 🌼 🕨	•	76a	113,957,919	
Direct deposit?	► b	Routing number			► c Type:	Che	cking 📃 Sav	ings			
See	▶ 1	Account number									
instructions.	77	Amount of line 75 you want	applied to your 2018	8 estimated ta	ax ► 77	3,	919,570				
Amount	78	Amount you owe. Subtract	ct line 74 from line 6	63. For details	on how to	pay, s	ee instruction	s 🕨	78	30,964,788	
You Owe	79	Estimated tax penalty (see	instructions)		. 79	10.	.098.860				
Third Party	Do	you want to allow another	person to discuss th	nis return with	the IRS (se	e insti	ructions)?	Yes	. Com	plete below.	No
Designee	De	signee's ne ►		Phone no.				nal iden [.] er (PIN)	tificatio	n ►	
Sign		enalties of perjury, I declare that I have	examined this return and a		edules and state	ments. a		, ,	dae and	belief, they are true, corre	ct. and
Sign Here		ely list all amounts and sources of inco									
	Yo	ur signature	1	Date	Your occupa	ation			Daytir	me phone number	
Joint return? See instructions.											
Keep a copy for	Sp	ouse's signature. If a joint returr	n, both must sign.	Date	Spouse's or	cupatio	on			RS sent you an Identity Pr	otection
your records.									PIN, er here (s	ee inst.)	
Paid	Pri	nt/Type preparer's name	Preparer's signature)			Date		Chec	k 🗌 if PTIN	
Preparer		81,670,251							self-e	mployed	
Use Only	Firr	n's name 🕨							Firm's	s EIN 🕨	
	Firr	n's address ►							Phone	e no.	

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2017	')								Page 2
	38	Amount from line 37 (adjusted gross income)					38		
Tax and	39a	Check You were born before January 2, 1953,	Blind.) Tota	al boxes			Basic Stand. Ded. = 8	76,178,47
		if: Spouse was born before January 2, 1953,	Blind.) chee	cked 🕨 39a			Add. Stand. Ded. =	29,364,85
Credits	b	If your spouse itemizes on a separate return or you were a dual-st	tatus alie	en, che	eck here► 3	9b		Stand. = 906,750,425	'
Standard	40	Itemized deductions (from Schedule A) or your standard ded	luction ((see le	ft margin) .		40	Itmzed = 1,402,091,663	3
Deduction for—	41	Subtract line 40 from line 38					41	9,002,110,047	
People who	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number	r on line 60	d. Other	rwise, see instruct	tions	42	1,155,506,022	
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is mo	ore than I	line 41	, enter -0		43	8,008,418,180	
39a or 39b or who can be	44	Tax (see instructions). Check if any from: a 🗌 Form(s) 8814 b	Form	n 4972	2 c 🗌		44	1,622,635,039	
claimed as a	45	Alternative minimum tax (see instructions). Attach Form 625	1				45	36,404,112	
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8	962 .				46	3,703,793	
All others:	47	Add lines 44, 45, and 46	<u></u>			►	47	1,662,837,203	
Single or	48	Foreign tax credit. Attach Form 1116 if required	48	21	,757,425			54a F3800= 4,803,015 54b F8801= 1,046,335	
Married filing	49	Credit for child and dependent care expenses. Attach Form 2441	49	3,	718,771			54c other= 80,712	
separately, \$6,350	50	Education credits from Form 8863, line 19	50		353,087			54c AMV= 49,233 54c Sch R= 6,995	
Married filing jointly or	51	Retirement savings contributions credit. Attach Form 8880	51		564,066			54c F8911= 3,012 54c F8936= 536,989	
Qualifying	52	Child tax credit. Attach Schedule 8812, if required	52		,876,793			54c F8396= 136,066	
widow(er), \$12,700	53	Residential energy credits. Attach Form 5695	53	2,	124,782			54c F8839= 404,117	
Head of	54	Other credits from Form: a 3800 b 8801 c	54						
household, \$9,350	55	Add lines 48 through 54. These are your total credits					55	72,466,840	<u> </u>
	56	Subtract line 55 from line 47. If line 55 is more than line 47, ent					56	1,590,370,363	<u> </u>
	57	Self-employment tax. Attach Schedule SE		• •		•	57	63,809,922	
Other	58	Unreported social security and Medicare tax from Form: a	4137	b	8919 .		58	a= 16,333 b=	23,900
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attac	ch Form	5329 it	f required .		59	5,663,889	<u> </u>
Idxee	60a	Household employment taxes from Schedule H					60a	1,152,924	<u> </u>
	b	First-time homebuyer credit repayment. Attach Form 5405 if requ	uired .	· _			60b	305,273	
	61	Health care: individual responsibility (see instructions) Full-yea		-			61	3,564,345	
	62	Taxes from: a Form 8959 b Form 8960 c Instruct					62	Other Taxes 1,286	.708
	63		capture Ta			►	63	1,700,461,116	<u> </u>
Payments	64	Federal income tax with eld from Forms W-2 and 099			7,337,120				
If you have a	65	2017 estimate the pays ents and amount any ed from 2016 return			3,704,109				
qualifying	66a	Earned income or equ. (EIC)	66a	66	,442,810				
child, attach Schedule EIC.	67	Additions' child tax credit. Attach Sc. edu. 8812	67	24	.506,747				
	68	American opportunity cre ¹² fr. m Farm 8863, line 8	-		143,602				
	69	Ne pren ium tax credit Atta, h Form 8962			898,795				
	70	Amount paid with request to extension to file	70		5,595,975				
		Excess social ecur y and for 1 RRTA tax withheld	71		156,673			73a F2439= 2,923	
	7	Credit for feo, ral ax of fuels. Attach Form 4136	72		133,757			73d Other Payments: 176,5	1
X	\mathbf{O}	Credits from Form: a 2439 b Reserved c 8885 d	73						1
		Add mes 4, 65, 66a, and 67 through 73. These are your total		nts.		►	74	1,947,321,713	
	74	ridd moo ti, oo, ood, and or imough for mooo are your total							1
Refu. d	74 75	Fline 14 is r ore than line 63, subtract line 63 from line 74. Th		amou		aid	75	-425,037,489	
Refu. d			nis is the		unt you overp a	aid	75 76a	<u>-425.037.489</u> 339,178,097	
	75	If line '4 is r ore than line 63, subtract line 63 from line 74. The Ameunt on line 75 you want refunded to you. If Form 8888 is a	nis is the	, chec	unt you overp a			<u>-425.037.489</u> 339.178.097	
	75 76a	If line 14 is r ore than line 63, subtract line 63 from line 74. The Amount on line 75 you want refunded to you. If Form 8888 is a	nis is the attached	, chec	unt you overpa k here ►				
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Direct deposit? See instructions. Amount	75 76a ▶ u ▶ d 77 *8	It line 14 is r ore than line 63, subtract line 63 from line 74. The Amount on line 75 you want refunded to you. If Form 8888 is a R hung number A ccount number A ccount number A mount of line 75 you want applied to your 2018 estimated tax Amount you owe. Subtract line 74 from line 63. For details on	nis is the attached Type: □ • 77 how to	, chec] Cheo 85 pay, se	Int you overpa k here . ► cking Savir .859.391 ee instructions	ngs			
Direct deposit?	75 76a d 77 '8 79	Inline '4 is r ore than line 63, subtract line 63 from line 74. The Amount of line 75 you want refunded to you. If Form 8888 is a Rouding number A recent of line 75 you want refunded to you. If Form 8888 is a count of line 75 you want applied to your 2018 estimated tax ▶ Amount of line 75 you want applied to your 2018 estimated tax ▶ Amount you owe. Subtract line 74 from line 63. For details on Estimated tax penalty (see instructions)	nis is the attached Type: □ ▶ 77 how to 79	, chec Chec 85 pay, se 1.	Int you overpa k here . ► cking Savia .859.391 ee instructions 778.672	ngs	76a	339,178,097	
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Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records.	75 76a d 77 '8 79 Do Des nar Under pa accurate You Spo	Inline '4 is r ore than line 63, subtract line 63 from line 74. The Amount on line 75 you want refunded to you. If Form 8888 is a Reading number A nount on line 75 you want refunded to you. If Form 8888 is a Reading number Account number >c Amount of line 75 you want applied to your 2018 estimated tax > Amount of line 75 you want applied to your 2018 estimated tax > Amount you owe. Subtract line 74 from line 63. For details on Estimated tax penalty (see instructions) you want to allow another person to discuss this return with the phone no. > Inalties of perjury, I declare that I have examined this return and accompanying scheduler y list all amounts and sources of income I received during the tax year. Declaration of pre r signature Date You	is is the attached attached trached trached of the state	, chec Chec 85 pay, s 1. re instr ments, a er than ta ation	Int you overpa k here . ► cking Savia .859.391 ee instructions 778.672 Person numbe nd to the best of my xxpayer) is based on pn	ngs → Yes. al ident r (PIN) knowlec	76a 78 Com ifficatio lge and l nation of Daytir If the If PIN, er	339,178,097 179,955,564 plete below. □ n belief, they are true, correct which preparer has any kr me phone number RS sent you an Identity Pro- ter it ee inst.) PTIN	, and owledge.
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Go to www.irs.gov/Form1040 for instructions and the latest information.

1040	0.0.11	dividual Incor	пстал				1545-0074	1113 036 01	iiy – DC	o not write or staple in this	
For the year Jan. 1-Dec.	31, 2017, or	other tax year beginning			, 2017, endir	g	, :	20	See	e separate instruction	ons.
Your first name and in Total 1040 ONLY ref	nitial		Last name		, - ,	5	,			ır social security nun	
If a joint return, spous Electronically filed for			Last name						Spo	use's social security nu	umber
Home address (numb	er and stree	et). If you have a P.O. b	ox, see instruc	ctions.				Apt. no.		Make sure the SSN(s) and on line 6c are co	
City, town or post office,	, state, and Z	IP code. If you have a for	eign address, a	lso complete space	es below (see ir	nstructions).	I	Y		esidential Election Can 2,144,319 Y = ** 4,4	
Foreign country name				Foreign province	e/state/count	ÿ	Foreign	postal code	јонцу	, want so to go to this tund. below will not change your t	Unecking
Filing Status	· : ::::::::::::::::::::::::::::::::::	Single Married filing is inthe			10,037,954					erson). (See instruction	· ·
42,859,34 Check only one 50X. 2,185,915	3 🗌	Married filing jointly Married filing separa and full name here. I	ately. Enter s	spouse's SSN a	,	child's	name here.			not your dependent, e	
_,,	6a 🗌	Yourself. If some							.]	Boxes checked	Ret. = 86.7
Exemptions	b	-	334,963						. }	on 6a and 6 Exempt. No. of children	= 129,586
	c D	ependents:		() De	Number of		under age 17 child tax credit		on 6c who: • lived with you	
	(1) First nam	e Last name	s00	cia Number of Re	eturns tior	Exempt.=	(see inst		<u> </u>	 did not live with 	
more than four		EN AT HOME		30,058,985		4,311,346	20,667,	833	_	you due to divorce or separation	
lependents, see		EN AWAY FROM HON	1E	238,189	•	82,159	14,274,		_	(see instructions)	
nstructions and	PARENT			1,714,521	,	,060,627	5,195,3		_	Dependents on 6c not entered above	
heck here ►		DEPENDENTS otal number of exem	ptions claim	2,629,193 ed . Returns =		Exemptions	1,438,8 s = 189,71		-	Add numbers on lines above <a>	
ncome	7 W	ages, salaries, tips,	etc. Attach F	Form(s) W-2	Taxable Sch	olarship =	. 228,28	3.	7	67,212,820	
	8a Ta	avalala interest Atta							0-	00.054.000	
	ou n	axable interest. Atta	ch schedule	B if required	_. .			· . · L	8a	36,954,826	
	b i	ax-exempt interest.	L.J.J. clu	ude on line 8a		Bb 6,	006,352		ба	36,954,826	
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V-2 here. Also	b	ax-exempt interest.	L.J.J. clu	ude on line 8a	ـــــــــــــــــــــــــــــــــــــ		006,352 ,019,990	·		25,663,600	
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V-2 here. Also httach Forms V-2G ind 099-F if tax is with reld. Fyou dic not get a W-2, see instructions Adjusted Gross	b a b Q 10 Ta 11 AII 12 I 13 C 14 C 15a AII 16a Fa 17 Ra 18 Fa 19 UI 20a S 21 Q 23 Ea 24 Ca 76 Fa 25 Ha 26 M 27 Da 28 Sa 29 Sa 30 Pa 31a AI 32 IF	ax-exempt interest. rdinary dividends. Av ualified dividends. Av axable refunds, crea- limony receives. using since or (losses) the tal game or (losses) the tal game or (losses) the tributions ental real estate, roy arm incom on loss, nemployment compo- ucial sectify a mefits ther incom on loss, nemployment compo- ucial sectify a mefits ther incom on loss, nemployment compo- ucial sectify a mefits ther incom on loss, arm incom on loss, nemployment compo- ucial sectify a mefits ther incom on loss, articles are a state, roy arm incom on loss, articles are a state, roy articles are a state, r	Lenot incluence of the second	ule on line 8a ule B if required s of state and lo Schedule C or 0 dule D if require m 4797 . 13.281.739 23.829.656 erships, S corpo edule F . 20,492,849 int column for lines 7	I 	Pb 24 taxes ap. Gain Dis ap. Gain Dis quired, chec Taxable amo Qa 1 Qa 1 Qa 4 Qa 4 <t< td=""><td></td><td></td><td>9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22</td><td>25,663,600 19,990,503 414,044 25,898,832 21,169,727 2,110,046 12,590,078 21,851,526 17,434,334 1,789,262 3,070,578 16,256,887 5,400,919 88,211,473 21. Net oper. loss= 21. Stock options= 21. Stock options= 21. Gambling inc.= 21. Taxable HSA =</td><td>4,303 564,94 = 451,52 2,094,0</td></t<>			9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22	25,663,600 19,990,503 414,044 25,898,832 21,169,727 2,110,046 12,590,078 21,851,526 17,434,334 1,789,262 3,070,578 16,256,887 5,400,919 88,211,473 21. Net oper. loss= 21. Stock options= 21. Stock options= 21. Gambling inc.= 21. Taxable HSA =	4,303 564,94 = 451,52 2,094,0
Attach Form(s N-2 here. Also attach Forms V-2G and 1099-F if tax is with reld. If you die not get a W-2, see instructions Adjusted Gross income	b a b Q 10 Ta 11 AII 12 I 13 C 14 C 15a IF 16a IF 17 R 18 Fa 19 U 20a S 21 Q 22 CQ 23 Eq 24 Ca 25 H 26 M 27 Da 28 Sa 30 Pa 31a AI 33 St	ax-exempt interest. rdinary dividends. Av ualified dividends. Av ualified dividends. Av ualified dividends. axable refunds, crea- limony receives. usine s income or (losses) the game or (los	Lenot held achievender its, or offsets iss). Attach Attach Sche). Attach Sche). Attach Sche). Attach Sche altievender Attach Sche ensation is 20a is 20a is and amout the far right of is an amout the far right of a is a a a a a a a a a a a a a a a a a a a	ule on line 8a ule B if required s of state and lo Schedule C or 0 dule D if required m 4797 . 13.281.739 23.829.656 erships, S corpo edule F . 20.492.849 int column for lines 7 ts, performing arti Form 2106 or 210 Attach Form 8 003 . x. Attach Schedu qualified plans eduction	I 	Pb 24 taxes . ap. Gain Dis . ap. Gain Dis . quired, chec . Taxable amore . Qa 1. Qa 1. Qa . . <tr< td=""><td></td><td></td><td>9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22</td><td>25,663,600 19,990,503 414,044 25,898,832 21,169,727 2,110,046 12,590,078 21,851,526 17,434,334 1,789,262 3,070,578 16,256,887 5,400,919 88,211,473 21. Net oper. loss= 21. Stock options= 21. Stock options= 21. Stock options= 21. Gambling inc.= 21. Taxable HSA = 38. Archer MSA Ded= 3</td><td>4,303 564,94 = 451,52 2,094,(287,86</td></tr<>			9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22	25,663,600 19,990,503 414,044 25,898,832 21,169,727 2,110,046 12,590,078 21,851,526 17,434,334 1,789,262 3,070,578 16,256,887 5,400,919 88,211,473 21. Net oper. loss= 21. Stock options= 21. Stock options= 21. Stock options= 21. Gambling inc.= 21. Taxable HSA = 38. Archer MSA Ded= 3	4,303 564,94 = 451,52 2,094,(287,86
V-2 here. Also attach Forms V-2G and 1099-F if tax A 's with reld. If you dic not get a W-2, see instructions	b a b Q 10 Ta 11 AII 12 I 13 C 14 C 15a AII 16a AII 17 Re 18 Fa 19 U 20a S 21 Q 23 Ed 24 Ca 25 Ha 26 M 27 Da 28 Sa 30 Pa 31a AII 32 IR 33 Si 34 T	ax-exempt interest. rdinary dividend s. Au ualified dividend s. Au ualified dividend axable refut 1s, crea- limony receiver usine s income or (losses) at a gam or (losses) that listributions ental real estate, oy arm income or loss), nemployment compo- vicial sectify comefits ther income or loss, nemployment compo- vicial sectify comefits ther income composes e-basis government off ealth savings accour oving expenses. Atta eductible part of self-ere elf-employed SEP, S elf-employed health enalty on early withd imony paid b Recip A deduction .	Lenot held achievender bits, or offsets bits, or offsets	ule on line 8a ule B if required s of state and lo Schedule C or 0 dule D if required m 4797 . 13.281.739 23.829.656 erships, S corpo edule F . 20.492.849 int column for lines 7	I 	Pb 24 taxes . ap. Gain Dis . ap. Gain Dis . quired, chec . Taxable amore . Qa 1. Qa 1. Qa . . <tr< td=""><td></td><td></td><td>9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22</td><td>25,663,600 19,990,503 414,044 25,898,832 21,169,727 2,110,046 12,590,078 21,851,526 17,434,334 1,789,262 3,070,578 16,256,887 5,400,919 88,211,473 21. Net oper, loss= 21. Stock options= 21. Stock options= 21. Stock options= 21. Gambling inc.= 21. Taxable HSA = 36. Archer MSA Ded.= 3 36. Housing ded.= 3</td><td>4,303 564,94 451,52 2,094,(287,86</td></tr<>			9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22	25,663,600 19,990,503 414,044 25,898,832 21,169,727 2,110,046 12,590,078 21,851,526 17,434,334 1,789,262 3,070,578 16,256,887 5,400,919 88,211,473 21. Net oper, loss= 21. Stock options= 21. Stock options= 21. Stock options= 21. Gambling inc.= 21. Taxable HSA = 36. Archer MSA Ded.= 3 36. Housing ded.= 3	4,303 564,94 451,52 2,094,(287,86
V-2 here. Also attach Forms V-2G and 1099-F if tax A 's with reld. If you dic not get a W-2, see instructions	b a b Q 10 Ta 11 AI 12 I 13 G 14 G 15. AI 16a AI 17 Ri 18 Fa 19 UI 20a SI 21 Q 23 Ed 24 Ga 25 Hi 26 M 27 Da 28 Sa 30 Pa 31a AI 32 IFI 33 SI 34 Tu 35 Du 36 Au	ax-exempt interest. rdinary dividend s. Au ualified dividend s. Au ualified dividend axable refut 4s, crea- limony receiver usine s income or (lo ap tal gam or (losses) the jum s or (losses) the jum s or (losses) the listributions ental real estate, oy arm income or loss), nemployment compo- ucial security complets ther income or loss, nemployment compo- ucial security complets ther income or loss, setting business expenses e-basis government off ealth savings accour loving expenses. Atta- ductible part of self-en- elf-employed SEP, S elf-employed health enalty on early withd imony paid b Recip the deduction . tudent loan interest of ution and fees. Attac	Lenot held achieched bits, or offsets bits, or offsets bi	ule on line 8a ule B if required s of state and log Schedule C or 0 dule D if required m4797 13.281.739 23.829.656 erships, S corporedule F edule F 0.492,849 int column for lines 7	I . .	Pb 24 taxes . ap. Gain Dis . quired, chec . Taxable amo	,019,990 		9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22	25,663,600 19,990,503 414,044 25,898,832 21,169,727 2,110,046 12,590,078 21,851,526 17,434,334 1,789,262 3,070,578 16,256,887 5,400,919 88,211,473 21. Net oper, loss= 21. Stock options= 21. Stock options= 21. Stock options= 21. Gambling inc.= 21. Taxable HSA = 36. Archer MSA Ded.= 3 36. Housing ded.= 3	4,303 564,94 451,52 2,094,(287,86 ,385 ,869

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

1040	Department of the Treasury-Internal Re	()	2017		. 1545-0074	IRS Use Or	lv-Do	o not write or staple in this	SDACE.
For the year Jan 1–Dec	31, 2017, or other tax year beginning		, 2017, endir		, 21			e separate instructio	
Your first name and in		Last name	, 2017, chui	9	, 21	0		ir social security num	
		Total 104	10 ONLY returns	filed =	86,489,022				
If a joint return, spous	e's first name and initial	Last name					Spo	use's social security nu	mber
Home address (numb	er and street). If you have a P.O. b	ox, see instructions.			,	Apt. no.		Make sure the SSN(s) and on line 6c are co	
City, town or post office	, state, and ZIP code. If you have a for	eign address, also complete s	paces below (see i	nstructions).	I			esidential Election Carr k here if you, or your spouse	
Foreign country name)	Foreign pro	vince/state/coun	ту	Foreign p	ostal code		w, want \$3 to go to this fund. below will not change your t d. You	
Filing Status	1 🗌 Single		4	Head	l of household	(with qualif	ying p	erson). (See instruction	s.)
· ····g · ·····	2 Married filing jointly	(even if only one had inc	come)				ld but	not your dependent, er	nter this
Check only one	.	tely. Enter spouse's SS			s name here.				
box.	and full name here.		5		ifying widow(,,	struc		
Exemptions		one can claim you as a c	dependent, do	not check	box 6a		· }	Boxes checked on 6a and 6b	
							<u> </u>	No. of children	
	c Dependents:	(2) Dependent's social security num		endent's nip to you	qualifying for ch	nild tax credit		on 6c who: • lived with you	
	(1) First name Last name			iip to you	(see instru	ictions)	_	 did not live with you due to divorce 	
If more than four							_	or separation (see instructions)	
dependents, see							-	Dependents on 6c	
instructions and check here ►							-	not entered above	
	d Total number of exem	ptions claimed					_	Add numbers on lines above	
		etc. Attach Form(s) W-2			1,212,77		7	5,914,080,248	
Income		ch schedule B if require					8a	102,926,615	
		L .ot) clude on line 8	1	8b 59	9,783,537				
Attach Form(s	Jrdinary dividend J. A	nch Conedule B if requ	iired				9a	279,272,739	
W-2 here. Also attach Forms	b Qualified dividence			9b 21	4,531,041				
W-2G nd	10 Taxable refuil 1s, cre.	its, or offsets of state an	nd local income	taxes .			10	34,292,386	
1099-F if tax	11 Alimony recrive.					. [11	10.381.660	
w s with eld.	12 Dusine is include or (lo	oss). Attach Schedule C	or C-EZ .13 .	ap. Gain I	Dist. = 10,0	49,716	12	346,372,148	
	13 Ca _k ⁺ al ga or (loss).	Attach Schedule D if rec	quired. If not re	quired, che	eck here 🕨		13	843,115,530	
If you die not get a W-2,	14 Oher guins or (losses)	. Attach Form 4797 .				·	14	12,736,895	
see instructions	15: IRA listributions .	15a 302.983.44		Taxable an	nount	· [·	15b	259.730.872	
	16a - ensions and a nuit.			Taxable an		-	16b	606,962,687	
	17 Rental real estate, by		-				17	766.936.736	
		Attach Schedule F .					18	-19,166,242	<u> </u>
		ensation					19	15,400,474	
	20a Social security conefits21 Other incore. List type				nount		20b 21	265.524.064	
	22 Co. bine ^{+/} a amounts in	e and amount the far right column for lin	es 7 through 21	This is you	r total income	• •	21	<u>36,851,825</u> 9,294,372,255	<u> </u>
					746.674				213,363,983
Adjusted		es of reservists, performinc		-		+ 1		21. Stock options=	345,604
Gross		icials. Attach Form 2106 or		24	765,539			21. Cancel. of debt=	6,247,497
Income	-	nt deduction. Attach For	-		,350,980			21. For. earn. inc. ex	
	26 Moving expenses. Atta	ach Form 3903	[26 3	,467,230			21. Gambling inc.=	32,579,689
	27 Deductible part of self-e	mployment tax. Attach Sch	nedule SE .	27 3'	1,914,949			21. Taxable HSA =	384,201
	28 Self-employed SEP, S	IMPLE, and qualified pla	ans	28 2	5,821,484				
	29 Self-employed health	insurance deduction			1,709,190				
		rawal of savings			123,924				
		oient's SSN ►		-	3,436,431	+			
				-	1,991,546	+			
		deduction			3,496,758			36. Archer MSA Ded.= 4,	
		ch Form 8917		-	,765,745			36. Housing ded.= 84	·
	•	tivities deduction. Attach			5,126,066		00	· · · · · · · · · · · · · · · · · · ·	746,310
	Ű	35					36	152,551,858	
For Diselsours Dut		ine 22. This is your adju					37	9,141,820,397 Form 1040	(2017)
For Disclosure, Pri	vacy Act, and Paperwork Re	unction Act Notice, Se	e separate ins	uucuons.	Cat.	No. 11320	В		(2017)

Form 1040 (2017)	18,977,824	8,496,	883	157,021		43,765	5			Page 2
	38	Amount from line 37 (adjus	sted aross income)					38		
	39a	(orn before January		Blind.	Total box				Basic Stand. Ded. =	39,871,781
Tax and	oou		s born before Janu			checked				Add. Stand. Ded. =	8,583,580
Credits	b	If your spouse itemizes on a								1	1
	b	, ,		,		,		89b	40	Stand. = 39,871,781	
Standard Deduction	40	Itemized deductions (from				•	argin) .	•	40	Itmzed = 46,852,675	
for—	41	Subtract line 40 from line 3		• • • •				•	41	80,641,740	<u> </u>
 People who check any 	42	Exemptions. If line 38 is \$15							42	84,780,843	
box on line	43	Taxable income. Subtrac						•	43	73,397,226	
39a or 39b or who can be	44	Tax (see instructions). Check	k if any from: a 🔄 F	Form(s) 8814	b 🔄 Forn	n 4972 c	□		44	72,497,439	_
claimed as a dependent,	45	Alternative minimum tax	(see instructions).	Attach Form	6251			•	45	5,075,419	
see	46	Excess advance premium	tax credit repayme	ent. Attach For	rm 8962 .			•	46	2,176,271	
instructions.All others:	47	Add lines 44, 45, and 46							47	72,934,773	
Single or	48	Foreign tax credit. Attach	Form 1116 if requi	red	. 48	8,651,	605			54a F3800= 409,870 54b F8801= 293,466	
Married filing	49	Credit for child and depende	ent care expenses.	Attach Form 24	41 49	4,689,	925			54c other= 5,415	
separately, \$6,350	50	Education credits from Fo	rm 8863, line 19		. 50	5,118,	871			54c AMV= 13,776 54c Sch R= 12,157	
Married filing	51	Retirement savings contr	ibutions credit. At	tach Form 88	80 51	3,598,	919			54c F8911= 9,523	•
jointly or Qualifying	52	Child tax credit. Attach So	chedule 8812, if re	equired.	. 52	12,994	,172			54c F8936= 91,406 54c F8396= 96,168	
widow(er),	53	Residential energy credits	Attach Form 5695	5	. 53	1,577,	700			54c F8839= 79,670	
\$12,700 Head of	54	Other credits from Form: a	3800 ь 🗌 8801	1 c 🗌	54						
household,	55	Add lines 48 through 54. T	hese are your tota	l credits					55	30,072,397	
\$9,350	56	Subtract line 55 from line							56	68,316,274	+
	57	Self-employment tax. Atta							57	20,063,996	<u> </u>
	58	Unreported social security			_	 b 🗌 8			58		34.712
Other	59	Additional tax on IRAs, othe						÷	59	5,112,100	1
Taxes	60a	Household employment tax	•	•					60a	196,669	+
	b	First-time homebuyer credi							60b	585,006	<u> </u>
	61	Health care: individual resp				_			61	2,280,348	<u> </u>
					-	• _		•	62	Other Taxes = 942,	864
	62	Tax s from: a Form 8 Add lines 56 through 02.				Recapture Ta		20			
—	63					· · ·		JJ 🕨	63	77,359,779	+
Payments		F der a income tax with a			64	74,199			l		
If you have a	5	2017 estimated tax prominit		ed from 2016 re		9,354,					
qualify g	Ca	Earned income crudit (El			66a	10,768	,208				
child, at. ch	b	Nontaxable comba pay lect		2,006				1			
S , rdule ⊾ ີ	67	Additic al-ch. 1 tax codit. A				7,915,					
	68	American oppolanity cre				4,707,					
•	69	Ne' pre hiunax credit. A				1,774,					
	70	An point poid with request			70	1,973,				73a F2439= 6,840	
	/1	Excess social security and			71	1,467,				73d Other Payments: 14,59	0
	72	Growt for federal tax on fu			72	288,8	99				
	73	Credits from Form: a 24. b	💽 Reser d c 📃 888	85 d 🗌	73						
	74	Add lines 64 65, 6a, an	67 through 73. Th	ese are your t e	otal payme	nts			74	81,915,750	
Refund	75	If line 7 , is more than line	63, subtract line 6	63 from line 74	I. This is the	amount yo	ou overp	aid	75	59.800.382	<u> </u>
	76a	Amour of line 75 you war	nt refunded to you	I. If Form 8888	is attached	, check her	re . 🕨	•	76a	56,810,105	
Direct deposit?	▶ b	Routing			► c Type:	Checking	🔲 Sav	ings			
See	► d	Account number									
instructions.	77	Amount of line 75 you want	applied to your 20	18 estimated t	ax 🕨 77	3,832,	987				
Amount	78	Amount you owe. Subtra	ct line 74 from line	63. For details	s on how to	pay, see in	struction	s 🕨	78	25.325.091	
You Owe	79	Estimated tax penalty (see	instructions) .		79	9.211.3	345				
Third Party	Do	you want to allow another	person to discuss	this return with	n the IRS (se	e instructio	ons)?	Yes	. Com	plete below.	No
Designee	De	signee's		Phone				nal iden	tificatio	on	
		me me local times of perjury, I declare that I have	examined this rature and	no.	odulos and stata	ments and to t		er (PIN)	dae and	belief they are true, or true	rt and
Sign		ely list all amounts and sources of inco									
Here		ur signature		Date	Your occupa				1	me phone number	
Joint return? See											
instructions. Keep a copy for	Sp	ouse's signature. If a joint returr	n, both must sign.	Date	Spouse's oc	cupation			If the I	RS sent you an Identity Pr	otection
your records.	1 - 1	- ····							PIN, e		
<u> </u>	Pri	nt/Type preparer's name	Preparer's signatu	re	L	Date	e			PTIN	
Paid		54,425,549		-		Date	-		Chec		
Preparer											
Use Only		m's name								s EIN ►	
<u> </u>	Firi	m's address ►							Phon	e no.	<u> </u>

Form 1040 (2017	7)			Page 2
	38	Amount from line 37 (adjusted gross income)	38	
Tax and	39a	Check { You were born before January 2, 1953, Blind. } Total boxes		Basic Stand. Ded. = 371,226,291
Credits		if: Spouse was born before January 2, 1953, Blind . J checked ► 39a		Add. Stand. Ded. = 16,402,325
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b		Stand. = 388,835,709
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	Itmzed = 1,402,091,663
Deduction for—	41	Subtract line 40 from line 38	41	7,629,315,754
People who	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	738,617,041
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	6,977,254,805
39a or 39b or who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	1,482,394,435
claimed as a dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45	36,404,112
see instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	46	2,971,137
All others:	47 48	Add lines 44, 45, and 46	47	1,521,863,943 54a F3800= 4,803,015
Single or Married filing	40	Foreign tax credit. Attach Form 1116 if required 48 21,757,425 Credit for child and dependent care expenses. Attach Form 2441 49 2,726,580		54b F8801= 1,046,335
separately,		Education credits from Form 8863, line 19 50 6,070,520		54c other= 80,712 54c AMV= 49,233
\$6,350 Married filing	51	Retirement savings contributions credit. Attach Form 8880 51 722,857		54c Sch R= 1,345 54c F8911= 3,012
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52 17,113,001		54c F8936= 536,989 54c F8396= 136,066
widow(er),	53	Residential energy credits. Attach Form 5695		54c F8839= 404,117
\$12,700 Head of	54	Other credits from Form: a 3800 b 8801 c 54		
household, \$9,350	55	Add lines 48 through 54. These are your total credits	55	57,581,431
<u></u>	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	56	1,464,282,512
	57	Self-employment tax. Attach Schedule SE	57	63,809,922
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	a= 16,333 b= 23,900
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	5,663,889
Tuxes	60a	Household employment taxes from Schedule H	60a	1,152,924
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	305,273
	61	Health care: individual responsibility (see instructions) Full-year coverage	61	2,110,159
	62	Tax s from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	Other Taxes 1,286,708
	63	Add In 95 56 through 8,942,078 Jun 25,323,648	63	1,572,919,079
Payments		A der a income tax with relic from corms W-2 and 1099 64 1,117,113,009		
If you have a	<u>5</u>	2017 estimated tax promises and amount applied from 2016 return 65 387,857,393 Earned income of dit (Et.)		
qualify g	b	Earned income cright (EN) 66b 22,712 66a 27,716,059 Nontaxable combal pay fection 66b 22,712 Image: Cright State Sta		
child, at. ch S , ⊃dule ⊾ ົ	ة 57	Additic al ch d tax (dit. Attach Schedule 8812 67 10,933,646		
	68	American ppo, unity credit from Form 8863, line 8 68 4,347,114		
	69	Nei pre hium ax credit. Attach Form 8962 69 1,580,891		
	70	An part p id with request for extension to file 70 145.540,430		
	<i>1</i> 1	Excess social security and tier 1 PTA tax withheld 71 3,156,673		73a F2439= 2,923
	72	Creat for federal tax on vels. A. nch Form 4136 72 133,757		73d Other Payments: 169,203
	73	Credits from Form: a 24.2 b Reser d c 8885 d 73		
	74	Add lines 64 65, 6a, and 67 through 73. These are your total payments	74	1,700,772,994
Refund	75	If line 7 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	-300.269.620
	76a	Amoun of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	214,472,550
Direct deposit? See	► b ► d	Routing mbe Savings ► c Type: Checking Savings		
instructions.	► d 77	Account number		
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	174,155,224
You Owe	79	Estimated tax penalty (see instructions)	10	
Third Party			. Com	plete below. 🗌 No
Designee	De	signee's Phone Personal iden		
		ne no. no. number (PIN) enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowle	dge and	belief, they are true correct and
Sign	accurate	ely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of the sources of income I received during the tax year.	mation o	f which preparer has any knowledge.
Here Joint return? See		ur signature Date Your occupation	Dayti	me phone number
instructions.				
Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the I PIN, e	RS sent you an Identity Protection nter it
	D :			ee inst.)
Paid	Prii	nt/Type preparer's name Preparer's signature Date		k 🔲 if PTIN
Preparer				mployed
Use Only		n's name		s EIN ►
Co to warm in		n's address ►	Phon	e no. Form 1040 (2017)

1040		nt of the Treasury—Internal Re Individual Incor		(99) Return	201	7)MB No. 154	5-0074 IRS Use	Only—E	Do not write or staple in this	space.
For the year Jan. 1-Dec.		or other tax year beginning			, 2017, e			, 20		e separate instruction	<u> </u>
Your first name and in			Last name		,,_			,		our social security num	
Electronically File	d Return	s = 135.016.593									
If a joint return, spous			Last name						Sp	ouse's social security nu	mber
1040's E-fi		75,826,047							1.		
Home address (numb	er and st	reet). If you have a P.O. be	ox. see instruc	ctions.				Apt. no.		Make ourse the SSN(a)	abaya
1040A's E-		36,842,523	,							Make sure the SSN(s) and on line 6c are co	
		d ZIP code. If you have a for	aian address a	lso complete si	naces helow (s	ee instru	rtions)			Presidential Election Carr	
		-	eigir address, a	iso complete s			50013).			ck here if you, or your spouse	
1040EZ's E		22,348,023		Earoign pro	vince/state/co	unt.		Foreign postal and	ioint	ly, want \$3 to go to this fund.	
Foreign country name	;			Foreign pro	VINCE/State/CC	Junty		Foreign postal coo	a bo	x below will not change your t	
00.550		_			_				Y	= * 2,525,100 Y = **	4,1/1,95
Filing Status 48,647,1		Single Married filing jointly	(even if only	one had inc	20,134,39 come)	54		usehold (with qua fying person is a c		person). (See instruction	s.)
Check only one	3	Married filing separa	tely. Enter s	pouse's SS	N above		child's nam	ne here. 🕨			
DOX. 2,612,373	3	and full name here.	► [′]		71,999	5	Qualifying	widow(er) (see	instruc		26.744.550
	6a	Vourself. If some	one can clair	n vou as a d	dependent.	do not	_ check box	6a 126,744,5	50)	Boxes checked	75,372,118
Exemptions	b		27,568	,	,				Ì	on 6a and 6b	
	c	Dependents:	· · · · ·	(2) De	· · · ·	enc	Number of	child under age	17	No. of children on 6c who:	
	(1) First n			cial sec Numb	per of Return	s hip	Exempt.=) for child tax cre e instructions)	edit	 lived with you 	
	<u>. ,</u>	HILDREN AT HOME		43,031	480		6,191,050	32,248,087		 did not live with you due to divorce 	
f more than four		HILDREN AWAY FROM	IOME	312,30	· · · · · · · · · · · · · · · · · · ·		354,025	20,505,280	_	or separation (see instructions)	
lependents, see		ARENTS		2,539,0			3,008,924	7,427,936	_	Dependents on 6c	
nstructions and		THER DEPENDENTS		5,121,			5,996,578	2,032,881		not entered above	
check here 🕨 🗌			ationa alaiv		s = See 6a		emptions =	· · ·		Add numbers on	
		Total number of exem		-		EXC	mpuons –	201,922,090	· _	lines above Interview	
ncome	7	Wages, salaries, tips,				Schola	rship = 6	78, 6 11	7	113,244,169	<u> </u>
		Taxable interest. Attac				· ·			8a	38,771,332	<u> </u>
Attach Form(s)	b	Tax-exempt interest				8b	5,545	5,301			
V-2 here. Also	9a	Ordinary dividends. At	tach Sched	ule B if re _f u	iral	· ·			9a	24,954,394	
ttach Forms	b	Qualified dividends				9b	23,50	9,149			
V-2G and	10	Taxable refu. ds, crev.	ts, or offsets	s or intate a r	d local inco	me tax	es		10	18,222,961	
099-R if tax	11	Alimony recoive ! .							11	373,219	
vas withheld.	12	Busines nincome or (lo	oss). Attaci	Scindule C	or C-EZ 1.3	Cap, C	Gain Dist. =	3,731,357	12	22,337,028	
	13	Cupital name or (loss).	At noh Cohe	ule D if req	juired. If not	require	ed, check h	ere 🕨 🗌	13	18,972,936	
f you did not	14	Ou er quins or (losses)	Atta h For	m 4797 .					14	1,911,406	
get a W-2, see instructions.	í a	'RA distributions .	15a	13,742,45	4	b Tax	able amount	t	15b	13,048,671	
		Pensions an . ann ities	.6a	26,490,11		b Tax	able amount	t	16b	24,361,712	
	17	Rental real strue, 10,	alties, partne			trusts,	etc. Attach	Schedule E	17	15,409,654	
	тб	Farm income . (loss).							18	1.607.488	
	19	Unempoyment compo							19	4,656,410	
	20a	Social security benefits		24.620.54				t	20b	17.986.079	
	21	Ou er moome. List typ			-				21	5.578.699	
		Com line the amounts in			es 7 through	21. This	s is vour tota	l income ►	22	134,827,482	
		Educator expenses				23	3,277				4.047.4
Adjusted	24	Certain business expense				20		,550	1	21. Net oper. loss=	
Gross	24	fee-basis government off				24	132,	397		21. Stock options= 21. Cancel. of debt=	4,248
ncome	05	-				24			-	21. For. earn. inc. ex	246 926
	25	Health savings accour					1,689		-	21. Gambling inc.=	1,850,7
	26	Moving expenses. Atta				26	976,		-	21. Taxable HSA =	249,59
	27	Deductible part of self-er				27	17,21		-		
	28	Self-employed SEP, S				28	913,		-		
	29	Self-employed health				29	3,642	-			
	30	Penalty on early withd			1	30	360,				
	31a	Alimony paid b Recip	ient's SSN	►		31a	516,	055			
	32	IRA deduction				32	2,349	9,187			
	33	Student loan interest of	leduction .			33	11,77	9,245		36. Archer MSA Ded.= 3,	234
	34	Tuition and fees. Attac	h Form 891	7		34	987,	097		36. Housing ded.= 2,	
	35	Domestic production ac	tivities deduc	tion. Attach	Form 8903	35	734,			· · · · · · · · · · · · · · · · · · ·)6,356
	36	Add lines 23 through 3					•		36	34,754,787	
	37	Subtract line 36 from I							37	134,845,406	
		t, and Paperwork Re								Form 1040	(0017)

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

1040		nt of the Treasury—Internal Re Individual Incor		(99) 2	017	OMB No.	1545-0074	L IBS Use Or	ulv—De	o not write or staple in this	space	
Eor the year Jan 1-Dec		or other tax year beginning			2017, ending	onid no.		20	-	e separate instructi	<u> </u>	
Your first name and i		or other tax year beginning	Last name	,	zon, chung			20		ur social security nur		
Electronically	Filed Retu	urns = 135,016,593										
If a joint return, spou			Last name						Sno	use's social security n	umber	
in a joint rotaini, opoa			Luot namo									
Home address (num	ber and st	reet). If you have a P.O. bo	ox, see instruct	ions.				Apt. no.		i i Make sure the SSN(s and on line 6c are c		
City, town or post offic	e, state, an	d ZIP code. If you have a fore	eign address, als	o complete spaces b	elow (see inst	ructions).				residential Election Car k here if you, or your spouse		
Foreign country nam	e			Foreign province/s	tate/county		Foreigr	n postal code		y, want \$3 to go to this fund. below will not change your d. You		
Filing Status	1 [Single			4	Head of	of househo	ld (with qualif	ying p	person). (See instruction	ns.)	
i ling otatao	2	Married filing jointly	(even if only o	one had income)		If the c	qualifying p	erson is a chi	ld but	not your dependent, e	nter this	
Check only one	3 [Married filing separa	tely. Enter sp	ouse's SSN abo	ve	child's	s name here	a. 🕨				
box.		and full name here. I	•		5	Qualif	fying wido	w(er) (see in	struc	tions)		
Exemptions	6a	Yourself. If some	one can claim	you as a depen	dent, do no	ot check b	box 6a .		.]	Boxes checked		
Exemptions	b	Spouse							. ∫	on 6a and 6b No. of children		
	с	Dependents:		2) Dependent's	(3) Depend			d under age 17		on 6c who:		
	(1) First n	•	socia	al security number	relationship	to you		child tax credi structions)	L	 lived with you did not live with 		
							[you due to divorce or separation		
If more than four							[_	(see instructions)		
dependents, see instructions and							[Dependents on 6c not entered above		
check here ►	d	Total number of exem	ptions clain e	d			[]	_	Add numbers on lines above		
	7	Wages, salaries, tips,	etc. \ttau'r Fi	rm(s) W-2 .	Taxable Sch	nolarship =	= 2.786	.873.	7	6,871,970,696		
Income		Taxable interest. Attac					_,		8a	86,763,718		
	b	Tax-exempt interest		_	8b	52	.707.705			00,700,710		
Attach Form(s)		Ordinary dividends. At					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9a	235,594,597		
W-2 here. Also	b	Qualified dividends			 	170	9,923,74	s	ou	200,004,001		
attach Forms W-2G and	10	Taxable refu. ds, crecil	ts or offsets	o state ad loca			5,525,74		10	30,711,242		
1099-R if tax	11	Alimony recoive .				1765 .		· ·	11		+	
was withheld.	12	Busines \income or (lo		a adula C or C I		n Cain D)iet = 0.2	23 801	12	9.350.006	<u>+</u>	
	13	Cupital gain or (loss).								296,388,860	<u> </u>	
lf you did not		O. er cuins or (losses)		-	n not requ	irea, criec			13 14	725,830,270	<u> </u>	
get a W-2,	14				 ь.т.	 		· · -		10.782,642	<u> </u>	
see instructions.	·a	'RA distributions .		86.123.472		axable am		-	15b	248,543,919	<u> </u>	
	16a	Pensions an , ann lities		027.491.601		axable am	· ·	– F	16b	<u>623,308,272</u>	<u> </u>	
	17	Rental real structure							17	676.695.815	<u>+</u>	
	18	Farm income c (loss).						-	18	-16.762.663	+	
	19 00-	Unemp pyment compe							19 00h	21,310,226	+	
		Social security benefits		49,778,514	D	axable am	iount .	• •	20b	266.641.937	+	
	21 22	On ermoome. List typ Com line the amounts in			rough 21 Th				21	34.980.861	+	
									22	9,986,050,799	+	
Adjusted	ר <u>3</u> 24	Educator expenses				-⊢ 8	344,064			21. Net oper. loss=	168,140	
Gross	24	Certain business expense			-		\$41 500			21. Stock options= 21. Cancel. of debt=	325,012	
Income	05	fee-basis government off					641,502 856 023			21. For. earn. inc. ex	- 5,141,9 - 16 405	20 72
	25	Health savings accour					856,023			21. Gambling inc.=		
	26	Moving expenses. Atta					125,052			21. Taxable HSA =	338,02	
	27	Deductible part of self-er					, <u>398,940</u>					-
	28	Self-employed SEP, S		• •			3,205,506					
	29	Self-employed health i					<u>8,575,816</u>					
	30	Penalty on early withd		T 1 1			99,415	-				
	31a	Alimony paid b Recip			31a		.,003,579					
	32	IRA deduction					,910,829					
	33	Student loan interest of					.865,034			36. Archer MSA Ded.= 3	,989	
	34	Tuition and fees. Attac					,261,470			36. Housing ded.= 6	5,434	
	35	Domestic production ac					5 <mark>86,178</mark>	3		36. Other adj.= 1	,391,795	i -
	36	Add lines 23 through 3							36	142,834,625		
	37	Subtract line 36 from I	ine 22. This is	s your adjusted	gross inco	me .		. ►	37	9,843,216,175		
For Disclosure. Pr	ivacy Ac	t, and Paperwork Red	duction Act I	Notice, see sepa	arate instru	uctions.	C	at. No. 11320)B	Form 104	(2017)	

Form 1040 (2017)	21,791,335	9,257,	803	224,958	75,48	7			Page 2
	38	Amount from line 37 (adju	sted gross income)				38		
Tawand	39a	Check A You were b	orn before January	, v 2. 1953.	C Blind	. Total boxes			Basic Stand. Ded. =	91,368,389
Tax and			as born before Janu	, ,		.∫ checked ► 39a			Add. Stand. Ded. =	13,087,766
Credits	b	If your spouse itemizes on					39b	1	Stand. = 91,368,389	
Standard	40	Itemized deductions (fro	•					40	Itmzed = 42,201,354	
Deduction	41	Subtract line 40 from line						41	120,296,791	
 for – People who 	42	Exemptions. If line 38 is \$1					Ictions	42	124,964,557	
check any	43	Taxable income. Subtra						43	106,183,210	
box on line 39a or 39b or	44	Tax (see instructions). Chec						44	105,289,254	
who can be claimed as a	45	Alternative minimum tax	, _					45	4,637,553	
dependent,	46	Excess advance premium	· ,					46	2,995,928	
see instructions.	47	Add lines 44, 45, and 46						47	105,828,657	
All others:	48	Foreign tax credit. Attach				7,855,607		4/	54a F3800= 375,687	
Single or	40 49	U U	•			6,135,154		-	54b F8801= 264,840	
Married filing separately,	-	Credit for child and depend	•			8,162,585		-	54c other= 3,108 54c AMV= 12,747	
\$6,350	50	Education credits from Fo				8,181,271	_	-	54c Sch R= 54,284 54c F8911= 8,371	
Married filing jointly or	51	Retirement savings cont					_	-	54c F8936= 84,104	
Qualifying widow(er).	52	Child tax credit. Attach S		•		20,438,367 1,424,273		-	54c F8396= 92,315 54c F8839= 72,448	
\$12,700	53	Residential energy credits				1,424,273		-		
Head of household,	54	Other credits from Form: a			54				40.256.467	
\$9,350	55	Add lines 48 through 54.						55	42,356,467	
\square	56	Subtract line 55 from line						56	95,741,956	
	57	Self-employment tax. Atta				· · <u>·</u> · ·		57	17,218,836	
Other	58	Unreported social securit	y and Medicare tax	from Form:	a 🗌 4137	b 📃 8919		58	a= 86,006 b=	28,838
Taxes	59	Additional tax on IRAs, oth	ner qualified retireme	ent plans, etc. /	Attach Form	1 5329 if required		59	4,629,297	
Тахоо	60a	Household employment ta	ixes from Schedule I	н				60a	171,884	
	b	First-time homebuyer crec	lit repayment. A ttach	n Form 5405 if	required .			60b	520,609	
	61	Health care: individual resp				age 📃		61	4.033.396	
	62	Taxes from: a Form	8959 b Form 8					62	Other Taxes = 840	,412
	63	Add lines 56 through 62.	743 4,098,01 17_5 yo r total ta	IX	ecapture Tax =	985	. 🕨	63	103,863,633	
Payments	64	Federal income tax withh	e.d .or . Forms W-2	2 and 1090	64	120,924,398				
	65	2017 estimated tax pay ner	nts a amount applie	ertfrom 2015 re	eturn 65	8,391,134				
If you have a qualifying	<u>66</u> a	Earned income cdi. (E	IV)		66 a	24,913,295				
child, attach	b	Nontaxable con us hay led	ction 66b	10,047						
Schedule EIC.	67	Additional chill tax credit.	Attach Scheol 'e 8.	12	67	17,040,139				
	68	Americ in opportunity cr	edit	63, line 8 .	68	7,482,237				
	69	Net orec ium (ax credit.	Attach Lorm 8962		69	2,141,642				
	70	nount paid with reques	t or <i>x</i> tension to file	е	70	1,674,173				
	71	Exc. se social security a d	tie 1 ARTA tax with	nheld	71	1,342,844			73a F2439= 6,677	1
	72	Crudit for federal ax			72	259,585			73d Other Payments = 16,4	43
	7	oredits from Form: a 🗌 2 '39 k	Reserved c 88	85 d 🗌	73			1		
	74	Add lines 64 35, 66a, and			otal payme	ents	. 🕨	74	128,678,934	
P_fund	75	If line 74 i more than line	-				paid	75	105,735,104	
	76a	Amount > Eline 75 you wa						76a	103,051,036	
Direct cosit?	► b	noutry number			► c Type:	Checking Sa	vings			
See	► d	Acc. unt number					0			
instructions.	77	An. unt of line 75 you wan	t applied to your 20	18 estimated t	tax ▶ 77	3,416,309				
Amount		Amount you owe. Subtra					ns 🕨	78	25.629.125	
You Owe	79	Estimated tax penalty (se	e instructions)		79	8,643,392				
Third Party		you want to allow another	,					Corr	plete below.	No
Designee		signee's		Phone	(-	,	onal iden			
Designee	na	me 🕨		no. 🕨			oer (PIN)			
Sign		enalties of perjury, I declare that I have ely list all amounts and sources of inc								
Here		ur signature		Date	Your occup			1	me phone number	kilowicuge.
Joint return? See										
instructions. Keep a copy for	Sn	ouse's signature. If a joint retur	n both must sign	Date	Spouse's o	ccupation		If the I	RS sent you an Identity P	rotection
your records.	V op	ease o orginatoro. Il a joint letti	, Joan maar algin.	2410		copation		PIN, e	nter it	
	Dri	nt/Type preparer's name	Preparer's signatu	re		Date		nere (see inst.)	
Paid		76,344,783				Date		Chec	k ∐ if	
Preparer	-								employed	
Use Only		m's name							s EIN 🕨	
	Fir	m'e addroee 🕨						Phon	e no	

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2017)			Page 2
	38	Amount from line 37 (adjusted gross income)	38	
Tax and	39a	Check (You were born before January 2, 1953, Blind.) Total boxes		Basic Stand. Ded. = 772,613,509
		if: □ Spouse was born before January 2, 1953, □ Blind. ∫ checked ► 39a		Add. Stand. Ded. = 24,383,758
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 339b		Stand. = 797,840,112
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	Itmzed = 1,246,256,204
Deduction for	41	Subtract line 40 from line 38	41	8,037,939,706
People who	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	1,033,831,180
check any	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	7,142,956,159
box on line 39a or 39b or	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	1,444,388,737
who can be claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45	32,811,046
dependent,	46	Excess advance premium tax credit repayment. Attach Form 8962	46	3,226,049
see instructions.	47	Add lines 44, 45, and 46	47	1,480,481,285
 All others: 	48	Foreign tax credit. Attach Form 1116 if required		54a F3800= 4,179,623
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49 3,515,056	-	54b F8801= 935,368 54c other= 16,194
separately,	50	Education credits from Form 8863, line 19	-	54c AMV= 45,436
\$6,350 Married filing	50 51	Retirement savings contributions credit. Attach Form 8880 51 1,468,348	-	54c Sch R= 6,130 54c F8911= 2,768
jointly or	52	Child tax credit. Attach Schedule 8812, if required 52 24,906,505	-	54c F8936= 496,426
Qualifying widow(er),	52 53	Residential energy credits. Attach Form 5695 53 1,918,762	1	54c F8396= 130,082 54c F8839= 337,715
\$12,700	53 54	Other credits from Form: a 3800 b 8801 c 54	1	
Head of household,	-		65	61,998,237
\$9,350	55 56	Add lines 48 through 54. These are your total credits	55	1,418,483,048
	56 57		56	54,788,797
	57	Self-employment tax. Attach Schedule SE	57	a= 13,491 b= 21,726
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	5,032,601
	60a	Household employment taxes from Schedule H	60a	999,823
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	271,151
	61	Health care: individual responsible to (see in structions) Full-year coverage	61	3,102,836
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	Other Taxes = 473,172
	63	Add lines 56 through 62. In so your total tax	63	1,512,814,978
Payments	64	Federal income tax withhe.d. or . Forms W-2 and 1092 64 1,188,401,849	4	
If you have a	65	2017 estimated tax pay nents and amount applied from 2015 return 65 336,733,977	-	
qualifying	<u>66</u> a	Earned income ct. di. (El/)	-	
child, attach	b	Nontaxable cor ba bay lection 66b 147,263	-	
Schedule EIC.	67	Additional chir, tax credit. Attach Scheol e 8, 12	-	
	68	Americ in op. on unity credit i rom form c863, line 8 68 6,630,322	-	
	69	Net previum tax credit. Attach vorm 8962	-	
	70	nount paid with request or extension to file 70 121,312,041	-	
	71	Exc. so social security and the 1 ARTA tax withheld 71 2,907,406	-	73a F2439= 2,837
	72	Criedit for federal tax	_	73d Other Payments: 124,243
	7	Credits from Form: a 2139 b Reserved c 8885 d 73		
	74	Add lines 64 35, 66a, and 67 through 73. These are your total payments	74	1,744,301,657
P afund	75	If line 74 i more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	-385.365.075
V/	76a	Amount - Ince 75 you want refunded to you. If Form 8888 is attached, check here	76a	312,485,998
Direct c _osit?	► b	Pout g number □ Checking □ Savings		
See instructions.	► d	Acc unt number		
	77	An unit of line 75 you want applied to your 2018 estimated tax ► 77 72.879.077		
Amount		Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	155.397.391
You Owe	79	Estimated tax penalty (see instructions)		
Third Party				plete below. No
Designee		signee's Phone Personal ide ne ▶ no. ▶ number (PIN		
Sign	Under p	enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowle		
Here		ly list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all info	1	
Joint return? See	You	ur signature Date Your occupation	Dayti	me phone number
instructions.			-	
Keep a copy for	Spo	buse's signature. If a joint return, both must sign. Date Spouse's occupation	If the I PIN, e	RS sent you an Identity Protection nter it
your records.				see inst.)
Paid	Prir	nt/Type preparer's name Preparer's signature Date	Chec	
Preparer				employed
Use Only	Firr	n's name 🕨	Firm'	s EIN 🕨
e co ciny		n's address ►	Phon	0.00

Go to www.irs.gov/Form1040 for instructions and the latest information.

26

2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form 1040A	Department of the Treasury-In			2017			a not	wite ex staple in this	
Your first name and in		Last name		2017	INS US	= Only – D		write or staple in this OMB No. 1545-0074	<u> </u>
		Luot numo				-		social security nur	
			Total Forms Filed	= 39,621,455					
If a joint return, spous	e's first name and initial	Last name					Spous	e's social security nu	mber
		т	otal Forms Filed Electro	onically = 36,8	42,523				
Home address (numb	er and street). If you have a P.O. b	oox, see instruc	ctions.		Apt. n	0.		lake sure the SSN(s) and on line 6c are co	
City, town or post office	, state, and ZIP code. If you have a for	reign address, a	lso complete spaces below (se	e instructions).			Presi	dential Election Cam	paign
								here if you, or your spo	
Foreign country name	1		Foreign province/state/co	unty	Foreign pos	stal code		pintly, want \$3 to go to t ng a box below will not cha	
							÷* 5		
Filing 16,140,50			11,856,141			• •	-	g person). (See instr	
status 10,573,80	•••	•	only one had income)	•				but not your depe	ndent,
Check only 1,026,892 one box.		ately. Enter s	pouse's SSN above and		s child's n				
	full name here. ►		24,113				see I	nstructions)	
Exemptions			an claim you as a d 39,049,261	ependent, do	not che	ECK	l	Boxes Exem. = checked on	49,615,0
		x 0a. 3	55,045,201				ſ	6a and 6b No. of children	
	c Dependents:	1,565,752			(4)	🗸 if child	under	on 6c who:	
for any the second	c Dependents.		(2) Dependent's social	(3) Dependen	t's _{age}	e 17 qualifyi	ng for	 lived with you 	
f more than six dependents, see	(1) First name	Last name	Number of Returns	Number of Exempt.=	you chi	Id tax credi instruction		• did not live	
nstructions.	CHILDREN AT HOME		16,945,229	28,849,968	14	.149.67		with you due to	
	CHILDREN AWAY FROM HOM	E	121,605	139,696		900.234	_	divorce or separation (see	
	PARENTS		1,111,725	1,309,679		856.263		instructions)	
	OTHER DEPENDENTS		2,975,759	4,276,200		8,778	_	Dependents	
	TOTAL DEPENDENTS		19,468,758	34,575,543				on 6c not entered above	
	Total		Returns = See 6a	84,190,555					
								Add numbers on lines	
	d Total number of e	exemption	s claimed.					above ►	
ncome				Taxable Scholars	nip = 2	75.388	_		
•··· •	7 Wages, salaries,	tips, etc. A	Attach Form(s) W-2.				7	34,306,636	
Attach Form(s) W-2	On Truckle interest	AH	de e de de Diffue en due e				0-	E 004 74E	
here. Also			hedule B if required				8a	5,904,745	
attach			ot include on line 8a Schedule B if requir		7,035		9a	2,507,730	
Form(s)	b Qualified dividence				96,051		9a	2,007,700	
1099-R if tax was	10 Capital gain distri		,	30 2,13	50,051		10	886,906	
withheld.	11a IRA			11b Taxable	e amoui	nt	10		
f you did not	distributions.	11a 2	2,623,017		struction		11b	2,527,115	
get a W-2, see	12a Pensions and				e amoui	,			
nstructions.	annuities.	12a 🔮	6,781,123	(see ins	e instructions).			6,413,384	
				Other Incon					
		ompensat	ion and Alaska Perr				13	1,459,296	
	14a Social security				e amoui				
	benefits.	14a 8	3,474,754	(see ins	structior	ıs).	14b	4,672,544	
	15 Add lines 7 throu	ah 14h (fa	r right column) This		incomo		15	20 249 072	
	15 Add lines 7 throu	gii 140 (ia	r right column). This		ncome		15	39,348,073	
Adjusted	16 Educator ovpons	on (non inc	structions)	16 74	0 160				
gross	16 Educator expense 17 IRA deduction (se				0,169 9,111	+			
income			tion (see instructions		17,274	+			
						+			
	19 Tuition and fees.	Attach Fo	rm 8917.	19 30	7,418				
			nese are your total a				20	5,889,135	
		0							
	21 Subtract line 20 f	rom line 1	5. This is your adjus	sted gross in	come.		21	39,363,149	
For Disclosure, P	Privacy Act, and Paperwo			-		Cat. No. 1		Form 1040A	2017)

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

Form		rtment of the Treasury-Int				•••						
<u>1040A</u>		6. Individual Inc	ome Ta	x Return	(99)	20	17 "	RS Use O	nly—[Do not v	write or staple in this	s space.
Your first name and in	nitial		Last name								OMB No. 1545-0074	
				Total Form	s Filed	= 39,	621,455			Your	social security nun	nber
If a joint return, spous	e's first	name and initial	Last name							Spous	e's social security nu	umber
Home address (numb	er and s	treet). If you have a P.O. be	ox, see instrue	ctions.				Apt. no.			ake sure the SSN(s) and on line 6c are co	
City, town or post office,	, state, a	nd ZIP code. If you have a for	eign address, a	lso complete spac	es below (se	e instruct	ions).				dential Election Cam here if you, or your spo	
Foreign country name)			Foreign provinc	ce/state/cou	unty	Fore	ign postal	code		intly, want \$3 to go to t ng a box below will not ch efund. You	ange your
Filing	1 [Single				4			•		g person). (See instr	,
status	2	Married filing joint						• •			but not your depe	endent,
Check only	3	Married filing separa	ately. Enter s	pouse's SSN a	above and		enter this chi			-		
one box.		full name here. ►				5				(see i	nstructions)	
Exemptions	6a		omeone c k 6a.	an claim yo	u as a d	epend	dent, do no	t chec	k	}	Boxes checked on 6a and 6b	
	b	Spouse								J	No. of children	
If more than six	С	Dependents:		(2) Depender security n			Dependent's onship to you		if child qualify ax cred	ing for	on 6c who: • lived with you	
dependents, see instructions.		(1) First name L	ast name	, ,					struction		 did not live with you due to 	
											divorce or	
									\square		separation (see instructions)	
									Η		Dependents	
											on 6c not entered above	
											Add numbers	
	d	Total number of e	vemntion	s claimed							on lines above ►	
Income	<u> </u>		xemption			Taxahlo	Scholarship =	1,117	7 801			F
meome	7	Wages, salaries, t	ips, etc. A	ttach Form		T UNUDIO	oonolaromp		,001	7	1,117,244,158	
Attach												
Form(s) W-2 here. Also	8a	Taxable interest.								8a	2,966,487	
attach	b	Tax-exempt inter					b 275,2	36		0-	3,063,304	
Form(s)	9a	Ordinary dividend Qualified dividence			if require	ea. 9	b 2,315,	925		9a	3,003,304	
1099-R if tax was	10	Capital gain distri			ons)	3	<u> </u>	020		10	1,321,477	
withheld.	11a	1 0				11b	Taxable ar	nount		10		
lf you did not		distributions.	11a 2	29,088,002			(see instru	ctions)).	11b	26,766,078	
get a W-2, see instructions.	12a			40 500 740		12b	Taxable ar					
		annuities.	12a 1	46,539,718			(see instru	,		12b	122,224,725	
	13	Unemployment co	omnoneat	ion and Ala	aka Dorn		h <mark>er Income</mark> et Eurod divis			1 13	5,963,895	
	14a	· · ·	Jinpensat			14b	Taxable ar			10	0,000,000	+
		benefits.	14a 1	62,727,204			(see instru).	14b	44,015,565	
	45) T la ! a					45	4 005 747 000	
Adjusted	15	Add lines 7 throug	gn 14b (fa	r right colun	nn). This	is yo	ur total inc	ome.		15	1,325,747,930	<u> </u>
Adjusted	16	Educator expense	es (see ins	structions)		1	6 183,9	68				
gross	17	IRA deduction (se					7 1,435,7					
income	18	Student loan intere		,	tructions		8 5,190,7					
	19	Tuition and fees.					9 819,1	38			7 000 500	
	20	Add lines 16 throu	ugh 19. Th	nese are you	ar total a	adjust	iments.			20	7,629,539	
	21	Subtract line 20 fr	rom line 1	5 This is vo	ur adiue	ted o	iross incor	ne		21	1,318,118,391	
For Disclosure P		Act. and Paperwoi							No.			(2017)

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11327A Form 1040A (2

Form 1040A (2	2017)		Page 2
Tax, credits,	22	Enter the amount from line 21 (adjusted gross income).	22
and	23a	Check (A You were born before January 2, 1953, C Blind) Total boxes	6,946,851 2,463,0
payments	b	if: [B Spouse was born before January 2, 1953, D Blind] checked ► 23a If you are married filing separately and your spouse itemizes	
Standard Deduction	D	deductions, check here ► 23k	
for-	24	Enter your standard deduction. Tot. Std. Ded.= 39,304,8	
 People who 	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0	25 35,412,449
check any box on line	26	Exemptions. Multiply \$4,050 by the number on line 6d.	26 39,053,281
23a or 23b or who can be	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0	
claimed as a		This is your taxable income.	► 27 28,678,300
dependent, see	28	Tax, including any alternative minimum tax (see instructions). 28 28,554,67	
instructions.	29	Excess advance premium tax credit repayment. Attach	
All others:		Form 8962. 29 1,243,54	4
Single or Married filing	30	Add lines 28 and 29.	30 28,746,645
separately, \$6,350	31	Credit for child and dependent care expenses. Attach	
Married filing	•.	Form 2441. 31 1,779,31	1
jointly or	32	Credit for the elderly or the disabled. Attach	
Qualifying widow(er),	02		
\$12,700	33	Schedule R. 32 51,259 Education credits from Form 8863, line 19. 33 3,632,18	
Head of household,	34	Retirement savings contributions credit. Attach Form 8880. 34 5,113,10	
\$9,350	35	Child tax credit. Attach Schedule 8812, if required. 35 9,081,04	
	36		36 15,781,308
	37	Add lines 31 through 35. These are your total credits .	
		Subtract line 36 from line 30. If line 36 is more than line 30, enter -0	
	38	Health care: individual responsibility (see instructions). Full-year coverag	
	39	Add line 37 and line 38. This is your total tax.	<u>39</u> 22,991,590
	40	Federal income tax withheld from Forms W-2 and 1099. 40 36,723,14	40
If you have	41	2017 estimated tax payments and amount applied	
a qualifying child, attach		from 2016 return. 41 289,243	
Schedule	42a	Earned income credit (EIC).42a13,336,39	34
EIC.	b	Nontaxable combat pay election. 42b 8,041	
	43	Additional child tax credit. Attach Schedule 8812. 43 10,426,66	Excess flox withined
	44	American opportunity credit from Form 8863, line 8. 44 3,360,977	
	45	Net premium tax credit. Attach Form 8962. 45 697,516	
	46	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments.	Other Payments = 5,02 ▶ 46 37,981,746
Refund	46 47	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46.	► 46 37,981,746
Refund	47	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid.	 ▶ 46 37,981,746 47 34,436,630
Direct		Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46.	 ▶ 46 37,981,746 47 34,436,630
Direct deposit? See	47	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments . If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid . Amount of line 47 you want refunded to you . If Form 8888 is attached, check h Routing	▶ 46 37,981,746 47 34,436,630 48a 34,360,392
Direct deposit? See instructions	47 48a	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number Label{eq:started_started	▶ 46 37,981,746 47 34,436,630 48a 34,360,392
Direct deposit? See instructions and fill in 48b, 48c,	47 48a	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number Account	▶ 46 37,981,746 47 34,436,630 48a 34,360,392
Direct deposit? See instructions and fill in 48b, 48c, and 48d or	47 48a ▶ b ▶ d	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number Account number	▶ 46 37,981,746 47 34,436,630 48a 34,360,392
Direct deposit? See instructions and fill in 48b, 48c,	47 48a ▶ b	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number ▶ c Type: Checking Savir Account number Amount of line 47 you want applied to your	▶ 46 37,981,746 47 34,436,630 48a 34,360,392
Direct deposit? See and fill in 48b, 48c, and 48d or Form 8888.	47 48a ▶ b ▶ d 49	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments . If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid . Amount of line 47 you want refunded to you . If Form 8888 is attached, check h Routing number Account number Amount of line 47 you want applied to your 2018 estimated tax . 49	▶ 46 37,981,746 47 34,436,630 aere ▶ 48a 34,360,392 ngs
Direct deposit? See instructions and fill in 48b, 48c, and 48d or	47 48a ▶ b ▶ d	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number ▶ c Type: Checking Savir Account number ■ Amount of line 47 you want applied to your 2018 estimated tax. 49 86,583 Amount you owe. Subtract line 46 from line 39. For details on how to payment to payment.	▶ 46 37,981,746 47 34,436,630 aere ▶ 48a 34,360,392 ngs
Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888. Amount	47 48a ▶ b ▶ d 49 50	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number ▶ c Type: Checking Savir Account number Savir Amount of line 47 you want applied to your 2018 estimated tax. 49 86,583 Amount you owe. Subtract line 46 from line 39. For details on how to p see instructions.	▶ 46 37,981,746 47 34,436,630 aere ▶ 48a 34,360,392 ngs
Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888. Amount you owe	47 48a ▶ b ▶ d 49 50 51	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number ▶ c Type: Checking Savin Account number 86,583 Amount of line 47 you want applied to your 2018 estimated tax. 49 86,583 Amount you owe. Subtract line 46 from line 39. For details on how to p see instructions. Estimated tax penalty (see instructions). 51	▶ 46 37,981,746 47 34,436,630 aere ▶ 48a 34,360,392 ngs
Direct deposit? See and fill in 48b, 48c, and 48d or Form 8888.	47 48a ▶ b ▶ d 49 50 51	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number ▶ c Type: Checking Savir Account number Savir Amount of line 47 you want applied to your 2018 estimated tax. 49 86,583 Amount you owe. Subtract line 46 from line 39. For details on how to p see instructions.	▶ 46 37,981,746 47 34,436,630 aere ▶ 48a 34,360,392 ngs
Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888. Amount you owe	47 48a ▶ b ▶ d 49 50 51 Do Des	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number ▶ c Type: Account number ▶ c Type: Amount of line 47 you want applied to your 2018 estimated tax. 49 86,583 Amount you owe. Subtract line 46 from line 39. For details on how to p see instructions. Estimated tax penalty (see instructions). 51 887,516 you want to allow another person to discuss this return with the IRS (see instructions)?	▶ 46 37,981,746 47 34,436,630 aere ▶ 48a 34,360,392 ngs
Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888. Amount you owe Third party	47 48a ▶ b ▶ d 49 50 51 Do De: nar	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number ▶ c Type: Account number Checking Amount of line 47 you want applied to your Amount of line 47 you want applied to your 2018 estimated tax. 49 86,583 Amount you owe. Subtract line 46 from line 39. For details on how to p see instructions. Estimated tax penalty (see instructions). 51 887,516 you want to allow another person to discuss this return with the IRS (see instructions)?	▶ 46 37,981,746 47 34,436,630 aere ▶ 48a 34,360,392 ngs
Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888. Amount you owe Third party designee	47 48a ▶ b ▶ d 49 50 51 Do Dea nar Unn and	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number ▶ c Type: Account number ▶ c Type: Amount of line 47 you want applied to your 2018 estimated tax. 49 86,583 Amount you owe. Subtract line 46 from line 39. For details on how to p see instructions. Estimated tax penalty (see instructions). 51 887,516 you want to allow another person to discuss this return with the IRS (see instructions)? If er penalties of perjury, I declare that I have examined this return and accompanying schedules and so proceed during not period.	▶ 46 37,981,746 47 34,436,630 aere ▶ 48a 34,360,392 ngs
Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888. Amount you owe Third party designee Sign	47 48a ▶ b ▶ d 49 50 51 Do Do Do Do nar Unr anc tha	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number ▶ c Type: Account number ▶ c Type: Checking Savin Amount of line 47 you want applied to your 2018 estimated tax. 49 Bestimated tax. 49 See instructions. 51 Estimated tax penalty (see instructions). 51 Bastract at a penalty (see instructions). 51 Bastract at an outher person to discuss this return with the IRS (see instructions)? Bastract at an outher person to discuss this return and accompanying schedules and st belief, they are true, correct, and accurately list all amounts and sources of income I received during in the taxpayer) is based on all information of which the preparer has any knowledge.	▶ 46 37,981,746 47 34,436,630 aere ▶ 48a 34,360,392 ngs agg agg pay, 50 3,925,329 Yes. Complete the following. No ersonal identification umber (PIN) agg tatements, and to the best of my knowledge g the tax year. Declaration of preparer (other
Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888. Amount you owe Third party	47 48a ▶ b ▶ d 49 50 51 Do Do Do Do nar Unr anc tha	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number ▶ c Type: Account number ▶ c Type: Amount of line 47 you want applied to your 2018 estimated tax. 49 86,583 Amount you owe. Subtract line 46 from line 39. For details on how to p see instructions. Estimated tax penalty (see instructions). 51 887,516 you want to allow another person to discuss this return with the IRS (see instructions)? If er penalties of perjury, I declare that I have examined this return and accompanying schedules and so proceed during not period.	▶ 46 37,981,746 47 34,436,630 aere ▶ 48a 34,360,392 ngs
Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888. Amount you owe Third party designee Sign here Joint return? See instructions.	47 48a ▶ b ▶ d 49 50 51 Do Deternar Unnanc tha You	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number ▶ c Type: Account number ▶ c Type: Amount of line 47 you want applied to your Amount of line 47 you want applied to your 2018 estimated tax. 49 Bestimated tax 49 Amount you owe. Subtract line 46 from line 39. For details on how to p see instructions. Estimated tax penalty (see instructions). 51 Bestimated tax penalty (see instructions). Solution of the person to discuss this return with the IRS (see instructions)? Phone no. Phone no. Phone no. Phone no. If the yare true, correct, and accurately list all amounts and sources of income I received during in the taxpayer) is based on all information of which the preparer has any knowledge. If the taxpayer is based on all information of which the preparer has any knowledge.	▶ 46 37,981,746 47 34,436,630 aere ▶ 48a 34,360,392 ngs
Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888. Amount you owe Third party designee Sign here Joint return? See instructions. Keep a copy	47 48a ▶ b ▶ d 49 50 51 Do Deternar Unnanc tha You	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is attached, check h Routing number ▶ c Type: Account number ▶ c Type: Checking Savin Amount of line 47 you want applied to your 2018 estimated tax. 49 Bestimated tax. 49 See instructions. 51 Estimated tax penalty (see instructions). 51 Bastract at a penalty (see instructions). 51 Bastract at an outher person to discuss this return with the IRS (see instructions)? Bastract at an outher person to discuss this return and accompanying schedules and st belief, they are true, correct, and accurately list all amounts and sources of income I received during in the taxpayer) is based on all information of which the preparer has any knowledge.	▶ 46 37,981,746 47 34,436,630 aere ▶ 48a 34,360,392 ngs agg agg pay, 50 3,925,329 Yes. Complete the following. No ersonal identification umber (PIN) agg tatements, and to the best of my knowledge g the tax year. Declaration of preparer (other
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2017 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

(-	2017)						F	Page 2
Tax, credits,	22	Enter the amount from line 21 (adjusted gross income).				22		
and	23a	Check [You were born before January 2, 1953, Blind]	Total	boxes				
payments		if: [Spouse was born before January 2, 1953,] Blind J	check	ked ▶ 23a				
saymonto	b	If you are married filing separately and your spouse item	izes			_		
Standard		deductions, check here		► 23b				
Deduction	24	Enter your standard deduction. Tot. Std. De	ed.=	363,712,743		24	Add. Std. Ded=	12,962
People who	25	Subtract line 24 from line 22. If line 24 is more than line 2	22, en	iter -0		25	970,264,701	
check any box on line	26	Exemptions. Multiply \$4,050 by the number on line 6d.				26	340,956,020	
23a or 23b or who can be	27	Subtract line 26 from line 25. If line 26 is more than line 2	25, en	iter -0				
claimed as a		This is your taxable income.				27	692,616,420	
dependent,	28		28	92,810,603				1
instructions.	29	Excess advance premium tax credit repayment. Attach				_		
All others: Single or		Form 8962.	29	732,656				
Married filing	30	Add lines 28 and 29.		-		30	93,543,260	
separately, \$6,350	31	Credit for child and dependent care expenses. Attach						
Married filing			31	992,191				
jointly or Qualifying	32	Credit for the elderly or the disabled. Attach		002,101		_		
widow(er), \$12,700		•	32	5,650				
Head of	33		33	3,282,568		_		
nousehold, \$9,350	34	,	34	841,209		_		
\$9,330	35		35	9,763,792		_		
)	36	Add lines 31 through 35. These are your total credits.		.,,		36	14,885,410	
	37	Subtract line 36 from line 30. If line 36 is more than line 3	30. en	iter -0		37	78,657,850	
	38	Health care: individual responsibility (see instructions). Fu				38	885,613	
	39	Add line 37 and line 38. This is your total tax.	,	Ŭ		39	79,543,462	
	40		40	125,988,673				
	41	2017 estimated tax payments and amount applied	-			_		
If you have a qualifying			41	846,717				
child, attach	42a		42a	37,837,360		_		
Schedule	b	Nontaxable combat pay election. 42b 124,551				_		
	43		43	13,573,101			Excess FICA withheld	i= 0
	44		44	2,796,488			Extension Request=	47.9
				317,904		_		
	45		45	317,304			Other Payments =	7.2
	45 46	Net premium tax credit. Attach Form 8962.	-		•	46	Other Payments = 181,415,460	7,2
			al pa		•	46	-	7,2
Refund	46	Net premium tax credit. Attach Form 8962. Add lines 40, 41, 42a, 43, 44, and 45. These are your tot If line 46 is more than line 39, subtract line 39 from line 4	al pa		•	 47	-	
	46 47	Net premium tax credit. Attach Form 8962. Add lines 40, 41, 42a, 43, 44, and 45. These are your tot	al pa 6.	yments.			181,415,460	
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Direct leposit? See Instructions and fill in 8b, 48c, and 48d or form 8888. Amount you owe Chird party designee Sign here oint return? See instructions. Keep a copy or your records.	46 47 48a ▶ b ▶ d 49 50 51 Do Des nar Un and tha Sport	Net premium tax credit. Attach Form 8962. Add lines 40, 41, 42a, 43, 44, and 45. These are your tot If line 46 is more than line 39, subtract line 39 from line 4 This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is a Routing number Account number Amount of line 47 you want applied to your Amount of line 47 you want applied to your 2018 estimated tax. Amount you owe. Subtract line 46 from line 39. For deta see instructions. Estimated tax penalty (see instructions). you want to allow another person to discuss this return with the IRS (see instructions). you want to allow another person to discuss this return and accompany to belief, they are true, correct, and accurately list all amounts and sources of income in the taxpayer) is based on all information of which the preparer has any knowled ar signature	tal pa tal pa tache ttache king 49 ails or 51 ce instr ving sch ome I re ge. scupatio	d, check here Savings 62,322 h how to pay 39,153 uctions)? Ye Persor numbe edules and stater ceived during the	s. Contract (PIN)	47] 48a 50 mple ntifica) and to car. De and to rear. De	181,415,460 -106,604,363 106,542,041 4,771,519 te the following. tion ▶ □ 0 the best of my know collaration of prepare phone number sent you an Identity Frit	No Dowledge er (other
Direct leposit? See Instructions Ind fill in 18b, 48c, and 48d or Form 8888. Amount you owe Fhird party designee Sign here Noint return? See instructions. Keep a copy or your records. Paid	46 47 48a ▶ b ▶ d 49 50 51 Do Des nar Un and tha Sport	Net premium tax credit. Attach Form 8962. Add lines 40, 41, 42a, 43, 44, and 45. These are your tot If line 46 is more than line 39, subtract line 39 from line 4 This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is at Routing number ▶ c Type: Account number ▶ c Type: Amount of line 47 you want applied to your Account number ▶ c Type: Amount of line 47 you want applied to your 2018 estimated tax. Amount you owe. Subtract line 46 from line 39. For deta see instructions. Estimated tax penalty (see instructions). you want to allow another person to discuss this return with the IRS (see signee's ne ▶ Deter penalties of perjury, I declare that I have examined this return and accompany belief, they are true, correct, and accurately list all amounts and sources of incom the taxpayer) is based on all information of which the preparer has any knowled ar signature Date Your oc puse's signature. If a joint return, both must sign. Date Spouse	tal pa tal pa tache ttache king 49 ails or 51 ce instr ving sch ome I re ge. scupatio	yments. d, check here Savings 62,322 n how to pay 39,153 uctions)? Ye Persor numbe edules and stater ceived during the in pation	s. Con nal ide er (PIN tax ye Da If f PI he Chec	47] 48a] 48a] 48a] 50 mple ntifica) and to par. Do and to par. Do	181,415,460 -106,604,363 106,542,041 4,771,519 te the following. tion interference phone number sent you an Identity Print if PTIN	No Dowledge er (other
Direct deposit? See nstructions and fill in 48b, 48c, and 48d or Form 8888. Amount you owe Third party designee Sign here loint return? See instructions. Keep a copy or your records. Paid Dreparer	46 47 48a ▶ b ▶ d 49 50 51 Do Det nar 00 Det nar 970 85p	Net premium tax credit. Attach Form 8962. Add lines 40, 41, 42a, 43, 44, and 45. These are your tot If line 46 is more than line 39, subtract line 39 from line 4 This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is at Routing number ▶ c Type: Account number ▶ c Type: Amount of line 47 you want applied to your Account number ▶ c Type: Amount of line 47 you want applied to your 2018 estimated tax. Amount you owe. Subtract line 46 from line 39. For deta see instructions. Estimated tax penalty (see instructions). you want to allow another person to discuss this return with the IRS (see signee's ne ▶ Deter penalties of perjury, I declare that I have examined this return and accompany belief, they are true, correct, and accurately list all amounts and sources of incom the taxpayer) is based on all information of which the preparer has any knowled ar signature Date Your oc puse's signature. If a joint return, both must sign. Date Spouse	tal pa tal pa tache ttache king 49 ails or 51 ce instr ving sch ome I re ge. scupatio	yments. d, check here Savings 62,322 n how to pay 39,153 uctions)? Ye Persor numbe edules and stater ceived during the in pation	s. Coonal idee r (PIN nents, tax ye Da If i he chee self-	$\frac{47}{348a}$	181,415,460 -106,604,363 106,542,041 4,771,519 te the following. tion > ><	No Dowledge er (other
Direct leposit? See Instructions Ind fill in 18b, 48c, and 48d or Form 8888. Amount you owe Fhird party designee Sign here Noint return? See instructions. Keep a copy or your records. Paid	46 47 48a ▶ b ▶ d 49 50 51 Do Desinar Unr and tha Sport Frin	Net premium tax credit. Attach Form 8962. Add lines 40, 41, 42a, 43, 44, and 45. These are your tot If line 46 is more than line 39, subtract line 39 from line 4 This is the amount you overpaid. Amount of line 47 you want refunded to you. If Form 8888 is at Routing ▶ c Type: Image: Account ▶ c Type: Amount of line 47 you want applied to your Account ▶ c Type: Amount of line 47 you want applied to your 2018 estimated tax. Amount you owe. Subtract line 46 from line 39. For deta see instructions. Estimated tax penalty (see instructions). you want to allow another person to discuss this return with the IRS (see signee's ne belief, they are true, correct, and accurately list all amounts and sources of income on belief, they are true, correct, and accurately list all amounts and sources of income on belief, they are true, correct, and accurately list all amounts and sources of income on belief, they are true, correct, and accurately list all amounts and sources of income on belief, they are true, correct, and accurately list all amounts and sources of income on belief. puse's signature Date Your occurately list all amounts and sources of income of the taxpayer) is based on all information of which the preparer has any knowledge on the taxpayer is based on all information of which the preparer's signature het belief, they are true, correct, and accurately list all amounts and sou	tal pa tal pa tache ttache king 49 ails or 51 ce instr ving sch ome I re ge. scupatio	yments. d, check here Savings 62,322 n how to pay 39,153 uctions)? Ye Persor numbe edules and stater ceived during the in pation	s. Co al ide er (PIN nents, ye lifi he chec self- Firm	47] 48a 50 mple ntifica) and tr aar. De aytime ck ► [emplo	181,415,460 -106,604,363 106,542,041 4,771,519 te the following. tion > ><	No Dowledge er (other

Form 1040EZ	Department of the Treasury—Intern Income Tax Return Joint Filers With No	for Single and	_	2017			OMB No. 1545-0074					
Your first name a	and initial	Last name	al Forms File	od = 24 844 !	519	Υοι	ur social security nun	nber				
If a joint return, s	spouse's first name and initial	Last name				Spo	ouse's social security nu	ımber				
Home address (r	number and street). If you have a P.O. be	ox, see instructions.			Apt. no.		Make sure the SSI above are correc					
City, town or post	office, state, and ZIP code. If you have a for Single = 23,583		spaces below (se			Chec	sidential Election Camp k here if you, or your spouse	if filing				
Foreign country			ovince/state/cou		Foreign postal co	y = * 3	/, want \$3 to go to this fund. 369,850 Y = ** 64	306				
Income	1 Wages, salaries, and t	-		-	s) W-2.	_						
Attach Form(s) W-2	Attach your Form(s)	W-2. Taxable Scho	larship = 20	00,011		1	24,745,024					
here.	2 Taxable interest. If the	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. Other Net Income or Loss = 260,289										
Enclose, but do not attach, any payment.	3 Unemployment comp	ensation and Alaska P				3	674,379					
	4 Add lines 1, 2, and 3.5 If someone can claim	• •	-		nt check	4	24,836,479					
	the applicable box(es)	below and enter the a Spouse You boxes bu (or your spouse if a	mount from th checked = 7, joint return), o	ne worksheet o 350,146 enter \$10,400	on back.	xempti 5	ons = 18,751,051 24,836,479					
	6 Subtract line 5 from li This is your taxable i	-	than line 4, e	nter -0	•	6	16,969,729					
	7 Fadaral income tax w		W-2 and 1099			7	24,208,311					
Payments, Credits,	8a Earned income credi	it (EIC) (see instruction	ons)			8a	2,925,780					
and Tax	b Nontaxable combat pa	-		8b O		F4868 pay	/ment = 14,071	Excess FICA / RRT				
	9 Add lines 7 and 8a. Th				►	9	24,417,364	0				
	10 Tax. Use the amount instructions. Then, en				the	10	16,962,694					
	11 Health care: individua	ll responsibility (see in	structions)	Full-year co	overage	11	975,909					
	12 Add lines 10 and 11.7	· · · · · · · · · · · · · · · · · · ·				12	16,964,704					
Refund Have it directly	13a If line 9 is larger than If Form 8888 is attach		2 from line 9.	This is your 1	refund.	13a	22,787,423					
deposited! See instructions and fill in 13b, 13c,	b Routing number			► c Type:	Checking S	avings						
and 13d, or Form 8888.	► d Account number											
Amount You Owe	14 If line 12 is larger than the amount you owe.				►	14	1,714,368					
Third Party	Do you want to allow another	person to discuss this	return with the	e IRS (see instr	ructions)?	/es. Co	mplete below.	No				
Designee	Designee's name	_	Phone no.		Personal id number (PI	N)	•					
Sign Here	Under penalties of perjury, I decla accurately lists all amounts and so on all information of which the pre	ources of income I receive										
Joint return? See instructions.	Your signature		Date	Your occupatio	on	Daytir	ne phone number					
Keep a copy for your records.	Spouse's signature. If a joint return	n, both must sign.	Date	Spouse's occu	pation	PIN, en	RS sent you an Identity Pro iter it ee inst.)	tection				
Paid	Print/Type preparer's name 9,159,928	Preparer's signature		<u> </u> [Date	Check	C Inst./ PTIN mployed					
Preparer	Firm's name			1	Firm's EIN ►	1	I					
Use Only	Firm's address ►				Phone no.							
For Disclosure, l	Privacy Act, and Paperwork Reducti	on Act Notice, see separ	rate instruction	IS.	Cat. No. 11329W		Form 1040EZ	(2017)				

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

30

	Department of the Treasury-In	ternal Revenue Service						
orm L 040EZ	Income Tax Retu Joint Filers With	rn for Single and		2017		O	MB No. 1545-0074	
Your first name a	nd initial	Last name Tota	al Forms File	d = 24,844,519		Your so	cial security num	ıber
lf a joint return, sp	oouse's first name and initial	Last name				Spouse's	social security nu	mber
Home address (n	umber and street). If you have a P.C	b. box, see instructions.			Apt. no.		Nake sure the SSN above are correc	
City, town or post o	office, state, and ZIP code. If you have a	foreign address, also complete	e spaces below (se	e instructions).			tial Election Camp	-
<u>- · · · · · · · · · · · · · · · · · · ·</u>							if you, or your spouse \$3 to go to this fund.	
Foreign country n	lame	Foreign p	province/state/co	unty F	oreign postal code	a box below refund.	/ will not change your t	
	1 Wagaa salarias an	d tips. This should be sh	own in how 1	of your Form(s) W	2	Teluliu.	You S	Spouse
ncome	1 Wages, salaries, an Attach your Form(s	-	Taxable Schol	-		1 5	46,239,537	
ttach		5) 11 2.		020,40	•	-		<u> </u>
orm(s) W-2 ere.	2 Taxable interest. If	the total is over \$1,500,	. vou cannot us	e Form 1040EZ.		2	162,265	
				her Net Income or Loss	= 977.899			<u> </u>
nclose, but do ot attach, any	3 Unemployment cor	npensation and Alaska I				3	2,581,667	
ayment.					,			
		3. This is your adjusted				4 5	49,961,367	
		im you (or your spouse i						
		es) below and enter the	amount from t	ne worksheet on ba	ck.			
	You	Spouse						
		you (or your spouse if a			ıgle;			
		I filing jointly. See back	_			5 1	54,201,973	L
		n line 4. If line 5 is large	er than line 4, e	nter -0	•			
	This is your taxabl		W.A. 11000		•	-	38,546,955	<u> </u>
ayments,		withheld from Form(s)		•			64,235,438	──
redits,		edit (EIC) (see instruct		01		8a	889,392	<u> </u>
nd Tax	b Nontaxable combat9 Add lines 7 and 8a.			8b O	F4868 p	ayment =	7,626	Excess F
		These are your total pa nt on line 6 above to fir			•	9 (5,133,259	
		enter the tax from the ta	•			10	47 420 004	
		dual responsibility (see i				10	47,430,001	<u> </u>
		1. This is your total tax.		Full-year covera	0		<u>568,574</u> 47,998,574	<u> </u>
ofund		an line 12, subtract line		This is your refu			11,000,074	<u>├──</u>
Refund		ached, check here \blacktriangleright		· · · · · · · · · · · · · · · · · · ·		1 3 a	18,163,506	
lave it directly eposited! See								<u> </u>
structions and	b Routing number			c Type: Cho	ecking Savin	ngs		
ll in 13b, 13c, nd 13d, or								
orm 8888.	d Account number							
mount	14 If line 12 is larger the	han line 9, subtract line 9	9 from line 12.	This is				
ou Owe	the amount you ow	ve. For details on how to	pay, see instru	ctions.		14	1,028,821	
hird Party	Do you want to allow anoth	er person to discuss this	s return with the	e IRS (see instructio	ons)? Ses	. Comple	ete below.	No
)esignee	Designee's		Phone		Personal identi	fication		
-	name 🕨		no. 🕨		number (PIN)	►		
lign	Under penalties of perjury, I de accurately lists all amounts and	sources of income I received	ed during the tax					
lere	on all information of which the		ə				/	
oint return? See	Your signature		Date	Your occupation		Jaytime pł	none number	
structions.		terms to a the second of the	Data	Spoupolo accuration				
eep a copy for	Spouse's signature. If a joint re-	turn, both must sign.	Date	Spouse's occupation		f the IRS ser PIN, enter it	nt you an Identity Prot	ection
						iere (see inst	<u></u>	
ui iecoius.		Uroporor'o oignoturo		Date		Shook	1., PTIN	
	Print/Type preparer's name	Preparer's signature					1 IT	
aid	Print/Type preparer's name				s	self-emplo	1 IT	
Paid Preparer	Print/Type preparer's name Firm's name ► Firm's address ►						1 IT	

or Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

2017 Line Item	Estir	mates	—All	figures	are	estimate	es based	on s	amples

Number of returns filed for selected lines

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

Attach to Form 1040. claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Itemized Deductions

OMB No. 1545-0074

Attachment Sequence No. 07

Your social security number

20

Department of the Treasury	
Internal Revenue Service (99)	Caution: If you are

otal	schedules	filed =	47,405,095	
			,	

		Total schedules filed = 47,405,095					· · · · · · · · ·	
Medical		Caution: Do not include expenses reimbursed or paid by others.						
and	1	Medical and dental expenses (see instructions)	1	10,171,257				
Dental	2	Enter amount from Form 1040, line 38 2						
Expenses	3	Multiply line 2 by 7.5% (0.075)	3	10,164,224				
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4	10,171,257	
Taxes You	5	State and local (check only one box):						
Paid		a Income taxes, or Income Taxes =	5	45,106,970				
		b General sales taxes General Sales Tax = 10,931,979						
	6	Real estate taxes (see instructions)	6	39,102,164				
	7	· · · · · · · · · · · · · · · · · · ·	7	20,073,359				
	8	Other taxes. List type and amount ►						
	_		8	2,555,625	_			
		Add lines 5 through 8		<u> </u>	_	9	46,431,232	
Interest		Home mortgage interest and points reported to you on Form 1098	10	33,362,887	-			
You Paid	11	Home mortgage interest not reported to you on Form 1098. If 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	922 570				
deduction may be limited (see	10	Deinte net reported to you on Form 1000. See instructions for		822,579	-			
instructions).	12	Points not reported to you on Form 1098. See instructions for special rules	12	2,111,692				
	13	Mortgage insurance premiums (see instructions)	13	2,285,440	-			
		Investment interest. Attach Form 4952 if required. See instructions	14	1,446,992				
		Add lines 10 through 14		1,440,332	-	15	34,327,403	
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more,			-		04,027,400	
Charity		see instructions.	16	34,322,507				
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see						
gift and got a		instructions. You must attach Form 8283 if over \$500	17	23,184,069				
benefit for it,	18	Carryover from prior year	18	429,216				
see instructions.	19	Add lines 16 through 18				19	37,979,015	
Casualty and	20	Casualty or theft loss(es) other than net qualified disaster losses	. Att	ach Form 4684 and	d			
Theft Losses		enter the amount from line 18 of that form. See instructions .			1	20	113,378	
Job Expenses	21	Unreimbursed employee expenses-job travel, union dues,						
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.						
Miscellaneous		See instructions.	21	14,806,234	_			
Deductions		Tax preparation fees	22	21,808,094	_			
	23	Other expenses-investment, safe deposit box, etc. List type						
		and amount ►	00	0.075.000				
	04	Add lines 21 through 23	23 24	8,275,262 29,216,710	-			
	24 25	Enter amount from Form 1040, line 38 25	24	29,210,710	-			
	25 26	Multiply line 25 by 2% (0.02)	26	29,214,550				
	27			29,214,550		27	13,300,332	
Other	28	Other—from list in instructions. List type and amount	-		ľ		,	
Miscellaneous		mbling Loss Deduction = 968,700 Other than gambling dedu	ction =	444,759	-			
Deductions		Property income, casualty and theft deduction = 327,687		·····	-	28	1,722,800	
Total	29	Is Form 1040, line 38, over \$156,900?						
Itemized		\Box No. Your deduction is not limited. Add the amounts in the fat	r righ	nt column				
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040				29	46,852,675	
		Yes. Your deduction may be limited. See the Itemized Deduc		Ş				
		Worksheet in the instructions to figure the amount to enter.		J				
	30	If you elect to itemize deductions even though they are less the	han	your standard				
		deduction, check here		-				

SCHEDULE A

Name(s) shown on Form 1040

(Form 1040)

2017 Line Item Estimates—All figures are estimates based on samples.

Amounts of selected lines filed (in thousands of dollars)

Itemized Deductions

OMB No. 1545-0074

SCHEDULE A

(Form 1040)

Other

Total Itemized

Miscellaneous

Deductions

Deductions

(Form 1040)		► Go to www.irs.gov/ScheduleA for instructions and th	2017					
Department of the T		▶ Attach to Form 1040.			~~		Attachment	
Internal Revenue Se			, see	the instructions for line	_	_	Sequence No. 07	
Name(s) shown on	1 Form	Total schedules filed = 47,405,095				You	r social security num	be
Medical		Caution: Do not include expenses reimbursed or paid by others.						
and	1	Medical and dental expenses (see instructions)	1	155,408,903				
Dental	2	Enter amount from Form 1040, line 38 2						
Expenses	3	Multiply line 2 by 7.5% (0.075)	3	52,875,517				
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<u></u>		4	4	102,533,387	
Taxes You	5	State and local (check only one box):						
Paid		a Income taxes, or Income Taxes. = . 368,654,631.	5	389,389,411				
		b General sales taxes General Sales Tax = 20,734,779						
	6	Real estate taxes (see instructions)	6	222,237,629				
	7	Personal property taxes	7	10,679,233				
	8	Other taxes. List type and amount						
			8	2,514,534				
	9	Add lines 5 through 8				9	624,820,806	
Interest		Home mortgage interest and points reported to you on Form 1098	10	288,041,299				
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid						
		to the person from whom you bought the home, see instructions						
Note: Your mortgage		and show that person's name, identifying no., and address						
interest								
deduction may			11	4,516,489				
be limited (see	12	Points not reported to you on Form 1098. See instructions for						
instructions).		special rules	12	1,382,936				
	13	Mortgage insurance premiums (see instructions)	13	3,376,443				
	14	Investment interest. Attach Form 4952 if required. See instructions	14	16,626,945				
	15	Add lines 10 through 14	<u></u>		1	15	313,944,112	
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more,						
Charity		see instructions	16	180,524,342				
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see						
gift and got a		instructions. You must attach Form 8283 if over \$500	17	88,062,488				
benefit for it,		Carryover from prior year	18					
see instructions.	19	Add lines 16 through 18			1	19	256,064,685	
Casualty and	20	Casualty or theft loss(es) other than net qualified disaster losses						
Theft Losses		enter the amount from line 18 of that form. See instructions .	<u> </u>	<u></u>	2	20	2,764,789	
Job Expenses	21	Unreimbursed employee expenses-job travel, union dues,						
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.						
Miscellaneous		See instructions.	21	101,152,824				
Deductions		Tax preparation fees	22	8,629,745				
	23	Other expenses-investment, safe deposit box, etc. List type						
		and amount ►						
			23	60,154,751				
		Add lines 21 through 23	24	169,937,320				
	25	Enter amount from Form 1040, line 38 25						
	~~		100					

No. Your deduction is not limited. Add the amounts in the far right column

for lines 4 through 28. Also, enter this amount on Form 1040, line 40. **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.

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

Gambling Loss Deduction = 22,349,418

29 Is Form 1040, line 38, over \$156,900?

27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

Property income, casualty and theft deduction =

26

Other than gambling deduction = 5,337,751

7,522,915

99,211,109

27

28

121,290,835

35,210,083

29 1,402,091,663

SCHEDULE B		Interest and Ordinary Dividends		OMB No.	1545-00	074
(Form 1040A or 1040)				20	17	,
Department of the Treasury Internal Revenue Service (99)		 Attach to Form 1040A or 1040. Go to www.irs.gov/ScheduleB for instructions and the latest information. 		Attachme Sequence	nt • No. 08	3
Name(s) shown on re		Total schedules filed = 22,116,864	Your	social securi	ty numl	ber
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the	e Amo		ount	
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►				
(See instructions and the instructions for Form 1040A, or Form 1040, line 8a.)						
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the			1			
payer and enter the total interest						-
shown on that form.	2	Add the amounts on line 1	2	19,059,8	822	+
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	9.06		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	4		-	
	Note:	If line 4 is over \$1,500, you must complete Part III.		Ame	ount	
Part II	5	List name of payer ►				
Ordinary						+
Dividends						
(See instructions 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 on that form.	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6	16,254,0	674	
		If line 6 is over \$1,500, you must complete Part III. ust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had	12		
Part III		account; or (c) received a distribution from, or were a grantor of, or a transferor to, a forei			Yes	No
Foreign Accounts and Trusts	7a	At any time during 2017, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) locat country? See instructions	ed in a foreign			
(See instructions.)		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See Find and its instructions for filing requirements and exceptions to those requirements .	nCEN Form 114			
	b	If you are required to file FinCEN Form 114, enter the name of the foreign cour financial account is located ►	-			
	8	During 2017, did you receive a distribution from, or were you the grantor of, or t foreign trust? If "Yes," you may have to file Form 3520. See instructions				

Cat. No. 17146N

SCHEDULE B		Interest and Ordinary Dividends	OMB No. 1545-0074						
(Form 1040A or 1040) Department of the Treasury		 Attach to Form 1040A or 1040. Go to www.irs.gov/ScheduleB for instructions and the latest information. 	2017 Attachment Sequence No. 08						
Internal Revenue Service (99) Name(s) shown on return		Total schedules filed = 22,116,864		Your social security number					
Part I	1	ist name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount				
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►							
(See instructions and the instructions for Form 1040A, or Form 1040, line 8a.)									
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's			1						
name as the payer and enter the total interest shown on that									
form.	2 3	Add the amounts on line 1	2	101,806,4	62	_			
		Attach Form 8815	3	13,212		<u> </u>			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	4						
Part II	Note: 5	If line 4 is over \$1,500, you must complete Part III. List name of payer ►		Amo	ount				
Ordinary Dividends (See instructions 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	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form							
dividends shown on that form.		1040, line 9a	6	277,737,	485				
Part III	You m	: If line 6 is over \$1,500, you must complete Part III. nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a gn account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.							
Foreign Accounts and Trusts		At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions							
(See instructions.)		Accounts (FBAR), to report that financial interest or signature authority? See Find and its instructions for filing requirements and exceptions to those requirements .	CEN F						
	b	If you are required to file FinCEN Form 114, enter the name of the foreign court financial account is located ►							
	8	During 2017, did you receive a distribution from, or were you the grantor of, or t foreign trust? If "Yes," you may have to file Form 3520. See instructions							

Schedule B (Form 1040A or 1040) 2017

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3	ю	

SCHEDULE C

2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

			Profit or	Loss	s Fr	om Business			OMB No. 1545	-0074
(Forr	n 1040)		•		•	orship)			201	7
			-			uctions and the latest information		~=	Attachment	-
		ch to Fo	orm 1040, 1040NR, o	or 1041	; part	nerships generally must file For	-		Sequence No.	
Name o	of proprietor Total schedules filed	= 29,9	28,860 Includ	es: 5	,512	722 Schedule C-EZs	S	ocial sec	urity number (SSN))
A	Principal business or profession	on, inclu	iding product or serv	ice (see	e instru	uctions)	В		ode from instructions	
С	Business name. If no separate	husine	ss name, leave blank	<u>,</u>				► Employe	r ID number (EIN) (se	e instr
-										
E	Business address (including s		·							
-	City, town or post office, state	,		(0)						
F		Cash				Other (specify) ►				
G						2017? If "No," see instructions for				.
H						· · · · · · · · · · · · · · · · · · ·				
						(s) 1099? (see instructions)				
Dar	If Yes," did you or will you file	e require	ed Forms 1099? .	• •			•		🗌 163	·
1						this income was reported to you	_		25,096,280	
2	•					¦	t	1 2	612,116	_
2								3	25,101,654	
3 4							г	4	4,238,619	
-+ 5							г	5	25,129,167	
6	-					efund (see instructions)		6	949,606	
7								7	25,353,007	
	Expenses. Enter expe								20,000,007	
8	Advertising	8	6,531,841		18	Office expense (see instructions		18	7,930,888	
	Ũ		0,001,041		19	Pension and profit-sharing plans	' F	19	100,810	
9	Car and truck expenses (see instructions).	9	13,092,279		20	Rent or lease (see instructions):	•	13	100,010	
10	Commissions and fees .	10	1,374,318		20 a	Vehicles, machinery, and equipme	nt	20a	1,883,787	
11	Contract labor (see instructions)	11	2,325,809		b	Other business property	t	20a	3,322,074	
12	Depletion	12	56,741		21	Repairs and maintenance	t t	21	4,808,305	
13	Depreciation and section 179	12	•••,		22	Supplies (not included in Part III)	t t	22	10,645,894	
	expense deduction (not				23	Taxes and licenses	1	23	6,213,461	
	included in Part III) (see instructions).	13	5,298,129		24	Travel, meals, and entertainmen		20	0,213,401	
14	,		-,		2-7 a		- 1	24a	5,161,166	
14	Employee benefit programs (other than on line 19).	14	196,540			Deductible meals and	•	2-74	0,101,100	
15	Insurance (other than health)	15	6,116,212		b	entertainment (see instructions)		24b	7.331.034	
16	Interest:		-, -,		25	Utilities	•	25	12,718,241	
a	Mortgage (paid to banks, etc.)	16a	414,490		26	Wages (less employment credits	a).	26	1,024,762	
b	Other	16b	1,441,176		 27a	Other expenses (from line 48).	· •	27a	12,775,088	
17	Legal and professional services	17	8,186,287		b	Reserved for future use	t t	27b		
28	<u> </u>			ie. Add		3 through 27a		28	22,530,364	
29	Tentative profit or (loss). Subt	ract line	28 from line 7			-	. †	29	26,178,826	
30	1 ()	of your	home. Do not repor			nses elsewhere. Attach Form 88	29			
	Simplified method filers only	•	,	ade of.	(a) voi	ur home: 1.661.150				
	and (b) the part of your home			-	61,149		-			
	Method Worksheet in the inst							30	3.989.440	
31	Net profit or (loss). Subtract		-		2. 0111		·			
	 If a profit, enter on both For 			ONR III	ne 13)	and on Schedule SF line 2				
	(If you checked the box on line	1, see ir			,	,		31	25,898,833	
•	• If a loss, you must go to lin)				
32	If you have a loss, check the l	oox that	describes your inves	stment	ın this			Derre		
	• If you checked 32a, enter to on Schedule SE, line 2. (If you truste enter on Form 1041 li	ou checł	ked the box on line 1,	, see th	e line :		ota	32a 🗌	All investment is Some investment	at ris
	trusts, enter on Form 1041, li					467 770			at risk.	
	 If you checked 32b, you mi 	usi attat	JII FUIII O I 96. YOU' I	เบรร เทล	ay De l	mmeu.				

OMB No. 1545-0074

	SCHEDULE C (Form 1040) Profit or Loss From Business (Sole Proprietorship)						OMB No. 1545-	0074		
	ent of the Treasury			-			ructions and the latest information.		Attachment	
	Revenue Service (99)		n to F	orm 1040, 1040NR, d	or 104	i; part	nerships generally must file Form 1		Sequence No.	9
Name o	f proprietor Tota	l schedules file	ed = 2	9,928,860 Inclu	udes:	5,5	12,722 Schedule C-EZs	Social s	security number (SSN)	
A	A Principal business or profession, including product or service (see instructions)						uctions)	B Enter	r code from instructions ►	
С	Business name. I	lf no separate	busin	ess name, leave blank				D Emple	oyer ID number (EIN) (see	instr.)
E	Business addres City, town or pos									
F	Accounting meth				(3		Other (specify) ►			
G	•		_		-		2017? If "No," see instructions for lin			No
H						-				
1							n(s) 1099? (see instructions)			No
J							<u> </u>			No
Part										
1	Gross receipts o	r sales. See ir	nstruct	ions for line 1 and che	eck the	box it	f this income was reported to you on			
							d	1	1.521.294.879	<u> </u>
2								2	8,517,642	
3	Subtract line 2 fr							3	1,512,777,238	
4	Cost of goods so		,					4	433,351,637	
5	-							5	1,079,425,601	
6 7							refund (see instructions)	6	20,098,616	
Part				for business use c				1	1,099,524,218	
8	Advertising	· · ·	8	17,487,939	/ you	18	Office expense (see instructions)	18	14,794,688	
9	Car and truck ex		-	11,401,000		19	Pension and profit-sharing plans .	19	1,183,258	
3	instructions).	• •	9	96,601,567		20	Rent or lease (see instructions):			
10	Commissions an		10	18,613,968		a	Vehicles, machinery, and equipment	20a	10,966,439	
11	Contract labor (see	instructions)	11	64,891,283		b	Other business property	20b	40,322,801	
12	Depletion .		12	576,547		21	Repairs and maintenance	21	20.908.655	
13	Depreciation and					22	Supplies (not included in Part III)	22	44,461,645	
	expense deduction deductio	· ·				23	Taxes and licenses	23	20,912,703	
			13	42,152,172		24	Travel, meals, and entertainment:			
14	Employee benef	it programs				a	Travel	24a	18,016,509	
	(other than on lin	ie 19)	14	3,118,275		b	Deductible meals and			
15	Insurance (other t	han health)	15	21,285,040			entertainment (see instructions) .	24b	11,350,565	
16	Interest:					25	Utilities	25	33,121,863	<u> </u>
а	Mortgage (paid to		16a	3,131,332		26	Wages (less employment credits).	26	97,222,419	
b	Other		16b	6,556,410		27a	Other expenses (from line 48)	27a	136,592,994	
17	Legal and profession		17	14,764,247		b	Reserved for future use	27b		
28	•	•					8 through 27a ►	28	743,991,557	
29 30	•	` '					· · · · · · · · · · · · · · · · · · ·	29	355,532,661	
30	•			see instructions).	t these	e expe	enses elsewhere. Attach Form 8829			
	•	•	•	the total square foota	age of:	(a) vo	ur home: 3,562,860			
	and (b) the part of				-	7,818				
	· · ·						line 30	30	10,694,202	
31	Net profit or (los			•						
					ONR. I	ne 13)	and on Schedule SE, line 2.			
							ter on Form 1041, line 3.	31	346,372,148	
	• If a loss, you n						J			
32	If you have a loss	s, check the b	ox tha	t describes your inves	stment	in this	activity (see instructions).			
	 If you checked 	d 32a, enter t	he loss	s on both Form 1040.	line 1	2, (or	Form 1040NR, line 13) and			
	•			ked the box on line 1,	see th	ne line	31 instructions). Estates and	32a		
	trusts, enter on F	orm 1041, lir	ne 3.	nondeductible los	ss (+)	susp	ended loss carryover (-)	32b	Some investment at risk.	is not
	 If you checked 	32b, you mu	ist atta	ach Form 6198. Your l	oss m	ay be	limited. 1,533,690		at non.	

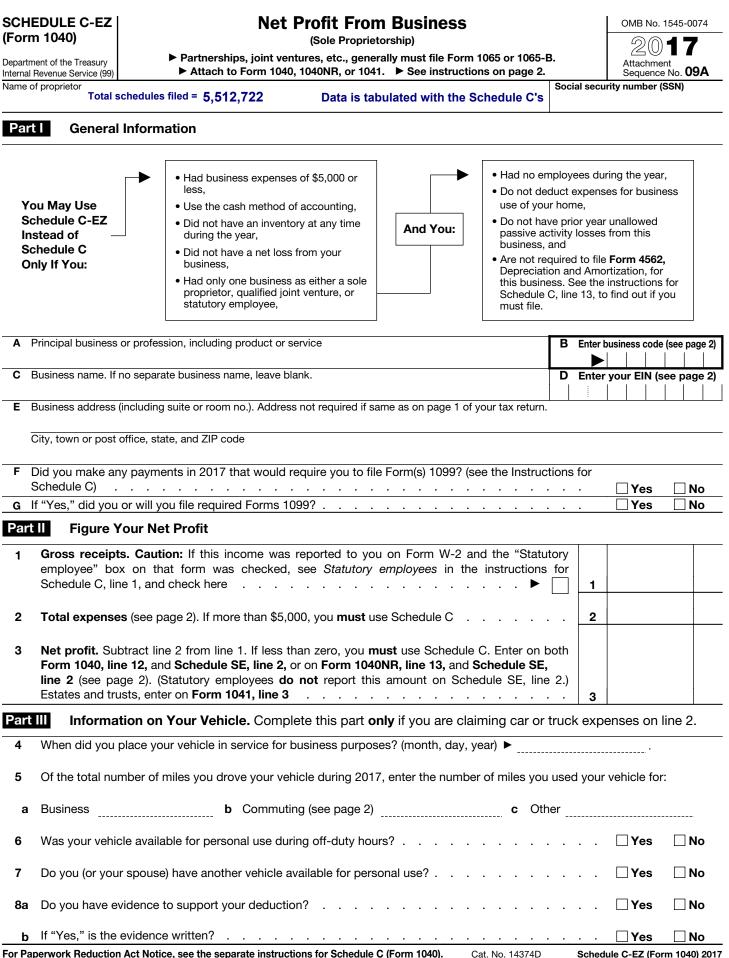
For Paperwork Reduction Act Notice, see the separate instructions.

Schedu	le C (Form 1040) 2017			Pag	ge 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 (att	ach ex	planation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	ry?	Yes	🗌 No	D
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	1,187,325		
36	Purchases less cost of items withdrawn for personal use	36	2,334,613		
37	Cost of labor. Do not include any amounts paid to yourself	37	529,063		
38	Materials and supplies	38	1,832,775		
39	Other costs	39	922,197		
40	Add lines 35 through 39	40			
41	Inventory at end of year	41	1,232,752		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42			
Part					ust
43	When did you place your vehicle in service for business purposes? (month, day, year) /	/			
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your	/ehicle	for:		
а	Business b Commuting (see instructions) c C	other			
45	Was your vehicle available for personal use during off-duty hours?	•	. Yes	🗌 No	0
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No	0
47a	Do you have evidence to support your deduction?	•	🗌 Yes	🗌 No)
	If "Yes," is the evidence written?			No)
Part	V Other Expenses. List below business expenses not included on lines 8–26 or lines	ne 30	•	Τ	
48	Total other expenses. Enter here and on line 27a	48			

Schedu	ile C (Form 1040) 2017			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	γ?		No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	43,976,661	
36	Purchases less cost of items withdrawn for personal use	36	256,240,590	-
37	Cost of labor. Do not include any amounts paid to yourself	37	44,199,479	-
38	Materials and supplies	38	63,506,782	_
39	Other costs	39	71,441,809	
40	Add lines 35 through 39	40		
41	Inventory at end of year	41	46,013,684	_
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part				
43	When did you place your vehicle in service for business purposes? (month, day, year) /	/		
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your v	rehicle	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	V Other Expenses. List below business expenses not included on lines 8–26 or lines 8–2	ne 30	•	
48	Total other expenses. Enter here and on line 27a	48		

2017 Line Item Estimates—All figures are estimates based on samples.

Number of returns filed for selected lines



40

	2017 Line Item Estimates—All figures are estimates based on samples. 41 Amounts of selected lines filed (in thousands of dollars)								
SCH	DULE C-EZ	Net Profit From	n Business		1	OMB No.	1545-0074		
(Forn	(Form 1040) (Sole Proprietorship))17		
	epartment of the Treasury ternal Revenue Service (99) ► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B. ► Attach to Form 1040, 1040NR, or 1041. ► See instructions on page 2.					Attachm	ent e No. 09A		
	f proprietor		abulated with the S		Social secu				
Part	General Inform	ation							
So Ins So	u May Use hedule C-EZ stead of hedule C aly 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:	 business, a Are not rec Depreciation this busine 	luct expense home, e prior year tivity losses and	es for busir unallowed from this Form 4562 rtization, fo instructions	ness 2, r s for		
AF	Principal business or profes	sion, including product or service			B Enter b	usiness cod	e (see page 2)		
CE	Business name. If no separa	te business name, leave blank.			D Enter	your EIN (see page 2)		
E	Business address (including	suite or room no.). Address not required if sa	ame as on page 1 of yo	ur tax return.					
ī	City, town or post office, sta	te, and ZIP code							
F)id you make any payme	ents in 2017 that would require you to file	e Form(s) 1099? (see	the Instruct	ions for				
	Schedule C)	<u> </u>	<u> </u>		• •	☐ Yes	No		
		ou file required Forms 1099?	<u> </u>			Yes	□ No		
Part									
1	employee" box on th	on: If this income was reported to you at form was checked, see <i>Statutory</i> check here	employees in the	instructions					
2	Total expenses (see pa	age 2). If more than \$5,000, you must us	se Schedule C		. 2				
3	 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2., line 2 (see page 2). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3								
Part	III Information on	Your Vehicle. Complete this part o	nly if you are claim	ning car or t	ruck expe	enses on	line 2.		
4	When did you place yo	ur vehicle in service for business purpos	es? (month, day, yea	ar) 🕨					
5	Of the total number of r	miles you drove your vehicle during 201	7, enter the number o	of miles you	used your	vehicle fo	r:		
а	Business	b Commuting (see page 2)		c Othe	er				
6	Was your vehicle availa	ble for personal use during off-duty hou	rs?			🗌 Yes	🗌 No		
7	Do you (or your spouse) have another vehicle available for pers	onal use?			🗌 Yes	🗌 No		
8a	Do you have evidence	to support your deduction?				☐ Yes	🗌 No		
b	If "Yes," is the evidence	e written?				☐ Yes	🗌 No		

For Paperwork Reduction Act Notice, see the separate instructions for Schedule C (Form 1040). Cat. No. 14374D Schedule C-EZ (Form 1040) 2017

2017 Line Item Estimates—All figures are estimates based on samples.

Number of returns filed for selected lines

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

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

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

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

Your social security number

2

Name(s) shown on return Total schedules filed = 21,961,028 Total Sales Reported with Form 1099 = 17,393,106

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

lines This	e instructions for how to figure the amounts to enter on the es below. s form may be easier to complete if you round off cents to ole dollars. (d) Proceeds (sales price) (e) Cost (or other basis) (g) Adjustment to gain or loss Form(s) 8949, F line 2, column		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	2,628,941	2,587,566			2,552,152
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	7,492,032	7,406,444	1,537,764		7,228,423
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	2,287,461	1,897,744	212,900		1,999,838
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	578,944	565,674	85,547		565,594
4	Short-term gain from Form 6252 and short-term gain or (lo	oss) from Forms 4	684, 6781, and 88	324 .	4	553,010
5	Net short-term gain or (loss) from partnerships, S Schedule(s) K-1				5	1,222,058
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	(2.481.864)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	-			7	12,316,402

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(e) Cost (or other basis)			(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	- 1			
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.	2,988,873	2,936,147			2,930,396			
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	8,024,949	7,958,607	1,385,038		1,385,038		7,834,311	
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	6,943,205	6,447,652	336,119		6,591,840			
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.	2,245,669	2,050,456	949,074	i -	1,613,892			
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	in or (loss)	11	2,472,643			
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	2,199,971			
13	Capital gain distributions. See the instructions				13	9,942,942			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	/, from line 13 of y 	our Capital Loss	Carryover	14	(4,908,916)		
15	Net long-term capital gain or (loss). Combine lines 8a the back .	•	., .	Part III on	15	19,085,635			
For F	Paperwork Reduction Act Notice, see your tax return instruction	ons.	Cat. No. 1133	8H :	Schedu	ile D (Form 1040) 201	7		

SCHEDULE D (Form 1040)

Capital Gains and Losses

Attach to Form 1040 or Form 1040NR.

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

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

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

Department of the Treasury

Total schedules filed = 21,961,028 Total Sales Reported with Form 1099 = 5,751,594,882

Your social security number

2

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

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) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .	316,895,894	315,386,173			1,509,722
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	2,376,768,906	2,506,363,251	141,121,072		11,431,211
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	684,694,154	693,672,824	10,559,138		1,580,468
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	283,773,648	281,935,085	-12,541	_	1,826,023
4	Short-term gain from Form 6252 and short-term gain or (I	loss) from Forms 4	684, 6781, and 88	324 .	4	133,367
5	5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12,517,332
6	Short-term capital loss carryover. Enter the amount, if ar Worksheet in the instructions	ny, from line 8 of y	our Capital Loss	Carryover	6	(192,551,506)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis	-	• • •	e any long-		-163,272,547

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

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) Adjustmen to gain or los 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.	230,217,465	206,253,256			23,963,596
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	730,341,959	675,419,968	6,904,65	9	61,826,650
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	510,983,094	393,361,026	2,592,98	1	120,215,049
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.	617,721,595	454,793,865	-86,764,12	26	76,163,604
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	247,458,235
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	lule(s) K-1	12	235,531,032
13	13 Capital gain distributions. See the instructions					
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 Worksheet in the instructions 14					(^{309,313,210})
15	Net long-term capital gain or (loss). Combine lines 8a the back	through 14 in colu	mn (h). Then go to	Part III on	15	517,710,613
For F	Paperwork Reduction Act Notice, see your tax return instruction	ons.	Cat. No. 1133	8H	Schedu	le D (Form 1040) 2017

OMB No. 1545-0074

Attachment Sequence No. **12**

Cat. No. 11338H

Schedule D (Form 1040) 2017

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	21,169,727
	• 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	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	65,526
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	2,052,766
20	 Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	 The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	□ No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2017

Schedule D (Form 1040) 2017

Page 2 Part III Summary

16	Combine lines 7 and 15 and enter the result	16	354,437,156
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 both gains? Yes. Go to line 18.		
	 ☐ No. Skip lines 18 through 21, and go to line 22. 		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	5,664,631
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	32,209,915
20	 Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	 The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2017

2017 Line Item Estimates—All figures are estimates based on samples.	
Number of returns filed for selected lines	

						pplementa								B No. 1545-	0074
(Form	1040)	(From	renta	I real estat		alties, partners		-			, trusts, REI	MICs, etc.) (2017	7
	ent of the Treasury		•	Go to www		tach to Form 10 ov/ScheduleE f					informatio	-	Atta	achment	-
	evenue Service (99) shown on return				v.115.y			ruction	s anu u	lie latesi	mormauo			uence No.	
	-			edules file		19,790,900								-	
Part						Estate and Ro	-		-			-	•		
A D:-						you are an indiv		•						-	
	l you make any Yes," did you o														NO No
1 a						city, state, ZIF									
<u>A</u>						ties = 10,405		٦			of Rental F			7,729,024	
	Number	of Retu	urns v	vith Roya	Ities =	= 2,082	,675		Tot	tal Num	ber of Roy	alties =	3	<u>,118,970</u>	
<u>C</u>	Turne of Dream	o o vetu v	0	F			1			Eair	Rental	Porsor	nal Use		
1b	Type of Prop (from list be		2	above, re	port th	real estate prop ne number of fa	iir rent	al and			Days			QJ	V
A personal use days. Check to only if you meet the require			ays. Check the	QJV b	OX	Α			-						
В	+		-	a qualified	d joint	venture. See in	struct	ions.	B						
С	+								С						
Type of Property:							•				-				
-	le Family Resic		3	Vacation	/Short	-Term Rental	5 La	nd		7 Self	-Rental				
	i-Family Reside	ence	4	Commer	cial		6 Ro	yalties			er (describe				
Incom	-					Properties:			A TI	F	OYALTY	B		С	
3	Rents received						3	9,818	8,417		0.004.70				
4 Eve or	Royalties recei	ved .	• •	<u> </u>	• •		4				2,034,79	02			
Expen 5							5								
6	Auto and trave						6								+
7	Cleaning and r	•					7								+
8	Commissions.						8								<u> </u>
9	Insurance						9								+
10	Legal and othe						10								
11	Management f	ees .					11								
12	Mortgage inter	rest pai	d to b	oanks, etc	. (see	instructions)	12	5,31	8,428						
13	Other interest.						13						549	9,578	<u> </u>
14	Repairs						14								
15	Supplies						15	0 01	2 075						
16	Taxes Utilities						16	0,02	3,875						
17 18	Depreciation e						18	8 04	7.267		778.28	2			
19	Other (list)	хрепае	501 0	epiedon	• •		19	0.04	1,201		110,20	2			
20	Total expenses	s. Add	lines (5 through	19.		20	9,89	1,143		1,312,1	89			
21	Subtract line 2			-											
	result is a (loss														
	file Form 6198						21	10,1	40,178		2,024,7				<u> </u>
22	Deductible ren							. E 04	4 450		nondeduc				
00	on Form 8582			,			22	(5,04	1,450	-	suspende		rryover	= 910,5	545)
23a h	Total of all amo							• •	• •	23a			-		
b c	Total of all amo		•					· · · ·		23b 23c			-		
d	Total of all amo		•							230 23d	-				
e	Total of all amo		•								10,901,1				
24	Income. Add		•							-	1	2	4 7.40	05,698	
25	Losses. Add ro	•						-			tal losses he			93,569)
26	Total rental re														
-	If Parts II, III, IV	/, and li	ne 40	on page 2	2 do n	ot apply to you	ı, also	enter t	his amo	ount on	Form 1040,	line			
	17, or Form 104	40NR, I	ine 18	3. Otherwis	se, incl	lude this amour	nt in th	ne total	on line	41 on p	age 2 .	2	6 10,5	41,755	

For Paperwork Reduction Act Notice, see the separate instructions.

	DULE E	(F # e m	Supplemental Income and Loss OMB No. 1545-0074 From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) OMB No. 1545-0074										
		(From	· •	ach to Form 10	• •	-			Irusis, REIVI	ics, etc.)	2017		
	ent of the Treasury levenue Service (99)		► Go to www.irs.go						information.		Atta	chment Jence No. 1	3
	shown on return											ity number	
	Tota	I sche	edules filed = 19,790,9	900									
Part			s From Rental Real E		-		•				•	• •	
			EZ (see instructions). If y			-						-	0.
			ents in 2017 that would										No
			ou file required Forms								. 🗆	Yes 🔄	No
<u>1a</u>	Physical addre	ess of e	each property (street,	city, state, ZII	- code	e)							
B													
	Type of Prop	ertv	2 For each rental r	eal estate pro	nertv li	isted		Fair	Rental	Persona	l Use		
	(from list bel		above, report the	e number of fa	ir rent	al and		C	ays	Day	S	QJV	
Α			personal use day only if you meet	the reauireme	nts to	file as	A						
В			a qualified joint v	/enture. See ir	struct	ions.	В						
С							С						
	of Property:												
	le Family Resid		3 Vacation/Short-	Term Rental					Rental				
2 Mult	ti-Family Reside	nce	4 Commercial	Properties:	6 Ro	yalties	NTA		er (describe)				
3					3		74,367		OTALLB			С	1
4			<u> </u>		4	343,0	74,307		29,374,52	29			
Expen			<u> </u>	<u>· · · · ·</u>	-					-			
5					5								
6			nstructions)		6								
7	Cleaning and m	naintenance											
8	Commissions.	• •			8								
9					9								
10	-	-	essional fees		10								<u> </u>
11					11	54.0	21,751						
12 13		•	id to banks, etc. (see ir	· ·	12 13	54,0	21,751				6 50	2,119	
14					14						0,00	2,110	
15	0 1				15								
16					16	52,0	26,271						
17					17								
18			e or depletion		18	84,1	52,263		3.189.346	;			
19	Other (list)				19				0.400.000				
20	•		lines 5 through 19 .		20	318,9	71,447		8,499,860				<u> </u>
21			line 3 (rents) and/or 4	· · · ·									
			instructions to find ou		21	24.9	902,920		20.874.66	9			
22			I estate loss after limit			,.			nondeducti		l loss =	= 19.998	767
22			structions)		22	(51,1	52,901		suspended				
23a			eported on line 3 for a					23a					
b			eported on line 4 for a					23b					
с			eported on line 12 for					23c					
d			eported on line 18 for					23d					
е			eported on line 20 for	· ·				23e			440.0	00.040	
24 25			e amounts shown on l			-					_	393,812 18 577	\
25			sses from line 21 and re								(04,7	18,577)
26			te and royalty income ine 40 on page 2 do no										
			line 18. Otherwise, inclu								51,6	75,235	

For Paperwork Reduction Act Notice, see the separate instructions.

48

2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Schedu	ule E (Form 1	1040) 2017								Attachme	ent Sequence I	lo. 13			Page 2
Name(s	s) shown on	return. Do not enter	name a	ind social sec	urity numbe	er if show	wn on other sid	e.		-		Your so	cial sec	urity number	
Cauti	on: The	IRS compares a	moun	ts reported	1 on vour	tax re	turn with an	nounts	show	n on Sc	hedule(s) K	-1			
Part		come or Loss		· ·							. ,		at-risk a	ctivity for wl	hich
	an	y amount is not a	t risk, y	you must cł	neck the bo	ox in c	olumn (e) on	line 28 a	and at	tach For	n 6198. See	instruct	ions.	-	
27	•	ou reporting any				-									•
		wed loss from a nswered "Yes,"							Form	8582), (or unreimbu	rsed p		hip expen: Yes	ses? If No
00	you ai					ompie	(b) Enter	P for		heck if		nployer		(e) Check	< if
28			(a) Nan	ne			partnersh for S corp			reign nership		ication nber		any amour not at ris	
A			Numb	per of PAF	TNERSH	HIPS	6,701,8	64	2	26,201				10,36	5,564
B C			Ni	umber of S	COPPS	•	5,347,0	96						 305,	445
D			int			•	5,347,0	00							443
		Passive Inco	me a	nd Loss					No	onpassi	ve Income	and Lo	oss		
		assive loss allowed F orm 8582 if required	1)	,	sive income chedule K-1		(h) Nonpa from Sch				ection 179 exp tion from Form			onpassive inc n Schedule k	
•		NERSHIPS	1)				PARTNER			_	NERSHIPS	4302		TNERSHI	
A B		348,010		PARTNE 1,861,23			1,767,9		+	-	9,624	+		398,212	-
C		CORPS		S-CORP			S-COR		L	-	ORPS			CORPS	
D		05,393		553,570)		1.478.2	39		1,0	58,882			117,640	
29a	Totals	4 400 470		2,300,07	0				1		7 500		5,4	22,149	
b 30	Totals	1.483.473 umns (g) and (j)	of line	29a			3,068,20)4		1,4	07,592	30	6.5	383,072	
31		umns (f), (h), and										31		109,915	<u> </u>
32	Total p	artnership and	Sco	orporation							. Enter the				
D		ere and include										32	9,1	113,153	
Part	III IN	come or Loss	5 From	n Estates	s and Tr	usts							(b)	Employer	
33					(a) Na	ame								ation number	
Α															
В		Pass	ive In	come and	1088					No	npassive lr		and L	066	
	(c) Pa	assive deduction or le	-			1) Passiv	ve income		(e)	Deductio	•			r income from	
	(a	ttach Form 8582 if r	equired)	fro	om Sch	edule K-1		fro	om Sched	ule K-1		Sch	edule K-1	_
<u>A</u>															
В 34а	Totals					300.3	69						391.	080	
b	Totals	51,43	7			300,3	00			56,004			551,	000	
35	Add col	umns (d) and (f)		e 34a .								35	6	21,398	
36		umns (c) and (e)										36	(1	01,922)
37		state and trust in the total on lin		•	•		ines 35 and					37	6	62,608	
Part		come or Loss													1
38	(a) Name	(b) E	mployer iden	tification		Excess inclusion				come (net los			come from	
	•	,		number			(see instructio		Tro		ules Q, line 1b 487	_	Schedu	lles Q, line 3b)
39	Combin	ie columns (d) a	nd (e)	only. Ente	r the resu	llt here		e in the	e tota			39	2	8,357	
Part		ummary		<u> </u>				<u> </u>						0,001	
40		n rental income	•									40		62,946	
41		me or (loss). Combine							line 17,	or Form 104	IONR, line 18 ►	41	17,	434,335	
42		iliation of farm and fishing incon													
	•	265), box 14, coc													
		Schedule K-1 (For							2	663,13	5				
43		liation for real													
		onal (see instructi e on Form 1040 o													
		you materially par							3	447,48	7				

Sched	ule E (Form 1	040) 2017								Attachm	ent Sequence N	o. 13			Page 2
Name(s) shown on i	return. Do not enter	name an	nd social se	curity numbe	er if show	n on other s	side.				Your so	ocial se	curity number	
Cauti	ion: The l	RS compares a	mount	s renorte	d on your	tax ret	urn with a	amount	s sho	wn on Su	hedule(s) K.	.1			
													at-risk	activity for wh	nich
27	Are yo	ou reporting any	y loss r	not allow	ed in a p	rior yea	ar due to	the at-	risk, e	excess fa	arm loss, or	basis	limita	tions, a prio	r year
	unallo	wed loss from a	a passiv	ve activit	y (if that lo	oss was	s not repo	orted or	n Forr	n 8582),	or unreimbui	rsed p	artnei		
28			(a) Name	e			partnei	rship; S	f	oreign	identifi	cation			
•							for S co	rporation	par	tnership	num	iber		not at ris	<u>k</u>
		Passive Inco	me an	d Loss					N	lonpass	ive Income	and L	oss		
			-0												
		· · ·	, 									4562			
								-	5						s –
								-		-					
							10,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	011,041				
		39.764.987		110,400,			198.545	.338		42.4	491.856			<u> </u>	-
30	Add colu	umns (g) and (j)	of line	29a								30	96	1,081,926	
31	Add colu	umns (f), (h), an	d (i) of	line 29b								31	(28	0,802,181)
32	Passive Income and Los Vour secial security number Passive Income and scale security number if stowe on other side. Vour secial security number Passive Income and Scripportations. Note: if you report to lass from an advice scripport of the security number Vour secial														
-								<u></u>	• •			32	68	0,279,745	
Part	III Ind	come or Loss	s From	n Estate	es and Tr	rusts						1			
33					(a) Na	ame									
Α															
		Pass	ive Inc	ome and	d Loss					No	npassive In	come	and	Loss	
				ved											
•	(41														
	Totals				1	4.694.7	784						22.4	22.354	<u> </u>
		1.377.5	57			.,				4,612.04	8			_,	-
35	Add colu			34a .								35	3	7,117,138	
36		., .										36	(5	,989,604)
37					oss). Com	ibine lir	nes 35 ar	nd 36. I	Enter	the resu	It here and				
Dout							<u></u>	 Ime o mit	 Can	 duite (D	 EMICo) E	-			
		come or Loss								<u> </u>		1			
38	(a)	Name	(b) En			Sc	chedules Q	, line 2c	10)	(e) Sched	lules Q, line 3b	
										3,	150				
		e columns (d) a	nd (e) c	only. Ente	er the resu	It here	and inclu	ide in th	ne tot	al on line	41 below	39		4,117	
			•	•			•					-			
									, line 17	, or Form 10	40NR, line 18 ►	41	76	6,936,736	
42			-		-										
									42	110.851	118				
43					•		,								
10															
	in which	you materially pa	rticipate	d under t	he passive	activity	loss rules		43	45 294	795				

SCHEDULE EIC OMB No. 1545-0074 **Earned Income Credit** (Form 1040A or 1040) 1040A **Qualifying Child Information** 1040 Complete and attach to Form 1040A or 1040 only if you have a qualifying child. FIC Department of the Treasury Go to www.irs.gov/ScheduleEIC for the latest information. Attachment Internal Revenue Service (99) Sequence No. 43 Name(s) shown on return Your social security number Total schedules filed = 20,020,867

Before you begin:

CAUTION

- 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.

<u>Q</u>	ualifying 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 na	ame 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 2017. If your child was born and died in 2017 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 showing a live birth.	20,018,853	10,312,748	3,476,805
3	Child's year of birth	Year 20.020.867 If born after 1998 and the child younger than you (or your spot filing jointly), skip lines 4a and go to line 5.	ise, if younger than you (or your spouse, i	Year <u>3.476.805</u> If born after 1998 and the child is 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 2017, a student, and younger than you (or your spouse, if filing jointly)?	Yes. No. 1,386,751 <i>line</i> <i>line</i> 5.	Yes. No. 4b. 450,977 line 5. 50 to the line 4b.	Yes. No. 129,970 000000000000000000000000000000000000
1	Was the child permanently and totally disabled during any part of 2017?	538.361 No. Go to The child is line 5. qualifying cl		31,098 Yes. No. Go to line 5. qualifying child.
5	Child's relationship to you			
	(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	20,020,867	10,312,748	3,476,805
6	Number of months child lived with you in the United States during 2017 • If the child lived with you for more than half of 2017 but less than 7 months,			
	 enter "7." If the child was born or died in 2017 and your home was the child's home for more than half the time he or she was alive during 2017, enter "12." 	20,018,861 month Do not enter more than 12 months.		3,476,805 <i>Do not enter more than 12</i> <i>months.</i>

Schedule EIC (Form 1040A or 1040) 2017

SCHEDULE EIC (Form 1040A or 1040) Department of the Treasury Internal Revenue Service (99) Name(s) shown on return	(Form 1040A or 1040) Qualifying Child Information Department of the Treasury nternal Revenue Service (99) Go to www.irs.gov/ScheduleEIC for the latest information. Name(s) shown on return Mathematical Service (90)								
	al schedules filed = 20,020,867	Your social security number							
Before you b	 • See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66 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 	,							

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.

Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's

• 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.

<u>Q</u>	ualifying Child Information	Ch	ild 1	С	hild 2	С	hild 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 2017. If your child was born and died in 2017 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 showing a live birth.						
3	Child's year of birth	younger than you	8 and the child is (or your spouse, if p lines 4a and 4b;	<i>younger than y</i>	98 and the child is ou (or your spouse, if kip lines 4a and 4b;	younger than y	98 and the child is ou (or your spouse, if kip lines 4a and 4b;
4 a	a Was the child under age 24 at the end of 2017, 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.
k	Was the child permanently and totally disabled during any part of 2017?		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, eligible foster child, etc.)						
6	Number of months child lived with you in the United States during 2017						
	• If the child lived with you for more than half of 2017 but less than 7 months, enter "7."						
	• If the child was born or died in 2017 and your home was the child's home for more than half the time he or she was alive during 2017, enter "12."	Do not enter n months.	months	Do not enter months.	months more than 12	Do not enter months.	months more than 12

Number of returns med for selected me

OMB No. 1545-0074

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

201	7
Attachment	14

ame of proprietor Total schedules file	d = 1,	867,570							Social see	curity nur	nber (SS) N)
Principal crop or activity		B Enter co	de from	Part IV		C Ad	counting	method:	D Employ	er ID num	ber (EIN), (see instr
							Cash	Accrual				
Did you "materially participate" in the op	peration	of this business	s during	2017? lf	"No," :	see ins	structions	for limit on p	assive loss	ses	Yes	🗌 No
Did you make any payments in 2017 that	t would	require you to f	ile Form	(s) 1099	(see in	structi	ons)? .			. 🗆	Yes	🗌 No
If "Yes," did you or will you file required	Forms 1	099?								. 🗆	Yes	🗌 No
Part I Farm Income – Cash M	ethod.	Complete Pa	arts I ar	nd II (Ac	crual	meth	od. Con	nplete Parts	II and III,	and Pa	rt I, line	ə 9.)
1a Sales of livestock and other resale	e items (see instruction	s)			1a	33	7,378				
b Cost or other basis of livestock or	other it	ems reported o	on line 1a	а		1b	205	5,439				
c Subtract line 1b from line 1a									1c	35	7,748	
2 Sales of livestock, produce, grain	s, and o	ther products y	ou raise	ed.					2	1,0	28,887	
3a Cooperative distributions (Form(s)	1099-F	PATR) . 3 a	a ** (465,210)		3b Ta:	kable amount	3b	** 45	58,374	
4a Agricultural program payments (se	ee instru	ictions) . 4a	a ** (487, <mark>6</mark> 19)		4b Ta:	kable amount	4b	** 48	31,461	
5a Commodity Credit Corporation (C	CC) loa	ns reported un	der elect	tion .					5a	** 5	5,977	
b CCC loans forfeited		5t) **	1,953			5c Ta:	kable amount	5c	** 1	,636	
6 Crop insurance proceeds and fed	eral crop	o disaster payr	nents (se	ee instru	ctions)							
a Amount received in 2017		6a	a	139,873	3		6b Ta:	kable amount	6b	** 12	9,839	
c If election to defer to 2018 is attac	ched, ch	eck here 🕨			6d	Amou	nt deferre	ed from 2016	6d	4	,931	
7 Custom hire (machine work) incor	ne .								7	** 15	58,776	
8 Other income, including federal a	nd state	gasoline or fue	el tax cre	edit or re	fund (s	ee ins	tructions)	8	** 53	3,143	
9 Gross income. Add amounts in	the right	column (lines	1c, 2, 3t	o, 4b, 5a	, 5c, 6	b, 6d,	7, and 8	. If you use tl	he			
accrual method, enter the amoun	t from Pa	art III, line 50. S	See instr	uctions)	▶ 9	1,5	56,987	
art II Farm Expenses—Cash	and Ac	ccrual Metho	d. Do	not incl	ude p	erson	al or livi	ng expense	s. See ins	structio	ns.	
10 Car and truck expenses (see				23	Pen	sion a	nd profit-	sharing plans	23	3	,200	
instructions). Also attach Form 4562	10	532,484		24	Ren	t or lea	ase (see i	nstructions):				
I1 Chemicals	11	495,480		a	Vehi	cles, r	nachiner	y, equipment	24a			
12 Conservation expenses (see instructions)	12	31,053		b				s, etc.)				
13 Custom hire (machine work) .	13	428,870		25	Rep	airs ar	nd mainte	enance	25	1,2	45,789	
14 Depreciation and section 179				26						57	7,431	
expense (see instructions)	14	1,367,618		27				ousing				
15 Employee benefit programs				28		-				1,1	10,661	
other than on line 23	15	25,769		29	•						06,305	
16 Feed	16	967,667		30								
17 Fertilizers and lime	17	669,434		31				g, and medici				
18 Freight and trucking	18			32			enses (sp					
19 Gasoline, fuel, and oil	19	1,125,406		a		•	•••		32a			
20 Insurance (other than health)	20	943,348		b					206			
21 Interest:				c					200			
a Mortgage (paid to banks, etc.)	21a	345,028		d					204			
b Other	21b	439,199		e					32e			
22 Labor hired (less employment credits)	22	309,928		⊢ ř					32f			
Total expenses. Add lines 10 th		2f. If line 32f is i	negative	see ins	tructio	ns .		1	► <u>33</u>	1,7	79,675	
34 Net farm profit or (loss). Subtra	ct line 3	3 from line 9	otal of	all unn	narke	d exp	enses	1,545,34		1,789	9,262	
If a profit, stop here and see instru	uctions f	for where to rea	oort, lf a	loss.co	mplete	lines	35 and 9	6. Nondedu	ctible Los	s (+) / S	uspend	led Carry
35 Did you receive an applicable sub									18,021			🗌 No
36 Check the box that describes you									 oss.	· -		
a All investment is at risk.		Some in	•					. sport your h				
or Paperwork Reduction Act Notice, s							No. 11346	Н	Sch	edule F	(Form 1	040) 2017

**Denotes that the line item is the addition of both cash and accrual methods of accounting

SCHEDULE F

Department of the Treasury

(Form 1040)

Profit or Loss From Farming

Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B. ► Go to www.irs.gov/ScheduleF for instructions and the latest information.

	ent of the Treasury Revenue Service (99)		v.irs.gov/Schedule			-	the latest information.		Attachment Sequence No	14
	f proprietor								curity number (SSI	
	Total schedules fil	ed =	1,867,570							,
A Prir	cipal crop or activity		B Enter code f	rom P	art IV	CA	ccounting method:	D Employ	er ID number (EIN),	(see instr)
	a har a har an a						Cash Accrual			
Did y	you "materially participate" in the op	eration	of this business dur	rina 20	17? If '			assive loss	ses 🗌 Yes 🗍	No
	ou make any payments in 2017 that									No
	es," did you or will you file required									_ No
Part		ethod	Complete Parts	l and		 crual meth	od Complete Parts	II and III	and Part L line	9)
1a	Sales of livestock and other resale						34,500,025			
b	Cost or other basis of livestock or		` '				20,530,452			
c				lo la l	•••		20,330,432	1c	13,969,574	
2	Sales of livestock, produce, grains			 aised	•••			2	95,192,320	
- 3a	Cooperative distributions (Form(s)				376,12	- · · · ·	3b Taxable amount			
4a	Agricultural program payments (se				56.84		4b Taxable amount		** 17,124,076	
-та 5а	Commodity Credit Corporation (C		· · · · · · · · · · · · · · · · · · ·			9		5a	** 5,678,885	
b	CCC loans forfeited				3,125	· · · · ·	5c Taxable amount		** 762,018	
6	Crop insurance proceeds and fede					ctions)		50	** 86,850	
			· · · · · ·			1	6b Taxable amount	6b	** 0 007 070	
a c	If election to defer to 2018 is attac	· ·		3,4	93,12		nt deferred from 2016	6d	** 2,867,676	
7	Custom hire (machine work) incon							7	367,119	
8	Other income, including federal ar						· · · · · · · ·		** 5,237,304	
о 9									**11,575,465	
9	Gross income. Add amounts in t	-							4 40 505 000	
Part	accrual method, enter the amount							► <u>9</u>	149,535,893	
	•				1					
10	Car and truck expenses (see	10	4 075 000		23		nd profit-sharing plans	23	14,105	
	instructions). Also attach Form 4562	10	1,875,999		24		ase (see instructions):	0.4-		
11		11	7,748,993		a L		machinery, equipment	24a		
12	Conservation expenses (see instructions)	12	121,780		b		d, animals, etc.)		10,100,004	
13	Custom hire (machine work) .	13	5,115,729		25		nd maintenance	25	10,403,931	
14	Depreciation and section 179		00.070.005		26		d plants		10,430,976	
	expense (see instructions) .	14	29,878,965		27	-	nd warehousing			
15	Employee benefit programs	4-	202 422		28				5,401,391	
10	other than on line 23	15	362,423		29			29	4,114,811	
16		16	16,980,904		30	Utilities .		30		
17	Fertilizers and lime	17	12,483,953		31		, breeding, and medicir	ne 31		
18	Freight and trucking	18	5.050.550		32	Other exp	enses (specify):			
19	Gasoline, fuel, and oil	19	5,853,553		a			<u>32a</u>		
20	Insurance (other than health)	20	6,046,152		b			32b		
21	Interest:				C			32c		
a	Mortgage (paid to banks, etc.)	21a	4,288,703		d			32d		
b	Other	21b	4,092,557		e			32e		
22	Labor hired (less employment credits)	22	7,102,101		f			32f		
33	Total expenses. Add lines 10 thr	-						► <u>33</u>	170.400.950	
34	Net farm profit or (loss). Subtract					-		-	-19,166,242	
	If a profit, stop here and see instru									_
35	Did you receive an applicable sub							293,186	6 🗌 Yes 🛛	No
36	Check the box that describes you	r invest					where to report your lo	DSS.		
а	All investment is at risk.		b 🗌 Some invest		s not a					
or Do	perwork Reduction Act Notice, se	an the	congrato instructio	nne		Cat	No 11346H	Sch	edule F (Form 1(140) 2017

**Denotes that the line item is the addition of both cash and accrual methods of accounting

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OMB No. 1545-0074

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Schedu	le F (Form 1040) 2017		Page 2
Part	III Farm Income – Accrual Method (see instructions).		
37	Sales of livestock, produce, grains, and other products (see instructions)	37	1,028,887
38a	Cooperative distributions (Form(s) 1099-PATR) . 38a ** 465,210 38b Taxable amount	38b	** 458,374
39a	Agricultural program payments	39b	** 481,461
40 a	Commodity Credit Corporation (CCC) loans:	40a	** 5,977
b	CCC loans forfeited	40c	** 1,636
41	Crop insurance proceeds	41	** 129,839
42	Custom hire (machine work) income	42	** 158,776
43	Other income (see instructions)	43	** 533,143
44	Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a, 40c, 41, 42, and 43)	44	8,898
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 46	-	
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	8,907
	use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is l ptract 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		

Principal Agricultural Activity Codes Part IV

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

 Income from providing agricultural services such as CAUTION 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 farming

111210 Vegetable and melon farming

- 111300 Fruit and tree 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
- Sheep and goat farming 112400
- 112510 Aquaculture
- 112900 Other animal production

Forestry and Logging

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

54

**Denotes that the line item is the addition of both cash and accrual methods of accounting

	e F (Form 1040) 2017				Page
Part	Farm Income—Accrual Method (see instructions).				
37	Sales of livestock, produce, grains, and other products (see instructions) .			37	95,192,320
38a	Cooperative distributions (Form(s) 1099-PATR) . 38a ** 22,876,127		38b Taxable amount	38b	** 17,124,076
39a	Agricultural program payments		39b Taxable amount	39b	** 5,678,885
40 a	Commodity Credit Corporation (CCC) loans: CCC loans reported under election			40a	** 762,018
b	CCC loans forfeited		40c Taxable amount	40c	** 86,850
41	Crop insurance proceeds			41	** 2,867,676
42	Custom hire (machine work) income			42	** 5,237,304
43	Other income (see instructions)			43	** 11,575,465
44	Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a	a, 40c	, 41, 42, and 43) .	44	3,325,393
45	Inventory of livestock, produce, grains, and other products at beginning of the year. Do not include sales reported on Form 4797	45			
46	Cost of livestock, produce, grains, and other products purchased during the year	46			
47	Add lines 45 and 46	47			
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 fro	m line	e 47*	49	
50	Gross income. Subtract line 49 from line 44. Enter the result here and on Part use the unit-livestock-price method or the farm-price method of valuing inventor	-		50	1,405,629

*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.

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 farming
- 111210 Vegetable and melon farming

- 111300 Fruit and tree 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)

Schedule F (Form 1040) 2017

**Denotes that the line item is the addition of both cash and accrual methods of accounting

56	2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines		
Schedule R (Form 1040A or 1040)	Credit for the Elderly or the Disabled $1040A$	MB No. 15	
Department of the Treasury Internal Revenue Service (99)	► Go to www.irs.gov/ScheduleR for instructions and the latest information.	ttachment equence N	
Name(s) shown on Form 104	0A or 1040 Total schedules filed = 63,417 Your social s	ecurity nu	umber
• You were age 65 c But you must also m	you received taxable disability income. neet other tests. See instructions.	sability,	and
	, the IRS can figure the credit for you. See instructions.		
Part I Check the If your filing status	ne Box for Your Filing Status and Age is: And by the end of 2017: Check	c only c	one box
Single, Head of household,	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 permanent a total disability		
Married filing jointly	5 Both spouses were under 65, and both retired on permanent and to disability		
	6 One spouse was 65 or older, and the other spouse was under 65 and retir on permanent and total disability		
	7 One spouse was 65 or older, and the other spouse was under 65 and n retired on permanent and total disability		
Married filing	${f 8}$ You were 65 or older and you lived apart from your spouse for all of 2017 .	8	
separately	9 You were under 65, you retired on permanent and total disability, and y lived apart from your spouse for all of 2017		
Did you check box 1, 3, 7, or	Yes Skip Part II and complete Part III on the back.		
8?	No► Complete Parts II and III.		
	nt of Permanent and Total Disability (Complete only if you checked box 2, 4, 5, 6, or 9 at		
	hysician's statement for this disability for 1983 or an earlier year, or you filed o tax years after 1983 and your physician signed line B on the statement, and	r got a	l

- 2 Due to your continued disabled condition, you were unable to engage in any substantial gainful activity
- - If you checked this box, you don't have to get another statement for 2017.
 - If you **didn't** check this box, have your physician complete the statement in the instructions. You **must** keep the statement for your records.

Schedule R (Form 1040A	Credit for the Elderly or the Disabled
or 1040) Department of the Treasury Internal Revenue Service (99)	Complete and attach to Form 1040A or 1040. Go to www.irs.gov/ScheduleR for instructions and the latest information. R R Sequence No. 16
Name(s) shown on Form 10 To	40A or 1040 Your social security number Ital schedules filed = 63,417
You were age 65 But you must also r	 take this credit and reduce your tax if by the end of 2017: or older or • You were under age 65, you retired on permanent and total disability, and you received taxable disability income. neet other tests. See instructions. s, the IRS can figure the credit for you. See instructions.
	he Box for Your Filing Status and Age
If your filing status	
Single, Head of household.	1 You were 65 or older
Qualifying widow(er	
	3 Both spouses were 65 or older
	 4 Both spouses were under 65, but only one spouse retired on permanent and total disability
Married filing jointly	5 Both spouses were under 65, and both retired on permanent and total disability
	6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability
	 7 One spouse was 65 or older, and the other spouse was under 65 and not retired on permanent and total disability
Married filing	8 You were 65 or older and you lived apart from your spouse for all of 2017 . 8 \Box
separately	9 You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2017
Did you check box 1, 3, 7, or	Yes► Skip Part II and complete Part III on the back.
8?	No► Complete Parts II and III.
	ent of Permanent and Total Disability (Complete only if you checked box 2, 4, 5, 6, or 9 above.)
	physician's statement for this disability for 1983 or an earlier year, or you filed or got a tax years after 1983 and your physician signed line B on the statement, and
	continued disabled condition, you were unable to engage in any substantial gainful activity k this box
If you check	ked this box, you don't have to get another statement for 2017.

• If you **didn't** check this box, have your physician complete the statement in the instructions. You **must** keep the statement for your records.

Schedu	le R (Form 1040A or 1040) 2017		Page 2
Part	III Figure Your Credit		
10	If you checked (in Part I): Enter: Box 1, 2, 4, or 7 \$5,000 Box 3, 5, or 6 \$7,500 Box 8 or 9 \$3,750	10	
11	Did you check Yes You must complete line 11. box 2, 4, 5, 6, No Enter the amount from line 10 on line 12 and go to line 13. If you checked (in Part I): If you checked (in Part I): 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. Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total. 	11	
TIP	For more details on what to include on line 11, see <i>Figure Your Credit</i> 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	64,426
13	Enter the following pensions, annuities, or disability income that you (and your spouse if filing jointly) received in 2017.		
а	Nontaxable part of social security benefits and nontaxable part of railroad retirement benefits treated as social security (see instructions).13a4,055		
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 -0-1662,919		
17	Enter one-half of line 16		
18	Add lines 13c and 17	18	62,955
19	Subtract line 18 from line 12. If zero or less, stop; you can't take the credit. Otherwise, go to line 20	19	63,419
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	63,417

Schedule R (Form 1040A or 1040) 2017

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

Schedu	le R (Form 1040A or 1040) 2017				Page 2
Part					
10	If you checked (in Part I): Enter: Box 1, 2, 4, or 7			10	
		nount	from line 10		
11	 If you checked (in Part I): on line 12 ar 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. Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total. 	}	· · · · · · · ·	11	
TIP	For more details on what to include on line 11, see Figure Your C				
12	If you completed line 11, enter the smaller of line 10 or line 11 amount from line 10	. All 	others, enter the	12	334,343
13	Enter the following pensions, annuities, or disability income that you (and your spouse if filing jointly) received in 2017.				
а	Nontaxable part of social security benefits and nontaxable part of railroad retirement benefits treated as social security (see instructions).	13a	9,157		
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).	13b	*		
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	13c	9,163		
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	47			
17 18	Enter one-half of line 16 . <td></td> <td></td> <td>18</td> <td>251,109</td>			18	251,109
19	Subtract line 18 from line 12. If zero or less, stop; you can't take go to line 20			19	96,029
20	Multiply line 19 by 15% (0.15)				
21 22	Tax liability limit. Enter the amount from the Credit Limit Workshee Credit for the elderly or the disabled. Enter the smaller of line 2			· · · · · · · · · · · · · · · · · · ·	
22	this amount on Form 1040A, line 32, or include on Form 1040, lir enter "Sch R" on the line next to that box)	ne 54	(check box c and	3	6,995

Schedule R (Form 1040A or 1040) 2017

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

SCHEDULE SE (Form 1040)

Self-Employment Tax

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

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

Attach to Form 1040 or Form 1040NR.



Department of the Treasury Internal Revenue Service (99)

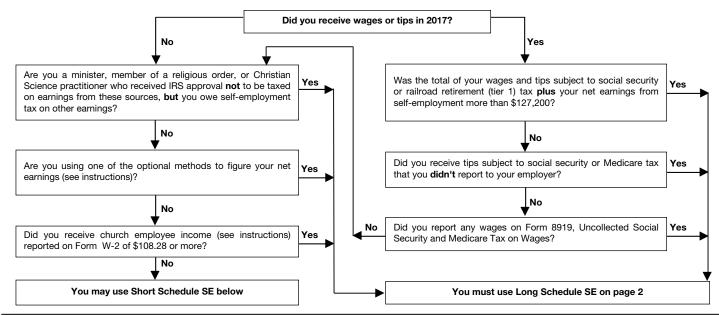
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Total schedules filed = 21,336,384

Before you begin: To determine if you must file Schedule SE, see the instructions.

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

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



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

1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	559,218	
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	(20,530)
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	19,788,299	
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	20,124,063	
	Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
5	Self-employment tax. If the amount on line 4 is:			
	• \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55			
	• More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result.			
	Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55.	5	20,063,996	
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			
For Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 11358Z		Schedule SE (Form 104	0) 2017

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SCHEDULE SE (Form 1040)

Department of the Treasury

Self-Employment Tax

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

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Internal Revenue Service (99) Name of person with **self-employment** inco

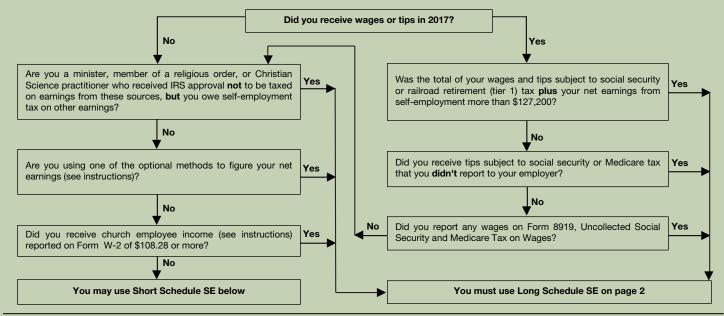
 Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)
 Social security number of person

 Total schedules filed = 21,336,384
 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	1 a	10,837,434	
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	(271,909)
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	640,390,092	
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	601,033,538	
	Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
5	Self-employment tax. If the amount on line 4 is:			
	• \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57 , or Form 1040NR, line 55			
	• More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result.			
	Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55.	5	63,809,922	
6	Deduction for one-half of self-employment tax.			
	Multiply line 5 by 50% (0.50). Enter the result here and on Form 6 1040, line 27, or Form 1040NR, line 27. 6			
For Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 11358Z		Schedule SE (Form 1040) 2017

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2017 Line Item Estimates—All figures are estimates based on samples.

	Number of returns filed for	r seleo	cted lines			
Schedu	le SE (Form 1040) 2017		Attachment Sequence No. 1	7		Page 2
Name c	of person with self-employment income (as shown on Form 1040 or Form 1040NR)		Social security number of with self-employment inc	•		
Secti	on B-Long Schedule SE					
Part	Self-Employment Tax					
	If your only income subject to self-employment tax is church employee	e incon	ne, see instructions. Also	see ir	nstructions for the	
	ion of church employee income.					
Α	If you are a minister, member of a religious order, or Christian So had \$400 or more of other net earnings from self-employment, che	eck her	e and continue with Pa			
	Net farm profit or (loss) from Schedule F, line 34, and farm partnership box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional statement of the statement of	al meth	od (see instructions)	1 a	559,218	
b	If you received social security retirement or disability benefits, enter the a Program payments included on Schedule F, line 4b, or listed on Schedule K	K-1 (For	m 1065), box 20, code Z	1b	(20,530)
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3 box 14, code A (other than farming); and Schedule K-1 (Form Ministers and members of religious orders, see instructions for ty this line. See instructions for other income to report. Note: Skip thi optional method (see instructions)	n 1065 ypes o is line i	-B), box 9, code J1. f income to report on f you use the nonfarm	2	19,788,299	
3	Combine lines 1a, 1b, and 2			3	1011 001200	
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherw			4a	20,124,063	
b	Note: If line 4a is less than \$400 due to Conservation Reserve Program paym If you elect one or both of the optional methods, enter the total of li			4b		
С	Combine lines 4a and 4b. If less than \$400, stop; you don't owe set Exception: If less than \$400 and you had church employee incom			4c	20.050.923	
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	32,460			
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0	· ·		5b		
6	Add lines 4c and 5b	· · .		6	20,063,996	
7	Maximum amount of combined wages and self-employment earnin tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax			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 \$127,200 or more, skip lines 8b through 10, and go to line 11	8a	1,987,338			
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	9,483			
С	Wages subject to social security tax (from Form 8919, line 10)	8c	4,785		1,992,885	
d	Add lines 8a, 8b, and 8c		· · · · · · · ·	8d	1,992,005	
9 10	Subtract line 8d from line 7. If zero or less, enter -0- here and on lin Multiply the smaller of line 6 or line 9 by 12.4% (0.124)		-	9 10	19,389,955	
11	Multiply line 6 by 2.9% (0.029)			11	20,063,996	
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, li			12	20,063,996	
13	Deduction for one-half of self-employment tax.					
	Multiply line 12 by 50% (0.50). Enter the result here and on		1			
	Form 1040, line 27, or Form 1040NR, line 27	13				
Part						<u> </u>
	Optional Method. You may use this method only if (a) your gross 57,800, or (b) your net farm profits ² were less than \$5,631.	s farm	income' wasn't more			
14	Maximum income for optional methods			14		
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less include this amount on line 4b above			15	17,438	
and al	rm Optional Method. You may use this method only if (a) your net nonfarm so less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net east \$400 in 2 of the prior 3 years. Caution: You may use this method no m	n profit earning	s ³ were less than \$5,631 is from 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 amount on line 16. Also include this amount on line 4b above .	less th		17	9,794	
				LI		
' From	Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B. ³ Fron	n Sch. C	C, line 31; Sch. C-EZ, line 3;	Sch. K-	1 (Form 1065), box 14	4, code

 $^{\rm 3}$ 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.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minι	is the
amount you would have entered on line 1b had you not used the optio	nal
method.	

Schedule SE (Form 1040) 2017	Attachment Sequence No. 17	Page 2
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)	Social security number of person with self-employment income ►	

Section B-Long Schedule SE

'ar	τI	Sell	-Er	npio	yme	ητ Ι	ax	
-								

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

definit	on of church employee income.			
Α	If you are a minister, member of a religious order, or Christian Science practitioner and you fill			
	had \$400 or more of other net earnings from self-employment, check here and continue with Par	τI.	🕨	
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)	1 a	10.837.434	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		(074.000	
•	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	(271,909	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.			
	Ministers and members of religious orders, see instructions for types of income to report on			
	this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm			
	optional method (see instructions)	2	640,390,092	
3	Combine lines 1a, 1b, and 2	3		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	601,033,538	
	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b		
С	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax.			
	Exception: If less than \$400 and you had church employee income, enter -0- and continue	4c	602,766,093	
5a	Enter your church employee income from Form W-2. See			
ь	instructions for definition of church employee income 5a 849.405	5 6		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0	5b 6	602 550 522	
6 7	Add lines 4c and 5b	0	603,550,522	
1	tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2017	7		
8a	Total social security wages and tips (total of boxes 3 and 7 on			_
ou	Form(s) W-2) and railroad retirement (tier 1) compensation.			
	If \$127,200 or more, skip lines 8b through 10, and go to line 11 8a 146,766,034			
b	Unreported tips subject to social security tax (from Form 4137, line 10) 8b 76,583			
С	Wages subject to social security tax (from Form 8919, line 10) 8c 44,522			
d	Add lines 8a, 8b, and 8c	8d	146,887,140	_
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 .	9	40.000.407	
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	46,306,127 17,502,767	
11	Multiply line 6 by 2.9% (0.029)	11 12	63,809,922	
12 13	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55 Deduction for one-half of self-employment tax.	12	03,003,322	
10	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)			
	Optional Method. You may use this method only if (a) your gross farm income ¹ wasn't more			
than \$	7,800, or (b) your net farm profits ² were less than \$5,631.			
14	Maximum income for optional methods	14		
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,200. Also			
	include this amount on line 4b above	15	95,223	
	m Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,631 to less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment			
	ast \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.			
J. at it				

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 zero) or the		
	amount on line 16. Also include this amount on line 4b above	17	41,431

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

 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.

 2 From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

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.

SCHEDULE 8812 (Form 1040A or 1040) Department of the Treasury Internal Revenue Service (99)		Child Tax Credit	1040	OMB No. 1545-0074
			1040A 1040NR	2017
		 Attach to Form 1040, Form 1040A, or Form 1040NR. Go to www.irs.gov/Schedule8812 for instructions and the latest information. 	8812	Attachment Sequence No. 47
Name	(s) shown on return To t	al schedules filed = 18,688,039	Your se	ocial security number
Pa	rt Filers Wh	o Have Certain Child Dependent(s) with an Individual Tax	paver Identificatio	n Number (ITIN)
CAU	Complete th If your depe	is part only for each dependent who has an ITIN and for whom you and the second s	are claiming the child	tax credit.
Indiv		tions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c fication Number (ITIN) and that you indicated is a qualifying child for the		
Α	For the first depended presence test? See set	nt identified with an ITIN and listed as a qualifying child for the child tax of parate instructions.	credit, did this child mee	t the substantial
	Yes			
B	For the second deper presence test? See se	ndent identified with an ITIN and listed as a qualifying child for the child ta parate instructions.	ax credit, did this child n	neet the substantial
	Series Yes			
С	For the third depend presence test? See se	ent identified with an ITIN and listed as a qualifying child for the child tax parate instructions.	credit, did this child me	et the substantial
	Yes	П No		
D	For the fourth depen presence test? See se	dent identified with an ITIN and listed as a qualifying child for the child tag parate instructions.	x credit, did this child m	eet the substantial
	Ves	□ No		
Par	and check here	an four dependents identified with an ITIN and listed as a qualifying child f		·
1	If you file Form 2:	555 or 2555-EZ, stop here; you cannot claim the additional child tax credit.		
		I to use the worksheet in Pub. 972 , enter the amount from line 8 of the in the publication. Otherwise:	Child Tax	
	i	Enter the amount from line 6 of your Child Tax Credit Worksheet nstructions for Form 1040, line 52). Enter the amount from line 6 of your Child Tax Credit Worksheet		18,664,155
	i	nstructions for Form 1040A, line 35). Enter the amount from line 6 of your Child Tax Credit Worksheet		
		nstructions for Form 1040NR, line 49).		
2 3		rom Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 n line 1. If zero, stop here; you cannot claim this credit	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	7,173,800 18,431,491
			493,506	10,431,431
b	instructions) .	t pay (see separate		
5	No. Leave li	ne 4a more than \$3,000? ne 5 blank and enter -0- on line 6.		
(,449,746	19 440 746
6		nt on line 5 by 15% (0.15) and enter the result	6	18,449,746
	No. If line 6	is zero, stop here; you cannot claim this credit. Otherwise, skip Part I of line 3 or line 6 on line 13.	II and enter the	
		is equal to or more than line 3, skip Part III and enter the amount from lise, go to line 7.	ine 3 on line 13.	

	EDULE 8812 m 1040A or 1040)	Child Tax Credit	1040 1040A		OMB No. 1545-00)74 •
	ment of the Treasury Revenue Service (99)	 Attach to Form 1040, Form 1040A, or Form 1040NR. Go to www.irs.gov/Schedule8812 for instructions and the latest information. 	1040NR 8812	P	Attachment Sequence No. 47	7
Name(s) shown on return To	otal schedules filed = 18,688,039		Your so	cial security numbe	r
Par	t I Filers Who	Have Certain Child Dependent(s) with an Individual Tax	payer Identifi	cation	Number (ITI	N)
CAUT	If your depen	s part only for each dependent who has an ITIN and for whom you edent is not a qualifying child for the credit, you cannot include tha	~			edit.
ndivi		ions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6 ication Number (ITIN) and that you indicated is a qualifying child for the				r that
	For the first depender presence test? See set	t identified with an ITIN and listed as a qualifying child for the child tax a	credit, did this chi	ild meet	the substantial	
	🗌 Yes					
B	For the second dependence test? See sep	dent identified with an ITIN and listed as a qualifying child for the child to parate instructions.	ax credit, did this	child m	eet the substantial	
	Yes	П No				
С	For the third depende presence test? See sep	nt identified with an ITIN and listed as a qualifying child for the child tax parate instructions.	credit, did this ch	ild mee	t the substantial	
	🗌 Yes					
D	For the fourth depend presence test? See sep	ent identified with an ITIN and listed as a qualifying child for the child ta parate instructions.	ax credit, did this c	child me	eet the substantial	
	Yes	П No				
Note:	If you have more that and check here	n four dependents identified with an ITIN and listed as a qualifying child	for the child tax c	redit, se	e separate instruct	tions
Par		Child Tax Credit Filers				
1		55 or 2555-EZ, stop here; you cannot claim the additional child tax credit				
		to use the worksheet in Pub. 972 , enter the amount from line 8 of the n the publication. Otherwise:	Child Tax			
		nter the amount from line 6 of your Child Tax Credit Workshee structions for Form 1040, line 52).	et (see the	1	34,245,389	
		nter the amount from line 6 of your Child Tax Credit Workshee structions for Form 1040A, line 35).	et (see the			
	in	nter the amount from line 6 of your Child Tax Credit Workshee structions for Form 1040NR, line 49).	et (see the			
2 3		om Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 a line 1. If zero, stop here; you cannot claim this credit		2	5,928,851 28,316,538	
4a			8,727,691		20,310,330	
b		pay (see separate				
5	Is the amount on lin	the 4a more than \$3,000?				
		e 5 blank and enter -0- on line 6. 63,000 from the amount on line 4a. Enter the result 5 40	3,288,483			
6	Multiply the amoun	t on line 5 by 15% (0.15) and enter the result		6	60,493,859	
	-	three or more qualifying children? is zero, stop here; you cannot claim this credit. Otherwise, skip Part 1	III and onten the			
		f line 3 or line 6 on line 13.	in and enter the			

Yes.	If line 6 is equal	to or more	than line 3	, skip Pa	rt III :	and ent	ter the	amount	from	line 3	3 on	line	13
	Otherwise, go to	line 7.											

Part	le 8812 (Form 1040A	Filers Who Have Three or More Qualifying Childre	en				F	Page
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		968,431				
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	516,611				
		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.						
9	Add lines 7 and	8	9	1,298,141				
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	1,360,272				
	1040NR filers:	Enter the amount from Form 1040NR, line 67.					1	
11		from line 9. If zero or less, enter -0				11	136,981	
12	0	of line 6 or line 11				12	1,517,255	Ē
Part	V Addition	al Child Tax Credit						
13	This is your add	litional child tax credit			1040 1040A 1040NF	13	18,340,979 Enter this amount on Form 1040, line 67, Form 1040A, line 43, Form 1040NR, line 64	or

Schedul	le 8812 (Form 1040A	vor 1040) 2017		,		Page 2
Part	III Certain	Filers Who Have Three or More Qualifying Childre	en			
7	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	1,109,852		
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	499,283		
9		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.	9	1,609,134		
		N N	9	1,000,101	_	
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	7,423,098	_	
	1040NR filers:	Enter the amount from Form 1040NR, line 67.				
11	Subtract line 10	from line 9. If zero or less, enter -0			. 11	198,019
12	0	of line 6 or line 11			. 12	3,102,783
		maller of line 3 or line 12 on line 13.				
Part		al Child Tax Credit				
13	This is your add	ditional child tax credit			40 40 40A 40NR	24,506,645 Enter this amount on Form 1040, line 67, Form 1040A, line 43, or Form 1040NR, line 64.
				~ 1		

2017 Line Item Estimates—All figures are estimates based on samples.
Number of returns filed for selected lines

Form	982 Reduction of Tax Attributes Due to Discharge of Indebtedness (and Section 1082 Basis Adjustmer		OMB No. 1545-0046
Departm	anuary 2016) hent of the Treasury Revenue Service ► Information about Form 982 and its instructions is at www.irs.gov/form982.	•	Attachment Sequence No. 94
Name s	hown on return Total Forms Filed = 148,439	tifying nu	mber
Part	General Information (see instructions)		
1 b c d e 2 3 Part		or sale	· Yes No in the reduction in
Enter	basis under section 1017. See Regulations section 1.1017-1 for basis reduction order required partnership consent statements. (For additional information, see the instructi amount excluded from gross income:		
4	For a discharge of qualified real property business indebtedness applied to reduce the basis of depreciable real property	4	5,343
5	That you elect under section 108(b)(5) to apply first to reduce the basis (under section 1017) of depreciable property	of 5	*
6	Applied to reduce any net operating loss that occurred in the tax year of the discharge or carrie over to the tax year of the discharge	d 6	274
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	. 7 e 8	*
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	-	356
10a	Applied to reduce the basis of nondepreciable and depreciable property if not reduced on line & DO NOT use in the case of discharge of qualified farm indebtedness	-	15.250
b	Applied to reduce the basis of your principal residence. Enter amount here ONLY if line 1e in checked		23,036
11 а	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		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	0
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 III Consent of Corporation to Adjustment of Basis of Its Property Under Section 1082(a)(2)

Under section 1081(b), the corporation named above has excluded \$	from its gross income
for the tax year beginning	and ending .
Under that section, the corporation consents to have the basis of its under section 1082(a)(2) in effect at the time of filing its income tax ref	
of	
(State of incorp	oration)

Note: You must attach a description of the transactions resulting in the nonrecognition of gain under section 1	081.
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For Paperwork Reduction Act Notice, see instructions.

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

Form	982	Reduction of Tax Attributes Due to Discharge of Indebtedness (and Section 1082 Basis Adjustment		OMB No. 1545-0046
Departm	anuary 2016) lent of the Treasury Revenue Service	 Attach this form to your income tax return. Information about Form 982 and its instructions is at www.irs.gov/form982. 		Attachment Sequence No. 94
Name s	hown on return	Total Forms Filed = 148,439	tifying nu	mber
Part	Genera	I Information (see instructions)		
1	Amount exclu	ded is due to (check applicable box(es)):		
а		ndebtedness in a title 11 case		
b	Discharge of i	ndebtedness to the extent insolvent (not in a title 11 case)		🛛
С	Discharge of c	ualified farm indebtedness		🗌
d	Discharge of c	ualified real property business indebtedness		🛛
е	-	ualified principal residence indebtedness		🛛
2		of discharged indebtedness excluded from gross income		10,451,067
3		to treat all real property described in section 1221(a)(1), relating to property held t		
D 1		he ordinary course of a trade or business, as if it were depreciable property?		
Part		on of Tax Attributes. You must attach a description of any transactions r		
		der section 1017. See Regulations section 1.1017-1 for basis reduction order partnership consent statements. (For additional information, see the instruction		
Entor	•	ded from gross income:		
Enter 4		ge of qualified real property business indebtedness applied to reduce the basis of	f	
-	depreciable re			1,055,235
5		t under section 108(b)(5) to apply first to reduce the basis (under section 1017) o		1,055,255
5				*
6		luce any net operating loss that occurred in the tax year of the discharge or carrie	-	
				354,964
		, ,		
7	Applied to red	uce any general business credit carryover to or from the tax year of the discharge	7	*
8		uce any minimum tax credit as of the beginning of the tax year immediately after th		
		discharge		*
9	-	luce any net capital loss for the tax year of the discharge, including any capital los		
•		he tax year of the discharge		168,060
10a	-	luce the basis of nondepreciable and depreciable property if not reduced on line 5		
		n the case of discharge of qualified farm indebtedness		467.729
b	Applied to rea	duce the basis of your principal residence. Enter amount here ONLY if line 1e i		
	checked .		10b	2,179,712
11	For a discharg	e of qualified farm indebtedness applied to reduce the basis of:		
а		roperty used or held for use in a trade or business or for the production of income	f	
	not reduced o	n line 5	11a	0
b	Land used or	neld for use in a trade or business of farming	11b	0
С	Other property	vused or held for use in a trade or business or for the production of income	11c	0
12	Applied to red	uce any passive activity loss and credit carryovers from the tax year of the discharge	12	*
13	Applied to red	uce any foreign tax credit carryover to or from the tax year of the discharge	13	*
Part	III Consen	t of Corporation to Adjustment of Basis of Its Property Under Section -	082(a)	(2)

Under section 1081(b), the corporation named above has excluded \$	from its gross income
for the tax year beginning	and ending .
Under that section, the corporation consents to have the basis of its	property adjusted in accordance with the regulations prescribed
under section 1082(a)(2) in effect at the time of filing its income tax re	turn for that year. The corporation is organized under the laws
of	
(State of incorp	oration)

Note: You must attach a description of the transactions resulting in the nonrecognition of gain under section 1081.

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 17066E

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

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



Employee Business Expenses

Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/Form2106 for instructions and the latest information.

OMB No. 1545-0074

Your name

Total Forms Filed =

9,408,647

Occupation in which you incurred expenses Social security number

Part I E

Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses			Column A Other Than Meals and Entertainment	Column B Meals and Entertainment		
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	5,046,227			
2	Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work .	2	2,261,393			
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment.	3	2,074,168			
4	Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	5,944,839			
5	Meals and entertainment expenses (see instructions)	5		3,203,473		
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	8,372,552			

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see					
instructions)	7	322,066		184,968	

Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8	Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	8,348,387		3,192,327	
	Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.					
9	In Column A, enter the amount from line 8. In Column B, multiply line 8 by 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.)	9			3,192,327	
10	Add the amounts on line 9 of both columns and enter the total here. Als Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line reservists, qualified performing artists, fee-basis state or local governme individuals with disabilities: See the instructions for special rules on whether the state or local governme individuals with disabilities.	ne 7). ient o	(Armed Forces fficials, and	• 10	8,485,234	
For	Paperwork Reduction Act Notice, see your tax return instructions.		Cat. No. 11700N		Form 2106	(2017)

2017 Line Item Estimates—All figures are estimates based on samples.

Amounts of selected lines filed (in thousands of dollars)



Employee Business Expenses

Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/Form2106 for instructions and the latest information.

OMB No. 1545-0074 G Attachmen 129 Sequence No. Social security number

Your name

Total Forms Filed =

9,408,647

Occupation in which you incurred expenses

Part I **Employee Business Expenses and Reimbursements**

Step 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment		
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1 36,224,530			
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2 2,752,114			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment.	3 6,938,653			
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4 23,396,737			
5 Meals and entertainment expenses (see instructions)	5	11,310,834		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6 69,312,035			

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see					
instructions).	7	1,693,143		740,771	

Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8	Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	67,683,106			10,605,503	
	Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.						
9	In Column A, enter the amount from line 8. In Column B, multiply line 8 by 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.)	9				6,200,567	
10	Add the amounts on line 9 of both columns and enter the total here. Als Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line reservists, qualified performing artists, fee-basis state or local governme individuals with disabilities: See the instructions for special rules on when	ne 7). ent of	(Armed Forces fficials, and	•	10	73,883,674	
or F	Paperwork Reduction Act Notice, see your tax return instructions.		Cat. No. 11700N			Form 2106	(2017)

	06 (2017)							Page	2
Part	•	-4		f					
	on A—General Information (You mu aiming vehicle expenses.)	St COI	mplete this section i	t you		(a) Vehicle 1	(b) Vehicl	e 2	
11	Enter the date the vehicle was place	od in d	onvioo		11	/ /		/	
12	Total miles the vehicle was driven d				12	/	/ /	mile	_
12	Business miles included on line 12	-			12	miles	-	mile	_
14	Percent of business use. Divide line				14	%			%
14					14	miles		mile	
	Average daily roundtrip commuting						-		_
16 17	Commuting miles included on line 1 Other miles. Add lines 13 and 16 an				16 17	miles miles		mile mile	_
18	Was your vehicle available for perso								
10									
20	Do you (or your spouse) have anoth Do you have evidence to support yo						. □ Yes □		
20 21									
	on B–Standard Mileage Rate (Se								
22	Multiply line 13 by 53.5¢ (0.535). En							<u> </u>	-
	on C-Actual Expenses			Vehicle 1	• •		Vehicle 2		-
23	Gasoline, oil, repairs, vehicle		(d)			(0)			
_0	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		-			-			
20	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	29		428,319					
Sectio	on D-Depreciation of Vehicles (Us		section only if you			are completing Sec	tion C for the ve	hicle.)	-
			(a) Ve				Vehicle 2	/	-
30	Enter cost or other basis (see								
	instructions)	30							
31	Enter section 179 deduction and								_
	special allowance (see instructions)	31							
32	Multiply line 30 by line 14 (see								
32	instructions if you claimed the								
	section 179 deduction or special								
	allowance).	32							
33	Enter depreciation method and			-		· · · ·	_		
	percentage (see instructions) .	33							
34	Multiply line 32 by the percentage								
	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							
37	Multiply line 36 by the percentage								
	on line 14	37							
38	Enter the smaller of line 35 or line								
	37. If you skipped lines 36 and 37,								
	enter the amount from line 35.								
	Also enter this amount on line 28								
	above	38							

Form 21	06 (2017)							Page 2
Part	•							
	on A-General Information (You mu aiming vehicle expenses.)	st cor	mplete this section if y	/ou		(a) Vehicle 1	(b) Veh	nicle 2
11	Enter the date the vehicle was place	d in s	service		11	/ /	/	/
12	Total miles the vehicle was driven d				12	miles		miles
13					13	miles		miles
14	Percent of business use. Divide line				14	%		%
					14	miles		miles
15	Average daily roundtrip commuting							
16	Commuting miles included on line 1				16	miles		miles
17	Other miles. Add lines 13 and 16 an				17	miles		miles
18	Was your vehicle available for perso						_	□ No
19	Do you (or your spouse) have anoth						Yes	∐ No
20	Do you have evidence to support yo							∐ No
21	If "Yes," is the evidence written? .							
	on B-Standard Mileage Rate (See							
22	Multiply line 13 by 53.5¢ (0.535). Ent	ter the			· · ·		,,.	05
	on C-Actual Expenses		(a) Ve	hicle 1		(b) \	/ehicle 2	
23	Gasoline, oil, repairs, vehicle							
	insurance, etc	23						
24a	Vehicle rentals	24a		-			_	
b	Inclusion amount (see instructions) .	24b						
С	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)							
	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	29		2,847,608				
Sectio	on D-Depreciation of Vehicles (Us	e this			le and			vehicle.)
			(a) Vehi	cle 1		(b) \	/ehicle 2	
30	Enter cost or other basis (see							
	instructions)	30						
31	Enter section 179 deduction and							
	special allowance (see instructions)	31						
32	Multiply line 30 by line 14 (see							
02	instructions if you claimed the							
	section 179 deduction or special							
	allowance).	32						
33	Enter depreciation method and			-			-	
	percentage (see instructions) .	33						
34	Multiply line 32 by the percentage							
••	on line 33 (see instructions) .	34						
35	Add lines 31 and 34	35						
36	Enter the applicable limit explained							
00	in the line 36 instructions	36						
37	Multiply line 36 by the percentage							
01	on line 14	37						
		57						
38	Enter the smaller of line 35 or line							
	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	Unreimbursed Employee Business Expenses	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service (99)	 Attach to Form 1040 or Form 1040NR. Go to www.irs.gov/Form2106EZ for the latest information. 	20 17 Attachment Sequence No. 129A
Vaux name		aial a a surity number

Your name	Total Forms Filed =	4,768,927	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 2017.

Caution: You can use the standard mileage rate for 2017 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 I Figure Your Expenses

			5 0 40 007	
1	Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	5,046,227	
2	Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	2,261,393	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	2,074,168	
4	Business expenses not included on lines 1 through 3. Don't include meals and entertainment $\ .$	4	5,944,839	
5	Meals and entertainment expenses: $3,203,473 \times 50\%$ (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	3,192,327	
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	8,485,234	

Part II Information on Your Vehicle. Complete this part only if you are claiming vehicle expense 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 2017, enter the number of miles you used your vehicle for:

For Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 20604Q Form 2106-EZ (2017)
b	If "Yes," is the evidence written?
11a	Do you have evidence to support your deduction?
10	Do you (or your spouse) have another vehicle available for personal use?
9	Was your vehicle available for personal use during off-duty hours?
а	Business b Commuting (see instructions) c Other

Form 2106-EZ	Unreimb	OMB No. 1545-0074			
Department of the Treasury Internal Revenue Service (99)		► Attach to Form 104	•		20 17 Attachment Sequence No. 129A
Your name	Total Forms Filed =	4,768,927	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 2017.

Caution: You can use the standard mileage rate for 2017 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 I	Figure `	Your Expenses	

1	Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	36,224,530	
2	Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	2,752,114	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	6,938,653	
4	Business expenses not included on lines 1 through 3. Don't include meals and entertainment .	4	23,396,737	
5	Meals and entertainment expenses: $11,310,834 \times 50\%$ (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	6,200,567	
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	73,883,674	

Part II Information on Your Vehicle. Complete this part only if you are claiming vehicle expense 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 2017, enter the number of miles you used your vehicle for:

а	Business b	Commuting (see instructions)		c Other	
9	Was your vehicle available for persona	al 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 you	r deduction?			□Yes □No
b	If "Yes," is the evidence written? .				Yes No
or Pa	perwork Reduction Act Notice, see your	tax return instructions.	Cat. No. 20604Q	Fo	orm 2106-EZ (2017)

	ORRECTED			
Name, address, and ZIP code of RIC or REIT	OMB No. 1545-0145	Notice to Shareholder of Undistribute Long-Term Capital Gains		
Total Forms Filed = 5,631	2017	For calendar year 2017, or of the regulated investment co real estate investment	mpany (RIC) or the	
		beginning	, 2017, and	
	Form 2439	ending		
Identification number of RIC or REIT	1a Total undistributed long-	term capital gains		
	5,616		Сору А	
Shareholder's identifying number	1b Unrecaptured section 12	Attach to		
	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 R	EIT on the box 1a gains	and Paperwork Reduction Act Notice, see back of	
	5,616		Copies A and D.	
Form 2439 Cat. No. 11858E	www.irs.gov/Form2439	Department of the Treasur	y - Internal Revenue Servic	

	DRRECTED			
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 = 5,631	2017	For calendar year 2017, or c of the regulated investment com real estate investment tru	pany (RIC) or the	
		beginning,	2017, and	
	Form 2439	ending ,		
Identification number of RIC or REIT	1a Total undistributed long-t 7,229	erm capital gains	Сору А	
Shareholder's identifying number	1b Unrecaptured section 125 0	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	1	
	0	0	For Instructions	
	Red Notice,		and Paperwork Reduction Act Notice, see back of	
	2.435		Copies A and D.	
Form 2439 Cat. No. 11858E	www.irs.gov/Form2439	Department of the Treasury -	- Internal Revenue Service	

	2441	► A	Attach to Form 1040	Jent Care Exp 9, Form 1040A, or Form	1040NR.	1040 1040A 1040NR			омв Na 2(o. 1545	
	nent of the Treasury Revenue Service (99)	► G		orm2441 for instruction t information.	s and the	2	2441		Attachn Sequen	nent ice No.	21
Name(s	s) shown on return		Total Forms	Filed = 7,282	.062	-		Your socia			
Par				vided the Care—Y iders, see the instru		mplete thi	s par	t.			
1	(ii) Care provider's name		· ·	(b) Address ot. no., city, state, and ZIP co	,	(c) Identify (SSN o		nber	(d) Amo (see inst		
								7	7,180,86	6	
the in	structions for Forr	dependen s provided i n 1040, line	60a, or Form 1040		Cor	nplete only nplete Part do, you ca	III on	the back		r deta	ils, see
Part			Dependent Car								
	Information abou	ut your qua	lifying person(s).	If you have more than					tions. alified exp		
	First	(a) Qualify	ing person's name	Last		g person's so ty number	cial	incurred	and paid in n listed in o	n 2017 i	for the
								6,7	95,704		
								2,5	80,635		
3		0 for two c		't enter more than \$3, f you completed Part			0	6.6	47 502		
4							3		47,503		
4 5	If married filing	jointly, ente	r your spouse's e	arned income (if you of all others, enter the a	or your spou		4	·	<u>39,066</u> 31,077		
6	Enter the smalle						6		00,334		
7		unt from F	orm 1040, line				0	0,0	00,334		
8				ow that applies to the	amount on li	ne 7					
•	If line 7 is:			If line 7 is:							
		ut not 🛛	Decimal	But	not Deci	mal					
	Over ov	ver a	amount is	Over over	r amo	unt is					
	\$0-15	5,000	.35	\$29,000-31,0	.2	7					
	15,000-17	,000	.34	31,000-33,0	.2 00	6					
	17,000-19	,000	.33	33,000-35,0	.2 00	5	8	7,282	2,062	Χ.	
	19,000—21	,000	.32	35,000-37,0	.2	4					
	21,000-23	3,000	.31	37,000-39,0	.2	3					
	23,000-25	5,000	.30	39,000-41,0	.2 00	2					
	25,000-27	,000	.29	41,000-43,0	.2	1					
	27,000-29		.28	43,000—No li							
9	the instructions			8. If you paid 2016 e	xpenses in 2	017, see	9	6,5	99,893		
10	•		e amount from t	1 1							
			uctions								
11				ises. Enter the small							
				line 31; or Form 1040	NH, line 47 .		11	6,4	69,236		
For P	aperwork Reduc	tion Act No	otice, see vour tax	return instructions.		Cat. No. 11	862M		For	m 244	1 (2017)

Departm	2441	► At	tach to Form 1040, to www.irs.gov/Fo	ent Care Expo Form 1040A, or Form rm2441 for instruction	1040NR.	1040 1040A 1040NR	2441		1B No. 1545	7
	Revenue Service (99)) shown on return		Total Forms F	information.	,062	L		Your social sec	quence No. urity numb	
Pari				vided the Care Y ders, see the instru	ou must co	mplete th	is par	t.		
1	(II you hat (a) Care provider's name		. (b) Address . no., city, state, and ZIP co		(c) Identify (SSN	ring num or EIN)		Amount pa	
								40,19	3,422	
the ins	structions for For	dependent is provided in m 1040, line	60a, or Form 1040		Cor		t III on	the back nex		ails, see
Part 2			Dependent Care	you have more than	two qualifyin	a persons	soo th	o instruction	<u></u>	
	First		ig person's name	Last	(b) Qualifyin	g person's so ity number	social (c) Qualified expenses			
					26,009,891					
								10,003,		
3		00 for two or		enter more than \$3, you completed Part			3	19,159,5	563	
4 5	If married filing	jointly, enter	your spouse's ea	rned income (if you all others, enter the a			4	546,964,		
6 7	Enter the small Enter the amo	est of line 3, ount from Fo	4, or 5 orm 1040, line 3	 8; Form		· · ·	5 6	278,123, 18,810,6		
0			NR, line 37		P					
8	If line 7 is:	ne decimai a	mount snown beid	w that applies to the If line 7 is:	amount on II	ne /				
		ut not D	ecimal	But	not Deci	mal				
			nount is	Over ove		unt is				
	\$0—1 15,000—11		.35 .34	\$29,000—31,0 31,000—33,0		:7 :6				
	17,000-19		.33	33,000-35,0		25	8	157,353	Х.	
	19,000-2		.32	35,000-37,0		4		101,000		
	21,000-23		.31	37,000-39,0		3				
	23,000-23		.30	39,000-41,0	00 .2	2				
	25,000-27	7,000	.29	41,000-43,0	00 .2	1				
	27,000-29		.28	43,000—No li		0				
9	Multiply line 6 b the instructions		al amount on line	8. If you paid 2016 e 	expenses in 2	017, see	9	4,026,2	42	
10	Tax liability lim Limit Worksheet		amount from th	I I						
11	Credit for child	and depen	dent care expen	ses. Enter the small ine 31; or Form 1040			11	3,718,7	71	
		.,		,				0,710,7		

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

Cat. No. 11862M

Form **2441** (2017)

Form	2441 (2017)		F	Page 2
Par	t III Dependent Care Benefits			
12	Enter the total amount of dependent care benefits you received in 2017. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't 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	1,457,988	
13	Enter the amount, if any, you carried over from 2016 and used in 2017 during the grace period. See instructions	13	7,932	
15	Enter the amount, if any, you forfeited or carried forward to 2018. See instructions	14 15	(76,984)
18	Enter the smaller of line 15 or 16. 17 Enter your earned income. See instructions 18 The second s			
	 spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). If married filing separately, see instructions. 			
20	All others, enter the amount from line 18. Enter the smallest of line 17, 18, or 19			
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19).			
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.)			
23	Yes. Enter the amount here .	22	3,099	
	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	1,225,770	
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	207.002	
	To claim the child and dependent care	26	327,283	
	credit, complete lines 27 through 31 below.			
	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27 28	1,226,853	
29	Subtract line 28 from line 27. If zero or less, stop. You can't take the credit. Exception. If you paid 2016 expenses in 2017, see the instructions for line 9	29		
30	Complete line 2 on the front of this form. Don't include in column (c) any benefits shown			

on line 28 above. Then, add the amounts in column (c) and enter the total here.
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 .

Form **2441** (2017)

6,647,503

30

31

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

80

Form	2441 (2017)						Page 2
Par	t III Dependent Care Benefits						
	Enter the total amount of dependent care benefits your received as an employee should be shown in box 10 or amounts reported as wages in box 1 of Form(s) W-2 partner, include amounts you received under a depend your sole proprietorship or partnership	of your 2. If yo lent ca 	Form(s) W-2. Don't in u were self-employed re assistance program	clude or a from	12	4,977,736	
13	Enter the amount, if any, you carried over from 2016 a period. See instructions	nd use	ed in 2017 during the	grace	13	2,940	
15	Enter the total amount of qualified expenses incurred		8. See instructions .		14 15	(68,269)
	in 2017 for the care of the qualifying person(s)	16	12,232,372				
18	Enter the smaller of line 15 or 16	17 18	546,964,587				
19	 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). If married filing separately, see instructions. 	19	278,123,259				
	All others, enter the amount from line 18.						
	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	20					
00	income on line 19)	21	arabin 2 (Farm 1040A fi	loro			
22	Is any amount on line 12 from your sole proprietorship o go to line 25.)	r parm		liers			
	 ☐ No. Enter -0 ☐ Yes. Enter the amount here				22	3,823	
23	Subtract line 22 from line 15	23				3,023	
	Deductible benefits. Enter the smallest of line 20, 21, of the appropriate line(s) of your return. See instructions .				24	*	
25	 5 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. 					4,311,973	
26	 6 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	596,610	
					20	330,010	
			d dependent care 27 through 31 below	v.			
	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	4,315,301	
29	Subtract line 28 from line 27. If zero or less, st Exception. If you paid 2016 expenses in 2017, see the in	-			29		
30	Complete line 2 on the front of this form. Don't include on line 28 above. Then, add the amounts in column (c) ar				30		

on line 28 above. Then, add the amounts in column (c) and enter the total here.
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 .

Form **2441** (2017)

19,159,563

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Form 3408 Department of the Treasury	edit Property stion, provide the
Department of the Treasury Internal Revenue Service (99) Attach to your tax return. Attach to your tax return. Name(s) shown on return For to www.irs.gov/Form3468 for instructions and the latest information. Identifying nur Name(s) shown on return Total Forms Filed = 27,936 Identifying nur Part I Information Regarding the Election To Treat the Lessee as the Purchaser of Investment Cree If you are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 1990) elect following information. If you acquired more than one property as a lessee, attach a statement showing the information 1 Name of lessor	equence No. 174 mber edit Property tion, provide the
Total Forms Filed = 27,936 Part I Information Regarding the Election To Treat the Lessee as the Purchaser of Investment Creative Structure If you are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 1990) elective following information. If you acquired more than one property as a lessee, attach a statement showing the information Name of lessor 2 Address of lessor 3 Description of property 4 Amount for which you were treated as having acquired the property 4 Amount for which you were treated as having acquired the property 4 Advanced Coal Project Credit, Qualifying Gasification Project Credit, and Qualified investment in integrated gasification combined cycle property 5 Qualifying advanced coal project credit (see instructions): a Qualified investment in integrated gasification combined cycle property placed in service during the tax year for projects described in section	edit Property stion, provide the
If you are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 1990) elect following information. If you acquired more than one property as a lessee, attach a statement showing the information Name of lessor Address of lessor Description of property Amount for which you were treated as having acquired the property Amount for which you were treated as having acquired the property Amount for which you were treated as having acquired the property Advanced Coal Project Credit, Qualifying Gasification Project Credit, and Qualif Advanced Energy Project Credit Qualifying advanced coal project credit (see instructions): Qualified investment in integrated gasification combined cycle property placed in service during the tax year for projects described in section	tion, provide the
If you are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 1990) elect following information. If you acquired more than one property as a lessee, attach a statement showing the information Name of lessor Address of lessor Description of property Amount for which you were treated as having acquired the property Amount for which you were treated as having acquired the property Amount for which you were treated as having acquired the property Advanced Coal Project Credit, Qualifying Gasification Project Credit, and Qualif Advanced Energy Project Credit Qualifying advanced coal project credit (see instructions): Qualified investment in integrated gasification combined cycle property placed in service during the tax year for projects described in section	tion, provide the
following information. If you acquired more than one property as a lessee, attach a statement showing the information 1 Name of lessor 2 Address of lessor 3 Description of property 4 Amount for which you were treated as having acquired the property 4 Amount for which you were treated as having acquired the property 4 Amount for which you were treated as having acquired the property 5 Qualifying Advanced Coal Project Credit 5 Qualifying advanced coal project credit (see instructions): a Qualified investment in integrated gasification combined cycle property placed in service during the tax year for projects described in section	
1 Name of lessor 2 Address of lessor 3 Description of property 4 Amount for which you were treated as having acquired the property 4 Amount for which you were treated as having acquired the property 5 Qualifying Advanced Coal Project Credit 5 Qualifying advanced coal project credit (see instructions): a Qualified investment in integrated gasification combined cycle property placed in service during the tax year for projects described in section	
 Address of lessor Description of property Amount for which you were treated as having acquired the property	
 3 Description of property	
 4 Amount for which you were treated as having acquired the property ▶ \$ Part II Qualifying Advanced Coal Project Credit, Qualifying Gasification Project Credit, and Qualif Advanced Energy Project Credit 5 Qualifying advanced coal project credit (see instructions): a Qualified investment in integrated gasification combined cycle property placed in service during the tax year for projects described in section 	
Advanced Energy Project Credit 5 Qualifying advanced coal project credit (see instructions): a Qualified investment in integrated gasification combined cycle property placed in service during the tax year for projects described in section	
a Qualified investment in integrated gasification combined cycle property placed in service during the tax year for projects described in section	fying
placed in service during the tax year for projects described in section	
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)	
 c 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)	1.773
6 Qualifying gasification project credit (see instructions):	1,775
 a 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	
c Total. Add lines 6a and 6b	673
7 Qualifying advanced energy project credit (see instructions):	
Qualified investment in advanced energy project property placed in service during the tax year x 30% (0.30)	2,666
8 Reserved for future use 8 9 Enter the applicable unused investment credit from cooperatives (see instructions) 9	
	202
10 Add lines 5d, 6c, 7, and 9. Report this amount on Form 3800, Part III, line 1a . . 10 4 For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 12276E	393 4,301

Form 3468		Investment Credit		OMB No. 1545-0	0155
Departm	ent of the Treasury Revenue Service (99)	 Attach to your tax return. Go to www.irs.gov/Form3468 for instructions and the latest information. 	20 17 Attachment Sequence No. 174		
Name(s)) shown on return	Total Forms Filed = 27,936	Identify	ing number	
Part	I Informa	tion Regarding the Election To Treat the Lessee as the Purchaser of Inve	stmen	t Credit Prope	erty
		e investment credit as a lessee based on a section 48(d) (as in effect on November 4			de the
		If you acquired more than one property as a lessee, attach a statement showing the	inform	ation below.	
1	Name of lesso				
2	Address of les				
3 4	Description of	property	•		
Part		ng Advanced Coal Project Credit, Qualifying Gasification Project Credit,			
I al t		ed Energy Project Credit		guaniying	
5		anced coal project credit (see instructions):			
а	Qualified invest placed in serv	tment in integrated gasification combined cycle property ice during the tax year for projects described in section			
			_		
b	property place	stment in advanced coal-based generation technology ed in service during the tax year for projects described in (3)(B)(ii)			
c	Qualified inve property place section 48A(d)	stment in advanced coal-based generation technology ed in service during the tax year for projects described in (3)(B)(iii)			
d 6		s 5a, 5b, and 5c	5d	6,327	
а	during the tax October 3, 2 sequesters	stment in qualified gasification property placed in service year for which credits were allocated or reallocated after 008, and that includes equipment that separates and at least 75% of the project's carbon dioxide 			
b	Qualified invest	tment in property other than in a above placed in service year			
с		s 6a and 6b	6c	3,735	
7		anced energy project credit (see instructions):			
	Qualified invest service during	tment in advanced energy project property placed in the tax year	7	26,981	
8	Reserved for fu		8	10.	
9 10		cable unused investment credit from cooperatives (see instructions)	9 10	194	
10		Sc, 7, and 9. Report this amount on Form 3800, Part III, line 1a	10	37,237 Form 3468	

Form 34	168 (2017)			Page 2
Part	III 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			
е	Pre-1936 buildings (see instructions)	11e	1,159	
f	Certified historic structures (see instructions)	11f	4,311	
g	For properties identified on line 11f, complete lines 11g and 11h. 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 12	Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9) Energy credit:	11i	*	
а	Basis of property using geothermal energy placed in service during the tax year (see instructions)	12a	1,583	
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) × 30% (0.30)	12b	15,398	
	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	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	28	
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		1
k	Enter the lesser of line 12i or line 12j	12k	*	
			Form 346	B (2017)

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

7)

Form 34	68 (2017)		F	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	11.	29 152	
e	Pre-1936 buildings (see instructions)	11e	28,153	
f	Certified historic structures (see instructions)	11f	442,399	
g	For properties identified on line 11f, complete lines 11g and 11h. 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)	44:	.	
12	Energy credit:	11i		
а	Basis of property using geothermal energy placed in service during the tax year (see instructions)	12a	2,951	
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) × 30% (0.30)	12b	601,768	
	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		
e	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) \blacktriangleright x \$3,000 × \$3,000	12g		
9 h	Enter the lesser of line 12f or line 12g	12h	2,396	
	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 $\$$ 10% (0.10)	12i		
i	December 31, 2005	12i		
J k	Enter the lesser of line 12i or line 12j	12j	*	
		121	Low 3468	(0017)

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

Form **3468** (2017)

Form 34	68 (2017)		Page 3
Part			
	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.		
I	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	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 12I by line 12m	12n	390
	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		
		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, 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		
	after October 3, 2008	12r	62
_	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	173
	x = 0.00 placed in service during the tax year	123	
t	Basis of wind facility property placed in service during the tax year and the construction of which		
	begins during 2017	12t	*
u	Basis of wind facility property placed in service during the tax year and the construction of which		*
	begins during 2018	12u	<u>^</u>
13	Enter the applicable unused investment credit from cooperatives (see instructions)	13	2,155
14	Add lines 11e, 11f, 11i, 12a, 12b, 12e, 12h, 12k, 12n, 12p, 12q, 12r, 12s, 12t, 12u, and 13. Report		
. 7	this amount on Form 3800, Part III, line 4a	14	24,101
		· · ·	Form 3468 (2017)

Form 3468 (2017)			Page 3
Part III 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.			
I 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	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	1,561	<u> </u>
Qualified small wind energy property (see instructions):			
• 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			
	120		
p 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	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	521	
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	32,015	
t Basis of wind facility property placed in service during the tax year and the construction of which begins during 2017.	12t	*	
 Basis of wind facility property placed in service during the tax year and the construction of which begins during 2018. X 18% (0.18) 	12u	*	
13 Enter the applicable unused investment credit from cooperatives (see instructions)	13	12,286	
14 Add lines 11e, 11f, 11i, 12a, 12b, 12e, 12h, 12k, 12n, 12p, 12q, 12r, 12s, 12t, 12u, and 13. Report this amount on Form 3800, Part III, line 4a	14	1,137,232	
		Form 346	8 (2017)

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

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2017 Line Item Estimates—All figures are estimates based on samples.	
Number of returns filed for selected lines	

	3800	General Business Credit		OMB No. 1545-0895	5
Form	JUUU			2017	
	ent of the Treasury	 Go to www.irs.gov/Form3800 for instructions and the latest information. You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return 		Attachment Sequence No. 22	
	Revenue Service (99)) shown on return			ng number	
	,	Total Forms Filed = 696,588			
Part		Year Credit for Credits Not Allowed Against Tentative Minimum Tax (MT)		
	•	tructions and complete Part(s) III before Parts I and II)			
1		ess credit from line 2 of all Parts III with box A checked	1	134,300	
2		y credits from line 2 of all Parts III with box B checked 2 83.625		EZ 000	
3		icable passive activity credits allowed for 2017. See instructions	3	57,066	
4		of general business credit to 2017. Enter the amount from line 2 of Part III with d. See instructions for statement to attach	4	145,989	
5		general business credit from 2018. Enter the amount from line 2 of Part III with	-	140,000	
Ū		d. See instructions	5		
6	Add lines 1, 3,	4, and 5	6	302,055	
Part	Allowab	ole Credit			
7	Regular tax be				
		Enter the sum of the amounts from Form 1040, lines 44 and 46, or the			
		amounts from Form 1040NR, lines 42 and 44			
		s. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the ne of your return	7		
		trusts. Enter the sum of the amounts from Form 1041, Schedule G,			
		1b; or the amount from the applicable line of your return			
8	Alternative mir	nimum tax:			
		Enter the amount from Form 6251, line 35			
		s. Enter the amount from Form 4626, line 14	8	240,219	
	 Estates and 	trusts. Enter the amount from Schedule I (Form 1041), line 56			
9	Add lines 7 an	d 8	9		
J			Ŭ		
10a	Foreign tax cre	edit			
b		ble credits (see instructions)			
С	Add lines 10a	and 10b	10c	373,655	
				040.000	
11	Net income ta	x. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	616,982	
12	Net regular ta	x. Subtract line 10c from line 7. If zero or less, enter -0- 12 611,366			
12	Net regular ta				
13	Enter 25% (0.:	25) of the excess, if any, of line 12 over \$25,000 (see			
		13 416,252			
14	Tentative mini				
		Enter the amount from Form 6251, line 33			
		s. Enter the amount from Form 4626, line 12 }	_		
		trusts. Enter the amount from Schedule I			
15		line 54	15	541,249	
16		5 from line 11. If zero or less, enter -0	16	374,180	—
17		ller of line 6 or line 16	17	147.225	
		ns: See the line 17 instructions if there has been an ownership change, acquisition,			
	or reorganizati				
For Pa	perwork Reduct	ion Act Notice, see separate instructions. Cat. No. 12392F		Form 3800 (20	J17)

	3800	General Business Credit		OMB No. 1545-0	895
Departm	ent of the Treasury Revenue Service (99)	 Go to www.irs.gov/Form3800 for instructions and the latest information. You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return 		Attachment Sequence No. 2	2
Name(s)) shown on return	Total Forms Filed = 696,588	Identify	ing number	
Part		Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)		
	· · ·	tructions and complete Part(s) III before Parts I and II)			
1		ess credit from line 2 of all Parts III with box A checked	1	1,006,394	<u> </u>
2		ty credits from line 2 of all Parts III with box B checked 2 237.519		100 669	
3		icable passive activity credits allowed for 2017. See instructions	3	199,668	<u> </u>
4	box C checke	of general business credit to 2017. Enter the amount from line 2 of Part III with d. See instructions for statement to attach	4	3,794,619	<u> </u>
5	-	general business credit from 2018. Enter the amount from line 2 of Part III with d. See instructions	5		
6		4, and 5	6	5,000,681	
Part		ble Credit			
7	Regular tax be				
		Enter the sum of the amounts from Form 1040, lines 44 and 46, or the amounts from Form 1040NR, lines 42 and 44			
		s. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the			
		ne of your return	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			
8	Alternative mi				
		Enter the amount from Form 6251, line 35		7 004 400	
		s. Enter the amount from Form 4626, line 14	8	7,291,129	<u> </u>
	• Estates and	trusts. Enter the amount from Schedule I (Form 1041), line 56			
9	Add lines 7 ar	d8	9		
10a	Foreign tax or	edit			
b	-	ble credits (see instructions)	-		
	Add lines 10a		10c	5,433,152	
					<u> </u>
11	Net income ta	x. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	194,680,379	<u> </u>
12	Net regular ta	x. Subtract line 10c from line 7. If zero or less, enter -0- 12 187,393,080			
	·				
13	Enter 25% (0.	25) of the excess, if any, of line 12 over \$25,000 (see			
	· · ·		_		
14	Tentative mini				
		Enter the amount from Form 6251, line 33			
	-	s. Enter the amount from Form 4626, line 12 } 14 170,099,314 trusts. Enter the amount from Schedule I			
		line 54			
15		ter of line 13 or line 14	15	170,213,011	
16		15 from line 11. If zero or less, enter -0	16	25,392,231	
17		Iler of line 6 or line 16	17	961.216	
	C corporation or reorganizat	ns: See the line 17 instructions if there has been an ownership change, acquisition, ion.			
For Pa		tion Act Notice, see separate instructions. Cat. No. 12392F		Form 3800	(2017)

Par				
Vote	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% (0.75). See instructions	18	31,113	
19	Enter the greater of line 13 or line 18	19	31,125	
20	Subtract line 19 from line 11. If zero or less, enter -0	20	36,496	
21	Subtract line 17 from line 20. If zero or less, enter -0	21	36,261	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	14,105	
23	Passive activity credit from line 3 of all Parts III with box B checked 23 5,704			
24	Enter the applicable passive activity credit allowed for 2017. See instructions	24	3.085	
25	Add lines 22 and 24	25	16,993	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	16,346	
27	Subtract line 13 from line 11. If zero or less, enter -0	27	616,982	
28	Add lines 17 and 26	28	158,367	
29	Subtract line 28 from line 27. If zero or less, enter -0	29	607,158	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	227.308	
31	Reserved	31		
32	Passive activity credits from line 5 of all Parts III with box B checked 32 141,291			
33	Enter the applicable passive activity credits allowed for 2017. See instructions	33	82,426	
34	Carryforward of business credit to 2017. 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	51,129	
35	Carryback of business credit from 2018. 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	327,915	
37	Enter the smaller of line 29 or line 36	37	286,958	
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			
	• Estates and trusts. Form 1041, Schedule G, line 2b	38	409,870 Form 3800	

	Amounts of selected mes med (in thousands of donars)			•
Form 3	BOD (2017) II Allowable Credit (Continued)		F	Page 2
_	If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and e	enter	-0- on line 26.	
18	Multiply line 14 by 75% (0.75). See instructions	18	12,607,698	
19	Enter the greater of line 13 or line 18	19	12,635,705	
20	Subtract line 19 from line 11. If zero or less, enter -0	20	6,474,420	
21	Subtract line 17 from line 20. If zero or less, enter -0	21	6,409,739	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	95.000	
23	Passive activity credit from line 3 of all Parts III with box B checked 23 4,735			
24	Enter the applicable passive activity credit allowed for 2017. See instructions	24	8,634	
25	Add lines 22 and 24	25	103,634	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	50,747	
27	Subtract line 13 from line 11. If zero or less, enter -0	27	150,902,184	
28	Add lines 17 and 26	28	1,011,963	
29	Subtract line 28 from line 27. If zero or less, enter -0	29	149,890,221	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	3,771,565	
31	Reserved	31		
32	Passive activity credits from line 5 of all Parts III with box B checked 32 633,892			
33	Enter the applicable passive activity credits allowed for 2017. See instructions	33	414.697	
34	Carryforward of business credit to 2017. 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	2,102,406	
35	Carryback of business credit from 2018. 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	6.288.911	
37	Enter the smaller of line 29 or line 36	37	3,791,051	
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	38	4,803,015	
			Form 3800	(2017)

Form **3800** (2017)

For	n 3800	D (2017)					Page 3
Nan	ne(s) s	hown on return		Ider	ntifyinç	g number	
Pa	art II	General Business Credits or Eligible Small Business Credits (see	e inst	ructions)			
Co	mple	te a separate Part III for each box checked below (see instructions).					
Α		General Business Credit From a Non-Passive Activity E					
в		General Business Credit From a Passive Activity F Reserved					
С		-	Busir	ess Credit Carr	rvforv	vards	
		General Business Credit Carrybacks H	Baon		yieri		
		u are filing more than one Part III with box A or B checked, complete and attach first	t on a	dditional Dart III	loom	bining amounts	from
•		arts III with box A or B checked. Check here if this is the consolidated Part III.					
		(a) Description of credit	-	(b)		(c)	<u> </u>
		any line where the credit is from more than one source, a separate Part III is needed for e bugh entity.	each	If claiming the cre from a pass-throu entity, enter the E	ugh	Enter the approp amount	oriate
	la	Investment (Form 3468, Part II only) (attach Form 3468)	1a	4,345			<u> </u>
				7,070			-
	b		1b	00.077			-
	c	Increasing research activities (Form 6765)	1c	66,077			<u> </u>
	d	Low-income housing (Form 8586, Part I only)	1d	13,611	-+		<u> </u>
	е	Disabled access (Form 8826) (see instructions for limitation)	1e	4,759	\rightarrow		<u> </u>
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	1,101	\square		_
	g	Indian employment (Form 8845)	1g	6,111			
	h	Orphan drug (Form 8820)	1h	1,266			
	i	New markets (Form 8874)	1 i	1,238			
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	4,448			
	k	Employer-provided child care facilities and services (Form 8882) (see					
		instructions for limitation)	1k	18,636			
	L	Biodiesel and renewable diesel fuels (attach Form 8864)	11	6,033			1
	m	Low sulfur diesel fuel production (Form 8896)	1m	2,016			+
	n	Distilled spirits (Form 8906)	1n	107			+
	0	Nonconventional source fuel (carryforward only)	10	*			+
	p	Energy efficient home (Form 8908)	1p	5,669			+
	q	Energy efficient appliance (carryforward only)	1q	0			+
	ч r	Alternative motor vehicle (Form 8910)	1r	3,702			+
	s	Alternative fuel vehicle refueling property (Form 8911)	1s	2,923			+
		Enhanced oil recovery credit (Form 8830)	1t	15,610			+
	t 		-	21			+
	u	Mine rescue team training (Form 8923)	<u>1u</u>	×			
	v	Agricultural chemicals security (carryforward only)	1v	0.000	\rightarrow		<u> </u>
	w	Employer differential wage payments (Form 8932)	1w	2,333			<u> </u>
	x	Carbon dioxide sequestration (Form 8933)	1x	7.050			
	У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y	7,958	\rightarrow		<u> </u>
	z	Qualified plug-in electric vehicle (carryforward only)	1z				<u> </u>
	aa	Employee retention (Form 5884-A)	1aa	56,617	\square		
	bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	5,488	\square		
	ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain					
		other credits (see instructions)	1zz	5,007			
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2				
3	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3	17,624			
4	1a	Investment (Form 3468, Part III) (attach Form 3468)	4a	24,185			
	b	Work opportunity (Form 5884)	4b	80,733			
	С	Biofuel producer (Form 6478)	4c	3,214			
	d	Low-income housing (Form 8586, Part II)	4d	10,967			
	е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	1,643			
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	188,437			1
	g	Qualified railroad track maintenance (Form 8900)	4g	498			+
	9 h	Small employer health insurance premiums (Form 8941)	4h	3,144	+		+
	i	Increasing research activities (Form 6765)	4i	87,894	+		+
	j	Reserved	4j				
	J Z	Other	ر ب 4z	870			
,	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5	0.0			+
	, ;	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II .	6				+
	,	Augumes 2, 0, and 0 and enter here and on the applicable line of Fail II	1 0				1

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Form	3800 (2017)				Page 3
Name	e(s) shown on return		Identify	ing number	
Pa	t III General Business Credits or Eligible Small Business Credits (see	e inst	ructions)		
Con	nplete a separate Part III for each box checked below (see instructions).				
Α [General Business Credit From a Non-Passive Activity E 🔲 Reserved				
в [General Business Credit From a Passive Activity				
C	G Ceneral Business Credit Carryforwards G CEligible Small	Busin	ess Credit Carryfo	rwards	
_	General Business Credit Carrybacks		···· , · · · , ·		
	f you are filing more than one Part III with box A or B checked, complete and attach firs	t an a	dditional Part III co	mbining amoun	ts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III				
	(a) Description of credit		(b)	(c)	
Note	: On any line where the credit is from more than one source, a separate Part III is needed for e	ach	If claiming the credit	Enter the appr	opriate
	-through entity.	acri	from a pass-through entity, enter the EIN	amount	
<u>-</u> 1a		1a	37,651		
		1b			
	Increasing research activities (Form 6765)	1c	560,028		_
	Low-income housing (Form 8586, Part I only)	1d	27,925		
		1e	12,449		
1		1f	30,714		
-			65.977		
		1g 1h	16,845		
		1i	6,323		
	New markets (Form 8874)				
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	1,639		
	Employer-provided child care facilities and services (Form 8882) (see		0.700		
	instructions for limitation)	1k	6,793		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11	6,647		
	n Low sulfur diesel fuel production (Form 8896)	1m	15,119		
I	n Distilled spirits (Form 8906)	<u>1n</u>	7,939		
(Nonconventional source fuel (carryforward only)	10			
- 1	D Energy efficient home (Form 8908)	1p	95,830		
(P Energy efficient appliance (carryforward only)	1q	0		
		1r	10,204		
	· · · · · · · · · · · · · · · · · · ·	1s	5,525		
1		1t	56,159		
U	Mine rescue team training (Form 8923)	1u	28		
١		1v			
١	v Employer differential wage payments (Form 8932)	1w	6,136		
3	Carbon dioxide sequestration (Form 8933)	1x	*		
3	Qualified plug-in electric drive motor vehicle (Form 8936)	1y	32,721		
2	Z Qualified plug-in electric vehicle (carryforward only)	1z	*		
á	aa Employee retention (Form 5884-A)	1aa	207,733		
I	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	4,520		
2	zz Other. Oil and gas production from marginal wells (Form 8904) and certain				
	other credits (see instructions)	1zz	28,542		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3	45,549		
4		4a	1,152,294		
	Work opportunity (Form 5884) .	4b	652,947		
0	Biofuel producer (Form 6478)	4c	6,019		
0	Low-income housing (Form 8586, Part II)	4d	93,414		
	e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	44,599		
1	Level and the second manufactor of the second s	4f	1,349,960		
9	g Qualified railroad track maintenance (Form 8900)	4g	48,737		
ł	n Small employer health insurance premiums (Form 8941)	4h	6,665		
i	Increasing research activities (Form 6765)	4i	1,017,918		
j	Reserved	4j			
2	z Other	4z	3,985		
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			

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

Form **3800** (2017)

	3903	Moving Expenses		OMB No. 1545-0	0074
Form UUUU Department of the Treasury nternal Revenue Service (99) > Go to www.irs.gov/Form3903 for the latest information. > Attach to Form 1040 or Form 1040NR.				201 Attachment Sequence No.	7 170
ame(s) shown on return	Total Forms Filed = 1,098,781	You	r social security nur	nber
Befo	re you begin:	 ✓ See the Distance Test and Time Test in the instructions to find out if you car expenses. ✓ See Members of the Armed Forces in the instructions, if applicable. 	i dedu	ict your moving	_
1	•	and storage of household goods and personal effects (see instructions)	1	936,948	
2	•	ng lodging) from your old home to your new home (see instructions). Do not st of meals	2	905,089	
3	Add lines 1 and	d2	3	1,087,787	
4		amount your employer paid you for the expenses listed on lines 1 and 2 that is box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your code P	4	117,554	
5	Is line 3 more	than line 4?			
		cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 in line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.			
		tract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 0NR, line 26. This is your moving expense deduction	5	1.066.686	

Form 3903 Moving Expenses				OMB No. 1545-0	0074
Department of Internal Revenu		201 Attachment Sequence No.	7 170		
lame(s) show	n on return	Total Forms Filed = 1,098,781	You	r social security nun	nber
Before yo	ou begin:	 ✓ See the Distance Test and Time Test in the instructions to find out if you car expenses. ✓ See Members of the Armed Forces in the instructions, if applicable. 	n dedu	ict your moving	
1 Trai	nsportatior	n and storage of household goods and personal effects (see instructions)	1	2,677,217	
	2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals				
3 Add	l lines 1 an	nd 2	3	3,679,006	
not		I amount your employer paid you for the expenses listed on lines 1 and 2 that is n box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your n code P	4	296,641	
5 Is lii	ne 3 more	than line 4?			
	-	a cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 m line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.			
		otract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 400 and 500 an	5	3.415.770	

Number of returns filed for selected lines



Department of the Treasury

Internal Revenue Service (99)

Credit for Federal Tax Paid on Fuels

2017 Line Item Estimates—All figures are estimates based on samples.

► Go to www.irs.gov/Form4136 for instructions and the latest information.



 Name (as shown on your income tax return)
 Total Forms Filed =
 288,899
 Taxpayer identification number

Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.

1 Nontaxable Use of Gasoline Note: CRN is credit reference number.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credi	(e) CRN
а	Off-highway business use			۱ – ا		
b	Use on a farm for farming purposes			}		
С	Other nontaxable use (see Caution above line 1)			J	\$ 256,609	
d	Exported				*	

2 Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in commercial aviation (other than foreign trade)				\$ 354		
b	Other nontaxable use (see Caution above line 1)				1,404		
С	Exported				*		
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 e	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							
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credi	t (e) CRN		
а	Nontaxable use			<u> </u>				
b	Use on a farm for farming purposes			J	\$ 48,756			
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 Than Kerosene Used in Aviation)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credi	t (e) CRN
а	Nontaxable use taxed at \$.244]		
b	Use on a farm for farming purposes			ſ	\$ 4,812	
С	Use in certain intercity and local buses (see Caution above line 1)				*	
d	Exported				0	
е	Nontaxable use taxed at \$.044				0	
f	Nontaxable use taxed at \$.219				*	



Department of the Treasury Internal Revenue Service (99)

Fo

Credit for Federal Tax Paid on Fuels

▶ Go to www.irs.gov/Form4136 for instructions and the latest information.



Name (as shown on your income tax return)		Taxpayer identification number
, , , , , , , , , , , , , , , , , , ,	Total Forms Filed =	

Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.

1 Nontaxable Use of Gasoline Note: CRN is credit reference number.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cre	edit (e	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	\$ 102,170		
d	Exported				*		

2 Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in commercial aviation (other than foreign trade)				\$ 104		
b	Other nontaxable use (see Caution above line 1)				511		
С	Exported				*		
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 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						
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN	
а	Nontaxable use]			
b	Use on a farm for farming purposes			J	\$ 22,700		
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 Than Kerosene Used in Aviation)

	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						
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of crea		
а	Nontaxable use taxed at \$.244			l			
b	Use on a farm for farming purposes			`	\$ 2,203		
с	Use in certain intercity and local buses (see Caution above line 1)				*		
d	Exported				0		
е	Nontaxable use taxed at \$.044				0		
f	Nontaxable use taxed at \$.219				*		
r Paperwork Reduction Act Notice, see the separate instructions, Cat No. 12625B Form					4136 (2017)		

Form 4136 (2017)

5 Kerosene Used in Aviation (see Caution above line 1)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(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				28		
С	Nontaxable use (other than use by state or local government) taxed at \$.244				4,812		
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

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 credit		(e) CRN
а	Use by a state or local government			\$ 48,756		
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. ►

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		\mathbf{i}			
b	Sales from a blocked pump		J	\$ 4,812		
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				\$ 28		
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				4,812		
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 it is based.

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5 Kerosene Used in Aviation (see Caution above line 1)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of crea	lit (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				176	
с	Nontaxable use (other than use by state or local government) taxed at \$.244				2,203	
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

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 cr	edit	(e) CRN
а	Use by a state or local government			\$ 22,700		
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. ►

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		\mathbf{i}			
b	Sales from a blocked pump		ſ	\$ 2,203		
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				\$ 176		
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				2,203		
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 it is based.

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9 Reserved for future use

Registration No.

Registration No. ►

		(b) Rate	(c) Gallons of alcohol	(d) Amount of c	redit	(e) CRN
а	Reserved for future use			\$		
b	Reserved for future use					

10 Biodiesel or Renewable Diesel Mixture Credit

Biodiesel's 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 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 by the claimant. Claimant has attached the Statement of Biodiesel, the Statement of Biodiesel is 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 Statement of Biodiesel 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 ci	redit	(e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures			\$*		
b	Agri-biodiesel mixtures			0		
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)				\$ 1,813		
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				0		
g	Liquefied natural gas (LNG) (see instructions)				*		
h	Liquefied gas derived from biomass				0		

12 Alternative Fuel Credit

Registration No. ►

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)			\$ 2,735				
b	"P Series" fuels			33				
С	Compressed natural gas (CNG) (see instructions)			*				
d	Liquefied hydrogen			*				
е	Fischer-Tropsch process liquid fuel from coal (including peat)			*				
f	Liquid fuel derived from biomass			0				
g	Liquefied natural gas (LNG) (see instructions)			*				
h	Liquefied gas derived from biomass			*				
i	Compressed gas derived from biomass			0				

Form 4136 (2017)

9 Reserved for future use

Registration No.

Registration No. ►

		(b) Rate	(c) Gallons of alcohol	(d) Amount of credit		(e) CRN
а	Reserved for future use			\$		
b	Reserved for future use					

10 Biodiesel or Renewable Diesel Mixture Credit

Biodiesel's 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 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 by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the 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 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			\$*		
b	Agri-biodiesel mixtures			0		
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)				\$ 441		
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				0		
g	Liquefied natural gas (LNG) (see instructions)				*		
h	Liquefied gas derived from biomass				0		

12 Alternative Fuel Credit

Registration No. ►

12							
	(b) Rate (c) Gallons, or gasoline or diesel gallon equivalents		(d) Amount of cred	it (e) CRN			
а	Liquefied petroleum gas (LPG) (see instructions)			\$ 3,293			
b	"P Series" fuels			68			
С	Compressed natural gas (CNG) (see instructions)			*			
d	Liquefied hydrogen			*			
е	Fischer-Tropsch process liquid fuel from coal (including peat)			*			
f	Liquid fuel derived from biomass			0			
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 it is based.

Page 3

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2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form 4136 (2017)

	Number of returns filed for se	elected lines	
7)			

13	Registered Credit Card Issuers	Registration 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			\$ 48,756		
b	Kerosene sold for the exclusive use of a state or local government			4,812		
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) CRN
а	Nontaxable use				\$ 0		
b	Exported				0		

15 Diesel-Water Fuel Emulsion Blending

Registration No. ►

	(b) Rate	(c) Gallons	(d) Amount of c	redit	(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			\$ 45		
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	\$ 288,899		
				Form 4	136 (2017)

Form 4136 (2017)

13	Registered Credit Card Issuers	Registration 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			\$ 22,700					
b	Kerosene sold for the exclusive use of a state or local government			2,203					
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 certa	ain intercity and	local buses	s (type of use 5)	(see instructions).	
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	(e) CRN	
а	Nontaxable use				\$ 0		
b	Exported				0		

15 Diesel-Water Fuel Emulsion Blending

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

Registration No. ►

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 24q; or				
	the proper line of other returns. ►	17	\$ 133,757		
			F	orm 4	36 (2017)

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

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2017 Line Item Estimates—All figures are estimates based o Number of returns filed for selected lines	n samples.

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	4562		Depreciatio	on and A	mortizatio	on		OMB No. 1545-0172
Form	4302		(Including Info					2017
	ment of the Treasury	► Go to	► Atta www.irs.gov/Form456	ch to your tax		oct information		Attachment
-	I Revenue Service (99) (s) shown on return		Busines		hich this form relat		-	Sequence No. 179 fying number
	Tota	al Forms Filed =	11,647,767	-				
Pa			rtain Property Unc ed property, comple			nplete Part I.		
1	Maximum amoun	-			-		1	
2	Total cost of sect	ion 179 property	placed in service (se	e instructions	6)		2	2,363,288
3			perty before reduction				3	
4			ne 3 from line 2. If zer				4	
5	separately, see in					-0 If married filing	5	4,104,163
6		Description of proper			iness use only)	(c) Elected cost	5	4,104,103
			-					
					7			
7	,	226,549						
8			property. Add amount aller of line 5 or line 8				8	3,797,383
9 10			from line 13 of your				10	3,797,316 219,326
11	-		smaller of business inc				11	3,890,684
12			Add lines 9 and 10, bu	,	,	, ,	12	3,764,336
13			to 2018. Add lines 9			13		
			for listed property. Ir			ala liata al muono antro) (C		
	-	-		-	-	de listed property.) (S ty) placed in service		
14	during the tax year		14	1,521,086				
15		-	1) election				15	223
	Other depreciation						16	966,925
Pa	t III MACRS D	epreciation (D	on't include listed		See instruction	ns.)		
47		no for occato pla	and in convice in tax .	Section A	na hoforo 2017	,	17	C 022 202
17 18			ced in service in tax y assets placed in servi			one or more general	17	6,032,208
	asset accounts, o			-	-			
	Section					General Depreciation	Syst	em
(a)	Classification of proper	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) D	epreciation deduction
19a	, , , , , ,		98,161					97,831
k			1,249,451					1,246,197
	 7-year property 10-year property 		1,150,168 101,532					1,149,406 101,474
	15-year property		313,185					312,812
	f 20-year property		62,698					62,697
	25-year property		2,803					2,941
ł	Residential renta		1,025,252					1,021,896
	property und i Nonresidential re	etermined type	307 480,604					307 478,555
		otal GDS cost	3,589,723				3	,581,792
					ar Using the A	Iternative Depreciation		
	Class life		18,389					18,349
	12-year		1,158					136
-	; 40-year	(Soo instruction	12,725	041				12,717
	t IV Summary Listed property. E			941			28 21	,870 2,087,836
	Total. Add amou	unts from line 12				(g), and line 21. Enter -see instructions	21	11,354,215
23 For assets shown above and placed in service during the current year, enter the								
	portion of the bas	sis attributable to	section 263A costs			23 *		
For F	Paperwork Reduction	on Act Notice, see	separate instructions.		Cat. N	o. 12906N		Form 4562 (2017)

Form	4562		Depreciatio					DMB No. 1545-0172				
	ment of the Treasury		► Attae www.irs.gov/Form456	ch to your tax		toot information		Attachment				
	Revenue Service (99)		Busines		which this form re			Sequence No. 179 fying number				
	Total	Forms Filed =	11,647,767	,				.,				
Pai			rtain Property Unc			omplete Part I.						
1		•	·				1					
2						· · · · · · · · ·	2	45,423,012				
3			•		•	ions)	4					
5						er -0 If married filing	<u> </u>					
	separately, see ins	tructions		<u></u>			5	2,076,730,382				
6	(a) D	escription of proper	ty	(b) Cost (busi	iness use only)	(c) Elected cost						
7 Listed property. Enter the amount from line 29 7 2,064,638												
8						d7	8	66,244,175				
9							9	66,173,063				
10	-		-				10	3,762,847				
11				•	,	line 5 (see instructions)	11	664,264,025				
12 13						ne 11 13	12	66,143,724				
			to 2018. Add lines 9 for listed property. In			13						
						ude listed property.) (S	see in	structions.)				
14	Special depreciation	on allowance f	or qualified property	(other than	listed prop	erty) placed in service						
							14	16,218,060				
15		.,,	·				15	15,459				
16 Doi	Other depreciation		<u>s)</u>			<u></u>	16	5,891,706				
Fai	I III IVIACHS De	preciation (D	on t include listed p	Section A		0115.)						
17	MACRS deduction	s for assets plac	ced in service in tax v		na before 20	17	17	51,467,941				
18						to one or more general						
	asset accounts, ch		<u> </u>									
	Section I				•	e General Depreciation	Syst	em				
	Classification of property	placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Conventio	on (f) Method	(g) D	Depreciation deduction				
_19a	<u> </u>	-	1,630,612 15,282,071					452,785 2,436,204				
b c		-	17,442,407					1,931,476				
	10-year property	_	2,646,589					209,332				
	15-year property	-	7,048,256					296,939				
	20-year property		1,707,365					50,161				
	25-year property		215,206				<u> </u>	11,415				
h	Residential rental property undef	termined type	167,993,399				<u> </u>	3,616,874				
i	Nonresidential real		<u> </u>					15,445 835,572				
		tal GDS cost	269,616,255				9	,856,204				
	· · · · · · · · · · · · · · · · · · ·				ar Using the	Alternative Depreciation		<u> </u>				
20a	Class life		2,018,005			•		57,545				
	12-year		71,638					3,346				
1	40-year		3,723,770	2.440			401	64,623				
Par 21	t IV Summary (Listed property. En	•	, .	3,413			125 21	5,513 7,704,279				
				lines 19 and	 I 20 in colum	n (g), and line 21. Enter	21	1,104,219				
			of your return. Partne				22	157,422,887				
23		· · · · · · · · · · · · · · · · · · ·	ed in service during t	-								
	·		section 263A costs			23 *						
For F	aperwork Reduction	Act Notice, see	separate instructions.		Cat	No. 12906N		Form 4562 (2017)				

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2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

	4562 (2017)		<u>/ </u>		1.11				1								Page 2
Pa		d Property for entertain						vehic	cles, c	erta	ain aii	rcraft,	certair	n comp	outers,	and pr	operty
		For any vehic					,	rd mile	eade ra	ate o	or dec	ductina	lease (expense	e. com	olete or	ilv 24a.
		olumns (a) thr													-,		•
		-Depreciati						See th	e instr	-				-			
24a	a Do you have e	vidence to supp		iness/inve	estment	use clain		Yes	No	24	4b If	"Yes," i	s the evi	dence v	vritten?	Yes	No No
	(a) e of property (list vehicles first)	in service	(c) Business/ estment use percentage	(Cost or o	d) ther basis		(e) for depre ness/inves use only	stment		(f) (g) Recovery Method/ period Conventio		thod/		(h) preciation eduction	El	(i) ected sect cost	
25		reciation allow	wance fo				erty pla	aced ir				25	234	1,833			
26	Property use	ed more than	50% in a	qualified	d busin	ess use):										
			%			1	1,753,69	95					1,56	7,201			
			%														
07	Droporty up	ed 50% or les	%	lified by	ininaaa												
27	Property use		s in a qua %	anned bu	Isiness		598,89 ²	1			S/L -		540	9,265			
			%				al 26e +				5/L -			,200	-		
			%			2	2,236,59	91			S/L -						
28	Add amount	s in column (ł	h), lines 2	5 throug	h 27. E	inter he	re and	on line	21, p	age	1.	28	2,08	7,836			
29	Add amount	s in column (i	i), line 26.												29 2	26,549	
~							mation										
		ion for vehicles first answer th															venicles
<u></u>	ui citipioyees,						Í.				5 0011	-		1		(A
(a) (b) (c) (d) (e) 30 Total business/investment miles driven during the year (don't include commuting miles) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5											Vehicle 6						
31 32		ting miles drive personal (•	•													
33		driven during															
34	Was the ve	whicle availab	le for pe	ersonal	Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
35	Was the veh	icle used prin ner or related	narily by a	a more													
36		nicle available fo	•														
		Section C estions to dete ners or relate	ermine if y	/ou mee	t an ex	ception						-				who ar	en't
37	Do you mair your employ	ntain a writter	n policy s		-								-			Yes	No
38		ntain a writter See the insti															
39	Do you treat	all use of veh	hicles by e	employe	es as p	ersona	l use?										
40		ide more tha															
41		ehicles, and re t the requirem												 c)			
41		ir answer to 3													• •		
Pa	rt VI Amor		, 00, 00,	10,01-	110 1	<u></u> , uu		101010	20010		.0						
	(4	a) on of costs	Da	(b) te amortiza begins	ation	Amo	(c) rtizable ar	mount		Cod	(d) le sectio	on	(e) Amortiza period percent	or	Amortiza	(f) Ition for th	iis year
42	Amortization	of costs that	t begins d	luring yo	ur 2017	7 tax ye	ear (see	instru	ctions):							
							258,83	4									

43Amortization of costs that began before your 2017 tax year43651,57044Total. Add amounts in column (f). See the instructions for where to report43651,00044820,026

	4562 (2017)	Droport		autom	abiloo	oortoir	o thou	wohio		rtoin	airoraft	oortoi				Page 2
Pa			y (Include iinment, re					venic	ies, ce	ertain a	aircrait	, certai	n comp	buters,	and pr	openy
			hicle for wł through (c)									g lease	expens	e, comp	olete on	l y 24a,
			ation and C													
	a Do you have e (a) e of property (list	(b)	(c) Business/	(4	d)	Basis	(e) for depre	eciation	No (f) Recove		lf "Yes," (g) /lethod/	is the ev	idence v (h) preciation		(i)	
``	vehicles first)	in service	investment use percentage			ì	use only)	period	Co	onvention		eduction		cost	
25	Special dep the tax year											2,48	32,447			
26	Property use	ed more that		a qualified	d busin	ess use):					_				
			%			4	4,208,4	77				4,84	17,055			
			%													
27	Property use	d 50% or l		alified bu	Isiness											
			%				,174,59	8		S/L	. —	39	9,838			
	% total 26e + 27e S/L -															
28	Add amount			-					21, pa	ge 1	. 28	7,70	04,279			
29	Add amount	s in colum	n (i), line 26										•••	29 2,	064,638	<u> </u>
Com	plete this sect	ion for vohio	lee used by		tion B							related		If you pu	avided y	chieles
	our employees,															renicies
	(a) (b) (c) (d) (e) (f)															
30	D Total business/investment miles driven during the year (don't include commuting miles) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6															
31	Total commut	ting miles dri	iven during t	he year												
	Total other miles driven	• • •														
	Total miles lines 30 thro	ugh 32 .														
34	Was the ve use during o				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the veh than 5% own	icle used p	rimarily by	a more												
36	Is another veh	nicle availabl	e for person	al use?												
	wer these que e than 5% ow	stions to d		you mee	t an exe	ception									who ar e	en't
	Do you mair your employ	ntain a writ		statemen	it that p	orohibit								ig, by	Yes	No
38	Do you mair employees?	ntain a writ	ten policy :	statemer	nt that p	orohibit	s perso	onal us	e of ve	hicles,	except	commu	uting, b			
39	Do you treat					-	•									
40	Do you prov	/ide more t	han five ve	hicles to	your e	mploye	es, ob	tain inf	ormatio	on from	n your e	mploye	es aboi	ut the		
41	use of the ve Do you mee													•••		
••	Note: If you													• •		
Pa	rt VI Amor															
		a) on of costs	Da	(b) ate amortiza begins	ation	Amor	(c) tizable a	mount		(d) Code sed	ction	(e) Amortiz perioo percen	ation d or	Amortiza	(f) Ition for th	is year
42	Amortization	of costs th	hat begins o	during yo	our 2017	7 tax ye	ar (see	instruc	ctions):							
43	Amortizatior	of costs th	hat began h	pefore vo	ur 2017		8,031,67 ar	/2					43	2,	156,274	

44 Total. Add amounts in column (f). See the instructions for where to report

2,752,900

44

. .

1	08	
	00	

2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

	4684 Ca	sualt	ies and 1	Thef	ts			(OMB No. 1545-0	0177	
Depar	tment of the Treasury	Attack	for instruction h to your tax re m 4684 for eac	eturn.				Ą	20 17 Attachment Sequence No. 26		
-	(s) shown on tax return Total Forms		786,702	11 0030	any or men	•	Identify	-		<u> </u>	
	Total Forms	Flieu –	780,702								
or b	CTION A—Personal Use Property (Use this usiness or for income-producing purposes. I pre completing this section.)	section f repor	n to report ca ting a casua	asualt alty lo	ies and th ss from a	efts of pro disaste	operty r , see tł	not u ne ins	used in a tra structions	ade	
1	Description of properties (show type, location, and dat the same casualty or theft. You must use a separate Fo										
	Property A										
	Property B										
	Property C										
	Property D										
						Propertie	s				
			Α		В		С		D		
2	Cost or other basis of each property	. 2									
3	Insurance or other reimbursement (whether or not ye filed a claim) (see instructions)										
	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 enter the difference here and skip lines 5 through 9 that column. See instructions if line 3 includes insuran or other reimbursement you did not claim, or your received payment for your loss in a later tax year	for ce ou									
5	Fair market value before casualty or theft										
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 col	lumns A t	hrough D					10			
11	Enter \$100 (\$500 if qualified disaster loss rules apply; s	see instru	ictions)					11			
12	Subtract line 11 from line 10. If zero or less; enter -0-							12			
	Caution: Use only one Form 4684 for lines 13 through	18.									
13	Add the amounts on line 12 of all Forms 4684							13	714,326		
14	Add the amounts on line 4 of all Forms 4684							14	812		
	Caution: See instructions before completing line 15.										
15	• If line 14 is more than line 13, enter the difference he complete the rest of this section.										
	• If line 14 is equal to line 13, enter -0- here. Do not co	•									
	 If line 14 is less than line 13, and you have no quali \$500 reduction on line 11 on any Form(s) 4684, enter have qualified disaster losses subject to the \$500 redu 	-0- here	and go to line	16. lf y	/ou			15	481,368		
	of the Form(s) 4684 reporting those losses. If the result is zero or less, see instructions. Otherwise, enter that result here and on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 14. If you claim the standard deduction, also include on Schedule A (Form 1040), line 28, the amount of your standard deduction (see the							15	401,000		
	instructions for Form 1040). Do not complete the in casualty or theft losses are subject to the \$500 reducti	rest of th									
16	Add lines 14 and 15. Subtract the result from line 13							16	238,247		
17	Enter 10% of your adjusted gross income from Form 1 instructions	1040, line	38, or Form 10	040NR, 	line 37. Esta	ites and tru	sts, see	17	773,290		
18	Subtract line 17 from line 16. If zero or less, enter -0- Form 1040NR, Schedule A, line 6. Estates and trusts return	s, enter t	he result on th	e "Oth	er deductior	s" line of y	our tax	18	117,042		

For Paperwork Reduction Act Notice, see instructions.

Form 4684	Cası	Jalti	es and T	hefts					OMB No. 1545-01	77
Form TUUT	► Go to www.irs.gov/Form	4684 1	or instruction	s and the	latest inf	ormation.	2017			
Department of the Treasury			to your tax re					Attachment of		
Internal Revenue Service Name(s) shown on tax retur	► Use a separate	e Form	1 4684 for eacl	h casualty	or theft.		Identifyir	-	Sequence No. 26	
Name(s) shown on tax retur	Total Forms File	ed =	786,702				laentiiyii	ig nui	inber	
SECTION A-Pers	onal Use Property (Use this se	ction	to report ca	sualties	and the	fts of pro	nerty n	ot	used in a trad	 10
or business or for ir	ncome-producing purposes. If re	eport	ing a casua	Ity loss	from a	disaster,	see the	e ins	structions	ac
before completing	. ,									
	perties (show type, location, and date a or theft. You must use a separate Form									
	Property A				ousually			g poi		orty.
Property C										
					I	Properties	\$			
			A		В		C		D	
	s of each property	2								
	er reimbursement (whether or not you instructions)	3								
Note: If line 2 is m	nore than line 3, skip line 4.									
	y or theft. If line 3 is more than line 2, ce here and skip lines 5 through 9 for									
	instructions if line 3 includes insurance									
	sement you did not claim, or you	4								
	for your loss in a later tax year before casualty or theft	5								
	after casualty or theft	6								
	m line 5	7								
8 Enter the smaller	of line 2 or line 7	8								
9 Subtract line 3 from	m line 8. If zero or less, enter -0	9								
10 Casualty or theft lo	oss. Add the amounts on line 9 in colum	ns A th	rough D				· ·	10		
•	f qualified disaster loss rules apply; see						-	11		
	om line 10. If zero or less; enter -0			• • •	· · ·	· · ·	· ·	12		
	one Form 4684 for lines 13 through 18.							10	14,363,226	
	on line 12 of all Forms 4684		 					13 14	7,004	
	ructions before completing line 15.	• •					· · +	14	7,004	
15 • If line 14 is more	e than line 13, enter the difference here a st of this section.	ind on	Schedule D. D	o not	1					
• If line 14 is equa	I to line 13, enter -0- here. Do not comp	lete th	e rest of this se	ection.						
 If line 14 is less 	than line 13, and you have no qualified	disast	ter losses subj	ect to the						
	n line 11 on any Form(s) 4684, enter -0-									
	aster losses subject to the \$500 reduction 34 reporting those losses. If the result is				}		· ·	15	10,036,948	
Otherwise, enter	that result here and on Schedule A (Form [·]	1040), line 28,	or Form						
	e A, line 14. If you claim the standar n 1040), line 28, the amount of your									
	form 1040). Do not complete the rest									
casualty or theft lo	osses are subject to the \$500 reduction.				J					
16 Add lines 14 and 1	15. Subtract the result from line 13 .							16	4,314,477	
17 Enter 10% of your	r adjusted gross income from Form 1040), line (38, or Form 10	40NR, line	37. Estat	es and trus	ts, see			
instructions								17	14,728,992	
	rom line 16. If zero or less, enter -0 Al				•					
	chedule A, line 6. Estates and trusts, e						our tax	10	3,074,884	
return	<u> </u>				• • •			18	3,074,004	

For Paperwork Reduction Act Notice, see instructions.

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2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form	4684 (2017)	Attach	ment Sequence	e No. 2	26							Page 2
Name	(s) shown on tax return. Do not enter name and identifying number i	f showr	on other side.						Identify	ing nu	nber	
<u>eec</u>	TION B Business and Income Broducing B	ropo	da /									
	TION B—Business and Income-Producing P rt I Casualty or Theft Gain or Loss (Use a			for or	ch	casualty	/ or th	hof	•)			
		•							,		at an damage	
19	19 Description of properties (show type, location, and date acquired for each property). Use a separate line for each pro- the same casualty or theft. See instructions if claiming a loss due to a Ponzi-type investment scheme and Section											
	Property A											
	Property B											
	Property C											
	Property D Properties							95				
							C		D			
20	Cost or adjusted basis of each property	20										1
21	Insurance or other reimbursement (whether or not you											1
	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										
	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										+
26	Note: If the property was totally destroyed by casuality or	20										+
	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										
28	· · · · · · · · · · · · · · · · · · ·	L	I here and on	line 29	or	line 34 (se	e instr	ucti	ons) .	28		+
-	t II Summary of Gains and Losses (from s								alties or the	-	(c) Gains fr	
	(a) Identify casualty or theft	-				Trade, busi ental, or roy property	/alty	er	<i>(ii)</i> Incomproducing a nployee pro	and	casualties or includible in in	thefts
	Casualty or Theft	of Pr	operty He	ld Or	he Y	'ear or l	Less					
29					()	()		
					()	()		
30	Totals. Add the amounts on line 29			30	()	()		
31	Combine line 30, columns (b)(i) and (c). Enter the net gain not otherwise required, see instructions		ss) here and o		m 41	797, line 1	4. If F	orm	4797 is	31	10,698	
32	Enter the amount from line 30, column (b)(ii) here. Individuals, en	nter the	amount from	income	-pro	ducing pro	perty o	n So	hedule 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					-			ructions	32		
	Casualty or Theft o										4.040	
	Casualty or theft gains from Form 4797, line 32			• •						33	1,843	
34					((+
35	Total losses. Add amounts on line 34, columns (b)(i) and (b)/ii)		35	(:	33,375		(11,626)		
36	Total gains. Add lines 33 and 34, column (c)				-		/ 	_`		36	8,978	
37	o									37	44,912	+
38	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 partnerships) and S corporations, see the note below. Al	net ga Il other	in or (loss) he s, enter this a	ere. Pa amoun	rtnei t on	rships (exe Form 479	cept e 97, line	lect 9 14	ing large . If Form	38a	33,205	
ł	4797 is not otherwise required, see instructions.		ter the amou							554	00,200	+
	Schedule A (Form 1040), line 28, or Form 1040NR, Schedu	ule Á, I	ne 14, and er	nter the	e am	ount from	i prope	erty	used as			1
	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					isnips) a		•		38b	11,455	
39	If the loss on line 37 is less than or equal to the gain on lin	ne 36, c	ombine lines	36 and	d 37	and enter	here.	Par	nerships			
	(except electing large partnerships), see the note below. All	others	, enter this arr	nount c	on Fo	orm 4797,	line 3			39	8,695	
	Note: Partnerships, enter the amount from line 38a, 38b, c									1		

Form	4684 (2017)	Attac	hment Sequence	e No. 2	26				I	Page 2
Name	(s) shown on tax return. Do not enter name and identifying number i	f show	n on other side.				Iden	tifying nu	mber	
1	TION B-Business and Income-Producing P			• • • • • •			(I)			
Pa										
19	Description of properties (show type, location, and date at the same casualty or theft. See instructions if claiming a									
						neme			or completed.	
	Property A Property B									
	Dronorth									
						Prop	erties			
			Α		В		С		D	
20	Cost or adjusted basis of each property	20								
	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 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								
28	Casualty or theft loss. Add the amounts on line 27. Enter the	he tota	al here and on	line 29	or line 34 (se	e instr	uctions) .	28		
Pa	t II Summary of Gains and Losses (from s	separ	ate Parts I)		(b) Losses	from c	asualties or	hefts	(c) Gains fr	om
	(a) Identify casualty or theft				<i>(i)</i> Trade, busi rental, or roy property		<i>(ii)</i> Inco producir employee	ig and	casualties or t includible in in	thefts
	Casualty or Theft	of P	roperty He	ld Or	he Year or I	_ess	I			
29					()	()		
					()	()		
30	Totals. Add the amounts on line 29			30	()	()		
31	Combine line 30, columns (b)(i) and (c). Enter the net gain not otherwise required, see instructions					4. lf F	orm 4797 i	s 31	-558,540	
32	Enter the amount from line 30, column (b)(ii) here. Individuals, el					perty o	n Schedule			
	(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			•	•			32		
	Casualty or Theft o									
	Casualty or theft gains from Form 4797, line 32 $\ .$ $\ .$ $\ .$							33	80,052	
34					()	()		
					()	(
35	Total losses. Add amounts on line 34, columns (b)(i) and (b						(670,52		050.000	1
36	Total gains. Add lines 33 and 34, column (c)							36	259,989	
37	Add amounts on line 35, columns (b)(i) and (b)(ii)	• •		• •		•		37	2,029,746	
38	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	net a	in or (loss) he	re Pa	rtnerships (exc	cent e	lecting larg	-		
C	a Combine line 35, column (b)(i) and line 36, and enter the net gain or (loss) here. Partnerships (except electing large partnerships) and S corporations, see the note below. All others, enter this amount on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions.						n 38a	-1,354,809		
Ł	Enter the amount from line 35, column (b)(ii) here. Individu Schedule A (Form 1040), line 28, or Form 1040NR, Schedu									
	an employee on Schedule A (Form 1040), line 23, or Form	n 1040	NR, Schedule	A, lin	e 9. Estates ar	nd trus	sts, enter o	n		
	the "Other deductions" line of your tax return. Partnership see the note below. Electing large partnerships, enter on F								669,764	
39	If the loss on line 37 is less than or equal to the gain on line								.,	
50	(except electing large partnerships), see the note below. All	others	s, enter this am	iount c	on Form 4797,	line 3		39	253,045	
	Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11. S corporations, enter the amount from line 38a or 38b on Form 1120S, Schedule K, line 10.									

2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form 4684 (2017)	Attachment Sequence No. 26	Page 3
Name(s) shown on tax return		Identifying number

SECTION C—Theft Loss Deduction for Ponzi-Type Investment Scheme Using the Procedures in Revenue Procedure 2009-20 (Complete this section in lieu of Appendix A in Revenue Procedure 2009-20. See instructions.)

Pa	rt Computation of Deduction			
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 0.95 (95%) if you have no potential third-party recovery. Enter 0.75 (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 Section B, Part II	51	144	
Pa	rt II Required Statements and Declarations (See instructions.)			

• I am claiming a theft loss deduction pursuant to Revenue Procedure 2009-20 from a specified fraudulent arrangement conducted by the following individual or entity.

Name of individual or entity

Taxpayer identification number (if known)

Address

• I have written documentation to support the amounts reported in Part I of this Section C.

• I am a qualified investor as defined in section 4.03 of Revenue Procedure 2009-20.

• If I have determined the amount of my theft loss deduction using 0.95 on line 46 above, I declare that I have not pursued and do not intend to pursue any potential third-party recovery, as that term is defined in section 4.10 of Revenue Procedure 2009-20.

• I agree to comply with the conditions and agreements set forth in Revenue Procedure 2009-20 and this Section C.

• If I have already filed a return or amended return that does not satisfy the conditions in section 6.02 of Revenue Procedure 2009-20, I agree to all adjustments 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) and the date(s) on which they were filed are as follows:

Form 4684 (2017)

Form 4684 (2017)	Attachment Sequence No. 26	Page 3
Name(s) shown on tax return		Identifying number
		· · -

SECTION C—Theft Loss Deduction for Ponzi-Type Investment Scheme Using the Procedures in Revenue Procedure 2009-20 (Complete this section in lieu of Appendix A in Revenue Procedure 2009-20. See instructions.)

Pa	rt I Computation of Deduction			
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 0.95 (95%) if you have no potential third-party recovery. Enter 0.75 (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			
	Section B, Part II	51	84,671	
Pa	rt II Required Statements and Declarations (See instructions.)			

• I am claiming a theft loss deduction pursuant to Revenue Procedure 2009-20 from a specified fraudulent arrangement conducted by the following individual or entity.

Name of individual or entity

Taxpayer identification number (if known)

Address

• I have written documentation to support the amounts reported in Part I of this Section C.

• I am a qualified investor as defined in section 4.03 of Revenue Procedure 2009-20.

• If I have determined the amount of my theft loss deduction using 0.95 on line 46 above, I declare that I have not pursued and do not intend to pursue any potential third-party recovery, as that term is defined in section 4.10 of Revenue Procedure 2009-20.

• I agree to comply with the conditions and agreements set forth in Revenue Procedure 2009-20 and this Section C.

• If I have already filed a return or amended return that does not satisfy the conditions in section 6.02 of Revenue Procedure 2009-20, I agree to all adjustments 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) and the date(s) on which they were filed are as follows:

Form 4684 (2017)

Form

2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

4684 (2017)	Attachment Sequence No. 26	

Name(s) shown on tax return

Identifying number

Page 4

SECTION D—Election To Deduct Federally Declared Disaster Loss in Preceding Tax Year (See instructions.) Part I Election Statement

By providing all of the information below and attaching this Section D to a return or amended return for the preceding tax year which takes advantage of the disaster loss deduction, you hereby elect, under section 165(i) of the Internal Revenue Code, to deduct a loss attributable to a federally declared disaster that occurred in a federally declared disaster area and was sustained in the disaster year on your tax return for the preceding tax year.

52 Provide the name or a description of the federally declared disaster.

- 53 Provide the date or dates (mm/dd/yyyy) of the loss or losses that arose from the federally declared disaster.
- 54 Specify the address, including the city or town, county or parish, state and ZIP code where the damaged or destroyed property was located at the time of the disaster.

Part II Revocation of Prior Election

By providing all of the information below and attaching this Section D to an amended return for the preceding tax year which eliminates the previous disaster loss deduction, you hereby revoke a prior election under section 165(i) of the Internal Revenue Code to deduct a loss attributable to a federally declared disaster that occurred in a federally declared disaster area and was sustained in the disaster year on your tax return for the preceding tax year.

- 55 Provide the name or a description of the federally declared disaster and the address of the property that was damaged or destroyed and for which the election was claimed.
- 56 Specify the date (mm/dd/yyyy) you filed the prior election, which you are now revoking. (See instructions and note that new rules went into effect on October 13, 2016.)
- 57 Enclose your payment or otherwise provide evidence for, or explanation of, your arrangements for the repayment of the amount of any credit or refund which you received and which resulted from the prior election (which you are now revoking).

Form 4684 (2017)

Form 4684 (2017)	Attachment Sequence No. 26	
Name(s) shown on tax return		Identifying number

SECTION D—Election To Deduct Federally Declared Disaster Loss in Preceding Tax Year (See instructions.) Part I Election Statement

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- 55 Provide the name or a description of the federally declared disaster and the address of the property that was damaged or destroyed and for which the election was claimed.
- 56 Specify the date (mm/dd/yyyy) you filed the prior election, which you are now revoking. (See instructions and note that new rules went into effect on October 13, 2016.)
- 57 Enclose your payment or otherwise provide evidence for, or explanation of, your arrangements for the repayment of the amount of any credit or refund which you received and which resulted from the prior election (which you are now revoking).

Form 4684 (2017)

Page 4

16 2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines										
Form	4797 Sales of Business Property							IB No. 1545-0184		
FOIII	(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))						2 2	2017		
	tment of the Treasury al Revenue Service							Attachment Sequence No. 27		
Nam	e(s) shown on return	Total For	ms Filed =	3,493,430		Identifying r	number			
1		eeds from sales or exch) that you are including					1	324,028		
Pa		changes of Propert Ity or Theft—Most					sions	From Other		
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 c basis, plu improvement expense of	us s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)		
								2,501,878		
3	Gain, if any, from Form	1 4684, line 39					3	8,640		
4	Section 1231 gain from	n installment sales from F	orm 6252, line 26	6 or 37			4	187,279		
5	Section 1231 gain or (oss) from like-kind excha	nges from Form 8	3824			5	10,435		
6	Gain, if any, from line 3	32, from other than casua	lty or theft .				6	607,532		
7	Combine lines 2 throug	gh 6. Enter the gain or (lo	ss) here and on th	ne appropriate line a	as follows:		7	3,089,676		
	Partnerships (except instructions for Form 1	electing large partners 065, Schedule K, line 10,	ships) and S con or Form 1120S,	rporations. Repor Schedule K, line 9.	t the gain or (loss) f Skip lines 8, 9, 11, ar	ollowing the nd 12 below.				
	line 7 on line 11 below losses, or they were r	S corporation sharehol w and skip lines 8 and 9 recaptured in an earlier your return and skip lines	. If line 7 is a ga year, enter the g	in and you didn't h Jain from line 7 as	have any prior year s	section 1231				
8	Nonrecaptured net sec	ction 1231 losses from pr	ior years. See ins	tructions			8	332,001		
9	Subtract line 8 from lin	e 7. If zero or less, enter	-0 If line 9 is zer	ro, enter the gain fr	om line 7 on line 12 k	below. If line				
		enter the amount from lir								
	capital gain on the Sch	nedule D filed with your re	eturn. See instruct	tions			9	180,468		
Pa		ins and Losses (se		/						
10	Ordinary gains and los	ses not included on lines	11 through 16 (in	clude property held	d 1 year or less):					
								454.040		
							1	454,948		
11		7					11	(1,068,007		
12	Gain if any from line 7	7 or amount from line 8 if	applicable				12	332,001		

For Paperwork Reduction Act Notice, see separate instructions.

14

16

17

18

and b below. For individual returns, complete lines a and b below:

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

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

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

For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions

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

Cat. No. 130861

Form 4797 (2017)

493,672

18,882

282

3,800

2,079,139

0

2,079,139

13

14

15

16

17

18a

18b

. .

Form	4797		(Also Invo	luntary Conve Inder Sections	siness Prop rsions and Reca 179 and 280F(pture Amounts	-	G G	B No. 1545-0184
	tment of the Treasury al Revenue Service		► Go to www.irs		o your tax return. or instructions and	the latest informat	on.		achment quence No. 27
Nam	e(s) shown on return		Total Fo	rms Filed =	3,493,430		Identifying	numbe	r
1 Pa	substitute stateme	ent) that	you are including	on line 2, 10, or		s	· · · ·	1 rsions	99,811,120
					d More Than 1			orono	
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 o basis, pl improvement expense of	us s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
									137,481,549
3	Gain, if any, from Fo	orm /68/	l line 39					3	250,130
4	Section 1231 gain fr							4	9,505,483
5	Section 1231 gain o							5	1,791,533
6	Gain, if any, from lin	. ,		•				6	52,908,923
7	Combine lines 2 thro	-		•				7	201,937,618
	instructions for Form Individuals, partne line 7 on line 11 be losses, or they wer Schedule D filed wit	rs, S co low and re recap h your re	rporation shareho skip lines 8 and 9 tured in an earlier eturn and skip lines	Iders, and all oth 9. If line 7 is a ga year, enter the g 8 8, 9, 11, and 12 b	ers. If line 7 is zero in and you didn't h jain from line 7 as below.	or a loss, enter the ave any prior year s	amount from section 1231		44,000,050
8	Nonrecaptured net	section 1	231 losses from p	rior years. See ins	tructions			8	14,008,052
9	Subtract line 8 from								
	9 is more than zero								45,476,148
Pa	capital gain on the S rt II Ordinary (and Losses (se			<u></u>	<u></u>	9	10, 110, 110
10					,,,	1 year or less):			
				<u>, , , , , , , , , , , , , , , , , , , </u>					
									17,507,280
11	Loss, if any, from lin	e7						11	(17,108,053)
12	Gain, if any, from lin							12	4,436,233
13	Gain, if any, from lin							13	9,606,118
14	Net gain or (loss) fro							14	-1,389,348
15	Ordinary gain from i	nstallme	nt sales from Form	6252, line 25 or 3	36			15	97,179
16	Ordinary gain or (los		-					16	165,234
17	Combine lines 10 th	rough 10	3					17	13,314,643
18	For all except individent and b below. For inc					ne of your return and	l skip lines a		
â	^a If the loss on line 11 of the loss from inco						•		
	used as an employee	•				•		18a	0
ł	b Redetermine the ga							18b	13,314,643

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 130861

Form **4797** (2017)

2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Page **2**

_	4797 (2017)						Page
Pa	t III Gain From Disposition of Property Und (see instructions)	ler Se	ctions 1245, 12	250, 1252, 1254	, and 1255		
19	(a) Description of section 1245, 1250, 1252, 1254, or 1252	5 prope	erty:		(b) Date acqu (mo., day, y		(c) Date sold (mo., day, yr.)
A							
E							
C	;						
0							
	These columns relate to the properties on lines 19A through 19D	. ►	Property A	Property B	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	24					
25	If section 1245 property:						
а	Depreciation allowed or allowable from line 22	25a					
b	Enter the smaller of line 24 or 25a	25b	474,839				
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					
c	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					
d	Additional depreciation after 1969 and before 1976.	26d					
е	Enter the smaller of line 26c or 26d	26e					
f	Section 291 amount (corporations only)	26f					
g	Add lines 26b, 26e, and 26f	26g	19,690				
27 a	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					
	Line 27a multiplied by applicable percentage. See instructions	27b					
C	Enter the smaller of line 24 or 27b	27c	0				
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	1,288				
29	If section 1255 property:						
а	Applicable percentage of payments excluded from income under section 126. See instructions	29a					
b	Enter the smaller of line 24 or 29a. See instructions .	29b	*				
Sur	nmary of Part III Gains. Complete property colun	nns A	through D throug	gh line 29b befor	e going to lin	ie 30.	
30	Total gains for all properties. Add property columns A thro	ough D,	line 24			30	937,718
31	Add property columns A through D, lines 25b, 26g, 27c, 2	-				31	493,847
32	Subtract line 31 from line 30. Enter the portion from casu						
	other than casualty or theft on Form 4797, line 6	<u> </u> .	<u> </u>			32	608,974
Par	t IV Recapture Amounts Under Sections 17 (see instructions)	79 and	l 280F(b)(2) Wh	en Business U	se Drops to	50 %	or Less
					(a) Sectio	n	(b) Section

			179	· · ·	80F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years.	33			
34	Recomputed depreciation. See instructions	34			
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35			
				_	4707 (0047)

Form 4797 (2017)

Page 2 Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions) (b) Date acquired (c) Date sold (mo., 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (mo., day, yr.) day, yr.) Α в С D **Property A Property C Property D** Property B These columns relate to the properties on lines 19A through 19D. ► 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 Adjusted basis. Subtract line 22 from line 21. . . . 23 23 Total gain. Subtract line 23 from line 20 24 24 25 If section 1245 property: a Depreciation allowed or allowable from line 22 . . . 25a 8,968,952 **b** Enter the **smaller** of line 24 or 25a 25b 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. **a** Additional depreciation after 1975. See instructions 26a b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions 26b c 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 **d** Additional depreciation after 1969 and before 1976. 26d e Enter the smaller of line 26c or 26d 26e 26f f Section 291 amount (corporations only) **g** Add lines 26b, 26e, and 26f. 283,139 26g 27 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). a Soil, water, and land clearing expenses 27a **b** Line 27a multiplied by applicable percentage. See instructions 27b c Enter the smaller of line 24 or 27b 0 27c If section 1254 property: 28 a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See 28a 285,445 **b** Enter the **smaller** of line 24 or 28a 28b 29 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 29a b Enter the smaller of line 24 or 29a. See instructions 29b Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. 62,595,088 30 30 Total gains for all properties. Add property columns A through D, line 24 9,606,118 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from 32 other than casualty or theft on Form 4797, line 6 32 52,988,970 . . . Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section (b) Section

			179	280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years.	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

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Form 4797 (2017)

120	2017 Line Ite		timates—All fig mber of returns			es based on sam d lines	ples.		
Departm	ent of the Treasury	F Livest	Farm Rental II ock Shares (Not Ca (Income not subjor ► Attach to For	ncome and ash) Received ect to self-em m 1040 or For	d Exp by Lan ployme rm 1040	Denses Idowner (or Sub-Less ent tax) DNR.	or))	OMB No. 1545	7
	Revenue Service (99)) shown on tax return	► Go	to www.irs.gov/Fo	rm4835 for the	e latest	t information.	Vour oooi	Sequence No.	37
Name(s			544.0	~~			Tour socia	a security number	
	Total Fo	orms F	iled = 511,3	66			Employer	ID number (EIN), if	any
Α	Did you actively participate in th	e ope	ration of this farm	during 2017?	? See i	nstructions		· 🗌 Yes	
Part	Gross Farm Rental Inc	ome	-Based on Pro	duction. In	Iclude	amounts converte	ed to cas	h or the equiv	alent.
1	Income from production of lives	tock, j	oroduce, grains, a	nd other crop	os		1	220,178	
2a	Cooperative distributions (Form(s) 109	9-PATR) 2a	100,506		2b Taxable amount	2b		
3a	Agricultural program payments (s			188,052		3b Taxable amount	3b	184,154	
4	Commodity Credit Corporation	. ,		tions):				*	
а	CCC loans reported under elect			 *	· ·	4c Taxable amount	4a	*	
b	CCC loans forfeited						4c		
5	Crop insurance proceeds and fe Amount received in 2017.			ments (see in 26.490	structi	ons): 5b Taxable amount	5b	26,490	
a c	If election to defer to 2018 is att					eferred from 2016	50 5d	20,490	
6	Other income, including federal						6	226,504	
7	Gross farm rental income. Ad						-		
	total here and on Schedule E (Fe							475,977	
Part	Expenses – Farm Rent	al Dra	porty Do not i	neludo pors	onalo		•		
Fall			perty. Do not i						
8	Car and truck expenses (see			21		ion and profit-			
	Schedule F (Form 1040)		10.007			ng plans	21	0	
-	instructions). Also attach Form 4562	8	40,097	22		or lease:			
9	Chemicals	9	65,508	а		cles, machinery, and			
10	Conservation expenses (see instructions)	10	8,482			oment (see uctions)	000		
11	Custom hire (machine work) .	10 11	38,135	b		r (land, animals, etc.)	22a 22b		
12	Depreciation and section 179		00,100	23		irs and maintenance	220	115,539	
	expense deduction not			24	•	Is and plants	24	55,787	
	claimed elsewhere	12	144,322	25		ge and warehousing			
13	Employee benefit programs other			26	-	olies	26	74,482	
	than on line 21 (see Schedule F			27	Taxe	s	27	345,062	
	(Form 1040) instructions).	13	*	28		es	28		
14	Feed	14	15,844	29		rinary, breeding,			
15	Fertilizers and lime	15	85,077			medicine	29		
16	Freight and trucking	16	70.000	30		r expenses			
17	Gasoline, fuel, and oil	17	76,082		(spec	• /	00-		
18 19	Insurance (other than health). Interest:	18	209,184	a			206		
19 a	Mortgage (paid to banks, etc.)	19a	37,831	с С			300		
b	Other	19b	26,316	d			204		
20	Labor hired (less employment			e			300		
	credits) (see Schedule F (Form			f			20f		
	1040) instructions)	20	16,602	g			30g		
31	Total expenses. Add lines 8 thr	-	•					413,181	
32	Net farm rental income or (loss								
	and on Schedule E (Form 1040)								
	See instructions						32	483,797	
33 34	Did you receive an applicable su If line 32 is a loss, check th						33 [
34	instructions						34a 34b	All investment is Some investment is	
-									not at 115K.
С	You may have to complete For box you checked. If you check								
	Form 8582. In either case, enter	r the d	eductible loss he	ere and on Sc	chedule	e E (Form 1040), line			
	40. See instructions	Nonde	eductible loss (+) /	suspended lo	osș cại	rryover (-) = 35,794	34c	89,941	
For Pa	perwork Reduction Act Notice, see	your t	ax return instruction	ons.		Cat. No. 13117W		Form 48 3	35 (2017)

						tes based on sam ands of dollars)	ples.		121
			Farm Rental I	•				OMB No. 1545-	0074
Form	1835 (Crop and			ash) Receive	d by La	ndowner (or Sub-Less	or))	r)) の	
	ent of the Treasury		 Attach to For 		• •			Attachment	-
	Revenue Service (99)	► Go	to www.irs.gov/Fo	orm4835 for t	he lates	st information.		Sequence No.	37
Name(s)	shown on tax return		= / / 0.0	_			Your soci	al security number	
	Total Fo	orms F	iled = 511,360	6			Employer	ID number (EIN), if a	anv
									_
Α	Did you actively participate in th	ie ope	ration of this farm	during 201	7? See	instructions		• • • Yes [No
Part	Gross Farm Rental Inc	ome	-Based on Pro	oduction.	nclude	e amounts converte	ed to cas	sh or the equiva	alent.
1	Income from production of lives	tock,	produce, grains, a	and other cro	ps		1	4,866,690	
2a	Cooperative distributions (Form(· · · · · · · · · · · · · · · · · · ·	1,002,997		2b Taxable amount	2b		
3a	Agricultural program payments (s			854,722		3b Taxable amount	3b	845,264	
4	Commodity Credit Corporation			ctions):				*	
a b	CCC loans reported under elect CCC loans forfeited			· · · · · *	· · ·	4c Taxable amount	4a 4c		
5	Crop insurance proceeds and fe			ments (see i	Instruct		+0		
a	Amount received in 2017			105.872		5b Taxable amount	5b	105,872	
с	If election to defer to 2018 is att			5d Am	ount d	eferred from 2016	5d		
6	Other income, including federal						6	3,005,098	
7	Gross farm rental income. Ad								
	total here and on Schedule E (Fe	orm II	J40), line 42	· · · ·	• • •		7	9,440,812	
Part	II Expenses – Farm Rent	al Pro	operty. Do not	include per	sonal	or living expenses.			
8	Car and truck expenses (see			21	Pen	sion and profit-			
	Schedule F (Form 1040)				shar	ring plans	21	0	
	instructions). Also attach Form 4562	8	44,523	22	Ren	t or lease:			
9	Chemicals	9	271,061	a		icles, machinery, and			
10	Conservation expenses (see instructions)	10	17,399			ipment (see ructions).....	00.0		
11	Custom hire (machine work) .	10 11	118,404			er (land, animals, etc.)	22a 22b		
12	Depreciation and section 179		110,404	23		airs and maintenance	220	316,130	
	expense deduction not			24	-	ds and plants	24	353,967	
	claimed elsewhere	12	961,641	25		age and warehousing	25		
13	Employee benefit programs other			26		plies	26	90,757	
	than on line 21 (see Schedule F (Form 1040) instructions).		*	27		es	27	1,019,678	
14	Feed	13 14	19,923	28		ties erinary, breeding,	28		
15	Fertilizers and lime	15	571,043			medicine	29		
16	Freight and trucking	16	,	30	Othe	er expenses			
17	Gasoline, fuel, and oil	17	94,751		(spe	ecify):			
18	Insurance (other than health).	18	291,737	e a	۱		30 a		
19	Interest:	10	311,070	k			30b		
a b	Mortgage (paid to banks, etc.) Other	19a 19b	132,917				30c 30d		
20	Labor hired (less employment	190	102,017				200		
	credits) (see Schedule F (Form			f			30f		
	1040) instructions)	20	72,992	ļ	-		30g		
31	Total expenses. Add lines 8 thr	-	•					5,699,046	
32	Net farm rental income or (loss and on Schedule E (Form 1040)	, line 4	40. If the result is	a loss, you	must g	o to lines 33 and 34.			
	See instructions						32	3,741,766	
33 24	Did you receive an applicable su						33		
34	If line 32 is a loss, check th instructions			•		in this activity. See	34a	All investment is a Some investment is n	
с	You may have to complete For				le loss	regardless of which			lot at flok.
v	box you checked. If you check								
	Form 8582. In either case, enter	r the d	eductible loss he	ere and on S	Schedul	le E (Form 1040), line			
	40. See instructions						34c	675,273	
For Pa	perwork Reduction Act Notice, see	VOUR	tax return instructi	ons		Cat No 13117W		Form 483	5 (2017)

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2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines



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

Investment Interest Expense Deduction

► Go to www.irs.gov/Form4952 for the latest information. ► Attach to your tax return.

OMB No. 1545-0191 2 Attachment Sequence No. 51

Total Forms Filed = 1,869,834 Identifying number

Part I **Total Investment Interest Expense**

1	Investment interest expense paid or accrued in 2017 (see instructions)	1	1,320,249
2	Disallowed investment interest expense from 2016 Form 4952, line 7	2	940,150
3	Total investment interest expense. Add lines 1 and 2	3	1,855,374

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)	4a	1,714,079				
b	Qualified dividends included on line 4a	4b	1,437,611				
С	Subtract line 4b from line 4a				4c	1,646,288	
d	Net gain from the disposition of property held for investment	4d	864,309				
е	Enter the smaller of line 4d or your net capital gain from the						
	disposition of property held for investment (see instructions)	4e	812,210				
f	Subtract line 4e from line 4d				4f	430,752	
g	Enter the amount from lines 4b and 4e that you elect to include i	in inv	estment income ((see			
	instructions)				4g	211,347	
h	Investment income. Add lines 4c, 4f, and 4g				4h	1,680,070	
5	Investment expenses (see instructions)				5	802,594	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, e	nter -	.0		6	1,469,995	
_							

Part III Investment Interest Expense Deduction

	aperwork Reduction Act Notice, see page 4	Cat No 13177Y		Form 4952	(0017)
8	Investment interest expense deduction. Enter the smaller of	of line 3 or 6. See instructions	8	1,455,673	
	line 3. If zero or less, enter -0		7	953,022	
7	Disallowed investment interest expense to be carried forw	ard to 2018. Subtract line 6 from			

erwork Reduction Act Notice, see page 4. For F

Cat. No. 13177Y

(≥ ()

Inves	tment Interest Expense Deduction

► Go to www.irs.gov/Form4952 for the latest information.

Attach to your tax return.

1,869,834 Total Forms Filed =

Identifying number

2 ((

Part I **Total Investment Interest Expense**

1	Investment interest expense paid or accrued in 2017 (see instructions)	1	23,765,173
2	Disallowed investment interest expense from 2016 Form 4952, line 7	2	35,655,498
3	Total investment interest expense. Add lines 1 and 2	3	59,420,671

Part II **Net Investment Income**

4952

Department of the Treasury

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

Form

4a	Gross income from property held for investment (excluding any net				
	gain from the disposition of property held for investment)	4a	168,826,784		
b	Qualified dividends included on line 4a	4b	84,832,510		
с	Subtract line 4b from line 4a			4c	83,994,274
d	Net gain from the disposition of property held for investment	4d	314,263,277		
е	Enter the smaller of line 4d or your net capital gain from the				
	disposition of property held for investment (see instructions)	4e	288,719,139		
f	Subtract line 4e from line 4d			4f	25,544,139
g	Enter the amount from lines 4b and 4e that you elect to include i	n inv	estment income (see		
	instructions)			4g	5.090.458
h	Investment income. Add lines 4c, 4f, and 4g			4h	114,628,870
5	Investment expenses (see instructions)			5	23,022,550
6	Net investment income. Subtract line 5 from line 4h. If zero or less, e			6	95,054,499

Investment Interest Expense Deduction Part III

For Panerwork Reduction Act Notice see name 4				Form 4952	
8	Investment interest expense deduction. Enter the smaller	of line 3 or 6. See instructions	8	22,237,976	
	line 3. If zero or less, enter -0		7	37,182,695	
7	Disallowed investment interest expense to be carried for	ward to 2018. Subtract line 6 from			

OMB No. 1545-0191

Attachment Sequence No. 51

24	2017 Line Item Estimates—All figures are estimates based on samples Number of returns filed for selected lines	-		
Form	4972 Tax on Lump-Sum Distributions (From Qualified Plans of Participants Born Before January 2, 1936)	⊢	OMB No. 1	545-0193
	ment of the Treasury Revenue Service (99) Attach to Form 1040, Form 1040NR, or Form 1041.		Attachme Sequence	n t ent e No. 28
Name		Identifying		
Par	t 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			Yes No
-	example, pension, profit-sharing, or stock bonus)? If "No," don't use this form		1	
2 3	Did you roll over any part of the distribution? If "Yes," don't use this form		2 ? 3	
4	Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936,			
-	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' form for a 2017 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 F for a previous distribution received as a beneficiary of that participant after 1986? If "Yes," don' form for this distribution	t use th		
Part				
6 7	Capital gain part from Form 1099-R, box 3	6 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		1		
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	8,715	
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	8,715	
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	8,715	
13	13 through 16, enter this amount on line 17, and go to line 18	12	0,710	
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	7,702	
17	Subtract line 16 from line 12	17	*	
18 19	Federal estate tax attributable to lump-sum distribution Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23	18 19	*	
20	Divide line 11 by line 12 and enter the result as a decimal (rounded to at least three places)	10		
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	7 740	
24 25	Tax on amount on line 23. Use the Tax Rate Schedule in the instructions	24	7,710	·
25 26	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		
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	7,710)
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	8,715	.
For P	aperwork Reduction Act Notice, see instructions.	00		4972 (2017)
	· · · · · · · · · · · · · · · · · · ·			. ,

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

	2017	Line Item Estimates—All figures are estimates base Amounts of selected lines filed (in thousands of o		S.			125
	4972	Tax on Lump-Sum Distributions			OMB No.	1545-0	193
Form -		(From Qualified Plans of Participants Born Before Januar			20	17	7
	ent of the Treasury Revenue Service (99)	 Go to www.irs.gov/Form4972 for the latest information Attach to Form 1040, Form 1040NR, or Form 104 			Attachm Sequen	ient	28
	f recipient of distribution			Identify	ring number	JE NO.	
		Total Forms Filed = 8,715					
Part	Complete this	part to see if you can use Form 4972				1	
1	contributions and cer	n of a plan participant's entire balance (excluding deduc ain forfeited amounts) from all of an employer's qualifie it-sharing, or stock bonus)? If "No," don't use this form	ed plans of one	e kind	(for	Yes	No
2							
3	•	aid to you as a beneficiary of a plan participant who was borr					
4	participant in the plan	articipant who received this distribution, (b) born before Ja or at least 5 years before the year of the distribution? o both questions 3 and 4, don't use this form.	anuary 2, 1936,				
5a	· · · · · · · · · · · · · · · · · · ·	2 after 1986 for a previous distribution from your own plar	n? If "Yes." dor	't use	this		
•••		ition from your own plan					
b	If you are receiving thi	s distribution as a beneficiary of a plan participant who died	d, did you use	Form 4	972		
Dard	form for this distributio	tion received as a beneficiary of that participant after 1986					
Part 6		part to choose the 20% capital gain election (see in Form 1099-R, box 3		6	*		<u> </u>
7		(0.20)		7			
		use Part III, go to line 8. Otherwise, include the amount fro			•		I
		e 44; Form 1040NR, line 42; or Form 1041, Schedule G, line					
Part	Complete this	part to choose the 10-year tax option (see instruction	ns)	_	1		
8	complete Part II, enter	II, enter the amount from Form 1099-R, box 2a minus box the amount from box 2a. Multiple recipients (and recipien appreciation (NUA) in taxable income), see instructions	its who elect to		332,24	46	
9	Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996						
10		Subtract line 9 from line 8		10	332,24	46	
11	Current actuarial value	of annuity from Form 1099-R, box 8. If none, enter -0		11	0		
12	13 through 16, enter th	amount. Add lines 10 and 11. If this amount is \$70,000 or r is amount on line 17, and go to line 18		12	332,24	46	
13		0 (0.50), but don't enter more than \$10,000 13		_			
14 15		0 14					
16		0 (0.20)		16	37,55	8	
17				17	07,00	0	
18		putable to lump-sum distribution		18	*		
19		ne 17. If line 11 is zero, skip lines 20 through 22 and go to lir		19			
20	least three places) .	2 and enter the result as a decimal (rounded to at					
21		decimal on line 20		_			
22		ne 11					
23 24		0 (0.10)		23 24	5,57	7	
24 25		.0. If line 11 is zero, skip lines 26 through 28, enter this		24	5,57	1	
25 26	line 29, and go to line	30 		25			
27	Tax on amount on	ine 26. Use the Tax Rate Schedule in the					
28		· · · · · · · · · · · · · · · · · · ·		28			
29		ne 25. Multiple recipients, see instructions		29	55,77	75	
30	Tax on lump-sum dis	ribution. Add lines 7 and 29. Also include this amount in th IONR, line 42; or Form 1041, Schedule G, line 1b	ne total on Form		21,09		
For Pa	perwork Reduction Act N	otice, see instructions. Cat. No. 13187	7U		Form	4972	(2017)

	5 329 "	Additional Taxes on Qualified Plans		OMB No. 1545-0	074
Form		ncluding IRAs) and Other Tax-Favored Accounts		2017	7
	nent of the Treasury Revenue Service (99)	 Attach to Form 1040 or Form 1040NR. Go to www.irs.gov/Form5329 for instructions and the latest information. 		Attachment Sequence No. 2	9
	· · /	tax. If married filing jointly, see instructions.	Your so	cial security numb	
		Total Forms Filed = 2,344,142			
		Home address (number and street), or P.O. box if mail is not delivered to your home		Apt. no.	
	Your Address Only	City, town or post office, state, and ZIP code. If you have a foreign address, also complete			
Form	Are Filing This by Itself and Not	the spaces below (see instructions).		an amended	
With `	Your Tax Return	Foreign country name Foreign province/state/county		check here	
			r ei eigit		
		10% tax on early distributions, you may be able to report this tax directl			59, or
Form Pari		filing Form 5329. See the instructions for Form 1040, line 59, or for Form 10			
r ai		Early Distributions. Complete this part if you took a taxable distribution to before you reached age 59½ from a qualified retirement plan (including an If	•		ment
		are reporting this tax directly on Form 1040 or Form 1040NR—see above).			mont
	complete this part to	indicate that you qualify for an exception to the additional tax on early dist			Roth
	IRA distributions (see	e instructions).			
1	Early distributions includ	led in income. For Roth IRA distributions, see instructions	1	1,655,273	
2		led on line 1 that are not subject to the additional tax (see instructions).			
		ception number from the instructions:	2	793,554	
3	-	ional tax. Subtract line 2 from line 1	3	1,165,832	
4		(0.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	4	1,142,057	
	2.1	he amount on line 3 was a distribution from a SIMPLE IRA, you may have mount on line 4 instead of 10% (see instructions).			
Part		Certain Distributions From Education Accounts and ABLE Acco	unts	Complete this	nart if
		bunt in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell ed			
		ion program (QTP), or an ABLE account.		0	
5		income from a Coverdell ESA, a QTP, or an ABLE account	5	221,514	
6		n line 5 that are not subject to the additional tax (see instructions)	6		
7		ional tax. Subtract line 6 from line 5	7	147,274	
8 Port		(0.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	8	144,630	
Part		Excess Contributions to Traditional IRAs. Complete this part if you 017 than is allowable or you had an amount on line 17 of your 2016 Form 55		buted more to y	our
9		itions from line 16 of your 2016 Form 5329 (see instructions). If zero, go to line 15	9		
10	•	contributions for 2017 are less than your			
		tribution, see instructions. Otherwise, enter -0- 10			
11		ributions included in income (see instructions) . 11			
12		or year excess contributions (see instructions) . 12			
13			13		
14 15	•	putions. Subtract line 13 from line 9. If zero or less, enter -0- 2017 (see instructions)	14 15	29,199	
16		ns. Add lines 14 and 15	16	29,199	
17		06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2017			
		s made in 2018). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	17	23,480	
Part	IV Additional Tax on	Excess Contributions to Roth IRAs. Complete this part if you contrib	outed n	nore to your Rot	th
		allowable or you had an amount on line 25 of your 2016 Form 5329.	1		
18		itions from line 24 of your 2016 Form 5329 (see instructions). If zero, go to line 23	18	44,134	
19		butions for 2017 are less than your maximum dee instructions. Otherwise, enter -0 19 7,530			
20		your Roth IRAs (see instructions) 20			
21			21		
22		outions. Subtract line 21 from line 18. If zero or less, enter -0	22	32,959	
23	Excess contributions for	2017 (see instructions)	23	61,422	
24		ns. Add lines 22 and 23	24		
25		0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2017		50.044	
	(including 2017 contribution	s made in 2018). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	25	58,214	

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

Cat. No. 13329Q

			Amounts of selected lines filed	l (in thousa	ands of dollars)				
	5329		Additional Taxes or	n Oualifi	ed Plans		OMB No. 1545-0074		
orm	5525	(Ir	ncluding IRAs) and Othe				2017	7	
			► Attach to Form 1040	or Form 104	ONR				
	ent of the Treasury Revenue Service (99)		► Go to www.irs.gov/Form5329 for inst				Attachment Sequence No. 2	29	
Name c	f individual subject to addit	ional t	ax. If married filing jointly, see instructions.			Your so	ocial security numb	er	
			Total Forms Filed =	2,344,142					
			Home address (number and street), or P.O. bo	x if mail is not de	elivered to your home		Apt. no.		
	Your Address Only		City, town or post office, state, and ZIP code. I	If you have a fore	eign address, also complete				
	Are Filing This by Itself and Not		the spaces below (see instructions).			If this is	s an amended		
	Your Tax Return			1			check here ►		
			Foreign country name	Foreign provin	nce/state/county	Foreign	postal code		
f you	only owe the addition	onal [.]	10% tax on early distributions, you n	nay be able	to report this tax direct	y on F	orm 1040, line	59, o	
			iling Form 5329. See the instructions f						
Par			Early Distributions. Complete this perfore you reached age 59½ from a qu	•		•	· · · · · · · · · · · · · · · · · · ·	, ma a mat	
			are reporting this tax directly on Form					ment	
	complete this pa	art to	indicate that you qualify for an except					Roth	
	IRA distributions	•					00.077.400		
1 2			ed in income. For Roth IRA distributio ed on line 1 that are not subject to the			1	26,977,109		
2	-		ception number from the instructions:			2	10,787,076		
3			onal tax. Subtract line 2 from line 1 .			3	16,190,033		
4		•	0.10) of line 3. Include this amount on Forr			4	1,634,677		
	. .		ne amount on line 3 was a distributior nount on line 4 instead of 10% (see ins		IPLE IRA, you may have				
Part			Certain Distributions From Educ		ounts and ABLE Acc	ounts.	Complete this	part if	
	you included an	amo	unt in income, on Form 1040 or Form	1040NR, line				•	
			on program (QTP), or an ABLE accou				500.000		
5 6			income from a Coverdell ESA, a QTP, line 5 that are not subject to the addi			5	599,382		
7			onal tax. Subtract line 6 from line 5	•	•	7	453,899		
8	Additional tax. Enter	10% (0.10) of line 7. Include this amount on For	m 1040, line 5	9, or Form 1040NR, line 57		45,395		
Part			Excess Contributions to Tradition				outed more to y	our	
9)17 than is allowable or you had an an tions from line 16 of your 2016 Form 5329			329. 9		1	
10	•		contributions for 2017 are less t	· ·					
			ribution, see instructions. Otherwise,		10				
11			ibutions included in income (see instru-	· · –	11	_			
12 13			r year excess contributions (see instru		12	13			
14			utions. Subtract line 13 from line 9. If			14			
15			2017 (see instructions)			15	101,343		
16			ns. Add lines 14 and 15			16			
17			06) of the smaller of line 16 or the value of y made in 2018). Include this amount on Forn			17	5,533		
Part			Excess Contributions to Roth IF			outed n	nore to your Rot	th	
			allowable or you had an amount on lin			10	470.000		
18 19	•		tions from line 24 of your 2016 Form 532 outions for 2017 are less than your i	· ·	tions). If zero, go to line 23	18	178,922		
19			ee instructions. Otherwise, enter -0		19 91,538				
20		om y	our Roth IRAs (see instructions)	[20				
21	Add lines 19 and 20					21	400.054		
22 23			utions. Subtract line 21 from line 18. I 2017 (see instructions)			22 23	109,851 234,957		
23 24			is. Add lines 22 and 23			23	204,307		
25	Additional tax. Enter 6	5% (0	.06) of the smaller of line 24 or the value of	of your Roth IF	RAs on December 31, 2017				
	(including 2017 contrib	utions	s made in 2018). Include this amount on Fo	rm 1040, line 5	59, or Form 1040NR, line 57	25	12,859		

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

Cat. No. 13329Q

Form **5329** (2017)

Form 5329 (2017)

2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

	329 (201	,				Page 2
Part		dditional Tax on Excess Contributions to Coverdell ESAs. Complete this				
		overdell ESAs for 2017 were more than is allowable or you had an amount on line 3	-		15329.	
26		the excess contributions from line 32 of your 2016 Form 5329 (see instructions). If zero, g	jo to line :	31 26		
27		contributions to your Coverdell ESAs for 2017 were less than the				
00		num allowable contribution, see instructions. Otherwise, enter -0- 27 distributions from your Coverdell ESAs (see instructions) . . 28		-		
28 29		nes 27 and 28		. 29		
29 30		year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0				
31		s contributions for 2017 (see instructions)				
32		excess contributions. Add lines 30 and 31			*	
33		ional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverde				_
	Dece	mber 31, 2017 (including 2017 contributions made in 2018). Include this amoun	it on For	m		
Dort		line 59, or Form 1040NR, line 57			n lover contrib	
Pari		ore to your Archer MSAs for 2017 than is allowable or you had an amount on line 4	-	•	•	Julea
34		the excess contributions from line 40 of your 2016 Form 5329 (see instructions). If zero, o			5529.	
35		contributions to your Archer MSAs for 2017 are less than the				
00		num allowable contribution, see instructions. Otherwise, enter -0- 35				
36		distributions from your Archer MSAs from Form 8853, line 8 36				
37		nes 35 and 36		. 37		
38		year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0				
39	Exces	s contributions for 2017 (see instructions)		. 39		
40	Total	excess contributions. Add lines 38 and 39		. 40	8,101	
41		ional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer				
		mber 31, 2017 (including 2017 contributions made in 2018). Include this amoun				
		line 59, or Form 1040NR, line 57			6,881	
Part		dditional Tax on Excess Contributions to Health Savings Accounts (HS				
		preone on your behalf, or your employer contributed more to your HSAs for 2017 t	han is al	lowable or y	ou had an a	mount
40		n line 49 of your 2016 Form 5329.	7	40		
42		the excess contributions from line 48 of your 2016 Form 5329. If zero, go to line 47	′ · ·	. 42		
43		contributions to your HSAs for 2017 are less than the maximum able contribution, see instructions. Otherwise, enter -0 43				
44		distributions from your HSAs from Form 8889, line 16 44		-		
45		nes 43 and 44		. 45		
46		year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0				
47		s contributions for 2017 (see instructions)				_
48	Total	excess contributions. Add lines 46 and 47		. 48	314,149	
49	Additi	onal tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on Decemb	er 31, 20	17		
		ing 2017 contributions made in 2018). Include this amount on Form 1040, line 59, or Form 104			232,931	
Part		dditional Tax on Excess Contributions to an ABLE Account. Complete the	nis part if	contribution	ns to your Al	BLE
		count for 2017 were more than is allowable.		=	ـ	
50		ss contributions for 2017 (see instructions)			*	
51		ional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABLE a mber 31, 2017. Include this amount on Form 1040, line 59, or Form 1040NR, line 5			*	
Part		dditional Tax on Excess Accumulation in Qualified Retirement Plans (I				nort if
Tall		doitional lax on Excess Accumulation in Qualified Retirement Plans (i but did not receive the minimum required distribution from your qualified retirement		y inasj. Co	omplete this	part If
52	-	num required distribution for 2017 (see instructions)		. 52		
53		int actually distributed to you in 2017				+
54		act line 53 from line 52. If zero or less, enter -0-			13,358	
55		onal tax. Enter 50% (0.50) of line 54. Include this amount on Form 1040, line 59, or Form 1040	ONR, line 5	57 55	15,359	
Sign		nly If You Under penalties of perjury, I declare that I have examined this form, including acc knowledge and belief, it is true, correct, and complete. Declaration of preparer (other	companying	attachments,	and to the be	st of my
-		his Form by				51 WHIGH
	-	bt With Your				
	Return		_)_			
		Vour signature Print/Type preparer's name Preparer's signature Date	V Da	ate		
Paid		Print/Type preparer's name Preparer's signature Date		Check 🗌 if	PTIN	
-	barer			self-employed	ומ	
Use	Only	Firm's name		s EIN ►		
		Firm's address 🕨	Phon	e no.		

Form 53	829 (2017	7)								Page 2
Part				utions to Coverdell ESAs.					-	
				n is allowable or you had an am				16 Forr	n 5329.	
26				our 2016 Form 5329 (see instruct	tions). If a	zero, go to	b line 31	26		_
27				for 2017 were less than the						
0 0					27			-		
28		ines 27 and 28	om your Coverdell ESA		28			20		
29 30			· · · · · · · · · ·	ne 29 from line 26. If zero or less				29 30		
31		-		ons)				31		
32			utions. Add lines 30 an	'				32	*	
33				aller of line 32 or the value of v						
33				ibutions made in 2018). Includ						
								33	*	
Part	VI A	dditional Tax	on Excess Contrib	utions to Archer MSAs. Cor	mplete t	his part if	you or y	our em	ployer contrib	uted
	m	ore to your Arcl	her MSAs for 2017 tha	n is allowable or you had an am	nount on	line 41 o	f your 20	16 Forr	n 5329.	
34	Enter	the excess contr	ibutions from line 40 of y	our 2016 Form 5329 (see instruct	tions). If a	zero, go to	o line 39	34		
35	If the	contributions	to your Archer MSAs	for 2017 are less than the						
				· · · · · · · · · · · · · · · · · · ·	35					
36			om your Archer MSAs f	rom Form 8853, line 8	36					
37		ines 35 and 36						37		_
38		-		ne 37 from line 34. If zero or less				38		
39			for 2017 (see instructi	'				39	0.700	
40			utions. Add lines 38 and					40	9,732	
41				naller of line 40 or the value o ibutions made in 2018). Includ						
				· · · · · · · · · · · · · · ·				41	361	
Part V				utions to Health Savings A						
				yer contributed more to your HS		-				mount
			2016 Form 5329.							
42	Enter	the excess con	tributions from line 48	of your 2016 Form 5329. If zero	o, go to l	ine 47		42		
43				are less than the maximum						
					43					
44			om your HSAs from For	rm 8889, line 16	44					
45		ines 43 and 44	· · · · · · · · · ·					45		_
46 47		•	for 2017 (see instructi	ne 45 from line 42. If zero or less				46 47		-
48			•	ons)			•••	48	628,119	-
49				of line 48 or the value of your HS					020,119	
10				ude this amount on Form 1040, line 5				49	22,631	
Part \				utions to an ABLE Account				ntributio		BLE
			were more than is allo						-	
50	Exces	ss contributions	for 2017 (see instructi	ons)				50	*	
51				aller of line 50 or the value of			ount on			
D				n Form 1040, line 59, or Form 10			· · ·	51	*	
Part				Ilation in Qualified Retirem		•	•	RAs). (Complete this	part if
52			· · · · ·	ed distribution from your qualifie				52		
52 53		· · · · · · · · · · · · · · · · · · ·	•				• • •	52		
54		•	•	enter -0				54	19.630	
55				de this amount on Form 1040, line 5				55	11,166	
			Under penalties of perjury,	I declare that I have examined this for	rm, includ	ing accomp	panying att	achments	, and to the bes	
		nly If You	preparer has any knowledge.	ue, correct, and complete. Declaration o	of preparer	(other than	taxpayer) is	s based c	on all information	of which
		ot With Your								
Tax R)			
			Vour signature			Data	Date			
Paid		Print/Type prepare	er's name	Preparer's signature	L	Date		eck 🗌 i		
Prep								f-employe	ea	
Use	Only	Firm's name					Firm's EIN			
		Firm's address 🕨					Phone no			

2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form	5405	Repayment of the First-Time Homebuyer Credit		OMB No. 1545-	-0074
Departn	ecember 2017) nent of the Treasury Revenue Service	 Attach to Form 1040, Form 1040NR, or Form 1040X. Go to www.irs.gov/Form5405 for instructions and the latest information. 		Attachment Sequence No.	
Name s	hown on return	Total Forms Filed = 126,623	our soci	al security numbe	r
Part	Disposi	tion or Change in Use of Main Home for Which the Credit Was Claimed			
1		you disposed of, or ceased using as your main home, the home for which you clain		1	
•		(YYYY) (see instructions)	• •	▶	<u> </u>
2		following conditions, check here	 		
	community	. I sold the home, or it ceased to be my main home, in connection with Government uty service. No repayment of the credit is required (see instructions). Stop here.			
3	Check the box	below that applies to you. See the instructions for the definition of "related person."			
а		ding through foreclosure) the home to a person who isn't related to me and had a gain or to Part II below.	ו the sa	ale (as figured in	Part II
b		ding through foreclosure) the home to a person who isn't related to me and didn't have a w). No repayment of the credit is required. Stop here.	gain or	n the sale (as fig	jured ir
c		ome to a related person OR I gave the home to someone other than my spouse (or ex- . Go to Part II below.	spouse	as part of my	divorce
d		the entire home to a rental or business use OR I still own the home but no longer use it a	s my m	ain home. Go to	o Part I
е	below.	d the home to my spouse (or ex-spouse as part of my divorce settlement). The full name o	f my ex	-spouse is ►	
	The respon	sibility for repayment of the credit is transferred to your spouse or ex-spouse. Stop here.			
f		vas destroyed, condemned, or sold under threat of condemnation and I had a gain (see ins	structior	ns).	
g	My home w	vas destroyed, condemned, or sold under threat of condemnation and I didn't have a gain	(see ins	structions).	
h		er who claimed the credit died in 2017. No repayment of the credit is required of the dece n for 2017 with the deceased taxpayer, see instructions. Otherwise, stop here.	ased ta	xpayer. If you a	re filing
Part		nent of the Credit			
4	return for 2008	Int of the credit you claimed on Form 5405 for 2008. See instructions if you filed a joint or you checked the box on line 3f or 3g	4	71,570	
5		nt of the credit you repaid with your tax returns for the years 2010 through 2016	5	69,604	
6		from line 4. If you checked the box on line 3f or 3g, see instructions. If you checked the		69,961	
7		go to line 7. Otherwise, skip line 7 and go to line 8	6 7	14,107	
8	-	credit to be repaid. See instructions	8	85,296	
•		amount from line 8 on your 2017 Form 1040, line 60b, or Form 1040NR, line 59b.		,	
Part	III Form 54	105 Gain or (Loss) Worksheet			
	through conder 10, and 12. Bu	e this part only if your home was destroyed or you sold your home to someone who isn't r nnation or under threat of condemnation). See Pub. 523, Selling Your Home, for informati t if you sold your home through condemnation, see chapter 1 in Pub. 544, Sales and Otl what to enter on lines 9 and 10.	on on w	/hat to enter on	lines 9
9	Selling price of	home, insurance proceeds, or gross condemnation award	9	27,529	
10		es (including commissions, advertising and legal fees, and seller-paid loan charges) or tting the condemnation award	10	20,356	
11	Subtract line 10) from line 9. This is the amount realized on the sale of the home	11	27,529	
12		of home sold (see instructions)	12	27,553	
13	with your tax re	ime homebuyer credit claimed on Form 5405 minus the amount of the credit you repaid sturns for the years 2010 through 2016	13	26,547	
14		B from line 12. This is the adjusted basis for purposes of repaying the credit	14	23,551	_
15		4 from line 11	15	28,549	
	check the box	nore than -0-, you have a gain. Check the box on line 3a and complete Part II. However, on line 3f (instead of the box on line 3a) if your home was destroyed or you sold the home mnation or under threat of condemnation. Then complete Part II if the event occurred in			
		- or less, check the box on line 3b. However, if your home was destroyed or you sold the condemnation or under threat of condemnation, check the box on line 3g instead. You			

don't have to repay the credit.

2017 Line Item Estimates—All figures are estimates based on samples
Amounts of selected lines filed (in thousands of dollars)

	5405	Repayment of the First-Time Homebuyer Credit		OMB No. 1545-0	0074
Deparl nterna	December 2017) Iment of the Treasury Il Revenue Service	 Attach to Form 1040, Form 1040NR, or Form 1040X. Go to www.irs.gov/Form5405 for instructions and the latest information. 		Attachment Sequence No. 5	58
Name	shown on return	Total Forms Filed = 126,623	Your soci	al security number	
Pa	t Disposi	tion or Change in Use of Main Home for Which the Credit Was Claimed			
1		you disposed of, or ceased using as your main home, the home for which you clair YYYY) (see instructions)	med the	▶	
2	I (or my spo community	following conditions, check here			
3	Check the box	below that applies to you. See the instructions for the definition of "related person."			
а		ding through foreclosure) the home to a person who isn't related to me and had a gain o to Part II below.	on the sa	le (as figured in l	Part III
b		ding through foreclosure) the home to a person who isn't related to me and didn't have w). No repayment of the credit is required. Stop here.	a gain or	n the sale (as figu	ured in
С		ome to a related person OR I gave the home to someone other than my spouse (or ex Go to Part II below.	<-spouse	as part of my d	livorce
d	I converted below.	the entire home to a rental or business use OR I still own the home but no longer use it	as my m	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 ►	
	The respon	sibility for repayment of the credit is transferred to your spouse or ex-spouse. Stop here.			
f		as destroyed, condemned, or sold under threat of condemnation and I had a gain (see in			
g h		as destroyed, condemned, or sold under threat of condemnation and I didn't have a gain or who claimed the credit died in 2017. No repayment of the credit is required of the dec	•	· ·	e filina
	a joint retur	n for 2017 with the deceased taxpayer, see instructions. Otherwise, stop here.		Apayor. If you ar	e ming
Par		ent of the Credit			1
4	return for 2008	Int of the credit you claimed on Form 5405 for 2008. See instructions if you filed a joir or you checked the box on line 3f or 3g	. 4	478,688	
5		nt of the credit you repaid with your tax returns for the years 2010 through 2016		225,872	
6		from line 4. If you checked the box on line 3f or 3g, see instructions. If you checked th go to line 7. Otherwise, skip line 7 and go to line 8	e 6	252,816	
7	Enter the gain o	on the disposition of your main home (from line 15 below)	. 7	914,764	
8		credit to be repaid. See instructions	. 8	79,823	
Par		amount from line 8 on your 2017 Form 1040, line 60b, or Form 1040NR, line 59b. 05 Gain or (Loss) Worksheet			
	Note: Complete through conder 10, and 12. Bu information on	e this part only if your home was destroyed or you sold your home to someone who isn't nnation or under threat of condemnation). See Pub. 523, Selling Your Home, for informa t if you sold your home through condemnation, see chapter 1 in Pub. 544, Sales and C what to enter on lines 9 and 10.	tion on w other Disp	hat to enter on li positions of Asse	ines 9,
9		home, insurance proceeds, or gross condemnation award		4,729,432	+
10		es (including commissions, advertising and legal fees, and seller-paid loan charges) c tting the condemnation award		715,776	
11	Subtract line 10	from line 9. This is the amount realized on the sale of the home		4,013,656	
12	•	of home sold (see instructions)		3,488,107	
13		ime homebuyer credit claimed on Form 5405 minus the amount of the credit you repai turns for the years 2010 through 2016		88,301	
14		B from line 12. This is the adjusted basis for purposes of repaying the credit		3,399,806	
15	Subtract line 14		. 15	613,850	
	check the box of	ore than -0-, you have a gain. Check the box on line 3a and complete Part II. However on line 3f (instead of the box on line 3a) if your home was destroyed or you sold the hom nnation or under threat of condemnation. Then complete Part II if the event occurred i	е		
		 or less, check the box on line 3b. However, if your home was destroyed or you sold th condemnation or under threat of condemnation, check the box on line 3g instead. Yo epay the credit. 			

	5695	Residential Energy Cre	edit	S		OMB No. 1545-0	0074
Form		► Go to www.irs.gov/Form5695 for instructions and				2017	7
Departr Internal	ment of the Treasury	Attach to Form 1040 or Form 104				Attachment Sequence No. 1	58
Name(s	s) shown on return	Total Forms Filed = 1,779.690			Your	social security nun	
Des	Desider			f			
Par		htial Energy Efficient Property Credit (See instruction hrough 11 if you only have a credit carryforward from			is par	τ.)	
NOLE		mough thin you only have a credit carry of ward from	11 20	10.			
1	Qualified solar	electric property costs			1	381,242	
2	Qualified solar	water heating property costs	•		2	100,896	
3	Qualified smal	l wind energy property costs			3	2,114	
4	Qualified geot	hermal heat pump property costs			4	12,833	
5	Add lines 1 thr	ough 4			5	457,777	
6 7a		by 30% (0.30) cell property. Was qualified fuel cell property installed on or			6	457,777	
74		cated in the United States? (See instructions)			7a	Yes	No
	Caution: If yo Skip lines 7b t	u checked the "No" box, you cannot take a credit for qua hrough 11.	alified	d fuel cell property.			
b	Print the comp	plete address of the main home where you installed the fuel of	cell p	roperty.			
		Number and should		11-24 81-			
		Number and street		Unit No.			
		City, State, and ZIP code					
8	Qualified fuel of	cell property costs	8	2,421	-		
9	Multiply line 8	by 30% (0.30)	9	2,421	-		
10	Kilowatt capad	city of property on line 8 above ►x \$1,000	10	3,542			
11	Enter the smal	ler of line 9 or line 10			11	2,417	
12	Credit carryfor	ward from 2016. Enter the amount, if any, from your 2016 Fe	orm 5	5695, line 16	12	251,032	
13 14		I, and 12			13	682,038	
-	Credit Limit W	orksheet (see instructions)			14	782,520	
15		nergy efficient property credit. Enter the smaller of line 13				500 000	
16		n Form 1040, line 53; or Form 1040NR, line 50	•		15	593,620	
	line 15 from li		16	246,984			
For Pa	aperwork Reduct	ion Act Notice, see your tax return instructions.	(Cat. No. 13540P		Form 569 5	5 (2017)

	5695 Residential Energy Credits rtment of the Treasury Go to www.irs.gov/Form5695 for instructions and the latest information.					OMB No. 1545-0074	
Internal	Revenue Service	Attach to Form 1040 or Form 10				Attachment Sequence No.	58
Name(s) shown on return	Total Forms Filed = 1,779,690			Your	social security nun	nber
Par	Resider	ntial Energy Efficient Property Credit (See instruction	ons be	efore completing	this par	t.)	_
		hrough 11 if you only have a credit carryforward fro		<u> </u>	· · ·	,	
1	Qualified solar	electric property costs			. 1	5,495,131	
2	Qualified solar	water heating property costs			. 2	372,443	<u> </u>
3	Qualified smal	I wind energy property costs			. 3	5,546	
4	Qualified geot	hermal heat pump property costs	• •		. 4	136,582	
5	Add lines 1 thr	rough 4			. 5	6,009,703	
6 7a	Qualified fuel	by 30% (0.30)	or in c	onnection with yo	ur	1,802,939	No
	Skip lines 7b t	-			y.		
b	Print the comp	plete address of the main home where you installed the fue	l cell p	property.			
		Number and street		Unit No.	-		
		City, State, and ZIP code			-		
8	Qualified fuel of	cell property costs	8	13,336	_		
9	Multiply line 8	by 30% (0.30)	9	4,002			
10	Kilowatt capad	city of property on line 8 above ►x \$1,000	10	208,721			
11	Enter the smal	ller of line 9 or line 10			. 11	3,946	
12	Credit carryfor	rward from 2016. Enter the amount, if any, from your 2016	Form	5695, line 16 .	. 12	920,009	<u> </u>
13 14		1, and 12	Energ	y Efficient Proper		2,726,894	
15	Residential e	nergy efficient property credit. Enter the smaller of line ⁻ n Form 1040, line 53; or Form 1040NR, line 50	13 or I	ine 14. Also incluc	le i	1,877,096	
16		orward to 2018. If line 15 is less than line 13, subtract	16	849,798		.,,	
For Pa	perwork Reduct	tion Act Notice, see your tax return instructions.		Cat. No. 13540P		Form 569	5 (2017)

aperwork Reduction Act Notice, see your tax return instructions.

2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form 56	395 (2017)		Page 2
Par	t II Nonbusiness Energy Property Credit	1 1	
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
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	
	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 19	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) 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).	18	295,234
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	252,634
b	Exterior doors that meet or exceed the version 6.0 Energy Star program requirements	19b	248,677
c	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	103,909
d	Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements		
e f	Maximum amount of cost on which the credit can be figured 19e If you claimed window expenses on your Form 5695 prior to 2017, 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	333,567
20	Add lines 19a, 19b, 19c, and 19h	20	689,651
21 22	Multiply line 20 by 10% (0.10)	21	689,651
а	Energy-efficient building property. Do not enter more than \$300	22a	202,476
b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150	22b	293,732
С	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50	22c	74,504
23	Add lines 22a through 22c	23	475,268
24	Add lines 21 and 23	24	1.038.698
25	Maximum credit amount. (If you jointly occupied the home, see instructions)	25	
26 27	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	1 152 400
28	Enter the smaller of line 24 or line 27	27	<u>1,153,422</u> 1,033,506
29	Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit		1,000,000
~~	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	1,024,251

Form **5695** (2017)

	orm 5695 (2017) 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)	<u>17a</u>	Yes	<u>No</u>	
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	17c	□ Yes □	No	
С	Were any of these improvements related to the construction of this main home?	170			
	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 19	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) 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).	18	103,686		
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	643,037		
b	Exterior doors that meet or exceed the version 6.0 Energy Star program requirements	19b	452,849		
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	738,523		
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 2017, 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	521,896		
20	Add lines 19a, 19b, 19c, and 19h	20	2,356,305		
21 22	Multiply line 20 by 10% (0.10)	21	235,648		
22	preparation, assembly, and original installation) (see instructions).				
а	Energy-efficient building property. Do not enter more than \$300	22a	59,977		
b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 .	22b	43,893		
с	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50	22c	3,725		
23	Add lines 22a through 22c	23	107,595		
24	Add lines 21 and 23	24	343,243		
25 26	Maximum credit amount. (If you jointly occupied the home, see instructions)	25 26			
27	Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy	20			
	property credit	27	521,959		
28	Enter the smaller of line 24 or line 27	28	252,987		
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	247,685		

Form **5695** (2017)

2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form	5884	Work Opportunity Credit		OMB No. 1545-0219
Departn	nent of the Treasury Revenue Service	 Attach to your tax return. Information about Form 5884 and its separate instructions is at www.irs.gov/form 	5884.	Attachment Sequence No. 77
Name(s) shown on return	Total Forms Filed = 10,717	Identify	ring number
1	or incurred du	pplicable line below the total qualified first- or second-year wages paid ring the tax year, and multiply by the percentage shown, for services of o are certified as members of a targeted group.		
а		year wages of employees who worked 120 hours but fewer than 400 hours .\$x 25% (0.25)	1 a	397
b	Qualified first- for you at least	year wages of employees who worked : 400 hours \$× 40% (0.40)	1b	1,477
С	Qualified seco long-term fami	nd-year wages of employees certified as ly assistance recipients \$× 50% (0.50)	1c	384
2		1b, and 1c. See instructions for the adjustment you must make to ages	2	1,797
3		nity credit from partnerships, S corporations, cooperatives, estates, and ructions)	3	9,078
4	S corporations	nd 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and s, stop here and report this amount on Schedule K. All others, stop here amount on Form 3800, Part III, line 4b	4	10,717
5		ted to patrons of the cooperative or beneficiaries of the estate or trust	5	
6	Form 3800, Pa	estates, and trusts, subtract line 5 from line 4. Report this amount on rt III, line 4b	6	
For Pa	perwork Reductio	n Act Notice, see separate instructions. Cat. No. 13570D		Form 5884 (Rev. 12-2016)

Form 58	84 Work Opportunity Credit		OMB No. 1545-02	219
(Rev. Decemb Department of Internal Reven	er 2016) Attach to your tax return. the Treasury Information about Form 5884 and its separate instructions is at www.irs.gov/form	15884.	Attachment Sequence No. 7	77
Name(s) show		Identify	ving number	
or i	er on the applicable line below the total qualified first- or second-year wages paid neurred during the tax year, and multiply by the percentage shown, for services of ployees who are certified as members of a targeted group.			
	lified first-year wages of employees who worked /ou at least 120 hours but fewer than 400 hours . \$× 25% (0.25)	<u>1a</u>	2,282	
b Qua for	lified first-year wages of employees who worked /ou at least 400 hours	1b	13,887	
c Qua long	lified second-year wages of employees certified as g-term family assistance recipients \$× 50% (0.50)	1c	1,075	
	l lines 1a, 1b, and 1c. See instructions for the adjustment you must make to ries and wages	2	17,244	
	k opportunity credit from partnerships, S corporations, cooperatives, estates, and ts (see instructions)	3	78,755	
Sc	I lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and prporations, stop here and report this amount on Schedule K. All others, stop here report this amount on Form 3800, Part III, line 4b	4	95,999	
	ount allocated to patrons of the cooperative or beneficiaries of the estate or trust instructions)	5		
	peratives, estates, and trusts, subtract line 5 from line 4. Report this amount on m 3800, Part III, line 4b	6		
For Paperw	ork Reduction Act Notice, see separate instructions. Cat. No. 13570D		Form 5884 (Rev. 12	2-2016)

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2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form 6	251
Department	of the Treasury

Internal Revenue Service (99)

Alternative Minimum Tax—Individuals

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

OMB No. 1545-0074 201

Attachment Sequence No. 32

7

Name	(s) shown on Form 1040 or Form 1040NR Total Forms Filed = 10,781,598	Your social	security number		
Ра	t I Alternative Minimum Taxable Income (See instructions for how to complete eac	h line.)			
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwisenter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount		10,777,546		
2	Reserved for future use	. 2			
3	Taxes from Schedule A (Form 1040), line 9 .	. 3	8,274,427		
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this lin	ne 4	72,287		
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	. 5	2,312,372		
6	If Form 1040, line 38, is \$156,900 or less, enter -0 Otherwise, see instructions	. 6	(2,701,585)	
7	Tax refund from Form 1040, line 10 or line 21 . . <th .<="" <="" td=""><td>. 7</td><td>(3,209,382</td><td>)</td></th>	<td>. 7</td> <td>(3,209,382</td> <td>)</td>	. 7	(3,209,382)
8	Investment interest expense (difference between regular tax and AMT).		239,330		
9	Depletion (difference between regular tax and AMT)	. 9	48,638		
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount		220,622		
11	Alternative tax net operating loss deduction	. 11	(126,692)	
12	Interest from specified private activity bonds exempt from the regular tax		1,256,068		
13	Qualified small business stock, see instructions		21,886		
14	Exercise of incentive stock options (excess of AMT income over regular tax income)		17,244		
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		247,688		
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)		33		
17	Disposition of property (difference between AMT and regular tax gain or loss)		633,577		
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		1,406,373		
19	Passive activities (difference between AMT and regular tax income or loss)		1,364,487		
20	Loss limitations (difference between AMT and regular tax income or loss).		416,786		
21	Circulation costs (difference between regular tax and AMT)		2,449		
22	Long-term contracts (difference between AMT and regular tax income)		3,933		
23	Mining costs (difference between regular tax and AMT)		14,638		
24	Research and experimental costs (difference between regular tax and AMT)		31,722		
25	Income from certain installment sales before January 1, 1987		(*)	
26	Intangible drilling costs preference		1,865		
27	Other adjustments, including income-based related adjustments		222,985		
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and li		,		
20	28 is more than \$249,450, see instructions.)		10,771,653		
Pa	t II Alternative Minimum Tax (AMT)		-, ,		
	Exemption. (If you were under age 24 at the end of 2017, see instructions.)				
	IF your filing status is AND line 28 is not over THEN enter on line 29				
	Single or head of household \$120,700 \$54,300				
	Married filing jointly or qualifying widow(er) 160,900				
	Married filing separately	. 29	9,681,263		
	If line 28 is over the amount shown above for your filing status, see instructions.				
20	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	22			
30	and 35, and go to line 34	. 30	8,229,115		
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	. 31	8,066,072		
	refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here.				
	• All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.				
32	Alternative minimum tax foreign tax credit (see instructions)	. 32	2,744,214		
33	Tentative minimum tax. Subtract line 32 from line 31	. 33	8,003,088		
	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result a	inv			
57	foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 48.	-			
	refigure that tax without using Schedule J before completing this line (see instructions)		9,803,707		
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45		5,075,419		
	Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 13600G		Form 6251 (20 ⁻	17)	



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Alternative Minimum Tax—Individuals

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



ILC/110			Sequence No. Ja	۷.
lame	(s) shown on Form 1040 or Form 1040NR Total Forms Filed = 10,782	Your social	security number	
Ра	rt I Alternative Minimum Taxable Income (See instructions for how to complete eac	h line.)		
	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise			
	enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount		2,823,215,198	
2	Reserved for future use	. 2		
	Taxes from Schedule A (Form 1040), line 9	. 3	288,334,102	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this lin	ne 4	336,433	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27.		43,491,521	
6	If Form 1040, line 38, is \$156,900 or less, enter -0 Otherwise, see instructions		(41,052,689)
7	Tax refund from Form 1040, line 10 or line 21	_	(15,013,721)
8	Investment interest expense (difference between regular tax and AMT).		-860,762	
9	Depletion (difference between regular tax and AMT)		255,769	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	. 10	96,206,188	
11	Alternative tax net operating loss deduction	. 11	(18,416,674)
	Interest from specified private activity bonds exempt from the regular tax	. 12	1,155,990	
	Qualified small business stock, see instructions	. 13	315,343	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	. 14	1,624,760	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	. 15	2,936,207	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)		57	
17	Disposition of property (difference between AMT and regular tax gain or loss)		-4,150,071	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		-551,717	
19	Passive activities (difference between AMT and regular tax income or loss)		1,385,946	
20	Loss limitations (difference between AMT and regular tax income or loss)		-636,169	
21	Circulation costs (difference between regular tax and AMT)		27,472	
	Long-term contracts (difference between AMT and regular tax income)		91,374	
23	Mining costs (difference between regular tax and AMT)		21,589	
23	Research and experimental costs (difference between regular tax and AMT)		-230,659	
25	Income from certain installment sales before January 1, 1987	. 25	(*	<u> </u>
		. 26	348,209	/
27	Other adjustments, including income-based related adjustments		69,417	
			00,117	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and li 28 is more than \$249,450, see instructions.)	. 28	3,180,013,24	6
Pa	t II Alternative Minimum Tax (AMT)	. 20	0,100,010,2-j	<u> </u>
	Exemption. (If you were under age 24 at the end of 2017, see instructions.)			
	IF your filing status is AND line 28 is not over THEN enter on line 29			
	Single or head of household \$120,700 \$54,300			
	Married filing jointly or qualifying widow(er) 160,900			
	Married filing separately	. 29	561,507,087	
	If line 28 is over the amount shown above for your filing status, see instructions.			
20		22		
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 and 35, and go to line 34	. 30	2,740,653,555	
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	. 31	678,405,839	
	refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here.			
	• All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line			
	30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.			
32	Alternative minimum tax foreign tax credit (see instructions)	. 32	18.051.532	

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 13600G			Form 6251	(2017)
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	35	36,404,112	
	refigure that tax without using Schedule J before completing this line (see instructions)	34	688,054,092	
	foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44,			
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any			
33	Tentative minimum tax. Subtract line 32 from line 31	33	660,398,966	

Form 6251 (2017)

2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Par	t 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 We	orkshe	et in the instruct	ions.
36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36		
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	5,422,351	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	778,362	
	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	5,415,549	
40	Enter the smaller of line 36 or line 39	40		
41	Subtract line 40 from line 36	41		
42	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42	4,795,288	
43	Enter: • \$75,900 if married filing jointly or qualifying widow(er), • \$37,950 if single or married filing separately, or • \$50,800 if head of household.	43		
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44		
45	Subtract line 44 from line 43. If zero or less, enter -0	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	48		
49	Enter:			
	• \$418,400 if single			
	• \$235,350 if married filing separately	49		
	• \$470,700 if married filing jointly or qualifying widow(er)			
50	• \$444,550 if head of household	50		
		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, and the amount for the amount tax and the amount form the	51		
50	see instructions for the amount to enter .	51 52		
53	Subtract line 52 from line 49. If zero or less, enter -0	52		
54	Enter the smaller of line 48 or line 53	54		
55	Multiply line 54 by 15% (0.15)	55	4,351,611	
56	Add lines 47 and 54	56		
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.			
57	Subtract line 56 from line 46	57		
58	Multiply line 57 by 20% (0.20)	58	810,662	
	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		
61	Multiply line 60 by 25% (0.25)	61	602,677	
	Add lines 42, 55, 58, and 61	62		
	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	63	5,207,439	
64	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 (2017)

1	4	1

Page 2	•
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Par	t 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 We	orkshe	et in the instructi	ions.
36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36		
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	754,583,725	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	22,679,368	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	776,757,394	
40	Enter the smaller of line 36 or line 39	40		
41	Subtract line 40 from line 36	41		
42	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42	417,236,617	
43	Enter:			
	 \$75,900 if married filing jointly or qualifying widow(er), \$37,950 if single or married filing separately, or \$50,800 if head of household. 	43		
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either			
	worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44		
45	Subtract line 44 from line 43. If zero or less, enter -0	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		<u> </u>
48	Subtract line 47 from line 46 .	48		
49	Enter:			
	• \$418,400 if single			
	\$235,350 if married filing separately \$470,700 if married filing jointly or qualifying widow(er)	49		<u> </u>
	• \$444,550 if head of household			
50	Enter the amount from line 45	50		
	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions			<u> </u>
51	for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies			
	(as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the			
	amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ,			
	see instructions for the amount to enter	51		<u> </u>
52 53	Add line 50 and line 51 .	52 53		<u> </u>
54	Enter the smaller of line 48 or line 53	54		<u> </u>
55	Multiply line 54 by 15% (0.15)	55	27,865,593	
56	Add lines 47 and 54	56		
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.			
57	Subtract line 56 from line 46	57		
58	Multiply line 57 by 20% (0.20)	58	98,897,064	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.			
	Add lines 41, 56, and 57 . </th <th>59 60</th> <th></th> <th></th>	59 60		
60 61	Multiply line 60 by 25% (0.25)	60 61	4,283,240	
62		62	4,203,240	
	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26).	02		
	Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	63	615,810,318	
04	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 (2017)

2017 Line Item Estimates—All figures are estimates based on samples.

Number of returns filed for selected lines

C	3252	Installment Sale Income		OMB No. 1545-	0228
Form 6252 Department of the Treasury		 Attach to your tax return. Use a separate form for each sale or other disposition of property on the installment metalling of the install metalling of the installing of the install metalling of the installing of the i	ethod.		
	Revenue Service	► Go to www.irs.gov/Form6252 for the latest information.		Sequence No.	79
Name(s)	shown on return	Total Forms Filed = 496,698	Identifyin	g number	
1	Description of	property ►			
2a		(mm/dd/yyyy) ► b Date sold (mm/dd/yyyy) ►			
3	Was the prope	rty sold to a related party (see instructions) after May 14, 1980? If "No," skip line $\overline{4}$		🗌 Yes [No
4		rty you sold to a related party a marketable security? If "Yes," complete Part III. If " III for the year of sale and the 2 years after the year of sale		🗌 Yes [] No
Part	Gross P	rofit and Contract Price. Complete this part for the year of sale only.			
5	• •	cluding mortgages and other debts. Don't include interest, whether stated or unstated	5	105,512	
6	property subje	bts, and other liabilities the buyer assumed or took the ct to (see instructions)			
7		from line 5	_		
8		basis of property sold	_		
9 10		Ilowed or allowable 9 S. Subtract line 9 from line 8 1	_		
11		and other expenses of sale	-		
12		ure from Form 4797, Part III (see instructions) 12	-		
13		1, and 12	. 13	93,606	
14		3 from line 5. If zero or less, don't complete the rest of this form (see instructions)		105,441	
15		described on line 1 above was your main home, enter the amount of your exclude			
		uctions). Otherwise, enter -0		3,162	_
16		Subtract line 15 from line 14		101,106	
17 18		3 from line 6. If zero or less, enter -0		773 105,413	
Part		ent Sale Income. Complete this part for the year of sale and any year you			r have
		lebts you must treat as a payment on installment obligations.			
19		ercentage (expressed as a decimal amount). Divide line 16 by line 18. (For year			
20	-	of sale, see instructions)			
20	-	ived during year (see instructions). Don't include interest, whether stated or unstated		447,848	
22	Add lines 20 a		. 22	446,862	
23	Payments rec	eived in prior years (see instructions). Don't include			
		er stated or unstated			
24		ale income. Multiply line 22 by line 19	. 24	437,477	
25		of line 24 that is ordinary income under the recapture rules (see instructions)	. 25	880	
26 Part		5 from line 24. Enter here and on Schedule D or Form 4797 (see instructions) Party Installment Sale Income. Don't complete if you received the final p	_	437,395	
27			*		
21	Nume, address	s, and taxpayer identifying number of related party			
28 29		party resell or dispose of the property ("second disposition") during this tax year? question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions i			
а	The second	d disposition was more than 2 years after the first disposition (other than dispositior ble securities). If this box is checked, enter the date of disposition (mm/dd/yyyy).	าร		
b		sposition was a sale or exchange of stock to the issuing corporation.			
с	The second	d disposition was an involuntary conversion and the threat of conversion occurred a	after the	first dispositior	ı.
d		d disposition occurred after the death of the original seller or buyer.			
е		established to the satisfaction of the IRS that tax avoidance wasn't a princip	al purp	ose for either	of the
00	-	s. If this box is checked, attach an explanation (see instructions).		*	I
30 31		f property sold by related party (see instructions)		*	
31 32		ller of line 30 or line 31		*	
33		s received by the end of your 2017 tax year (see instructions)		*	-
34		3 from line 32. If zero or less, enter -0		*	
35		by the gross profit percentage on line 19 for year of first sale		*	
36	Enter the part	of line 35 that is ordinary income under the recapture rules (see instructions) .	. 36	0	
37		6 from line 35. Enter here and on Schedule D or Form 4797 (see instructions).	. 37	*	
For Pa	perwork Reduct	ion Act Notice, see page 4. Cat. No. 13601R		Form 625	2 (2017)

2017 Line Item Estimates—All figures are estimates based on samp	les.
Amounts of selected lines filed (in thousands of dollars)	

6252 Installment Sale Income)228
Form 6252 Installment Sale Income		2017			
Department of the Treasury Use a separate form for each sale or other disposition of property on the		 Use a separate form for each sale or other disposition of property on the installment me Go to www.irs.gov/Form6252 for the latest information. 	ethod. Attachment Sequence N		79
Name(s)	shown on return	Total Forms Filed = 496,698	Identifyir	ig number	
1	Description of				
2a		(mm/dd/yyyy) ► b Date sold (mm/dd/yyyy) ►			
3		rty sold to a related party (see instructions) after May 14, 1980? If "No," skip line $\overline{4}$		🗌 Yes 🗋	No
4		rty you sold to a related party a marketable security? If "Yes," complete Part III. If " III for the year of sale and the 2 years after the year of sale		🗌 Yes 🗌	No
Part I		rofit and Contract Price. Complete this part for the year of sale only.			
5	Selling price in	cluding mortgages and other debts. Don't include interest, whether stated or unstated	d 5	77,325,939	
6		bts, and other liabilities the buyer assumed or took the ct to (see instructions) 6			
7		from line 5			
8		basis of property sold			
9	-	llowed or allowable			
10		S. Subtract line 9 from line 8 10			
11 12		and other expenses of sale 11 ure from Form 4797, Part III (see instructions) 12			
13		1, and 12	. 13	19,417,666	
14		3 from line 5. If zero or less, don't complete the rest of this form (see instructions)		57,908,273	<u> </u>
15	If the property	described on line 1 above was your main home, enter the amount of your exclude uctions). Otherwise, enter -0	d	750,750	
16	Gross profit.	Subtract line 15 from line 14	. 16	57,290,915	
17	Subtract line 1	3 from line 6. If zero or less, enter -0	. 17	125,355	
18		e. Add line 7 and line 17		76,579,496	
Part		ent Sale Income. Complete this part for the year of sale and any year you debts you must treat as a payment on installment obligations.	receive	a payment or	have
19		ercentage (expressed as a decimal amount). Divide line 16 by line 18. (For year of sale, see instructions)			
20		ar of sale, enter the amount from line 17. Otherwise, enter -0			
21	Payments rece	ived during year (see instructions). Don't include interest, whether stated or unstated	. 21	65,115,972	
22	Add lines 20 a		. 22	65,226,448	<u> </u>
23	interest, wheth	eived in prior years (see instructions). Don't include per stated or unstated 147,628,056			
24		le income. Multiply line 22 by line 19			
25		of line 24 that is ordinary income under the recapture rules (see instructions)		173,322	<u> </u>
26 Dort		5 from line 24. Enter here and on Schedule D or Form 4797 (see instructions).	. 26	45,102,299	
Part 27		Party Installment Sale Income. Don't complete if you received the final party s, and taxpayer identifying number of related party			
21	Name, addres				
28	Did the related	party resell or dispose of the property ("second disposition") during this tax year?		🗌 Yes 🗌	No
29	If the answer to a	question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions	is met. Ch	eck the box that a	pplies.
а		d disposition was more than 2 years after the first disposition (other than disposition ble securities). If this box is checked, enter the date of disposition (mm/dd/yyyy).	ns ►		
b		sposition was a sale or exchange of stock to the issuing corporation.			
С		d disposition was an involuntary conversion and the threat of conversion occurred	after the	first disposition.	
d		d disposition occurred after the death of the original seller or buyer.			
е		established to the satisfaction of the IRS that tax avoidance wasn't a princip s. If this box is checked, attach an explanation (see instructions).	bal purp	ose for either o	of the
30		f property sold by related party (see instructions)	. 30	*	
31		price from line 18 for year of first sale		*	
32		ller of line 30 or line 31		*	
33 24		s received by the end of your 2017 tax year (see instructions)		*	
34 35		3 from line 32. If zero or less, enter -0		*	
36		of line 35 that is ordinary income under the recapture rules (see instructions)		0	
37		6 from line 35. Enter here and on Schedule D or Form 4797 (see instructions).		*	
		ion Act Notice, see page 4. Cat. No. 13601R		Form 6252	2 (2017)

Form 6765	Credit fo	Credit for Increasing Research Activities								
(Rev. December 2017) Department of the Treasury Internal Revenue Service	► Go to www.irs.g	 Attach to your tax return. Go to www.irs.gov/Form6765 for instructions and the latest information. 								
Name(s) shown on return	Identifying number									
Section A-Regular (alternative simplified of	-	d go to Section B if you are elec	cting	or previou	sly elected	d (and a	are not revoking)	the		
1 Certain amoun	ts paid or incurred to energ	y consortia (see instructions)				1	*			
2 Basic research payments to qualified organizations (see instructions) . 2										

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	1,518	
16	Add lines 1, 4, and 15				16	1,528	
17	Are you electing the reduced credit under section 280C? \blacktriangleright Yes \Box	No					
	If "Yes," multiply line 16 by 13% (0.13). If "No," multiply line 16 by 2	20%	(0.20) and see	the			
	instructions for the statement that must be attached. Members of controll						
	under common control: see instructions for the statement that must be att	ache	d	•	17	1,528	

Section B-Alternative Simplified Credit. Skip this section if you are completing Section A.

18	Certain amounts paid or incurred to energy consortia (see the line 1 instru	iction	s)	18		
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	*	
22	Add lines 18 and 21			22	*	
23	Multiply line 22 by 20% (0.20)			23	*	
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	350	
For Pa	perwork Reduction Act Notice, see separate instructions.	at. No.	. 13700H	F	orm 6765 (Rev. 12	2-2017)

Form	6765	Credit fo	or Increasing R	lesearc	ch A	ctivities			OMB No. 1545	-0619
Departm	ecember 2017) nent of the Treasury Revenue Service	► Go to www.irs.	► Attach to your .gov/Form6765 for instru			atest informatio	n.		Attachment Sequence No	. 81
Name(s) shown on return	Total Forms Filed =	15,236					Identify	, ving number	
	on A—Regular ative simplified	Credit. Skip this section ar credit.	nd go to Section B if yo	ou are elec	cting o	or previously ele	ected	(and a	are not revoking	g) the
1	Certain amour	nts paid or incurred to energy	gy consortia (see instru	uctions)				1	*	
2	Basic research	n payments to qualified org	anizations (see instruc	tions) .	2					
3	Qualified orga	nization base period amour	nt		3					
4	Subtract line 3	from line 2. If zero or less,	enter -0					4	*	
5	Wages for qua	alified services (do not inclu	ude wages used in figi	uring the						
	work opportur	nity credit)			5					
6	Cost of suppli	es			6					
7	Rental or lease	e costs of computers (see i	nstructions)		7					
8	Enter the app	licable percentage of con	tract research expension	ses. See						
	instructions .				8					
9	Total qualified	research expenses. Add lin	nes 5 through 8		9					
10	Enter fixed-bas	e percentage, but not more t	han 16% (0.16) (see inst	ructions)	10		%	5		
11	Enter average	annual gross receipts. See	instructions		11					

12	Multiply line 11 by the percentage on line 10			
13	Subtract line 12 from line 9. If zero or less, enter -0			
14	Multiply line 9 by 50% (0.50)			
15	Enter the smaller of line 13 or line 14	15	82,062	
16	Add lines 1, 4, and 15	16	82,353	
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 20% (0.20) and see the			
	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	17	12.088	

Section B-Alternative Simplified Credit. Skip this section if you are completing Section A.

18	Certain amounts paid or incurred to energy consortia (see the line 1 instru	iction	s)	18		
19	Basic research payments to qualified organizations (see the line 2 instructions)	10				
		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	*	
22	Add lines 18 and 21			22	*	
23	Multiply line 22 by 20% (0.20)			23	*	
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 k	oy 6% (0.06)	32	14,174	
For Pa	perwork Reduction Act Notice, see separate instructions.	at. No	. 13700H		Form 6765 (Rev. 12	2-2017)

Form 6765 (Rev. 12-2017)

Section B-Alternative Simplified Credit (continued)

33	Add lines 23 and 32	33	354	
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	354	

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	107	
26		35	1,784	
36	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0	-		
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	13,511	
38	Add lines 36 and 37	38	15,184	
	• 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		
	on D-Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this section if the oply. See instructions.	e pay	roll tax election o	does
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			
		1		1

42	Enter the portion of the 50 elected as a payroli tax credit (do not enter more than \$250,000). See			i -
	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	191	
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 the applicable line of Form 8974, Part 1, column (e). Members of controlled groups or businesses under common control: see instructions for the			
	statement that must be attached	44	*	

Form **6765** (Rev. 12-2017)

Form 6765 (Rev. 12-2017)

Page 2

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Section B-Alternative Simplified Credit (continued)

Jecu	on D-Atemative oimplined orean (commaca)			
33	Add lines 23 and 32	33	14,180	
34	Are you electing the reduced credit under section 280C? Yes No I ff "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	10,513	
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	2,440	
36	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0	36	20,190	
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	167,863	
38	Add lines 36 and 37	38	188,052	
	 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		
	on D-Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this section if the oply. See instructions.	e payı	roll tax election d	loes
41 42	Check this box if you are a qualified small business electing the payroll tax credit. See instructions 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			
	S corporations skip this line and go to line 44	43	7,399	
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 the applicable line of Form 8974, Part 1, column (e).			
	Members of controlled groups or businesses under common control: see instructions for the			

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

Form 6765 (Rev. 12-2017)

*

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Form	6781			Cont	racts a	and	om Sec I Strado	lles	_	-		OMB No. 15	45-0644 7
	nent of the Treasury Revenue Service		► Go				for the lates tax return.	st inform	nation			Attachment Sequence No	82
) shown on tax return		Tota	al Forms Fi		you 529,4							er
						,			•				
Check	all applicable boxe	es (see instruct	· _	Mixed			n lentification e	election	C L D [ccount election contracts loss	election
Par	Section ⁻	1256 Contra			,								
	(a) Identificati	on of acco	ount			(b) (L	oss)		(c) Gair	n		
1									_			_	
							1						
2	Add the amounts		. ,			2	()			E07.671	
3 4	Net gain or (loss). Form 1099-B adju							• •	• •		3		
+ 5	Combine lines 3 a							•••	• •		5		
•	Note: If line 5 sh instructions.						7. Partnersh	ips and	S corp	porations, see			
6	If you have a ne												
	carried back. Ente	er the loss as a	ı positive n	umber. If yo	u didn't che	eck b	ox D, enter -	0			6	1,442	
7	Combine lines 5 a										7	524,720	
8	Short-term capit D or on Form 894	9 (see instruct	ions)		• • •						8	487,154	
9	Long-term capit D or on Form 894	9 (see instruct	ions)								9		
Part				addles. /	Attach a se	epara	ate stateme	nt listin	g eac	h straddle ai	nd its	components.	
	(a) Description of p	operty entered into c	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gros sales prio		(e) Cost or other basis plus expense of sale	ther basis is more than plus (d), enter gain on xpense of difference. Unrecognized gain on offsetting		ı g	(h) Recogniz If column (f) than (g), differen Otherwise, e	is more enter ce.	
10								enter	-0-				
11a	Enter the short-te	•	losses from	n line 10, co	lumn (h), he	ere ar	nd include or	n line 4 d	of Sch	edule D or on			
b	Form 8949 (see in Enter the long-ter	m portion of lo	osses from	line 10, col	 umn (h), her	· ·	d include on	· ·	 of Sch	edule D or on)
Sacti	Form 8949 (see i on B-Gains F		 110e								111	b (77)
<u></u>	(a) Description of p		(b) Date entered into or acquired	(c) Date closed out or sold		(d) Gr sales p			bas	st or other sis plus se of sale		(f) Gain. If colu (d) is more than enter difference Otherwise, enter	ı (e), ce.
12													
13a	Enter the short-te Form 8949 (see i	•	gains from	line 12, co	lumn (f), he	re an	d include on	line 4 c	of Schoor	edule D or on	13a	a 1,183	
b	Enter the long-ter Form 8949 (see i	nstructions)									13	010	
Part	III Unrecog	nized Gain	s From F	Positions	Held on	Las	t Day of T	ax Ye	ar. №	lemo Entry (Only (s	see instruction	-
	(a) Descripti	on of property		(b) Da acquir			market value o ess day of tax y		(d)	Cost or other ba as adjusted	isis	(e) Unrecogniz If column (c) i than (d), enter d Otherwise, er	s more ifference.
14													
				1	1								1

Departm	6781 nent of the Treasury			o www.irs	ract	ts and	d Stra	ddl atest	es				OMB No. 1545		7
	Revenue Service shown on tax return						r tax retui	n.				1	_	Sequence No.	82
				Forms Fil		529,4									
Check	all applicable boxes (see instructi	ons). A B	_		le election straddle in	n dentificatio	on ele	ection	C [D	=			nt election tracts loss ele	ection
Part	Section 12	56 Contra													
	(a)	dentificatio	on of acco	unt			(b)) (Lo	ss)		(c) Gai	n			
1															
													_		
2	Add the amounts on	line 1 in col	umns (b) ar	id (c)		2	()			-		
3	Net gain or (loss). Co											3		-991,641	
4	Form 1099-B adjustr		nstructions	and attach	state	ment		• •				4		38,370	
5	Combine lines 3 and											5	_	-953,271	
	Note: If line 5 show instructions.	s a net gain	, skip line 6	and enter	the ga	in on line	7. Partne	ership	s and	S corp	porations, see	•			
6	If you have a net s	ection 1256	contracts	loss and c	hecke	d box D	above, e	nter t	the an	nount	of loss to be	<u>,</u>			
Ŭ	carried back. Enter t													195,839	
7	Combine lines 5 and	6										7		-757,432	
8	Short-term capital D or on Form 8949 (s													-302,966	
9	Long-term capital g D or on Form 8949 (s	see instructi	ons)			· · ·						9		-454,467	
Part	II Gains and on A—Losses Fr			ddles. A	ttach	a separa	ate state	ment	listin	g eac	h straddle a	nd its	com	ponents.	
<u></u>	(a) Description of prop		(b) Date	(c) Date closed out or sold		Gross es price	(e) Cost of other bas plus expense sale	sis i of	(f) Los f colum s more (d), er differen Otherw enter	nn (e) than iter nce. <i>v</i> ise,	(g) Unrecogn gain or offsettir positior	า เg		(h) Recognized If column (f) is than (g), en difference Otherwise, ent	more ter e.
10										-			-		
11a b	Enter the short-term Form 8949 (see instr Enter the long-term	uctions)			• •	• • •		•	· ·	• •		11a	a (59,095)
	Form 8949 (see inst	,	<u></u>					•				111) (42,279)
Secti	on B-Gains Fro	m Stradd	lles												
	(a) Description of prop	erty	(b) Date entered into or acquired	(c) Date closed out or sold		(d) G sales				bas	st or other sis plus se of sale		(d) e	Gain. If colum is more than (enter difference nerwise, enter -	e), ·
12															
				line 10						4.0.1					
13a	Enter the short-term Form 8949 (see inst	ructions)			• •	• • •	• • •	• •	• •	• •		13a	a	466,942	
b	Enter the long-term Form 8949 (see inst		ains trom li	ne 12, colu	imn (f)	, here and	d include	on lin	ie 11 d 	of Sch	edule D or or	1 13k	5	302,325	
Part	III Unrecogniz	zed Gains	From P	ositions	Held	on Las	st Day o	f Ta	x Ye	ar. N	lemo Entry	Only (s		nstructions)	
	(a) Description of	of property		(b) Dat acquire			market valuess day of t			(d)	Cost or other b as adjusted	asis	l tha	f column (c) is n n (d), enter diffe Otherwise, enter	more erence.
14															

For Paperwork Reduction Act Notice, see instructions.

150		2017 Line I			figures are estir ns filed for sele			ed on samp	oles.	
Form	8283				aritable Con eturn if you claimed					OMB No. 1545-0908
	ecember 2014) nent of the Treasury			of over \$500 f	for all contributed p	rop	erty.			Attachment Sequence No. 155
	Revenue Service s) shown on your inc		n about For	m 8283 and it	ts separate instruct	ions	s is at ww	w.irs.gov/for	m8283.	Identifying number
Name	s shown on your me		Total I	Forms Filed =	= 8,846,912					
Note.	Figure the amo	ount of your cont	ribution de	duction befo	re completing this	forr	m. See yo	our tax retur	n instructi	ions.
Sect	groups	s of similar iter	ms) for w	hich you c		tior	n of \$5,	000 or les		ction only items (or list publicly traded
Par	t I Inform	ation on Dona	ted Prop	erty—If you	need more space	ce,	attach a			
1	• •	me and address of the onee organization	e	check the bo	property is a vehicle (se x. Also enter the vehicle unless Form 1098-C is a	e ider	ntification	(For a vehic	ecurities, en	f donated property e year, make, model, and tter the company name and er of shares.)
Α										
В										
С										
D										
Е										
Note.	If the amount y	ou claimed as a	deduction	for an item is	s \$500 or less, you	ı do	not have	to complet	e column	s (e), (f), and (g).
	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)		/ acquired donor	(g) Donor's cost or adjusted basis			market value		ethod used to determine ne fair market value
A					5,106,605		8,748	,654		
B C										
D										
Е										
Part	entire ir	nterest in a pro	operty list	ed in Part		es 3	3a throu	gh 3c if co		gave less than an s were placed on a
2a					for which you gave eparate statement		ss than a	n entire inter	rest►	
b	Total amount	claimed as a dec	duction for	the property	listed in Part I: (1 (2	-	For this t For any p	ax year prior tax yea	rs ► _	
С	from the done	dress of each or ee organization a e organization (donee	above):	to which an	ny such contributio	on w	vas made	e in a prior y	ear (com	plete only if different
	Address (number,	street, and room or s	suite no.)							
	City or town, state	e, and ZIP code								
d	For tangible p	roperty, enter th	e place wh	ere the prop	erty is located or l	(ent	t 🕨			
e			-		ion, having actual	-		of the prope	erty ► _	

3a	Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?	Yes	No
b	Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
с	Is there a restriction limiting the donated property for a particular use?		
For Pa	perwork Reduction Act Notice, see separate instructions. Cat. No. 62299J Form 8283 (I	Rev. 12	2-2014)

2017 Line Item Estimates—All figures are estimates based on samples.

Amounts of selected lines filed (in thousands of dollars)

Form 8283	Noncash Charitable Contributions ► Attach to your tax return if you claimed a total deduction	OMB No. 1545-0908
(Rev. December 2014) Department of the Treasury Internal Revenue Service	of over \$500 for all contributed property. ► Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.	Attachment Sequence No. 155
Name(s) shown on your inc	ome tax return Total Forms Filed = 8,846,912	Identifying number

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

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities—List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part	I Information on Donated Prop	erty—If you need more space, attach a	statement.
1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
Α			
в			
С			
D			
Е			

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

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	e	(i) Method used to determine the fair market value
Α			49,172,301	65,826,906		
В						
С						
D						
E						

Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2a	Enter the letter from Part I that identifies the property for which you gave less than an entire interest >
	If Part II applies to more than one property, attach a separate statement.
b	Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year

(2) For any prior tax years ►
 C Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

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

City or town	, state,	and	ZIP	code	
--------------	----------	-----	-----	------	--

- d For tangible property, enter the place where the property is located or kept ►
- e Name of any person, other than the donee organization, having actual possession of the property ►

3a	Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?	Yes	No
b	Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
С	Is there a restriction limiting the donated property for a particular use?		
	0000		

For Paperwork Reduction Act Notice, see separate instructions.

Authorized signature

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Form	8283 (F	Rev. 12-2014)										Page 2
Name	e(s) shov	wn on your inc	ome tax return							Ide	ntifying numbe	ər
Sec	tion B.	similar ite traded se	Property Over \$5,000 (Exc ms) for which you claimed curities reported in Section ms. An appraisal is general	ad A).	eduction of m Provide a sep	ore ara	than \$5,000 per te form for each p	item orop	or group (except erty donated unl	ot cor ess it	ntributions c	of publicly
Pa	rt I	Inform	nation on Donated Prop	pert	y —To be cor	np	leted by the taxp	baye	er and/or the ap	prais	ser.	
4	Che	eck the box t	hat describes the type of prop	erty	donated:							
	a 🗌	Art* (contrib	ution of \$20,000 or more)	d 🗌] Art* (contributi	on	of less than \$20,000))	g 🗌 Collectible	S**	j 🗌	Other
	b 🗌 c 🗌	Qualified Co Equipment	onservation Contribution	e 🗌 f 🗌	Other Real Est Securities	ate			h Intellectua i Vehicles	l Prop	erty	
other	similar	objects.	Ilptures, watercolors, prints, drawin							cripts,	historical mem	orabilia, and
			, stamps, books, gems, jewelry, sp /ou must attach a qualified app					abov	e.			
5		a) Description	of donated property (if you need attach a separate statement)		(b) If tangible p	rop	erty was donated, give ondition of the property			erall	(c) Apprai market	
Α											160,014	
В												
С												
D							i					
		ate acquired nor (mo., yr.)	(e) How acquired by donor		(f) Donor's cost or adjusted basis		(g) For bargain sales, amount received				ructions	
•	29 40				-				(h) Amount claimed deduction		(i) Date of co	ntribution
A B					137,283		3,389		122,412			
C												
D												
	rt II clare th	a value	yer (Donor) Statement e of \$500 or less. See ins ving item(s) included in Part I	stru	ctions.							
(per	item).	Enter identif	ying letter from Part I and des									
	ature o rt III	f taxpayer (d	ration of Appraiser						Date ►			
l dec marri	lare that ed to ar	I am not the c by person who	donor, the donee, a party to the tra is related to any of the foregoing p ear for other persons.									
			ppraisals on a regular basis; and that l	beca	use of my qualificatio	ns a	s described in the appra	isal, I	am qualified to make a	opraisal	s of the type of p	property being
value under	as desc stand that	ribed in the qua at I may be subj	aisal fees were not based on a percen alified appraisal or this Form 8283 ma ect to a penalty under section 6695A i misstatement results from my appraisa	iy sub if I kn	pject me to the pena ow, or reasonably sh	lty u nould	inder section 6701(a) (aid hnow, that my appraisal	ling ai I is to	nd abetting the underst	atemen with a re	nt of tax liability). eturn or claim for	In addition, I refund and a
Sig												
Her	-	ignature ►	g room or suite no.)		Title	•			Date ►	Idonti	ifying number	
Dusii			groom of suite no.)							luenu	inying number	
City o	or town,	state, and ZIP	code									
Pa	rt IV	Donee	Acknowledgment-To	b be	completed h	ov t	he charitable or	dani	zation			
			tion acknowledges that it is a c					<u> </u>		lonate	d property as	described
		-	ve on the following date >		Ū							
			ization affirms that in the even years after the date of receipt,				•					· · ·
		-	nent does not represent agreer			d fa	ir market value.			-	_	_
		ganization in	Itend to use the property for ar	n uni	related use? .	•	Employer identification	tion r			Yes	No
1 10(110		nable organiza						aon f				
Addr	ess (nun	nber, street, ar	nd room or suite no.)				City or town, state, a	nd Zl	P code			

Title

Date

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Form	n 8283 (Re	v. 12-2014)								Page 2
Nam	e(s) showr	n on your inco	ome tax return						Ide	ntifying number
Sec	:	similar iter traded sec similar iter	Property Over \$5,000 (Exc ms) for which you claimed curities reported in Section ms. An appraisal is generall	a deduction of m A). Provide a sep y required for prop	ore ara berl	e than \$5,000 per i ate form for each p ty listed in Section	tem rop B.	or group (except erty donated unle See instructions.	t cor ess it	ntributions of publicly t is part of a group of
Pa	art I		ation on Donated Prop		np	leted by the taxp	aye	r and/or the app	orais	ser.
4	a 🗌 A b 🗌 C	Art* (contrib	hat describes the type of propertion of \$20,000 or more) Conservation Contribution f			of less than \$20,000)	I	g Collectibles h Intellectual i Vehicles		j 🗌 Other erty
othe **Co	r similar ob llectibles ir	ojects. nclude coins,	lptures, watercolors, prints, drawir stamps, books, gems, jewelry, spo rou must attach a qualified app	orts memorabilia, dolls,	etc.	., but not art as defined			ripts,	historical memorabilia, and
5	(a)	Description	of donated property (if you need attach a separate statement)	(b) If tangible p	orop	erty was donated, give a ondition of the property			all	(c) Appraised fair market value
Α			59,339,913							
В										
C										
D	(d) Date	acquired		(f) Dopor's cost or		(a) For bargain sales	ntor	Soc	inet	ructions
	by donor (mo., yr.) (e) How acquired by donor adjusted basis amount received (h) Amount claimed as a									(i) Date of contribution
Α				12,272,868		615.425		<u>deduction</u> 10.892.285		
В				12,212,000		010,420		10,002,200		
С										
D										
Pa	rt II		yer (Donor) Statement- e of \$500 or less. See ins		Inc	luded in Part I at		e that the appra	isai	identifies as having
		t the follow	ring item(s) included in Part I and des	above has to the be				elief an appraised v	alue	of not more than \$500
Sigr	nature of t	taxpayer (de	onor) 🕨					Date 🕨		
Pa	rt III	Declar	ration of Appraiser							
marr appr	ied to any aisals duri	person who ng my tax ye	lonor, the donee, a party to the tran is related to any of the foregoing p ar for other persons. ppraisals on a regular basis; and that t	persons. And, if regularl	y us	sed by the donor, done	e, or∣	party to the transaction	n, l pe	erformed the majority of my
value value unde subst	d. I certify as describ rstand that tantial or gr	that the appra bed in the qua I may be subje	isal fees were not based on a percen lified appraisal or this Form 8283 may ect to a penalty under section 6695A i nisstatement results from my appraisa	tage of the appraised pro y subject me to the pena f I know, or reasonably sh	opert Ity u nould	ty value. Furthermore, I un under section 6701(a) (aidi d know, that my appraisal	nderst ng ar is to l	and that a false or fraud d abetting the understa be used in connection wi	ulent temen ith a re	overstatement of the property at of tax liability). In addition, I eturn or claim for refund and a
Sig Hei		n otuwo 🕨		Title				Data N		
		nature ► ess (including	room or suite no.)	Title	<u> </u>			Date ►	denti	fying number
City	or town, st	tate, and ZIP	code							
Da	rt IV	Donee	Acknowledgment-To	be completed h	<u></u>	the charitable or	nani	zation		
This	charitab	le organizat	ion acknowledges that it is a c ve on the following date ►		-		·		onate	d property as described
port	ion there	of) within 3	zation affirms that in the event years after the date of receipt, ient does not represent agreen	it will file Form 828	32,	Donee Information R				
		-	tend to use the property for an						►	Yes No
Nam	e of charit	able organiza	ation (donee)			Employer identificati	ion n	umber		
Addr	ress (numb	er, street, an	d room or suite no.)			City or town, state, an	nd ZIF	^o code		
Auth	orized sigr	nature				Title		Da	te	

2206	Mortgage Interest Credit		OMB No. 1545-	-0074
Form UUJU	(For Holders of Qualified Mortgage Credit Certificates Issued by		201	7
Department of the Trea	State or Local Governmental Units or Agencies) ► Go to www.irs.gov/Form8396 for the latest information. ► Attach to Form 1040 or 1040NR. hown on your tax return Total Forms Filed = 105,035 address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your sauer of Mortgage Credit Certificate Mortgage Credit Certificate Number you begin Part I, figure the amounts of any of the following credits you are claiming: Credit for the verifice credit, and qualified plug-in electric drive motor vehicle credit. Current Year Mortgage Interest Credit Interest paid on the certificate indebtedness amount. If someone else (other than your spouse i liling 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 neterest rate on your home mortgage		Attachment Sequence No.	138
Name(s) shown on ye	ur tax return Total Forms Filed = 105,035	Your s	ocial security num	ber
Enter the address of	our main home to which the qualified mortgage certificate relates if it is different from the address shown on your t	ax returi	ı.	
Name of Issuer of Mo	rtgage Credit Certificate Mortgage Credit Certificate Number	Issue D	Date	
		elderl	y or the disable	d,
				1
		1		
		2		
interest is		2		
		3	103,032	
4 Enter any	2014 credit carryforward from line 16 of your 2016 Form 8396	4	*	
5 Enter any	2015 credit carryforward from line 14 of your 2016 Form 8396	5	8,044	
6 Enter any	2016 credit carryforward from line 17 of your 2016 Form 8396	6	12,207	
7 Add lines	3 through 6	7	104,037	
	-	8	97,165	
amount ir	the total on Form 1040, line 54, or Form 1040NR, line 51. Check box c on that line and	0	96,168	
		9		
			.,	
10 Add lines	3 and 4	10		
11 Enter the	amount from line 7	11		
12 Enter the	larger of line 9 or line 10	12		
13 Subtract	ine 12 from line 11...........................	13		
14 2016 cre	dit carryforward to 2018. Enter the smaller of line 6 or line 13	14		
15 Subtract	ine 14 from line 13	15		
16 2015 cre	dit carryforward to 2018. Enter the smaller of line 5 or line 15	16		
17 2017 cre	dit carryforward to 2018. Subtract line 9 from line 3. If zero or less, enter -0	17		
	eduction Act Notice, see your tax return instructions. Cat. No. 62502X		Form 839	6 (2)

OMB No. 1545-0074 Form 8396 Mortgage Interest Credit (For Holders of Qualified Mortgage Credit Certificates Issued by State or Local Governmental Units or Agencies) ► Go to www.irs.gov/Form8396 for the latest information. Department of the Treasury Attachment Sequence No. 138 Internal Revenue Service (99) Attach to Form 1040 or 1040NR. Name(s) shown on your tax return Your social security number Total Forms Filed = 105.035 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 1 filing jointly) also held an interest in the home, enter only your share of the interest paid . . . 1 2 Enter the certificate credit rate shown on your mortgage credit certificate. Do not enter the 2 % 3 If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced 3 188,267 your mortgage and received a reissued certificate, see the instructions for the amount to enter. You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3. 4 Enter any 2014 credit carryforward from line 16 of your 2016 Form 8396 4 20,949 5 Enter any 2015 credit carryforward from line 14 of your 2016 Form 8396 . . 5 20,063 Enter any 2016 credit carryforward from line 17 of your 2016 Form 8396 . 6 6 247,912 7 7 8 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see 585,431 8 9 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 136,066 enter "8396" in the space next to that box . q Part II Mortgage Interest Credit Carryforward to 2018. (Complete only if line 9 is less than line 7.) 10 Add lines 3 and 4 . 10 11 11 Enter the amount from line 7. 12 Enter the larger of line 9 or line 10. . . . 12 13 13 14 **2016 credit carryforward to 2018.** Enter the **smaller** of line 6 or line 13 . 14 15 Subtract line 14 from line 13 15 16 **2015 credit carryforward to 2018.** Enter the **smaller** of line 5 or line 15 . . . 16 17 17 **2017 credit carryforward to 2018.** Subtract line 9 from line 3. If zero or less, enter -0-Form 8396 (2017) For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 62502X

8582 Passive Activity Loss Limitations						OMB No. 1545-1008		
Form		► See separate instructi ► Attach to Form 1040 or Fo				2017		
	nent of the Treasury Revenue Service (99)		Attachment	-				
) shown on return	► Go to www.irs.gov/Form8582 for instructions	and	the latest information		Sequence No.	88	
Name(S) shown on return	Total Forms Filed = 8,000,130						
Par		Issive Activity Loss						
		Complete Worksheets 1, 2, and 3 before completing P						
		Activities With Active Participation (For the definition or Rental Real Estate Activities in the instructions.)	of ac	tive participation, s	ee			
-		net income (enter the amount from Worksheet 1,	1					
Ia			1a	2,564,363				
b		net loss (enter the amount from Worksheet 1, column		2.004.000	_			
-		· · · · · · · · · · · · · · · · · · ·	1b	(3,396,942)			
с	())	nallowed losses (enter the amount from Worksheet 1,						
			1c	(1,622,583)			
d	Combine lines	1a, 1b, and 1c			. 1d	4,863,421		
		zation Deductions From Rental Real Estate Activitie	s					
		vitalization deductions from Worksheet 2, column (a) .	2a	(245)			
b		allowed commercial revitalization deductions from						
		column (b)	2b	(*)	(
		nd 2b			. 2c	(286		
	her Passive Ac		1	1				
3a		net income (enter the amount from Worksheet 3,	20	0.040.000				
h	())	net loss (enter the amount from Worksheet 3, column	3a	2,813,609				
D			3b	(1,893,815				
с		nallowed losses (enter the amount from Worksheet 3,		1,095,015				
Ŭ			3c	(1,417,423)			
d	())	3a, 3b, and 3c	-		. 3d	4,098,397		
4		1d, 2c, and 3d. If this line is zero or more, stop here				.,,		
-		I losses are allowed, including any prior year unallowed						
	-	ort the losses on the forms and schedules normally use				7,990,716		
	If line 4 is a los	ss and: • Line 1d is a loss, go to Part II.						
		 Line 2c is a loss (and line 1d is zero or more 						
		 Line 3d is a loss (and lines 1d and 2c are z 				•		
		status is married filing separately and you lived with y	our s	pouse at any time o	during th	e year, do not co	mplete	
		ead, go to line 15.		dina Dandiainadia				
Part		Allowance for Rental Real Estate Activities Wir ter all numbers in Part II as positive amounts. See instru			ו			
5		ller of the loss on line 1d or the loss on line 4		is for all example.	. 5	0.054.700		
6		0. If married filing separately, see instructions	6		. 5	2,851,739		
7		djusted gross income, but not less than zero (see instructions)	7	2.832.304 2.981.410				
•		is greater than or equal to line 6, skip lines 8 and 9,		2,301,410				
		ne 10. Otherwise, go to line 8.						
8	Subtract line 7		8	1.541.537				
9		y 50% (0.50). Do not enter more than \$25,000. If married filir	-		ns 9	1,541,537		
10		ller of line 5 or line 9	• ·	•	. 10			
		oss, go to Part III. Otherwise, go to line 15.				•		
Part		Allowance for Commercial Revitalization Dedu						
		ter all numbers in Part III as positive amounts. See the						
11		reduced by the amount, if any, on line 10. If married filing					_	
12		from line 4					_	
13		2 by the amount on line 10						
14 Part		llest of line 2c (treated as a positive amount), line 11, or osses Allowed	iine		. 14	*		
Paru 15					. 15	1 070 005		
15 16		ne, if any, on lines 1a and 3a and enter the total allowed from all passive activities for 2017. Add				1,270,005	-	
10		find out how to report the losses on your tax return				3,886,660		

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2017)

Cat. No. 63704F

2017 Line Item Estimates—All figures are estimates based on samples.

Amounts of selected lines filed (in thousands of dollars)

Form 8582 Department of the Treasury

Passive Activity Loss Limitations ► See separate instructions.

► Attach to Form 1040 or Form 1041. Go to www.irs.gov/Form8582 for instructions and the latest information.

2017 Attachment Sequence No. 88

OMB No. 1545-1008

Identifying number

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

	I otal Forms Filed = $8,000,130$					
Pari	2017 Passive Activity Loss		I			
	Caution: Complete Worksheets 1, 2, and 3 before completing Pa	art I.				
Renta	I Real Estate Activities With Active Participation (For the definition	of ac	tive participation, se	e		
Speci	al Allowance for Rental Real Estate Activities in the instructions.)					
1a	Activities with net income (enter the amount from Worksheet 1,					
	column (a))	1a	87.522.882			
b	Activities with net loss (enter the amount from Worksheet 1, column					
	(b))	1b	(46,237,258)		
С	Prior years' unallowed losses (enter the amount from Worksheet 1,		,			
_	column (c))	1c	(89,987,963)		
	Combine lines 1a, 1b, and 1c	• •		1d	-48,702,340	
_	nercial Revitalization Deductions From Rental Real Estate Activitie	I .	1/ 0.450 L			
2a	Commercial revitalization deductions from Worksheet 2, column (a) .	2a	(3,453)		
b	Prior year unallowed commercial revitalization deductions from	0				
~	Worksheet 2, column (b)	2b) 2c	(4,402	
	Add lines 2a and 2b	•••	<u> </u>	20	(4,402	,
	Activities with net income (enter the amount from Worksheet 3,	[
Ja	column (a))	3a	169,279,274			
b	Activities with net loss (enter the amount from Worksheet 3, column		100,210,211	_		
~	(b))	3b	(59,032,853)		
с	Prior years' unallowed losses (enter the amount from Worksheet 3,					
	column (c))	3c	(92,646,372)		
d	Combine lines 3a, 3b, and 3c			3d	17,600,048	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here	and i	include this form wit	h		
	your return; all losses are allowed, including any prior year unallowed		es entered on line 1			
	2b, or 3c. Report the losses on the forms and schedules normally use	d.		4	-31,106,693	
	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				al an ta Bas d'E	
Couti	Line 3d is a loss (and lines 1d and 2c are zo				-	malata
	on: If your filing status is married filing separately and you lived with y or Part III. Instead, go to line 15.	our s	bouse at any time of	inng the	year, do not cor	npiete
Part		h 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	113,946,324	
6	Enter \$150,000. If married filing separately, see instructions	6	424,337,806		110,010,021	
7	Enter modified adjusted gross income, but not less than zero (see instructions)	7	797,703,217			
	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	94,701,784			
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filin		-	s 9	29,123,856	
10	Enter the smaller of line 5 or line 9	• •		10	13,836,012	
_	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					
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing				*	
12	Enter the loss from line 4 <td></td> <td></td> <td>12</td> <td>*</td> <td></td>			12	*	
13 14	Reduce line 12 by the amount on line 10			13	*	
Part				14		1
15	Add the income, if any, on lines 1a and 3a and enter the total			15	28,913,194	
					20.010.107	

15	Add the income, if any, on lines 1a and 3a and enter the total	15	28,913,194	
16	Total losses allowed from all passive activities for 2017. Add lines 10, 14, and 15. See			
	instructions to find out how to report the losses on your tax return	16	76,827,770	
For Pa	aperwork Reduction Act Notice, see instructions.		Form 8582	(2017)

Form	8586 Low-Income Housing Credit			OMB No. 1545-0984			
Departm	ecember 2016) nent of the Treasury Revenue Service (99)	 Attach to your tax return. Information about Form 8586 and its instructions is at www.irs.gov/form8586. 			orm8586.	Attachment Sequence No. 3	6a
) shown on return	Identifyi	ng number				
Pari	Buildings	Placed in Service Before	e 2008				
1	Number of Fo	rms 8609-A attached for bu	uildings placed in s				
2	the close of th	n a decrease in the qualified e preceding tax year? numbers (BINs) of the buildi a schedule.	Yes 🗌 No	If "Yes," enter the I	building		
	(i)	(ii)	(iii)	(iv)			
3	Current year of	redit from attached Form(s)	8609-A for building	is placed in service befor	e 2008	181	
4	Low-income h	ousing credit for buildings pestates, and trusts	placed in service b	efore 2008 from partners	hips, S	3,532	
5	and report th	d 4. Estates and trusts, go t is amount on Schedule K. rt III, line 1d, column (c)	All others, stop h	ere and report this amo	unt on	3,708	
6	Amount alloca	ted to beneficiaries of the est	ate or trust (see inst	ructions)	6		
7	Estates and tru	usts, subtract line 6 from line	5. Report this amou	int on Form 3800, Part III,	line 1d,		
Part	Buildings	Placed in Service After 2	2007				
8		ms 8609-A attached for build					
9	the close of the	n a decrease in the qualified e preceding tax year?	Yes 🗌 No	If "Yes," enter the l	building		
	space, attach		ngs that had a dec	neased basis. If you nee			
	(i)	(ii)	(iii)	(iv)			
10		redit from attached Form(s) 8 ns)	609-A for buildings	placed in service after 200	7 10	*	
11		nousing credit for buildings , estates, and trusts				1,835	
12	here and repo	and 11. Estates and trusts, g rt this amount on Schedule rt III, line 4d, column (c)	K. All others, stop	here and report this amo	ount on	1,836	
13	Amount alloca	ted to beneficiaries of the est	ate or trust (see inst	ructions)	13		
14	Estates and tr	rusts, subtract line 13 from	line 12. Report this	amount on Form 3800,	Part III,		
For Pa	perwork Reduct	ion Act Notice, see General Ins	tructions.	Cat. No. 639871		Form 8586 (Rev. 12	2-201

orm 8586	L	.ow-Income Ho	using Credit		OMB No. 1545-	-0984	
Rev. December 2016) lepartment of the Treasury iternal Revenue Service (99)	► Information abo	► Attach to your ut Form 8586 and its inst	r tax return. tructions is at <i>www.irs.gov/1</i>	orm8586.	Attachment Sequence No. 36a		
lame(s) shown on return	Total Fo	orms Filed = 8,235		Identifying	g number		
Part I Buildings	Placed in Service Bet	fore 2008					
1 Number of Fo	rms 8609-A attached fo	r buildings placed in					
the close of the	e preceding tax year? numbers (BINs) of the bu	Yes No	ings accounted for on line If "Yes," enter the creased basis. If you nee	building			
(i)	(ii)	(iii)	(iv)				
3 Current year of	redit from attached Forn	n(s) 8609-A for buildin	igs placed in service befo		54		
4 Low-income h	ousing credit for building	gs placed in service b	before 2008 from partners	ships, S	10,397		
5 Add lines 3 an and report the	d 4. Estates and trusts, g is amount on Schedule	go to line 6. Partnersh K. All others, stop I	ips and S corporations, st here and report this am	op here ount on	10,451		
	,						
			structions)				
		•	unt on Form 3800, Part III,				
	Placed in Service Aft						
	ms 8609-A attached for b						
9 Has there been the close of the	e preceding tax year? numbers (BINs) of the bu	fied basis of any buildi	ings accounted for on line If "Yes," enter the creased basis. If you nee	building			
(i)	(ii)	(iii)	(iv)				
		s) 8609-A for buildings	placed in service after 200		*		
I1 Low-income h	nousing credit for buildi	ngs placed in servic	e after 2007 from partn	erships,	16,726		
Add lines 10 a here and repo	and 11. Estates and trust rt this amount on Sched	ts, go to line 13. Partr lule K. All others, stop	herships and S corporation b here and report this am	ns, stop ount on	16,728		
12 Amount alleged	tod to bonoficiarios of the	astata or truct (ass inc	tructions)	10			
14 Estates and tr	usts, subtract line 13 fro	om line 12. Report this	s amount on Form 3800,	Part III,			
	on Act Notice, see General				Form 8586 (Rev.	12-201	

2017 Line Item Estimates—All figures are estimates based on samples.						
Number of actions filed for only the lines						

Number of returns filed for selected lines

Form 8606
Department of the Treasury Internal Revenue Service (99)

Nondeductible IRAs

► Go to www.irs.gov/Form8606 for instructions and the latest information.

Attach to 2017 Form 1040, 2017 Form 1040A, or 2017 Form 1040NR.

Name. If married, file a separate form for each spouse required to file 2017 Form 8606. See instructions.

	OMB No. 1545-0074			
	2017			
	Attachment Sequence No. 48			
Your social security number				

		Total Forms Filed =	2,462,00)6					
Fill in Your Address Only if You Are Filing This Form by Itself and Not With		Home address (number and street, or P.O. box if mail is not delivered to your home)					Apt. no.		
		City, town or post office, state, and ZIP code. If you have	ve a foreign address, a	llso comp	plete the spaces below (se	e instructions).	nstructions). If this is an amended return, check here ► [
Your 1	ax Return	Foreign country name	Foreign province	/state/c	ounty	Foreign p	oreign postal code		
Part	Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRA Complete this part only if one or more of the following apply.								
		ondeductible contributions to a traditio		7.					
	traditional IF repayment of time distribu • You convert	stributions from a traditional, SEP, or SI RA in 2017 or an earlier year. For this pu of a qualified disaster distribution (see 2 ution to fund an HSA, conversion, recha ted part, but not all, of your traditional, s	urpose, a distrib 017 Forms 891 uracterization, o SEP, and SIMPI	oution 5A an r retur LE IRA	does not include d 8915B)), qualifi n of certain contr as to Roth IRAs in	a rollover (ed charitab butions. 2017 (exc	other than a ble distribution, luding any por	, one-	
		cterized) and you made nondeductible					arlier year.		
1		uctible contributions to traditional IRAs 18, through April 17, 2018. See instruct	,	0			766,347		
2	-	sis in traditional IRAs. See instructions					1,023,751		
3	Add lines 1 and 2	<u></u>				. 3	1,472,096		
	In 2017, did you take from traditional, SEF or make a Roth IRA	P, or SIMPLE IRAs,	Do not comple		om line 3 on line 1 e rest of Part I.	4.			
4		tions included on line 1 that were made from)18 th	rough April 17-201	8 4	18,792		
5	Subtract line 4 from					. 5	1,467,225	+	
6	December 31, 20 repayments of quali	all your traditional, SEP, and SIMPL 17, plus any outstanding rollovers. ified disaster distributions (see 2017 Forris zero or less, enter -0 See instructions	Subtract any ns 8915A and	6	399,226				
7	2017. Do not inclusion disaster distribution charitable distribution conversions to a	utions from traditional, SEP, and SIM lude rollovers (other than repayments ns (see 2017 Forms 8915A and 8915 tions, a one-time distribution to fu a Roth IRA, certain returned cont of traditional IRA contributions (see ins	s of qualified 5B)), qualified nd an HSA, ributions, or	7	493,880				
8		int you converted from traditional, SEP							
	IRAs to Roth IRAs	in 2017. Do not include amounts conve	erted that you						
		d (see instructions). Also enter this amour	1	8	78,921				
9	Add lines 6, 7, and		75,907						
10		e 9. Enter the result as a decimal round ult is 1.000 or more, enter "1.000" .	led to at least	10	× .				
11		ine 10. This is the nontaxable portion of oth IRAs. Also enter this amount on line		11	70,283				
12		Iine 10. This is the nontaxable po ou did not convert to a Roth IRA		12	459,716				
13 14 152		2. This is the nontaxable portion of all y m line 3. This is your total basis in trac m line 7			and earlier year	. 13 s 14 . 15a	635,065 1,321,618 465,430	<u> </u>	
15a b			· · · · ·	· ·	from 2017 Ecr		-00,400	+	
b		on line 15a attributable to qualified ((see instructions). Also, enter this amou 3, as applicable	nt on 2017 Forr				2,837		
с	Taxable amount.	Subtract line 15b from line 15a. If more ne 15b; 2017 Form 1040A, line 11b; or 2					464,254		
		subject to an additional 10% tax on the of the distribution. See instructions.	ne amount on li	ne 15	c if you were und	er			

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

OMB No. 1545-0074
2017

Form 8606 Department of the Treasury

Nondeductible IRAs

► Go to www.irs.gov/Form8606 for instructions and the latest information.

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Internal F	Revenue Service (99)	P Attach to 2	.017 F0111 1040, 2017	FUIII 1040A, 0	2017				Sequence No. 4	18
Name. I	f married, file a separate fo		red to file 2017 Form 860 Fotal Forms Filed =	6. See instructions 2,462,0)	/our soc	ial security numb	er
	Your Address You Are		and street, or P.O. box if			, 	•		Apt. no.	
Filing	This Form by and Not With	City, town or post office, sta	ate, and ZIP code. If you have	e a foreign address, a	llso com	plete the spaces below ((see ins	tructions).	If this is an amen return, check her	
	Tax Return	Foreign country name		Foreign province		·			ostal code	
Part		ble Contributions t			ution	s From Tradition	onal,	SEP,	and SIMPLE	IRAs
	-	part only if one or m ondeductible contrib			7					
	 You took dis traditional IF repayment o time distribut You converted 	stributions from a tra RA in 2017 or an earl of a qualified disaster ition to fund an HSA ed part, but not all, o cterized) and you ma	ditional, SEP, or SIN ier year. For this pur r distribution (see 20 , conversion, rechar of your traditional, S	MPLE IRA in 20 rpose, a distrib 017 Forms 891 racterization, o EP, and SIMP)17 ar oution 5A ar r retur LE IR/	does not include ad 8915B)), quali- rn of certain con- As to Roth IRAs i	e a ro fied c tribut n 20 ⁻	ollover (charitat ions. 17 (exc	other than a ble distribution, luding any por	, one-
1	-	uctible contributions			-					
2	-	18, through April 17, is in traditional IRAs						1 2	4,779,972 29,529,439	<u> </u>
2	•							3	34,309,411	
	In 2017, did you take from traditional, SEF or make a Roth IRA	e a distribution P, or SIMPLE IRAs, conversion?	— No →→ — Yes →→	Enter the amo Do not comple Go to line 4.	unt fro ete the	om line 3 on line e rest of Part I.	14.		128,397	
4 5	Subtract line 4 from	tions included on line		•	, ui			4 5	34,181,014	+
6	December 31, 20 repayments of qualit 8915B). If the result	all your traditional, 17, plus any outst fied disaster distribut is zero or less, enter	anding rollovers. Stions (see 2017 Form -0 See instructions	Subtract any ns 8915A and	6	244,763,649		-		
7	2017. Do not incl disaster distribution charitable distribution conversions to a	itions from tradition ude rollovers (othe ns (see 2017 Forms tions, a one-time Roth IRA, certa of traditional IRA co	r than repayments s 8915A and 8915 distribution to fur iin returned contr	of qualified B)), qualified nd an HSA, ributions, or	7	14,911,330				
8	IRAs to Roth IRAs in later recharacterized	nt you converted fro in 2017. Do not incl d (see instructions). Al	ude amounts conve lso enter this amount	rted that you t on line 16 .	8	1,504,407				
9 10	Divide line 5 by line	8	as a decimal rounde	179,386 ed to at least	10	× .				
11		ne 10. This is the no oth IRAs. Also enter	· · · · · · · · · · · · · · · · · · ·		11	591,836				
12	distributions that yo	line 10. This is the unit of the terminal termin	a Roth IRA		12	1,455,750				
13 14		 This is the nontaxa m line 3. This is your 						13 14	2,982,600	
14 15a		m line 3. This is your m line 7						14 15a	<u>31,326,811</u> 13,750,342	
b	Enter the amount 8915A and 8915B (Form 8915B, line 13	on line 15a attribut see instructions). Als 3, as applicable .	table to qualified d so, enter this amour	lisaster distrib ht on 2017 Forr	n 891 	5A, line 22, or 20	017	15b	12,664	
с		Subtract line 15b fro ne 15b; 2017 Form 1						15c	13,749,047	
	-	subject to an addition of the distribution.		e amount on li	ne 15	c if you were un	lder			

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

Form 8	606 (2017)						Page 2
Part			raditional, SEP, or SIMPLE IF) A in 0017 (ave	li i allia ai
		ny portion you recharacterize	verted part or all of your traditional ed).	I, SEP, and SIMPLE IRAS to	a Roth IF	ra in 2017 (exc	luaing
16	conver	ted from traditional, SEP, an	e amount from line 8. Otherwise d SIMPLE IRAs to Roth IRAs in 2 ditional, SEP, or SIMPLE IRAs in 2	017. Do not include amount	s	268,852	
17	on line	16 (see instructions)	mount from line 11. Otherwise, e		17	174,270	
18	2017 F	orm 1040, line 15b; 2017 Fo	from line 16. If more than zero, rm 1040A, line 11b; or 2017 Form			158,572	
Part	III D	istributions From Roth I	RAs				
	a cł	rollover (other than a repa	took a distribution from a Roth IR/ yment of a qualified disaster dis ne distribution to fund an HSA,	tribution (see 2017 Forms 8	3915A ai	nd 8915B)), qu	ualified
19	homeb	ouyer distributions, and any c	utions from Roth IRAs in 2017, inc ualified disaster distributions (see	instructions). Also see 2017		400.095	
20			enses (see instructions). Do not er			<u>400,095</u> 8.070	+
20 21			or less, enter -0			394.628	+
21			putions (see instructions). If line 21			233,175	+
23	-		o or less, enter -0- and skip lines	•		233,175	+
23			I tax (see instructions)			237,683	
24			from traditional, SEP, and SIMP				
		-	IRA. See instructions			25,762	
25a			o or less, enter -0- and skip lines 2			219,436	
b			ributable to qualified disaster dis				
			. Also, enter this amount on 2017			*	
		915B, line 14, as applicable			25b		
С		orm 1040, line 15b; 2017 Fo	o from line 25a. If more than zero rm 1040A, line 11b; or 2017 Form	1040NR, line 16b	25c	218,124	
Are Fi by Its	iling Thi	s Form Not With	rjury, I declare that I have examined this form t, and complete. Declaration of preparer (other	than taxpayer) is based on all informatio	, and to the	e best of my knowle preparer has any kno	dge and wledge.
Tour			Dues evenie i i	Date		DTIN	
Paid		Print/Type preparer's name	Preparer's signature	Date	Check self-employ		
Prep	oarer Only	Firm's name			Firm's EIN	►	
026	Uniy	Firm's address ►			Phone no.		

Form **8606** (2017)

Form 8	606 (2017)			Υ,	,			Page 2	
Part	())17 Conversions From	Traditio	nal, SEP, or SIMPLE IRAs to R	oth IRAs			- ugo _	
	C		nverted p	art or all of your traditional, SEP, an		a Roth IF	A in 2017 (exc	luding	
16	convert	ed from traditional, SEP,	and SIMP	Int from line 8. Otherwise, enter the IRAs to Roth IRAs in 2017. Do r , SEP, or SIMPLE IRAs in 2017 or 20	ot include amoun	ts	5,201,454		
17	-	•		from line 11. Otherwise, enter your		nt . 17	1,573,062		
18	2017 F	orm 1040, line 15b; 2017	Form 1040	ine 16. If more than zero, also incl 0A, line 11b; or 2017 Form 1040NR,			3,628,392		
Part	III D	stributions From Rot	n IRAs						
	a cł	rollover (other than a re	payment o	distribution from a Roth IRA in 2017. of a qualified disaster distribution ribution to fund an HSA, recharact	see 2017 Forms	8915A ar	nd 8915B)), qu	alified	
19	homeb Forms	uyer distributions, and an 3915A and 8915B	/ qualified		ns). Also see 2017	. 19	3,355,328		
20				ee instructions). Do not enter more		. 20	61,564	<u> </u>	
21				enter -0			3,293,764	<u> </u>	
22	-			(see instructions). If line 21 is zero, s	-		3,723,112	<u> </u>	
23	you ma	y be subject to an additio	nal tax (se	s, enter -0- and skip lines 24 and 28 e instructions)		. 23	1,353,456		
24	qualifie	d retirement plans to a Ro	oth IRA. Se	aditional, SEP, and SIMPLE IRAs e instructions		. 24	700,425		
25a				, enter -0- and skip lines 25b and 25			1,115,308	<u> </u>	
b	8915A		ns). Also, (e to qualified disaster distributions enter this amount on 2017 Form 891	5A, line 23, or 20 ⁻		*		
с				ine 25a. If more than zero, also incl DA, line 11b; or 2017 Form 1040NR,			1,114,903		
Are F by Its	Here On iling This elf and N Tax Retu	s Form lot With	rect, and com	clare that I have examined this form, including a plete. Declaration of preparer (other than taxpaye	companying attachmen r) is based on all informat	ion of which	best of my knowle breparer has any kno	dge and owledge.	
Paid		Print/Type preparer's name		Preparer's signature	Date	Check Self-employ			
Prep		Firm's name		· · · · · · · · · · · · · · · · · · ·		Firm's EIN	•		
Use	Uniy					Phone no.	Phone no.		

Form 8606 (2017)

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

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Departm Internal I	B615 eent of the Treasury Revenue Service (99)	Tax for Certain Children Who Have Unearned Income ► Attach only to the child's Form 1040, Form 1040A, or Form 1040NR. ► Go to www.irs.gov/Form8615 for instructions and the latest information.		OMB No. 1545-0 20 1 7 Attachment Sequence No. 3	7 33
Child's	name shown on returi	Total Forms Filed = 370,710	Child's soci	ial security number	
Before	D	he child, the parent, or any of the parent's other children for whom Form 8615 must Fax Worksheet or has income from farming or fishing, see Pub. 929, Tax Rules for a standard stand standard standard stand standard standard standard standard st	or Childre	en and Depende	
A Pare	ent's name (first, initia	, and last). Caution: See instructions before completing.	B Parent's	social security nur	nber
	ent's filing status (che Single] Married filing jointly Darried filing separately Head of household] Qualifying wido	w(er)
Part		et Unearned Income			<u> </u>
1	Enter the child's	s unearned income (see instructions)	. 1	370,710	
2	If the child did	I not itemize deductions on Schedule A (Form 1040 or Form 1040NR), entities, see instructions	er 2	370,710	
3		from line 1. If zero or less, stop; do not complete the rest of this form but of	do . 3	369,640	
4		s taxable income from Form 1040, line 43; Form 1040A, line 27; or Form 1040N ild files Form 2555 or 2555-EZ, see the instructions	R, . 4	360,450	
5	Enter the smal attach it to the	ler of line 3 or line 4. If zero, stop; do not complete the rest of this form but of child's return	do . 5	360,450	
Part	Tentative	Tax Based on the Tax Rate of the Parent			
6	line 6; Form 10	t's taxable income from Form 1040, line 43; Form 1040A, line 27; Form 1040E 40NR, line 41; or Form 1040NR-EZ, line 14. If zero or less, enter -0 If the pare			
7		or 2555-EZ, see the instructions	. <u>6</u> /e.	321,141	
•		the amount from line 5 above	. 7	121,570	
8		and 7 (see instructions)	. 8	360,450	+
9	If the Qualified	n the amount on line 8 based on the parent's filing status above (see instruction I Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, m 1040) is used to figure the tax, check here		349,864	
10	minimum tax; F include any tax the parent files	nt's tax from Form 1040, line 44; Form 1040A, line 28, minus any alternation form 1040EZ, line 10; Form 1040NR, line 42; or Form 1040NR-EZ, line 15. Do n from Form 4972, 8814, or 8885 or any tax from recapture of an education credit. Form 2555 or 2555-EZ, see the instructions. If the Qualified Dividends and Capit sheet, Schedule D Tax Worksheet, or Schedule J (Form 1040) was used to figure	ot If tal	315,099	
11	Subtract line 10) from line 9 and enter the result. If line 7 is blank, also enter this amount on liner III	ne . 11	336,802	
12a b	Divide line 5 by	7 .		369,640	
13	Multiply line 11		. 13	336,802	
Part		ax —If lines 4 and 5 above are the same, enter -0- on line 15 and go to lin	e 16.	1	1
14	Subtract line 5	irom line 4			
15	the Qualified I	on the amount on line 14 based on the child's filing status (see instructions). Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, m 1040) is used to figure the tax, check here		151,007	
16	Add lines 13 an	d 15	. 16	340,818	
17	Enter the tax of the Qualified I	on the amount on line 4 based on the child's filing status (see instructions). Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet,	lf or		
10		······································	∐ 17	224,570	
18		r of line 16 or line 17 here and on the child's Form 1040, line 44; Form 1040 n 1040NR, line 42. If the child files Form 2555 or 2555-EZ, see the instructions.		342,828	

Departm	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. • Go to www.irs.gov/Form8615 for instructions and the latest information.			OMB No. 1545-0074		
Child's r	Child's name shown on return Total Forms Filed = 370,710 Ch		Child's soc	ial security number		
Before you begin: If the child, the parent, or any of the parent's other children for whom Form 8615 must be D Tax Worksheet or has income from farming or fishing, see Pub. 929 , Tax Rules for explains how to figure the child's tax using the Schedule D Tax Worksheet or Schedule J				r Children and Dependents. It		
A Pare	nt's name (first, initi	al, and last). Caution: See instructions before completing.	B Parent's	social security nun	nber	
	ent's filing status (ch					
Part		Married filing jointly Married filing separately Head of household Iet Unearned Income] Qualifying wido		
	Enter the child			6,084,249		
1 2		's unearned income (see instructions)		0,004,249		
-	\$2,100. Otherv	vise, see instructions	. 2	827,615		
3	attach it to the	<pre>2 from line 1. If zero or less, stop; do not complete the rest of this form but (child's return</pre>	-	5,258,463		
4		's taxable income from Form 1040, line 43; Form 1040A, line 27; or Form 1040N hild files Form 2555 or 2555-EZ, see the instructions		5,611,190		
5	Enter the sma	ller of line 3 or line 4. If zero, stop; do not complete the rest of this form but of	do			
Part	II Tentativ	child's return	. 5	4,890,717	L	
6	line 6; Form 10	nt's taxable income from Form 1040, line 43; Form 1040A, line 27; Form 1040E 040NR, line 41; or Form 1040NR-EZ, line 14. If zero or less, enter -0 If the pare 5 or 2555-EZ, see the instructions	ent	185,373,616		
7	Enter the total	, if any, from Forms 8615, line 5, of all other children of the parent named above	/e.			
8		the amount from line 5 above		4,226,078		
9	Enter the tax of If the Qualifie	n the amount on line 8 based on the parent's filing status above (see instruction d Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet,	s). or			
10	,	rm 1040) is used to figure the tax, check here	9	55,990,264		
10	minimum tax; include any tax the parent file	ent's tax from Form 1040, line 44; Form 1040A, line 28, minus any alternati Form 1040EZ, line 10; Form 1040NR, line 42; or Form 1040NR-EZ, line 15. Do n & from Form 4972, 8814, or 8885 or any tax from recapture of an education credit is Form 2555 or 2555-EZ, see the instructions. If the Qualified Dividends and Capi (sheet, Schedule D Tax Worksheet, or Schedule J (Form 1040) was used to figu- here	ot . If tal	53,887,103		
11	Subtract line 1	0 from line 9 and enter the result. If line 7 is blank, also enter this amount on li		2 402 404		
12a	-	art III	. 11	2,103,161		
b	Divide line 5 by	line 12a. Enter the result as a decimal (rounded to at least three places)		× .		
13 Part		by line 12b	<u>. 13</u> e 16.	1,065,407		
14	Subtract line 5					
15	the Qualified	on the amount on line 14 based on the child's filing status (see instructions). Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, rm 1040) is used to figure the tax, check here		43,490		
16	Add lines 13 a	nd 15	. 16	1,108,897		
17	the Qualified	on the amount on line 4 based on the child's filing status (see instructions). Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet,	or	636,430		
18		rm 1040) is used to figure the tax, check here	∐ 17 0A,	000,400		
		m 1040NR, line 42. If the child files Form 2555 or 2555-EZ, see the instructions.	. 18	1,114,303		

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

Form 8615 (2017)



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

Credit for Prior Year Minimum Tax— Individuals, Estates, and Trusts > Go to www.irs.gov/Form8801 for instructions and the latest information.

Attach to Form 1040, 1040NR, or 1041.

OMB No. 1545-1073
2017
Attachment Sequence No. 74

1,242,584 Total Forms Filed =

Identifying	number

Par	t I Net Minimum Tax on Exclusion Items			1
1	Combine lines 1, 6, and 10 of your 2016 Form 6251. Estates and trusts, see instructions	1	1,213,194	
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	1,136,354	
3	Minimum tax credit net operating loss deduction (see instructions)	3	(15,478)
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 \$247,450 and you were married filing separately for 2016, see instructions	4	1,178,509	
5	Enter: \$83,800 if married filing jointly or qualifying widow(er) for 2016; \$53,900 if single or head of household for 2016; or \$41,900 if married filing separately for 2016. Estates and trusts, enter \$23,900	5	1,242,584	
6	Enter: \$159,700 if married filing jointly or qualifying widow(er) for 2016; \$119,700 if single or head of household for 2016; or \$79,850 if married filing separately for 2016. Estates and trusts, enter			
	\$79,850	6	1,242,584	
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	1,011,395	
8	Multiply line 7 by 25% (0.25)	8	1,011,395	
9	Subtract line 8 from line 5. If zero or less, enter -0 If under age 24 at the end of 2016, see instructions	9	1,037,376	
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	1,105,971	
11	 If for 2016 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. If for 2016 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 \$186,300 or less (\$93,150 or less if married filing separately for 	11	1,095,770	
	2016), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately for 2016) from the result. Form 1040NR filers, see instructions.			
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	317,917	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	1,094,067	
14	Enter the amount from your 2016 Form 6251, line 34, or 2016 Form 1041, Schedule I, line 55 $$.	14	1,092,398	
<u>15</u>	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0	15	916,024	(0017)
FOL D	aperwork Reduction Act Notice, see instructions. Cat. No. 10002S		Form 8801	(2017)

Form **8801** (2017)



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

Credit for Prior Year Minimum Tax— Individuals, Estates, and Trusts ► Go to www.irs.gov/Form8801 for instructions and the latest information.

Attach to Form 1040, 1040NR, or 1041.

Total Forms Filed = 1,242,584

OMB No. 1545-1073	
2017	
Attachment Sequence No. 74	

Identifying number

Part	Net Minimum Tax on Exclusion Items			
1	Combine lines 1, 6, and 10 of your 2016 Form 6251. Estates and trusts, see instructions	1	413,015,606	
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	62,523,607	
3	Minimum tax credit net operating loss deduction (see instructions)	3	(2,757,044)
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 \$247,450 and you were married filing separately for 2016, see instructions	4	481,181,041	
5	Enter: \$83,800 if married filing jointly or qualifying widow(er) for 2016; \$53,900 if single or head of household for 2016; or \$41,900 if married filing separately for 2016. Estates and trusts, enter \$23,900	5	94,624,755	
6	Enter: \$159,700 if married filing jointly or qualifying widow(er) for 2016; \$119,700 if single or head of household for 2016; or \$79,850 if married filing separately for 2016. Estates and trusts, enter			
	\$79,850	6	184,990,730	
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	316,190,637	
8	Multiply line 7 by 25% (0.25)	8	79,047,789	
9	Subtract line 8 from line 5. If zero or less, enter -0 If under age 24 at the end of 2016, see instructions	9	52,177,175	
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	436,155,267	
11	• If for 2016 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter.			
	 If for 2016 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. 	11	103,728,840	
	• All others: If line 10 is \$186,300 or less (\$93,150 or less if married filing separately for 2016), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately for 2016) from the result. Form 1040NR filers, see instructions.			
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	1,511,168	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	102,240,600	
14	Enter the amount from your 2016 Form 6251, line 34, or 2016 Form 1041, Schedule I, line 55	14	93,755,186	
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	9 808 862	

For Paperwork Reduction Act Notice, see instructions.

Form **8801** (2017)

Form 8801 (2017)

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2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form 8	801 (2017)		F	Page 2
Part	II Minimum Tax Credit and Carryforward to 2018		;	
16	Enter the amount from your 2016 Form 6251, line 35, or 2016 Form 1041, Schedule I, line 56 \ldots	16	994,993	
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	755,160	
19	2016 credit carryforward. Enter the amount from your 2016 Form 8801, line 26	19	860,269	
20	Enter your 2016 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	1,162,977	
22	Enter your 2017 regular income tax liability minus allowable credits (see instructions)	22	1,061,240	
23	Enter the amount from your 2017 Form 6251, line 33, or 2017 Form 1041, Schedule I, line 54	23	1,034,499	
24	Subtract line 23 from line 22. If zero or less, enter -0	24	293,464	
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2017 Form 1040, line 54 (check box b); Form 1040NR, line 51 (check box b); or Form 1041, Schedule G, line 2c.	25	293,464	
26	Credit carryforward to 2018. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	969,874	_
			Form 8801	(2017)

Form 8	Form 8801 (2017) Page 2				
Part	Minimum Tax Credit and Carryforward to 2018				
16	Enter the amount from your 2016 Form 6251, line 35, or 2016 Form 1041, Schedule I, line 56	16	10,987,930		
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	1,179,068		
19	2016 credit carryforward. Enter the amount from your 2016 Form 8801, line 26	19	9,487,518		
20	Enter your 2016 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	10,983,212		
22	Enter your 2017 regular income tax liability minus allowable credits (see instructions)	22	107,671,124		
23	Enter the amount from your 2017 Form 6251, line 33, or 2017 Form 1041, Schedule I, line 54	23	114,289,120		
24	Subtract line 23 from line 22. If zero or less, enter -0	24	4,146,348		
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2017 Form 1040, line 54 (check box b); Form 1040NR, line 51 (check box b); or Form 1041, Schedule G, line 2c	25	1.046.313		
			1,010,010		
26	Credit carryforward to 2018. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	9,937,013		
			Form 8801	(2017)	

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

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2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Part	1 (2017) Tax Computation Using Maximum Capital Gains Rates		Page
Fall	Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax W	/orkshi	et in the instructions
	Caution: If you didn't complete the 2016 Qualified Dividends and Capital Gain Tax Worksheet, the 2016 Schedule D Tax Worksheet, or Part V of the 2016 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 2016, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions	27	
	Caution: If for 2016 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 2016 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2016 Schedule D Tax Worksheet, or the amount from line 26 of the 2016 Schedule D (Form 1041), whichever applies*	28	
	If you figured your 2016 tax using the 2016 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 2016 Schedule D (Form 1040), or line 18b, column (2), of the 2016 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 2016 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 \$186,300 or less (\$93,150 or less if married filing separately for 2016), multiply line 32		
	by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately for 2016) from the result. Form 1040NR filers, see instructions	33	
34	Enter:	00	
04	• \$75,300 if married filing jointly or qualifying widow(er) for 2016,		
	 \$37,650 if single or married filing separately for 2016, 		
	 \$50,400 if head of household for 2016, or \$2,550 for an estate or trust. 	34	
	Form 1040NR filers, see instructions.		
35	Enter the amount from line 7 of your 2016 Qualified Dividends and Capital Gain Tax Worksheet, the		
	amount from line 14 of your 2016 Schedule D Tax Worksheet, or the amount from line 27 of the 2016		
	Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the		
	2016 Schedule D (Form 1041), enter the amount from your 2016 Form 1040, line 43, or 2016 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 40	Subtract line 38 from line 37 . <th.< td=""><td>39</td><td></td></th.<>	39	
40	Enter: • \$415,050 if single for 2016,		
	 \$233,475 if married filing separately for 2016, 		
	 \$466,950 if married filing jointly or qualifying widow(er) for 2016, \$441,000 if head of household for 2016, or 	40	
	• \$12,400 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 2016 Qualified Dividends and Capital Gain Tax		
	Worksheet or the amount from line 19 of your 2016 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, each instructioner. Form 1041 files, enter the emplete site worksheet are instructioner.		
	didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2016 Schedule D (Form 1041) or line 18 of your 2016 Schedule D Tax Worksheet, whichever applies. If		
	you didn't complete either the worksheet or Part V of the 2016 Schedule D (Form 1041), enter the amount		
	from your 2016 Form 1041, line 22; if zero or less, enter -0 Form 1040NR filers, see instructions	42	

* The 2016 Qualified Dividends and Capital Gain Tax Worksheet is in the 2016 Instructions for Form 1040. The 2016 Schedule D Tax Worksheet is in the 2016 Instructions for Schedule D (Form 1040) (or the 2016 Instructions for Schedule D (Form 1041)).

Form 88	301 (2017)		Pag	je 3
Part				
	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 instructior	ns.
27	Caution: If you didn't complete the 2016 Qualified Dividends and Capital Gain Tax Worksheet, the 2016 Schedule D Tax Worksheet, or Part V of the 2016 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 2016, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions			
	Caution: If for 2016 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.	27		
28	Enter the amount from line 6 of your 2016 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2016 Schedule D Tax Worksheet, or the amount from line 26 of the 2016 Schedule D (Form 1041), whichever applies*	28		
	If you figured your 2016 tax using the 2016 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 2016 Schedule D (Form 1040), or line 18b, column (2), of the 2016 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 2016 Schedule D Tax Worksheet	30		
31 32	Enter the smaller of line 27 or line 30	31 32		_
33	If line 32 is \$186,300 or less (\$93,150 or less if married filing separately for 2016), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately for 2016) from the result. Form 1040NR filers, see instructions	33		
34	Enter: • \$75,300 if married filing jointly or qualifying widow(er) for 2016, • \$37,650 if single or married filing separately for 2016, • \$50,400 if head of household for 2016, or • \$2,550 for an estate or trust. Form 1040NR filers, see instructions.	34		
35	Enter the amount from line 7 of your 2016 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2016 Schedule D Tax Worksheet, or the amount from line 27 of the 2016 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2016 Schedule D (Form 1041), enter the amount from your 2016 Form 1040, line 43, or 2016 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 39	Enter the smaller of line 36 or line 37 .	38 39		
39 40		39		
40	 \$415,050 if single for 2016, \$233,475 if married filing separately for 2016, \$466,950 if married filing jointly or qualifying widow(er) for 2016, 	40		
	 \$441,000 if head of household for 2016, or \$12,400 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 2016 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2016 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 2016 Schedule D (Form 1041) or line 18 of your 2016 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2016 Schedule D (Form 1041), enter the amount from your 2016 Form 1041, line 22; if zero or less, enter -0 Form 1040NR filers, see instructions	42		

* The 2016 Qualified Dividends and Capital Gain Tax Worksheet is in the 2016 Instructions for Form 1040. The 2016 Schedule D Tax Worksheet is in the 2016 Instructions for Schedule D (Form 1040) (or the 2016 Instructions for Schedule D (Form 1041)).

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	8814	Parents' Election To	Re	eport			OMB No. 1545	-0074
Departm	DOI4 nent of the Treasury Revenue Service (99)	Child's Interest and I ► Go to www.irs.gov/Form8814 for the ► Attach to parents' Form 1040 or)ivi latest	dends t information.			201 Attachment Sequence No.	7 40
Name(s	shown on your return	Total Forms Filed = 121,914			You	ur socia	I security number	
file a	separate tax retur	come tax on your child's income, including qualified on for the child instead of making this election. This is or her own return. For details, see <i>Tax benefits you ca</i>	s bec	cause you cannot	take o			
Α	Child's name (first,	initial, and last)			В	Child'	s social security	number
CI	f more than one F	orm 8814 is attached, check here						
Part		terest and Dividends To Report on Your Retu						
1a	child's Forms 10	's taxable interest. If this amount is different from t 199-INT and 1099-OID, see the instructions	he ar	mounts shown or	the	1a	16,309	
b 2a	on line 1a .	's tax-exempt interest. Do not include this amount	1b	223	vour			
b	child received ar	y ordinary dividends as a nominee, see the instructio 's qualified dividends included on line 2a. See the				2a	65,835	
3	-	· · · · · · · · · · · · · · · · · · ·	2b y cap	33,101 pital gain distribut	tions	3	29,951	
4		, and 3. If the total is \$2,100 or less, skip lines 5 thro 500 or more, do not file this form. Your child must f				4	71,438	
5 6	Base amount Subtract line 5 fr		• •		•	5	23,912	
U	If both lines 2b	and 3 are zero or blank, skip lines 7 through 10, er rwise, go to line 7.	nter -	-0- on line 11, and	d go	Ū	20,012	
7	least three place	v line 4. Enter the result as a decimal (rounded to at us)	7	· .				
8	least three place	line 4. Enter the result as a decimal (rounded to at s)	8	· .	_			
9		y line 7. Enter the result here. See the instructions ort this amount on your return	9	19,071				
10		y line 8. Enter the result here. See the instructions ort this amount on your return	10	18,013				
11 12		10	 rm 1	 040 line 21 or F	orm	11	20,824	
	1040NR, line 21	. In the space next to line 21, enter "Form 8814" and on line C above, see the instructions. Go to line 13 b	d sha	ow the amount. If	you	12	20,722	
Part	II Tax on th	e First \$2,100 of Child's Interest and Dividend	S					
13	Amount not taxe				•	13		
14			· ·		•	14	69,954	
15	No. Enter \$	unt on line 14 less than \$1,050? 105 here and see the Note below.		}		15	69,951	
Nate		line 14 by 10% (0.10). Enter the result here and see the				45 -		-
		e box on line C above, see the instructions. Otherwis form 1040NR, line 42. Be sure to check box a on Forr						nter on
		n Act Notice, see your tax return instructions.	1104	Cat. No. 10750J		· • • • • • • • • • • • • • • • • • • •	Form 881	4 (2017)

Departm	8814 ment of the Treasury I Revenue Service (99) Parents' E Child's Inter > Go to www.irs.gov/F > Attach to parent	orest and I	Divic latest	information.		OMB No. 1545	7
-	I Revenue Service (99) ► Attach to parent (s) shown on your return Total Forms Filed =	121,914	Form	1040NR.	Your socia	Sequence No.	40
file a s	ion: The federal income tax on your child's income, incluse separate tax return for the child instead of making this could take on his or her own return. For details, see <i>Tax</i>	uding qualified of election. This i	is bec	ause you cannot ta	ke certain		
A C	Child's name (first, initial, and last)				B Child's	s social security i	number
C If	If more than one Form 8814 is attached, check here .						
Part							
1a	Enter your child's taxable interest. If this amount is child's Forms 1099-INT and 1099-OID, see the instruc		the ar	nounts shown on t	ne 1a	11,197	
b	on line 1a		1b	428			
2a	child received any ordinary dividends as a nominee, se	ee the instructio		und dividends. If yo	ur 2a	135,533	_
b	Enter your child's qualified dividends included on lin instructions		2b	51,023			
3			• •		3	84,429	+
-	the total is \$10,500 or more, do not file this form. Yo report the income	our child must f	ile his	s or her own return		231,159	
5	Base amount				5		
6	Subtract line 5 from line 4				6	57,316	
	If both lines 2b and 3 are zero or blank, skip lines 7 to line 12. Otherwise, go to line 7.	-	nter -	0- on line 11, and g	jo		
7	Divide line 2b by line 4. Enter the result as a decimal least three places)	· · · · ·	7				
8	Divide line 3 by line 4. Enter the result as a decimal (least three places) . <td>•</td> <td>8</td> <td></td> <td></td> <td></td> <td></td>	•	8				
9	Multiply line 6 by line 7. Enter the result here. See the for where to report this amount on your return		9	17,373	_		
10	Multiply line 6 by line 8. Enter the result here. See the for where to report this amount on your return		10	31,140	_		
11	Add lines 9 and 10		•••		11	48,514	<u> </u>
12	Subtract line 11 from line 6. Include this amount in 1040NR, line 21. In the space next to line 21, enter " checked the box on line C above, see the instructions.	'Form 8814" an	nd sha	ow the amount. If yo	bu 🛛	8,883	
Part							
13	Amount not taxed				13		
14	Subtract line 13 from line 4. If the result is zero or less,	, enter -0			14	50,451	
15	Tax. Is the amount on line 14 less than \$1,050? □ No. Enter \$105 here and see the Note below.			}	15	5,045	
	Yes. Multiply line 14 by 10% (0.10). Enter the result l If you checked the box on line C above, see the instruct 1040, line 44, or Form 1040NR, line 42. Be sure to chec	tions. Otherwis	e, inc	lude the amount fro			nter on

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

1

2

2017 Line Item Estimates—All figures are estimates based on samples.

Number of returns filed for selected lines



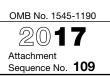
Name(s) shown on tax return

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

Attach to your tax return.

► Go to www.irs.gov/Form8824 for instructions and the latest information.



Identifying number

Total Forms Filed = 263,470

Part I Information on the Like-Kind Exchange

Note: If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.
Description of like-kind property given up:
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 the other party (month, day, year)	4	MM/DD/YYYY
5	Date like-kind property you received was identified by written notice to another 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, year). See instructions 6 MM/DD/YYYY

Note: Do not file this form if a related party sold property into the exchange, directly or indirectly (such as through an intermediary); that property became your replacement property; and none of the exceptions in line 11 applies to the exchange. Instead, report the disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 applies to the exchange, complete Part II.

Part II 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, and ZIP code) 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 transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you	
	(or an intermediary) in the exchange?	No

10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received?

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

- 11 If one of the exceptions below applies to the disposition, check the applicable box.
 - **a** The disposition was after the death of either of the related parties.
 - **b** The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
 - c U You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation. See instructions.

orm 8824

Department of the Treasury

Internal Revenue Service Name(s) shown on tax return

1

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

Attach to your tax return.

Go	to	www.	irs any	/Form8	824 for	r instructio	ns and t	he l	atest	informat	ion
			mongo.	// 0////00		monuono	no ana i			morma	

263,470

01010110.1040	-1130
201	7
Attachment	
Sequence No.	109

OMB No. 1545 1100

Identifying number

6

Part I Information on the Like-Kind Exchange

Note: If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country. Description of like-kind property given up:

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 the other party (month, day, year)	4	MM/DD/YYYY
5	Date like-kind property you received was identified by written notice to another party (month,		
Ŭ	day year) See instructions for 45-day written identification requirement	5	

6 Date you actually received the like-kind property from other party (month, day, year). See instructions

Total Forms Filed =

Note: Do not file this form if a related party sold property into the exchange, directly or indirectly (such as through an intermediary); that property became your replacement property; and none of the exceptions in line 11 applies to the exchange. Instead, report the disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 applies to the exchange, complete Part II.

Part II 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, and ZIP code) 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 transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange? Yes No

10	During this tax year (and before the date that is 2 years after the last transfer of property that was part of		
	the exchange), did you sell or dispose of any part of the like-kind property you received?	Yes	🗌 No

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

- **11** If one of the exceptions below applies to the disposition, check the applicable box.
 - **a** The disposition was after the death of either of the related parties.
 - **b** The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
 - c Vou can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation. See instructions.

	824 (2017)			Page 2
Name(s	s) shown on tax return. Do not enter name and social security number if shown on other side.	Your so	cial security number	
Part	Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Re	eceived	1	
r ar c	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other than one group of like-kind properties or (b) cash or other than one group of like-kind properties or (b) cash or other than one group of like-kind properties or (b) cash or other than one group of like-kind properties or (b) cash or other than one group of like-kind properties or (b) cash or other than one group of like-kind properties or (b) cash or other than one group of like-kind properties or (b) cash or other than one group of like-kind properties or (b) cash or other than one group of like-kind properties or (b) cash or other than one group of like-kind properties or (b) cash or other than one group of like-kind properties or (b) cash or other than one group of like-kind properties or (b) cash or other than one group of like-kind properties or (b) cash or other than other			tv.
	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	e, go to	line 15.	
12	Fair market value (FMV) of other property given up 12 5,041			
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			
	gain or (loss) in the same manner as if the exchange had been a sale	14	4.649	
	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,			
	reduced (but not below zero) by any exchange expenses you incurred. See instructions	15	19,522	
16	FMV of like-kind property you received	16	234.616	
17	Add lines 15 and 16	17	236.063	
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any			
	exchange expenses not used on line 15. See instructions	18	257,925	
19	Realized gain or (loss). Subtract line 18 from line 17	19	252,522	
20	Enter the smaller of line 15 or line 19, but not less than zero	20	15,753	
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21	3,474	
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on		13,632	
23	Schedule D or Form 4797, unless the installment method applies. See instructions	22 23	16,271	
23 24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	23	249,094	
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25	257.569	
Part		20	201,000	
26	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	Description of replacement property ►			
20				
29	Date divested property was sold (month, day, year)	29	MM/DD/YY	YY
30	Sales price of divested property. See instructions	_		
64	Desis of diversion and a			
31	Basis of divested property	_		
32	Realized gain. Subtract line 31 from line 30	32		
33	Cost of replacement property purchased within 60 days after date	02		
00	of sale			
		-		
34	Subtract line 33 from line 30. If zero or less, enter -0	34		
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35		
36	Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on			
	Schedule D or Form 4797. See instructions	36		
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37		
38	Basis of replacement property. Subtract line 37 from line 33	38		
		00		1

	824 (2017)		Page
ame(s	s) shown on tax return. Do not enter name and social security number if shown on other side.	Your so	cial security number
Part	III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Rec	ceive	d
	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or ot	ther (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 12 712,683	_	
13	Adjusted basis of other property given up 1 260.917	_	
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14	451.766
	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, reduced (but not below zero) by any exchange expenses you incurred. See instructions	15	3.413.142
16	FMV of like-kind property you received	16	59,132,316
17	Add lines 15 and 16	17	62.545.458
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15. See instructions	18	40,037,612
19	Realized gain or (loss). Subtract line 18 from line 17	19	22,507,846
20	Enter the smaller of line 15 or line 19, but not less than zero	20	2.544.558
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21	164.164
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	2.392.989
23	Recognized gain. Add lines 21 and 22	23	2.557.153
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24	19.950.693
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25	39.181.623

Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales

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.

26 27	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.)		
28	Description of replacement property ►		
29	Date divested property was sold (month, day, year)	29	
30	Sales price of divested property. See instructions	-	
31	Basis of divested property	-	
32	Realized gain. Subtract line 31 from line 30	32	
33	Cost of replacement property purchased within 60 days after date 33 of sale	-	
34	Subtract line 33 from line 30. If zero or less, enter -0	34	
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35	
36	Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797. See instructions	36	
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37	
38	Basis of replacement property. Subtract line 37 from line 33	38	

Form 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.						OMB No. 1545-0074		
Name(s) of proprietor(s) Total Forms Filed			iled =					Your s	ocial security number	
Pa	art I Part of	Your Home Used for Busine	ess							
	Area used regularly and exclusively for business, regularly for daycare, or for storage of									
	inventory or product samples (see instructions)						. [1	3,050,337	
2	Total area of home						.	2	3,051,713	
3	Divide line 1 by line 2. Enter the result as a percentage							3		%
	For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.									
4		ays used for daycare during year by hours used per day								
5		lable for use during the year (365 days x 24 hours) (see instructions) 5								
6	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									
7								-		%
Do	line 3 (enter the result as a percentage). All others, enter the amount from line 3 ▶ Part II Figure Your Allowable Deduction							7		-70
		rom Schedule C, line 29, plus any	aain a	lerived from the h	nusine	ss use of your ho	me			
0		n the trade or business not derived f						8	3,099,547	
	See instructions	for columns (a) and (b) before		(a) Direct expension	-	(b) Indirect expen				<u> </u>
9	completing lines 9 Casualty losses (s	-21. see instructions).	9	6,162	505	15,501	303			
10	•	age interest (see instructions)	10	66,345		1,646,212				
11	-	(see instructions)	11	69,097		1,911,698				
		nd 11	12	92,066		2,006,855				
13		olumn (b), by line 7			13	1,999,971				
14	Add line 12, colur	nn (a), and line 13 .				, ,		14	2,055,443	
15	Subtract line 14 fro	om line 8. If zero or less, enter -0-						15	2,182,749	
16	Excess mortgage	interest (see instructions) .	16	6,262		25,830				
17	Insurance		17	88,339		2,073,936				
18	Rent		18	50,621		689,132				
19		tenance	19	150,816		985,537				
20			20	184,194		2,527,508				
21		see instructions).	21	76,225		860,303				
		ugh 21.........	22	325,746		2,717,668				
		olumn (b), by line 7			23	2,709,759				
	, ,	year operating expenses (see in		,	24	647,960				
		nn (a), line 23, and line 24					•	25	2,932,587	
26		ng expenses. Enter the smaller of					•	26	2,072,616	
27		Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 . . Excess casualty losses (see instructions) . . .				•	27	2,027,346		
28 29	•	our home from line 41 below			28 29	4,679 1,339,981				
30		r year excess casualty losses ar			23	1,000,001				
50					30	324,915				
31	,	ugh 30						31	1,359,866	
32		casualty losses and depreciation			f line 2	27 or line 31	. †	32	879,616	1
33								33	2,716,479	
34	Casualty loss por	tion, if any, from lines 14 and 32.	Carry	amount to For	m 468	4 (see instruction	ns)	34	19,382	
35		ses for business use of your h								
_		C, line 30. If your home was used	for mo	ore than one bus	iness,	see instructions		35	2,712,723	
Pa		iation of Your Home								
36		of your home's adjusted basis of			•	,		36	1,292,673	<u> </u>
37		alue of land included on line 36						37	723,308	_
38	Basis of building. Subtract line 37 from line 36							38	1,280,077	
39	Business basis of building. Multiply line 38 by line 7							39	1,276,216	0/
40							t t	40	6,423	<u>%</u>
41 De	Interpretation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above Part IV Carryover of Unallowed Expenses to 2018							41	1,339,981	
	-	ses. Subtract line 26 from line 25			or O			42	1 0/7 0/7	
		osses and depreciation. Subtract						42	<u>1,047,847</u> 524,318	+
-		on Act Notice, see your tax return i			.555 [Cat. No. 13232		10	Form 882	9 (2017)

Form	Expenses for Business Use of Your Home							OMB No. 1545-0074		-0074
► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.							201	7		
Department of the Treasury Internal Revenue Service (99) Go to www.irs.gov/Form8829 for instructions and the latest information.					tion.		Attachment Sequence No.	176		
Name(s) of proprietor(s) Total Forms Filed = 3,282,756						Your social security number				
Pa	Part I Part of Your Home Used for Business									
1	1 Area used regularly and exclusively for business, regularly for daycare, or for storage of									
	inventory or product samples (see instructions)						ł	1		
_								2		
3	Divide line 1 by line 2. Enter the result as a percentage							3		%
4	For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7. Multiply days used for daycare during year by hours used per day						hr.			
5							hr.			
6	Divide line 4 by I	ine 5. Enter the result as a decima	l amo	ount	6					
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by						-			
De	line 3 (enter the result as a percentage). All others, enter the amount from line 3							7		%
8	Part II Figure Your Allowable Deduction 8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home,									
0	minus any loss fro	m the trade or business not derived fr						8	77,060,551	
	See instructions	for columns (a) and (b) before 9–21.		(a) Direct expension		(b) Indirect exper	,			
9	Casualty losses	(see instructions).	9	25,608		78,455				
10	Deductible morte	gage interest (see instructions)	10	205,426		14,437,157				
11		s (see instructions)	11	127,258		9,287,688				
12		and 11	12	358,291	10	23,803,301				
13 14		column (b), by line 7 Imn (a), and line 13			13	3,486,590		14	3,844,881	
15		rom line 8. If zero or less, enter -0-						15	84,604,551	<u> </u>
16		e interest (see instructions)	16	28,514		119,765			04,004,001	<u> </u>
17		· · · · · · · · · · ·	17	77,439		3,008,154				
18			18	301,682		11,425,855				
19		ntenance	19	188,420		3,844,554				
20		· · · · · · · · · · · ·	20	278,913		9,372,147				
21 22		(see instructions)	21 22	84,094 959,063		1,908,172 29,678,646				
23		column (b), by line 7.			23	5,311,948				
		Carryover of prior year operating expenses (see instructions) 24 2,826,850								
25		Imn (a), line 23, and line 24					-	25	9,097,861	
26		ting expenses. Enter the smaller of						26	4,625,353	
27							· I	27	79,979,198	<u> </u>
28 29	· · · · · · · · · · · · · · · · · · ·	losses (see instructions)			28	26,219				
	Depreciation of your home from line 41 below291,268,031Carryover of prior year excess casualty losses and depreciation (see									
					30	1,138,539				
31		ough 30						31	2,432,789	
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31							32	833,005	
33								33	9,303,239	<u> </u>
34 35		rtion, if any, from lines 14 and 32.						34	43,504	
00		C, line 30. If your home was used						35	9,259,735	
Pa		ciation of Your Home	-		,				3,233,733	
36								36	380,407,103	
37	Value of land included on line 36						+	37	63,486,593	
38	Basis of building. Subtract line 37 from line 36						+	38	316,920,510	
39 40	Business basis of building. Multiply line 38 by line 7							39 40	<u>44,240,131</u> 153,241	%
40 41	Depreciation percentage (see instructions)							40	1,268,031	/0
	Part IV Carryover of Unallowed Expenses to 2018									
		ses. Subtract line 26 from line 25.			er -0-			42	4,472,508	
		losses and depreciation. Subtract			less tl	han zero, enter -	0-	43	1,599,785	
For F	Paperwork Reducti	on Act Notice, see your tax return ir	nstruc	tions.		Cat. No. 13232	M		Form 882	9 (2017)

Form	3839		Qualified /	Ado	ptio	n Exp	ens	es				омв N 2(lo. 1545-0	0074 7
	ent of the Treasury Revenue Service (99)	Attach to Form 1040 or 1040NR. Go to www.irs.gov/Form8839 for instructions and the latest information and the latest inforeign inforeign inforeign interest information and the latest info				ormotic			Attach Seque	ment nce No. 3	38			
	shown on return	Attach to Form 1040 or 1040NR. Service (99) Service (99) Total Forms Filed = 111,585 Total Formation About Your Eligible Child or Children—You must complete this details, including what to do if you need more space.					our socia	al security n						
				,		N/		• • • • •				0		
Part						i — You	mus	st com	olete	tnis	part.	See inst	ructior	is tor
	· •					ck if child v	was-						(g	
1			(b) Child's year								(f) Child's		Che adop	
	First La	ist		200	0 and	with specia	al f	oreign		identi	fying nun	nber	became 2017 or	
Child 1													Γ	
Child														
2														
Child 3				Г									Тг	\neg
_	n : If the child was a foreign o	child see	Special rules	s in th	ne inst	ructions	for li	ne 1 cc	lumn (e) h	efore v		lete Pa	rt II or
										,	,			
Part	Adoption Credit		1											
•	Maximum adaption aradit		Child 1			Child 2		C	hild 3		-			
2														
3	Did you file Form 8839 for													
	prior year for the same child?													
		r 3	32 339		1	3 046		6(008					
	the amount to enter.	")	02,000			0,010		0,0						
4	Subtract line 3 from line 2 .	4									_			
5	Qualified adoption expense		54,102		1	1,441		13	365					
	(see instructions)	5	54,102		1	1,441		4,	505		-			
	Caution : Your qualified adoption expenses may not													
	equal to the adoption expense													
6	you paid in 2017. Enter the smaller of line 4 or line	e5 6	52,106		1	1,441		4	365					
7	Enter modified adjusted gross			s).	· · ·		7				-			
8	Is line 7 more than \$203,540?													
	No. Skip lines 8 and 9, a						8							
9	Yes. Subtract \$203,540 ft Divide line 8 by \$40,000. Er						-	st three	nlace	l (s)	-			
Ū	Do not enter more than 1.000				•				•	,	9		× .	
10	Multiply each amount on line													
11	by line 9				1	1,438		1 '	363		-			
12	Add the amounts on line 11.		- /		· · ·			4,		·	12	56,38	8	
13	Credit carryforward, if any, fr	om prior	years. See you		-		-							
	in the 2016 Form 8839 instruc	ctions .								•	13	63,81		<u> </u>
14 15	Add lines 12 and 13 Enter the amount from line 5 of	 of the Cru	 dit Limit Mark	 sheot	 in the	instructi	 Sne		• •	•	14 15	<u>107,48</u> 79,67		+
16	Adoption Credit. Enter the si							 0. line 5	 4. or F	orm	15	13,01	5	+
	1040NR, line 51. Check box c	on that	line and enter	"8839	" in th	e space	next	to box d	. If line	e 15				
-	is smaller than line 14, you ma					structior	าร) .				16	79,67) (co := :
For Pa	perwork Reduction Act Notice, s	see your t	ax return instru	ctions	•			Cat. No. 2	2843L			Fo	rm 883 9	7 (2017)

Form	8839	839 Qualified Adoption Expenses											. 1545-00		
				N Attack t	- -	- 104	0 1040N	P						17	
	ent of the Treasury Revenue Service (99)	► Go to w	ww.ir	► Attach t s.gov/Form883			0 or 1040N ctions and		atest inf	ormatio	ı.		Attachm Sequen	ce No. 3	В
Name(s) shown on return	Total For			112							ur socia	l security nu	mber	
Part	Informati	on About Your	Fligi			ildro	n_You	mue	t com	nlata ti		nart (Soo instr	uction	e for
r an		cluding what to d	-				n -100	muə	COM	piete ti	113	part.	5ee mau		5 101
	,						eck if child w	/as—						(g)	
1	((a) Child's name		(b) Child's year	born b		(d) a child		(e) a		((f) Child's		Chec adopt	
	First	Last		of birth	2000 disa	and	with specia needs		oreign child	id	dentify	/ing num	lber	became 2017 or	
Child]									
Child 2						7									
Child]									
3											<u> </u>				
		was a foreign child									e), De	etore y	ou comple	ete Pan	II or
Part III. If you received employer-provided adoption benefits, complete Part III on the back next. Part II Adoption Credit															
Child 1 Child 2 Child 3															
2		ption credit per	2												
3		orm 8839 for a													
	prior year for th	`													
	No. Enter	-0 nstructions for (3	346,684		1	61,290		80	,086					
	the amount			0+0,00+			01,230		00	,000					
4	Subtract line 3	from line 2 .	4												
5		ption expenses	_	005 700		4	15 400		45	254					
	(see instruction		5	625,780		- 1	15,182		45	,354		-			
		our qualified nses may not be													
		loption expenses													
•	you paid in 201			474 504			00 505		45						
6 7		er of line 4 or line 5 adjusted gross inco	6 me (s	474,501	ـــــــــــــــــــــــــــــــــــــ	.[[06,535	7	45	,282					
8	Is line 7 more t				.,										
		ines 8 and 9, and e													
•		act \$203,540 from					-	8							
9	Divide line 8 b Do not enter m	oy \$40,000. Enter ore than 1.000 .				•				•	s).	9		× .	
10		amount on line 6	10												
11	Subtract line 10		11	455,827		ç	98,957		42	,009					
12		nts on line 11									•	12	651,13	6	
13		ward, if any, from p m 8839 instruction										13	1,008,1	72	
14	Add lines 12 ar	nd 13										14	1,659,3	08	
15		Int from line 5 of the										15	404,11	7	
16		lit. Enter the smalle 1. Check box c on													
		line 14, you may ha										16	404,11	7	
_		, , , , , , , , , , , , , , ,						1			-				

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

Form **8839** (2017)

Form 8839 (2017)

Par	t III Employer-Provided Ado	ptior	n Benefi	ts											
			Cł	nild 1	1	C	hild 2			Child	3				
47		47													
17	Maximum exclusion per child	17										-			
18	Did you receive employer-														
10	provided adoption benefits for a														
	prior year for the same child?														
	No. Enter -0	10													
	☐ Yes. See instructions for ∫ the amount to enter.	18										-			
19	Subtract line 18 from line 17	19													
20	Employer-provided adoption														
	benefits you received in 2017.														
	This amount should be shown in box 12 of your 2017 Form(s)														
	W-2 with code T	20													
			•			•									
21	Add the amounts on line 20										· .		21	4,485	
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 2017,														
	enter the amount from line 19	22													
23	Enter modified adjusted gross ir														
24	the worksheet in the instructions) Is line 23 more than \$203,540?	• •	• •	23			_	-							
24	\square No. Skip lines 24 and 25, a	nd o	nter _0_												
	on line 26.														
	☐ Yes. Subtract \$203,540 from	n line	23	24											
25	Divide line 24 by \$40,000. Enter the at least three places). Do not enter					ounded t	0	25		×					
26	Multiply each amount on line 22														
	by line 25	26										_			
27	Excluded benefits. Subtract line 26 from line 22	27	*			,				*					
		21										-			
28	Add the amounts on line 27											. [28	*	
29	Taxable benefits. Is line 28 more	than	line 21?												
	□ No. Subtract line 28 from line														
	line 7 of Form 1040 or lin						ted lin	e next	t to lin	ie					
7 of Form 1040 or line 8 of Form 1040NR, enter "AB."								29	*						
	the total you would enter										• •	· [23		
	the amount on Form 883	9, line	e 29. Ente	er the	resul	t on line	7 of F	orm 1	040 d	or					
	line 8 of Form 1040NR. E	nter '	'SNE" on	the c	lottec	l line ne	kt to th	e entr	y line.	,					
	You may be able to claim th	e ado	option cre	edit in	Part	II on the	front	of this	s form	if any	/ of th	ne fo	llowir	ng apply.	
[_	You paid adoption expension the adoption was not final					ISES WE	e not f	fully re	eimbu	rsed I	by yc	our e	mplo	yer or otherwise,	and
L T	• The total adoption exper	ises v	vou paid	in 20)17 w	ere not	fully r	eimbu	irsed	by vo	our er	mplo	ver o	or otherwise and	the

- The total adoption expenses you paid in 2017 were not fully reimbursed by your employer or otherwise, and the adoption became final in 2017 or earlier.
 - You adopted a child with special needs and the adoption became final in 2017.

Form 8839 (2017)

			D Cl.								Page
ar	Employer-Provided Adop	otion	Child	11	Child	2	Child 3				
7	Maximum exclusion per child	17									
,	Did you receive employer										
•	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									
)	Employer-provided adoption										
	benefits you received in 2017.										
	This amount should be shown in box 12 of your 2017 Form(s)										
	W-2 with code \mathbf{T}	20									
	Add the amounts on line 20	• •	<u></u>	<u> </u>	<u></u> .	<u> </u>	<u></u>		21	14,145	_
	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 2017,										
	enter the amount from line 19	22									
	Enter modified adjusted gross in the worksheet in the instructions)			23							
	Is line 23 more than \$203,540?	• •	· · · ·			_					
	No. Skip lines 24 and 25, ar	nd er	nter -0-								
	on line 26.										
	Yes. Subtract \$203,540 from		· · · · ·	24							
5	Divide line 24 by \$40,000. Enter that least three places). Do not enter			•	ounded to	25	× .				
;	Multiply each amount on line 22										
	by line 25	26									
	Excluded benefits. Subtract		*		*		*				
	line 26 from line 22	27									
	Add the amounts on line 27								28	*	
								Ī			
)	Taxable benefits. Is line 28 more										
	No. Subtract line 28 from line line 7 of Form 1040 or lin										
	7 of Form 1040 or line 8 c					line ne					
	☐ Yes. Subtract line 21 from line					umber.	Reduce .		29	*	
	the total you would enter										
	the amount on Form 8839 line 8 of Form 1040NR. E										
	You may be able to claim th							the fo	ollowin		
	You paid adoption expense						-				and
	the adoption was not final							,			
ſ	• The total adoption expen	ses y	ou paid in	2017 v	vere not fully	/ reimb	ursed by your	emplo	oyer o	r otherwise, and	th
	adoption became final in 2	2017	or earlier.								

• You adopted a child with special needs and the adoption became final in 2017.

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

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Pa	age	2
	age	_

Form 88446 Department of the Treasury Internal Revenue Service	Paid on	Social Security and Medica Certain Employee Tips Attach to your tax return. S.gov/Form8846 for the latest information.	are Tax	CMB No. 1545-0123
Name(s) shown on return	Total Forms Filed =	31,887	1	dentifying number

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	15,460
2	Tips not subject to the credit provisions (see instructions)	2	3,024
3	Creditable tips. Subtract line 2 from line 1	3	15,460
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded \$127,200, see instructions and check here \blacktriangleright	4	15,459
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations	5	17,725
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	31.887
For Pa	aperwork Reduction Act Notice, see instructions. Cat. No. 16148Z		Form 8846 (2017)

Form 88446 Department of the Treasury Internal Revenue Service	Credit for Employer Social Security and Medicare Tax Paid on Certain Employee Tips Attach to your tax return. Go to www.irs.gov/Form8846 for the latest information.	Ces OMB No. 1545-0123
Name(s) shown on returr	Total Forms Filed = 31,887	Identifying number

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	1,140,012	
2	Tips not subject to the credit provisions (see instructions)	2	96,157	
3	Creditable tips. Subtract line 2 from line 1	3	1,043,855	
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded \$127,200, see instructions and check here \blacktriangleright	4	79,741	
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations	5	121,685	
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	201.426	
For Pa	aperwork Reduction Act Notice, see instructions. Cat. No. 16148Z		Form 8846 (2	2017)

	8822		Archer	MSAs and	I	OMB No. 1545-	0074
Form	8853	Long-Te		Insurance Contracts	ľ	201	7
Departm	ent of the Treasury			r instructions and the latest information.		Attachment	
	Revenue Service (99)	►	Attach to Form	1040 or Form 1040NR.		Sequence No.	39
Name(s) shown on return	Total Forms Filed =	161,959	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 Ad	Ivantage MSA, skip Section A and con	nplete	Section B.	
Part				. See instructions before completing			
		e Part I for each spouse.	buse have hig	gh deductible health plans with self-or	nly cov	/erage, comp	olete a
1	-	contributions to your Arche	r MSA(s) for 20	017 1 7,479			
2		•	• •	hose made from January 1, 2018,			
		7, 2018, that were for 2017.			2	12,074	
3	Limitation from	the Line 3 Limitation Chart	and Workshee	t in the instructions	3	4,392	
4	Compensation	(see instructions) from the e	mployer maint	aining the high deductible health plan. (If		·	
		-	om the trade o	or business under which the high			
		Ith plan was established.)			4	4,739	
5				or 4 here. Also include this amount on			
				ed line next to Form 1040, line 36, or			
		line 35, enter "MSA" and the			5	3,385	
Part		MSA Distributions	ay have to pay	y an additional tax (see instructions).			
6a			eived in 2017	from all Archer MSAs (see instructions) .	6a	18,931	
b				nother Archer MSA or a health savings	vu	10,001	
~				earnings on those excess contributions)			
		•		of your return (see instructions)	6b	*	
с	Subtract line 6	b from line 6a			6c	18,624	
7	Unreimbursed	qualified medical expenses (see instructior	าร)	7	11,547	
8	Taxable Arch	er MSA distributions. Subtra	act line 7 from	line 6c. If zero or less, enter -0 Also			
		oount in the total on Form 10 21, enter "MSA" and the an		Form 1040NR, line 21. On the dotted	8	7,076	
9a		stributions included on line 8 instructions), check here .	•	he Exceptions to the Additional			
b	Additional 20	% tax (see instructions). Ente	er 20% (0.20) c	of the distributions included on line 8 that			
				nount in the total on Form 1040, line 62,			
				e 62, or box b on Form 1040NR, line 60.			
		nd the amount on the line ne			9b	6,069	
Secti		utions in 2017 from a Mec		f you are filing jointly and both you a age MSA, complete a separate Section			
10		,	m all Medicare	Advantage MSAs (see instructions)	10	7,189	
11		-		ns)	11	7,186	
12	Taxable Medi	care Advantage MSA distri	butions. Subtr	ract line 11 from line 10. If zero or less,			
				040, line 21, or Form 1040NR, line 21.			
		line next to line 21, enter "Me			12	*	
13a		stributions included on line 1 instructions), check here .		the Exceptions to the Additional ►			
b	Additional 50 ^o	% tax. Enter 50% (0.50) of th	e distributions	included on line 12 that are subject to			
				o enter if you had a Medicare Advantage			
				otal on Form 1040, line 62, or Form			
		0. Check box c on Form 104 d the amount on the line ne		box b on Form 1040NR, line 60. Enter	401	*	
				· · · · · · · · · · · · · · · · · · ·	13b	F. 00E	3 (001=)
For Pa	perwork Reduct	on Act Notice, see your tax re	turn instruction	IS. Cat. No. 24091H		Form 885	J (2017)

_	8853			MSAs and		OMB No. 1545-0	074
Form		<u> </u>		surance Contracts		2017	7
	ent of the Treasury	-		nstructions and the latest information.		Attachment	
	Revenue Service (99)	•	Attach to Form 1	040 or Form 1040NR. Social security number of MSA		Sequence No. 3	9
	shown on return	Total Forms Filed =	161,959	account holder. If both spouses have MSAs, see instructions			
1				antage MSA, skip Section A and corr			
Part	jointly a			See instructions before completing t deductible health plans with self-on			
1	•	contributions to your Arche	MSA(s) for 201	7 1 15.524			
2				pse made from January 1, 2018,	-		
		2	· •	llovers (see instructions)	2	13,372	
3	Limitation from	the Line 3 Limitation Chart	and Worksheet i	n the instructions	3	13,127	
4	self-employed	enter your earned income fi		ning the high deductible health plan. (If business under which the high			
	deductible hea	Ith plan was established.)			4	427,977	
5	Form 1040, lin	e 36, or Form 1040NR, line 3	5. On the dotted	4 here. Also include this amount on I line next to Form 1040, line 36, or	5	4,715	
				an additional tax (see instructions).	5	4,715	
Part		MSA Distributions	ay nave to pay e				
6a			eived in 2017 fro	om all Archer MSAs (see instructions) .	6a	26,156	
b				ther Archer MSA or a health savings		,	
				rnings on those excess contributions)			
	included on lin	e 6a that were withdrawn by	the due date of	your return (see instructions)	6b	*	
С	Subtract line 6				6c	25,472	
7)	7	20,081	
8	include this an	ount in the total on Form 10	40, line 21, or Fo	ne 6c. If zero or less, enter -0 Also orm 1040NR, line 21. On the dotted	8	5,423	
9a	If any of the di	stributions included on line 8	meet any of the	Exceptions to the Additional		0,120	
b	are subject to	he additional 20% tax. Also	include this amo	the distributions included on line 8 that point in the total on Form 1040, line 62,			
				62, or box b on Form 1040NR, line 60.			
							<u> </u>
Section		itions in 2017 from a Mec		you are filing jointly and both you ar ge MSA, complete a separate Section			
10	Total distributi	ons you received in 2017 from	m all Medicare A	dvantage MSAs (see instructions)	10	8,878	
11)	11	8,856	
12				ct line 11 from line 10. If zero or less,			
				0, line 21, or Form 1040NR, line 21.			
10-				e amount	12	^	
13a	50% Tax (see	nstructions), check here .		e Exceptions to the Additional			
b				ncluded on line 12 that are subject to			
				enter if you had a Medicare Advantage			
				al on Form 1040, line 62, or Form x b on Form 1040NR, line 60. Enter			
		d the amount on the line ne			13b	*	
For Pa		on Act Notice, see your tax re			100	Form 8853	3 (2017)

Form 88	853 (2017)	Attachment S	equence l	No. 39	Page 2
Name o		Social security number of oolicyholder ►			
Secti	on C. Long-Term Care (LTC) Insurance Contracts. See Filing Requise before completing this section.	uirements for Section	on C i	n the instr	uctions
	If more than one Section C is attached, check here				
14a	Name of insured b Social sector	urity number of insure	d 🕨		
15	In 2017, did anyone other than you receive payments on a per diem or other per qualified LTC insurance contract covering the insured or receive accelerated de insurance policy covering the insured?	eath benefits under a l		□ Yes	□ No
16	Was the insured a terminally ill individual?	leath benefits that wer		☐ 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 ins "Per diem" box in box 3 is checked		17	72,704	
	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, i excludable from your income (for example, if the benefits aren't paid for person sickness through accident or health insurance), report the amount not excludable Form 1040, line 21.	if the benefits aren't nal 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 amounts you received because the insured was terminally ill (see instructions)	n't include any	18	<u>46,584</u> *	
20	Add lines 18 and 19		20	46,587	
21 22	Multiply \$360 by the number of days in the LTC period	70,661			
23 24	Enter the larger of line 21 or line 22	101,920 58,458			
	Caution: If you received any reimbursements from LTC contracts issued before August 1, 1996, see instructions.				
25 26	Per diem limitation. Subtract line 24 from line 23		25	90,480	
	amount		26	1,089	53 (2017)

2017 Line Item Estimates—All figures are estimates based on samples.

Form 88	853 (2017)	Attachment Sequence No. 39 Page 2
Name o	of policyholder (as shown on Form 1040)	Social security number of policyholder ►
Secti	ion C. Long-Term Care (LTC) Insurance Cor before completing this section.	racts. See Filing Requirements for Section C in the instructions
	If more than one Section C is attached, check he	
14a	Name of insured ►	b Social security number of insured
15	In 2017, did anyone other than you receive paymen qualified LTC insurance contract covering the insurance policy covering the insured?	on a per diem or other periodic basis under a I or receive accelerated death benefits under a life
16	Was the insured a terminally ill individual? Note: If "Yes" and the only payments you received to you because the insured was terminally ill, skip li	2017 were accelerated death benefits that were paid
17	Gross LTC payments received on a per diem or oth amounts from box 1 of all Forms 1099-LTC you rec "Per diem" box in box 3 is checked	ved with respect to the insured on which the
	Caution: Don't use lines 18 through 26 to figure the LTC insurance contract that isn't a qualified LTC in excludable from your income (for example, if the be sickness through accident or health insurance), represent 1040, line 21.	urance contract. Instead, if the benefits aren't effits aren't paid for personal injuries or
18 19	Enter the part of the amount on line 17 that is from Accelerated death benefits received on a per diem amounts you received because the insured was term	other periodic basis. Don't include any
20	Add lines 18 and 19	
21 22	Multiply \$360 by the number of days in the LTC per Costs incurred for qualified LTC services provided f during the LTC period (see instructions)	r the insured
23 24	Enter the larger of line 21 or line 22	23 8,684,891 for the insured
	Caution: If you received any reimbursements from issued before August 1, 1996, see instructions.	
25	Per diem limitation. Subtract line 24 from line 23 .	
26	Taxable payments. Subtract line 25 from line 20. If amount in the total on Form 1040, line 21. On the damount	ted line next to line 21, enter "LTC" and the
		23.085 Form 8853 (2017)

Form	8863
Departr	nent of the Treasury
Internal	Revenue Service (99)

Name(s) shown on return

Total Forms Filed =

Education Credits (American Opportunity and Lifetime Learning Credits)

10,545,097

► Attach to Form 1040 or Form 1040A.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074



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.

Par	t I Refundable American Opportunity Credit		
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	18,407,678
2	Enter:\$180,000 if married filing jointly;\$90,000 if single, head of household, or qualifying widow(er)21,052,029,509		
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 enter3434,166,838		
4	Subtract line 3 from line 2. If zero or less, stop; you can't take any education credit4618,019,580		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)5116,842,390		
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 (rounded to at least three places)	6	7,986,922
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box	7	17,998,251
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below.	8	7,143,602
Par			
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	10,854,650
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	18,452,728
11	Enter the smaller of line 10 or \$10,000	11	12,670,949
12	Multiply line 11 by 20% (0.20)	12	2,534,177
13	Enter:\$132,000 if married filing jointly;\$66,000 if single, head ofhousehold, or qualifying widow(er)13239,265,634		
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 enter14131,658,642		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- 15 107,832,710		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) 16 36,067,990		
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 (rounded to at least three		
	places)	17	24,723,321
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	2,443,942
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see		
	instructions) here and on Form 1040, line 50, or Form 1040A, line 33	19	9,353,087
For Pa	aperwork Reduction Act Notice, see your tax return instructions. Cat. No. 25379M		Form 8863 (2017)

Form 8863	(American O	Education Credits pportunity and Lifetime Learning Credits)	ł	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service (99)	► Go to www.irs.	Attach to Form 1040 or Form 1040A. gov/Form8863 for instructions and the latest information.		Attachment Sequence No. 50
Name(s) shown on return	Total Forms Filed =	10,545,097	Your soci	al 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 a	all P	arts III, line 30 .		1	18,407,678	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	1,052,029,509				
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	434,166,838				
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	618,019,580				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	116,842,390				
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 (at least three places)			•	6	7,986,922	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the y the conditions described in the instructions, you can't take the refundable Ar credit; skip line 8, enter the amount from line 7 on line 9, and check this box	nerio	can opportunity		7	17,998,251	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Ent on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below.	ter th	ne amount here an	d	8	7,143,602	
Part			<u></u>		-	1,110,002	<u> </u>
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksl	neet	(see instructions)		9	10,854,650	
10	After completing Part III for each student, enter the total of all amounts from zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	n all	Parts III, line 31.		10	18,452,728	
11	Enter the smaller of line 10 or \$10,000				11	12,670,949	
12	Multiply line 11 by 20% (0.20)	· ·			12	2,534,177	
13	Enter: \$132,000 if married filing jointly; \$66,000 if single, head of household, or qualifying widow(er)	13	239,265,634				
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	131,658,642				
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	107,832,710				
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	36,067,990				
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 (re	ounc	led to at least thre	e			
	places)				17	24,723,321	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksho	•	· · ·		18	2,443,942	
19 	Nonrefundable education credits. Enter the amount from line 7 of the Credinstructions) here and on Form 1040, line 50, or Form 1040A, line 33				19	9,353,087	
For Pa	perwork Reduction Act Notice, see your tax return instructions.	Ca	t. No. 25379M			Form 8863 (2)	2017)

Form 8863 (2017)

Page 2	
umber	

CAUTION	

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	III Student and Educational Institution Information	1. See i	instructions.				
20	Student name (as shown on page 1 of your tax return)		Student social secur /our tax return)	ity number (as sh	own	on page 1 of	
22	Educational institution information (see instructions)						
a	Name of first educational institution	b.1	Name of second edu	ucational institutic	on (if	any)	
(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 a post office, state, a instructions.				
(1	2) Did the student receive Form 1098-T ☐ Yes ☐ No from this institution for 2017?	(2)	Did the student rea		Т	Yes	No
(3) Did the student receive Form 1098-T from this institution for 2016 with box Yes No 2 filled in and box 7 checked?	(3)	Did the student red from this institution 2 filled in and box	n for 2016 with bo	_	Yes	No
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.		Enter the institut (EIN) if you're clain if you checked "Y from Form 1098-T	ning the Americar es" in (2) or (3).	י opp You	portunity cred I can get the	it or
		· ·					
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2017?		es — Stop! o to line 31 for this s	tudent. 🗌 No –	- Go	to line 24.	
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2017 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	Ye	es — Go to line 25.			op! Go to line cudent.	31
25	Did the student complete the first 4 years of postsecondary education before 2017? See instructions.	G	es — Stop! to line 31 for this udent.	🗌 No –	- Go	to line 26.	
26	Was the student convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance?	G	es — Stop! to line 31 for this udent.			mplete lines 2 30 for this stud	
CAUT			•	e same student i	in the	e same year. I	f
	American Opportunity Credit						
27	Adjusted qualified education expenses (see instructions). Don				27	-, ,-	98,280
28	Subtract \$2,000 from line 27. If zero or less, enter -0				28		*
29	Multiply line 28 by 25% (0.25)				29	17,119,603	66,137
30	If line 28 is zero, enter the amount from line 27. Otherwise,	add \$2	2,000 to the amount	t on line 29 and			
	enter the result. Skip line 31. Include the total of all amounts f	rom all l	Parts III, line 30, on	Part I, line 1 .	30	1,217,742	*
	Lifetime Learning Credit						_
31	Adjusted qualified education expenses (see instructions). Inc III, line 31, on Part II, line 10				31	18,115,947 336,780	0 0

Form 8863 (2017)

Name(s) shown on return

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for

CAUTION each stud	ient.					
Part III Student a	nd Educational Institution Information	1. See in	structions.			
20 Student name (as	shown on page 1 of your tax return)		udent social security our tax return) 	number (as sh	own on page 1 of	F
22 Educational institu	ution information (see instructions)					
a. Name of first edu		b. Na	ame of second educa	tional institutio	on (if any)	
	er and street (or P.O. box). City, town or e, and ZIP code. If a foreign address, see		Address. Number and post office, state, and instructions.			
(2) Did the student from this institut	receive Form 1098-T 🔲 Yes 🗌 No tion for 2017?		Did the student receiv from this institution fo		T 🗌 Yes 🗌	No
• •	receive Form 1098-T tion for 2016 with box 🔲 Yes 🗌 No ox 7 checked?		Did the student receiv from this institution fo 2 filled in and box 7 cl	r 2016 with bo		No
if you're claimin	ution's employer identification number (EIN) ng the American opportunity credit or if you in (2) or (3). You can get the EIN from Form the institution.	i	Enter the institution' (EIN) if you're claiming if you checked "Yes" from Form 1098-T or t	the American in (2) or (3).	n opportunity cred You can get the	lit or
		_				
	cholarship Credit or American opportunity ned for this student for any 4 tax years		— Stop! to line 31 for this stud	ent. 🗌 No –	- Go to line 24.	
academic period 2017 at an eligi leading towards	enrolled at least half-time for at least one that began or is treated as having begun in ible educational institution in a program a postsecondary degree, certificate, or d postsecondary educational credential?	Yes	— Go to line 25.		- Stop! Go to line is student.	31
	complete the first 4 years of postsecondary 2017? See instructions.	Go	— Stop! to line 31 for this dent.	🗌 No —	- Go to line 26.	
	convicted, before the end of 2017, of a session or distribution of a controlled	Go	— Stop! to line 31 for this dent.		- Complete lines 2 gh 30 for this stuc	
you complete	ke the American opportunity credit and the li e lines 27 through 30 for this student, don't c			ame student i	in the same year. I	lf
American Oppo	-					
28 Subtract \$2,000 fr	d education expenses (see instructions). Dor rom line 27. If zero or less, enter -0				27 25,124,674 28 1,801,076	<u>98,</u> 28
29 Multiply line 28 by					29 17,119,603	66,1
enter the result. S	enter the amount from line 27. Otherwise, kip line 31. Include the total of all amounts f				30 1,217,742	*
Lifetime Learni						
	d education expenses (see instructions). Inc				18 ,115,947 31 336,780	0 0
in, ine or, on Pan	t II, line 10				Form 8863	
						(2017)

* Nata not shown because of the small number of samnle returns on which it is based

Page	2

Your social security number



Internal Revenue Service

Name(s) shown on return

Credit for Qualified Retirement Savings Contributions

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

8,799,026

▶ Go to www.irs.gov/Form8880 for instructions and the latest information.

OMB No. 1545-0074 20

Attachment Sequence No. 54

Your social security number

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

Total Forms Filed =

• The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$31,000 (\$46,500 if head of household; \$62,000 if married filing jointly).

• The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2000, (b) is claimed as a dependent on someone else's 2017 tax return, or (c) was a student (see instructions). (a) You (b) Your spouse

Traditional and Roth IRA (including myRA) contributions for 2017. Do 1 not include rollover contributions 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2017 (see instructions) Add lines 1 and 2 . . . 3 4 Certain distributions received after 2014 and before the due date (including extensions) of your 2017 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. 5 Subtract line 4 from line 3. If zero or less, enter -0- 6 In each column, enter the **smaller** of line 5 or \$2,000 7 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 8

		(a) fou		(b) Your spouse	
)		070.000		040 504	
	1	676,632		218,524	
,					
	2	7,473,291		1,150,331	
	3	7,928,913		1,318,406	
e F					
•	4	293,523		127,448	
	5	7,911,764		1,310,350	
	6	7,914,779		1,310,350	
			7	8,780,913	_

9 Enter the applicable decimal amount shown below.

	If line 8 is—		A	nd your filing statu	s is—		
	Over-	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or		
		over-	Enter on	line 9—	Qualifying widow(er)		
		\$18,500	.5	.5	.5		
	\$18,500	\$20,000	.5	.5	.2		
	\$20,000	\$27,750	.5	.5	.1	9	8,768,411 X .
	\$27,750	\$30,000	.5	.2	.1		
	\$30,000	\$31,000	.5	.1	.1		
	\$31,000	\$37,000	.5	.1	.0		
	\$37,000	\$40,000	.2	.1	.0		
	\$40,000	\$46,500	.1	.1	.0		
	\$46,500	\$62,000	.1	.0	.0		
	\$62,000		.0	.0	.0		
		Note: If	line 9 is zero, stop; yo	ou cannot take this c	redit.		
10	Multiply line 7	by line 9 .				10	8,768,411
11	Limitation bas	sed on tax lia	ability. Enter the ame	ount from the Crea	lit Limit Worksheet in the		
	instructions .					11	8,727,544
12	•		•		ller of line 10 or line 11 here		
	and on Form 1	040, line 51; F	orm 1040A, line 34; oi	r Form 1040NR, line	48	12	8,712,026

8

8,780,913

*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.

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

Cat. No. 33394D

Form 8880 (2017)

Credit for Qualified Retirement Savings Contributions

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

Go to www.irs.gov/Form8880 for instructions and the latest information.

20 Sequence No. 54

Attachment

Your social security number

OMB No. 1545-0074

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

Total Forms Filed = 8,799,026

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



10 11

12

Form

• The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$31,000 (\$46,500 if head of household; \$62,000 if married filing jointly).

• The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2000, (b) is claimed as a dependent on someone else's 2017 tax return, or (c) was a student (see instructions).

- Traditional and Roth IRA (including myRA) contributions for 2017. Dc 1 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary
- employee contributions, and 501(c)(18)(D) plan contributions for 201 3
- Certain distributions received after 2014 and before the due date 4 (including extensions) of your 2017 tax return (see instructions). married filing jointly, include both spouses' amounts in both columns
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 6 In each column, enter the **smaller** of line 5 or \$2,000
- 7 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 8

		(a) You		(b) Your spouse	
0		0.000.704		070.000	
•	1	2,293,731		878,933	
у 7					
•	2	11,974,989		2,238,871	
	3	14,268,721		3,117,804	
e If s.					
•	4	603,439		403,387	
	5	13,996,892		3,030,048	
	6	9,060,729		1,664,153	
			7	10,724,882	

Enter the applicable decimal amount shown below. 9

lf	line 8 is—	A	And your filing statu	s is—			
Over-	But not over—	Married filing jointly Enter or	Head of household	Single, Married filing separately, or Qualifying widow(er)			
	\$18,500	.5	.5	.5			
\$18,50		.5	.5	.2			
\$20,00	00 \$27,750	.5	.5	.1	9	Χ.	
\$27,75	50 \$30,000	.5	.2	.1			
\$30,00	00 \$31,000	.5	.1	.1			
\$31,00	00 \$37,000	.5	.1	.0			
\$37,00	00 \$40,000	.2	.1	.0			
\$40,00	00 \$46,500	.1	.1	.0			
\$46,50	00 \$62,000	.1	.0	.0			
\$62,00	00	.0	.0	.0			
	Note: If	line 9 is zero, stop; y	ou cannot take this c	redit.			
Multiply li	ne 7 by line 9 .				10	1,882,707	
Limitation	n based on tax lia	ability. Enter the am	ount from the Cree	dit Limit Worksheet in the			
instructio	ns				11	14,865,447	
	•	•		ller of line 10 or line 11 here			
and on Fo	and on Form 1040, line 51; Form 1040A, line 34; or Form 1040NR, line 48						

8

300.658.684

*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.

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

Cat. No. 33394D

Form 8880 (2017)

2017 Line Item Estimates—All figures are estimates based on samples.

Number of returns filed for selected lines

Form 8889	Health Savings Acco	ounts (HSAs)
Department of the Treasury Internal Revenue Service	 Attach to Form 1040 or I Go to www.irs.gov/Form8889 for instruct 	
Name(s) shown on Form 10	⁴⁰ or Form 1040NR Total Forms Filed = 11,774,23	33 Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ►

OMB No. 1545-0074 20 1 Attachment Sequence No. **52**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Co	ontracts, if required.
---	------------------------

Part	HSA Contributions and Deduction. See the instructions before completing this p and both you and your spouse each have separate HSAs, complete a separate Part			jointly
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions)	🗌 Se	elf-only 🗌 Far	nily
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	1,931,980	
3	If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others, see the instructions for the amount to enter	3	10,278,805	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs	4	17,299	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	10,278,309	<u> </u>
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 2017, see the instructions for the amount to enter	6	10,096,187	
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions)	7	1,228,513	
8	Add lines 6 and 7	8	10,106,450	
9	Employer contributions made to your HSAs for 2017 9 9,041,654			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11	9,063,402	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	9,179,107	
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	1.857.859	
	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 a separate Part II for each spouse.	sepa	rate HSAs, com	nplete
14a	Total distributions you received in 2017 from all HSAs (see instructions)	14a	7,569,880	
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 with the due data of excess (and the earning)	4.41	05 777	
-	withdrawn by the due date of your return (see instructions)	14b	85,777	
C 15	Subtract line 14b from line 14a	14c	7,531,278	+
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	7,336,744	
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	277,552	
17a	If any of the distributions included on line 16 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 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	245,220	
For Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 37621P		Form 888	9 (2017)

2017 Line Item Estimates—All figures are estimates based on samples.

		Amounts of selected lines fied (in thousands of donars)			
2	8889	Health Savings Accounts (HSAs)		OMB No. 1545-0	074
Form		noutin outings Accounts (noAs)		2017	,
	ent of the Treasury	► Attach to Form 1040 or Form 1040NR.		Attachment	_
	Revenue Service	► Go to www.irs.gov/Form8889 for instructions and the latest information.		Sequence No. 5	2
Name(s)	shown on Form 10	40 or Form 1040NR Total Forms Filed = 11,774,233 Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ►			
Befor	e you begin:	Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contra	cts, if	required.	
Part		ntributions and Deduction. See the instructions before completing this p n you and your spouse each have separate HSAs, complete a separate Part			ointly
1	Check the bo 2017 (see instr	x to indicate your coverage under a high-deductible health plan (HDHP) during uctions)	🗌 Se	lf-only 🗌 Fam	ily
2		ions you made for 2017 (or those made on your behalf), including those made			
		1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions through a cafeteria plan, or rollovers (see instructions)	2	5,831,892	
3		der age 55 at the end of 2017, and on the first day of every month during 2017,			
		were considered, an eligible individual with the same coverage, enter \$3,400 nily coverage). All others, see the instructions for the amount to enter	3	56,561,903	
4	Enter the amo	unt you and your employer contributed to your Archer MSAs for 2017 from Form			
		and 2. If you or your spouse had family coverage under an HDHP at any time	4	40,854	
5	-	Also include any amount contributed to your spouse's Archer MSAs	4 5	56,525,213	
6		unt from line 5. But if you and your spouse each have separate HSAs and had		· ·	
	family coverage	e under an HDHP at any time during 2017, see the instructions for the amount to	6	54,017,863	
7		ge 55 or older at the end of 2017, married, and you or your spouse had family		34,017,000	
•		er an HDHP at any time during 2017, enter your additional contribution amount			
	(see instruction		7	1,266,229	
8	Add lines 6 an	d7	8	55,284,092	
9	Employer cont	ributions made to your HSAs for 2017 9 22,161,048			
10	Qualified HSA	funding distributions			
11	Add lines 9 an	d 10	11	22,326,542	
12	Subtract line 1	1 from line 8. If zero or less, enter -0	12	33,921,882	
13	HSA deductio	n. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form			
	1040NR, line 2	5	13	5.350.980	
_		2 is more than line 13, you may have to pay an additional tax (see instructions).			
Part		stributions. If you are filing jointly and both you and your spouse each have the Part II for each spouse.	sepa	rate HSAs, com	plete
14a	· · · ·	ons you received in 2017 from all HSAs (see instructions)	14a	18,231,479	
b		included on line 14a that you rolled over to another HSA. Also include any excess	1.10		
5		and the earnings on those excess contributions) included on line 14a that were			
		he due date of your return (see instructions)	14b	175,927	
с		4b from line 14a	14c	18,055,552	
15		cal expenses paid using HSA distributions (see instructions)	15	17,682,485	

Form 8889 (2017)

373,067

62,303

Page 2

Form 8889 (2	017)			Ρ
Part III	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the ins completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.			
10		10	7 790	

18	Last-month rule	18	7,780	
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	9,122	
21	Additional tax. Multiply line 20 by 10% (0.10). 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	9,122	
			Form 8889 (201	17)

-	m 8889 (2017) art III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct		ns before	Page 2
	completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.	e sepa	rate HSAs,	
18	Last-month rule	18	7,102	
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	8,423	
21	Additional tax. Multiply line 20 by 10% (0.10). 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	844	

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

199

	8903 December 2010)	Domestic Production Activ	ities	Deduction		OMB No. 1545-1	1984
Depar	tment of the Treasury al Revenue Service	► Attach to your tax return. ► See sep	arate	instructions.		Attachment Sequence No.	143
Name	e(s) as shown on returr	Total Forms Filed = 927,345			Identify	ing number	
	production activ	omplete column (a), unless you have oil-related vities. Enter amounts for all activities in column (b), ated production activities.	Oil-	(a) related production activ	vities	(b) All activities	
1 2		ction gross receipts (DPGR)	1	92,897		447,118	<u> </u>
	simplified overal	Il method, skip lines 2 and 3	2	54,636		288,225	
3	Enter deduction	s and losses allocable to DPGR (see instructions).	3	58,163		311,210	
4	amount of cost of	the small business simplified overall method, enter the of goods sold and other deductions or losses you n to DPGR. All others, skip line 4	4	5,235		64,642	
5		-	5	69,649		397,180	+
6		rom line 1	6	92,050		446,479	1
7		action activities income from estates, trusts, and					1
		hips and S corporations (see instructions)	7	17,026		359,299	
8		7. Estates and trusts, go to line 9, all others, skip line					
_	-	10	8				
9		ted to beneficiaries of the estate or trust (see					
40.	/		9				
108	-	alified production activities income. Estates and					
	enter amount fro	line 9, column (a), from line 8, column (a), all others, om line 8, column (a). If zero or less, enter -0- here .	10a	73,151			
ł	-	iction activities income. Estates and trusts, subtract					
	from line 8, col	(b), from line 8, column (b), all others, enter amount umn (b). If zero or less, enter -0- here, skip lines 11 enter -0- on line 22	10b			680,155	
11	 Individuals, es domestic production All others. Entre 	n (see instructions): states, and trusts. Enter your adjusted gross income f ction activities deduction	 oducti	on activities	11	680,260	
		exempt organizations, see instructions)					
12		r of line 10b or line 11. If zero or less, enter -0- here, ski			10	670.000	
12		line 22			12 13	670,229 658,957	+
		r of line 10a or line 12		65,244	13	000,907	1
		I-related qualified production activities income. Multiply			14b	59,827	T
		b from line 13			15	658,957	+
		s (see instructions)			16	304,501	+
17		s from estates, trusts, and certain partnerships and S c					1
		s)			17	337,737	
18		d 17. Estates and trusts, go to line 19, all others, skip lin			18		
19		d to beneficiaries of the estate or trust (see instructions	-		19		
20		ts, subtract line 19 from line 18, all others, enter amoun			20	611,100	1
21	-	limitation. Enter 50% of line 20			21	611,100	
22		r of line 15 or line 21			22	610,394	<u> </u>
23	-	ction activities deduction from cooperatives. Enter ded				040.075	
	1099-PATR, box				23	216,655	
24 25		ted group allocation (see instructions)			24	1,978	
20		m 1040, line 35; Form 1120, line 25; or the applicable lin			25	788,669	

For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-1984 **Domestic Production Activities Deduction** (Rev. December 2010) Attachment Department of the Treasury Sequence No. 143 ▶ Attach to your tax return. ▶ See separate instructions. Internal Revenue Service Identifying number Name(s) as shown on return Total Forms Filed = 927,345 Note. Do not complete column (a), unless you have oil-related (a) (b) production activities. Enter amounts for all activities in column (b), Oil-related production activities All activities including oil-related production activities. Domestic production gross receipts (DPGR) 1,370,786,202 1 36,461,670 1 2 Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3 2 24,299,233 950,967,649 3 3 Enter deductions and losses allocable to DPGR (see instructions). 7,771,710 265,284,844 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 57,514,261 275,704 4 1,273,766,754 5 32,346,647 97,019,448 4,115,023 6 7 Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions) . . . 7 71,168,753 979,503 8 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 9 10a Oil-related qualified production activities income. Estates and trusts, subtract line 9, column (a), from line 8, column (a), all others, 6,294,115 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 10b 204,980,996 **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 11 552,614,522 12 Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip lines 13 through 21, 12 153,889,134 13,850,018 13 **b** Reduction for oil-related qualified production activities income. Multiply line 14a by 3% . . 14b 102,489 15 13,747,530 16 330,595,291 17 Form W-2 wages from estates, trusts, and certain partnerships and S corporations 17 153,316,797 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 . . . 20 483,912,088 21 21 241,956,179 13,045,109 22 22 Domestic production activities deduction from cooperatives. Enter deduction from Form 23 23 2,065,554 Expanded affiliated group allocation (see instructions) 2,707 24 24 25 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 15,113,370

For Paperwork Reduction Act Notice, see separate instructions.

Form 8903 (Rev. 12-2010)

Form 8910 Department of the Treasury Internal Revenue Service		Alte ► Go to www.irs.g				17			
Name(s) sh	own on return	Total Forms Filed =	13,801				Identifying nur		
	the credit for	im the credit for certain alte certain plug-in electric vehi /e Credit			S.				
		nn for each vehicle. If you ne 8910 and include the totals			(a) Vehicle 1		(k) Vehicle 2	
2 V 3 E 4 T	ehicle identif nter date vehi entative cre	nd model of vehicle ication number (see instruct cle was placed in service (MI dit (see instructions for amo lid NOT use your vehicle fo	ions) M/DD/YYYY) punt to enter)	1 2 3 4	/ / 13,782	t hav	/	/ *	ership or
	corporation,	skip Part II and go to Part I or Business/Investmen	II. All others, g	o to Pa	art II.				
6 M 7 A	Iultiply line 4 dd columns (stment use percentage (see by line 5 (a) and (b) on line 6 tor vehicle credit from partr				% 7 8	3,051	1	%
9 B c a	orporations, mount on Fo	estment use part of creaters of creaters of the stop here and report this a stop here and report this a stop here and report 111, line 1r	dit. Add lines amount on Sch	7 and nedule	8. Partnerships and S	9	3,055	5	
	you skipped	or Personal Use Part of Part II, enter the amount Part II, subtract line 6 from	from line 4. If	10					
12 E 13 P	inter the amo Personal credi	unt from Form 1040, line 47 ts from Form 1040 or 1040	, or Form 1040 NR (see instruc)NR, lir tions)		11 12 13	13,78 5,523		
tł	ne personal u	3 from line 12. If zero or le se part of the credit part of credit. Enter the s				14	13,79	6	
1	040, line 54	(or Form 1040NR, line 51). t to that box. If line 14 is sm	Check box c	on that	line and enter "8910" in	15	13,77		
For Pape	rwork Reduct	ion Act Notice, see separate	instructions.		Cat. No. 37720F			Form 8	910 (2017

	Alternative Motor Vehicle Credit Attach to your tax return. Go to www.irs.gov/Form8910 for instructions and the latest in								201	1998 7
	Revenue Service	► Go to www.irs.g	gov/Form8910 fo	r insti	ructions and the lates	t information	on.	A	Attachment Sequence No.	152
Name(s)	shown on return	Total Forms Filed =	13,801				Iden	tifying number		
	n the credit for	im the credit for certain alte certain plug-in electric vehic re Credit			S.					
Use a	separate colum	n for each vehicle. If you ne 8910 and include the totals			(a) Vehicle	e 1		(b) V	ehicle 2	
1 2	Vehicle identifi	nd model of vehicle	ions)	1 2						
3 4		cle was placed in service (MI dit (see instructions for amo		3	68,644			/	*	
Part	S corporation,	id NOT use your vehicle for skip Part II and go to Part I or Business/Investmen	II. All others, go	to Pa	art II.	did not h	ave a	a credit from	n a partners	ship or
5	Business/inves	stment use percentage (see	instructions)	5		9	ó			%
6	Multiply line 4	by line 5		6						
7		a) and (b) on line 6					'	6,710		
8	Alternative mo	tor vehicle credit from partr	nerships and S	corpo	rations (see instruction	ons) E	;	*		
9	corporations,	estment use part of creat stop here and report this a rm 3800, Part III, line 1r .	amount on Sch	edule		t this		6,735		
Part		or Personal Use Part of								
10		I Part II, enter the amount Part II, subtract line 6 from		10						
11	Add columns (a) and (b) on line 10				1	1	62,034		
12	Enter the amo	unt from Form 1040, line 47	, or Form 1040	NR, lii	ne 45	1	2			
13		ts from Form 1040 or 1040	•				3	13,509		
14		3 from line 12. If zero or le se part of the credit			·	claim	4	664,335		
15	1040, line 54 the space nex	part of credit. Enter the s or Form 1040NR, line 51). t to that box. If line 14 is sm	Check box c o aller than line 1	n tha	t line and enter "891		5	49,233	001	
For Pa	perwork Reduct	ion Act Notice, see separate	instructions.		Cat. No.	37720F			Form 891	U (2017)

\$	3911	Alternative Fuel Vehicle Refueling Property Cred	it	OMB No. 1545-1981
Form	JJ			2017
	nent of the Treasury	 Attach to your tax return. Go to www.irs.gov/Form8911 for instructions and the latest information. 		Attachment
	Revenue Service		L.I.a.	Sequence No. 151
Name(s	s) shown on return	Total Forms Filed = 10,612	lder	itifying number
Part	Total Co	ost of Refueling Property		
1	Total cost of q	ualified alternative fuel vehicle refueling property placed in service during the tax		
	year (see Wha	t's New in the instructions)	1	10,583
Part		or Business/Investment Use Part of Refueling Property	<u>г. г</u>	
2		stment use part (see instructions)	2	1,691
3		(pense deduction (see instructions)	3	0
4		from line 2	4	
5		by 30% (0.30)	5	
6		iness/investment use part of credit (see instructions)	6	1,709
7		ller of line 5 or line 6	7	1.693
8		el vehicle refueling property credit from partnerships and S corporations (see		*
	,		8	^
9		estment use part of credit. Add lines 7 and 8. Partnerships and S corporations,		
		report this amount on Schedule K. All others, report this amount on Form 3800,		
	Part III, line 1s	· · · · · · · · · · · · · · · · · · ·	9	1,698
Part		or Personal Use Part of Refueling Property	<u>г г</u>	
10		2 from line 1. If zero, stop here; do not file this form unless you are claiming a		
)	10	
11) by 30% (0.30)	11	
12		sonal use part of credit (see instructions)	12	
13		ller of line 11 or line 12	13	10,083
14	Regular tax be	fore credits:		
		Enter the sum of the amounts from Form 1040, lines 44 and 46;		
		f the amounts from Form 1040NR, lines 42 and 44.	14	
		Enter the regular tax before credits from your return.		
15		duce regular tax before the alternative fuel vehicle refueling property credit:		
а	Foreign tax cre	edit		
b	Certain allowa	ble credits (see instructions)		
С	Add lines 15a	and 15b	15c	7,198
16	Net regular tax	x. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; do not		
	file this form u	nless you are claiming a credit on line 9	16	10,079
17		mum tax (see instructions):		
	 Individuals. 	Enter the amount from Form 6251, line 33.		
	 Other filers. tax form or s 	Enter the tentative minimum tax from your alternative minimum	17	7,058
18	Subtract line	17 from line 16. If zero or less, stop here; do not file this form unless you are		
	claiming a cree	dit on line 9	18	9,523
19	Personal use	part of credit. Enter the smaller of line 13 or line 18 here and on Form 1040,		
		1040NR, line 51; or the appropriate line of your return. If line 18 is smaller than		
	line 13, see ins	structions	19	9,523
For Pa	aperwork Reduct	ion Act Notice, see instructions. Cat. No. 37721Q		Form 8911 (2017)

8911 Alternative Fuel Vehicle Refueling Property Credit Department of the Treasury Internal Revenue Service > Attach to your tax return. Go to www.irs.gov/Form8911 for instructions and the latest information.	OMB No. 1545-1981
Name(s) shown on return Total Forms Filed = 10,612	ntifying number
Part I Total Cost of Refueling Property	
1 Total cost of qualified alternative fuel vehicle refueling property placed in service during the tax	
year (see What's New in the instructions)	21,126
Part II Credit for Business/Investment Use Part of Refueling Property	
2 Business/investment use part (see instructions)	7,788
3 Section 179 expense deduction (see instructions)	0
4 Subtract line 3 from line 2	
5 Multiply line 4 by 30% (0.30)	
6 Maximum business/investment use part of credit (see instructions)	42,211
7 Enter the smaller of line 5 or line 6	2,347
8 Alternative fuel vehicle refueling property credit from partnerships and S corporations (see	*
instructions)	
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 1s	2,578
Part III Credit for Personal Use Part of Refueling Property	2,010
10 Subtract line 2 from line 1. If zero, stop here; do not file this form unless you are claiming a	
credit on line 9	
11 Multiply line 10 by 30% (0.30)	
12 Maximum personal use part of credit (see instructions)	
13 Enter the smaller of line 11 or line 12 13 13	3,868
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.	
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:	
a Foreign tax credit 15a In Outboin allowed by analytic (assignmentions) 15b	
b Certain allowable credits (see instructions) 1 15b 15c c Add lines 15a and 15b 1 15c 15c	45 000
	45,823
16 Net regular tax. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; do not file this form unless you are claiming a credit on line 9	1,677,759
17 Tentative minimum tax (see instructions):	1,011,100
• Individuals. Enter the amount from Form 6251, line 33.	
• Other filers. Enter the tentative minimum tax from your alternative minimum	1,418,114
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	
claiming a credit on line 9	272,475
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 19 For Paperwork Beduction Act Notice see instructions Cat No 377210	3,012

		Number of returns med for select	leu intes			
	8917	Tuition and Fees Dedu	letion		OMB No. 1545-	0074
Form	0317				201	7
	nent of the Treasury Revenue Service	Attach to Form 1040 or Form 10 Go to www.irs.gov/Form8917 for the late			Attachment Sequence No.	6 0
	s) shown on return	Total Forms Filed = 1,114,293		Your socia	al security number	
		1,11 1 ,235				
CAUT	same stu	ot take both an education credit from Form 8863 and th dent for the same tax year.	he tuition and fees d	eduction	from this form i	for the
Befo	re you begin:	To see if you qualify for this deduction, see Who C	Can Take the Deductio	<i>n</i> in the ir	structions below	/.
		✓ If you file Form 1040, figure any write-in adjustment 1040, line 36. See the 2017 Form 1040 instruction		ne dotted	line next to Form	ו
1	(a) 🤤	Student's name (as shown on page 1 of your tax return)	(b) Student's social s		(c) Adjusted qua	
	First name	Last name	number (as shown o 1 of your tax retu		expenses (se instructions)	
			Student 1		1,112,280	
			Student 2		24,340	
			Student 3 Stude	ent 4	2,025	0
2	Add the amou	nts on line 1, column (c), and enter the total		2	1,112,280	
3	Enter the amo	unt from Form 1040, line 22, or Form 1040A, line 15		_		
4	Enter the total	from either:				
		lines 23 through 33, plus any write-in adjustments e dotted line next to Form 1040, line 36, or				
	• Form 1040A	, lines 16 through 18		_		
5		4 from line 3.* If the result is more than \$80,000 (\$160,000 not take the deduction for tuition and fees	•••	y), 5	1,108,252	
	see Effect of t	ng Form 2555, 2555-EZ, or 4563, or you are excluding inc <i>he Amount of Your Income on the Amount of Your Deducti</i> a amount to enter on line 5.				
6	Tuition and f iling jointly)?	ees deduction. Is the amount on line 5 more than \$65,00	00 (\$130,000 if marrie	ed		
	Yes. Enter	the smaller of line 2, or \$2,000.		G	1 100 202	
	No. Enter	the smaller of line 2, or $4,000$.		6	1,109,292	

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

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

Cat. No. 37728P

Form 8917 (2017)

Form 8917	т	uition and Fees Deduction		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service	► Go to	► Attach to Form 1040 or Form 1040A. www.irs.gov/Form8917 for the latest information		Attachment Sequence No. 60
Name(s) shown on return	Total Forms Filed =	1,114,293	Your socia	al security number

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.

Before you begin:

✔ 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 adjustments to be entered on the dotted line next to Form 1040, line 36. See the 2017 Form 1040 instructions for line 36.

1	(a) Studen	t's name (as shown on page 1 of y	our tax return)		(b) Student's number (as				(c) Adjusted qua expenses (se	
	First name	Last name			1 of you			gc	instructions)	
					Student 1				8,622,950	
					Student 2				176,587	
					Student 3	Stuc	lent 4		12,173	0
2	Add the amounts on	l line 1, column (c), and enter th	ne total					2	8,811,710	
3	Enter the amount fro	om Form 1040, line 22, or Form	n 1040A, line 15	3						
4	Enter the total from	either:								
		3 through 33, plus any write-in d line next to Form 1040, line 3								
	• Form 1040A, lines	16 through 18		4						
5	Subtract line 4 from	line 3.* If the result is more th	nan \$80,000 (\$160,	,000 it	f married filin	ig joint	tly),			
	stop ; you cannot tal	ke the deduction for tuition and	lfees				. [5	74,422,589	
	see Effect of the Am	m 2555, 2555-EZ, or 4563, or <i>nount of Your Income on the Ar</i> unt to enter on line 5.	• •							
6	Tuition and fees d filing jointly)?	eduction. Is the amount on li	ne 5 more than \$6	65,000) (\$130,000 i	f marr	ried			
	Yes. Enter the si	maller of line 2, or \$2,000.						6	2 594 993	
	No. Enter the si	maller of line 2, or \$4,000.		• •		• •	• [0	2,584,883	

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

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

Cat. No. 37728P

Form 8917 (2017)

Form

2017 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

936	Qualified Plug-in Electric Drive Motor Vehicle Credit
930	

(Including Qualified Two-Wheeled Plug-in Electric Vehicles) ► Attach to your tax return.

► Go to www.irs.gov/Form8936 for instructions and the latest information.



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

Total Forms Filed = 94,364

Identifying number

Note:

- Use this form to claim the credit for certain plug-in electric vehicles.
- Claim the credit for certain alternative motor vehicles on Form 8910.

Pai	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, see instructions and enter the tentative credit	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	Vehio	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	5,784	
13	Qualified plug-in electric drive motor vehicle credi corporations (see instructions)	t fro	m partnerships and S	13	987	
14	Business/investment use part of credit. Add lines 12 corporations, stop here and report this amount on Sche	edule	K. All others, report this		0.770	
Note	amount on Form 3800, Part III, line 1y			14	6,770	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37751E

Amounts of selected lines med (in thousands of donars)

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles) ► Attach to your tax return.

► Go to www.irs.gov/Form8936 for instructions and the latest information.



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

8936

Total Forms Filed = 94,364

Identifying number

Note:

Form

- Use this form to claim the credit for certain plug-in electric vehicles.
- Claim the credit for certain alternative motor vehicles on Form 8910.

Par	Tentative Credit				
	separate column for each vehicle. If you need more colum dditional 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, see instructions and enter the tentative credit	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	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					
12	Add columns (a) and (b) on line 11			12	18,030	
13	Qualified plug-in electric drive motor vehicle credicorporations (see instructions)	t fro	m partnerships and S	13	7,909	
14	Business/investment use part of credit. Add lines 12 corporations, stop here and report this amount on Sche amount on Form 3800, Part III, line 1y	2 and edule	13. Partnerships and S K. All others, report this	14	25,939	
Note	Complete Part III to figure any credit for the persona					

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37751E

Form 8936 (2017)

210

			(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	<u>15</u> 16			
6 7	Multiply line 15 by 10% (0.10)	17			
8	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			
9	Add columns (a) and (b) on line 18			19	92,446
0	Enter the amount from Form 1040, line 47, or Form 1040N	R, lir	ie 45	20	
1	Personal credits from Form 1040 or 1040NR (see instruction	ons)		21	35,024
22	Subtract line 21 from line 20			22	93,305
3	Personal use part of credit. Enter the smaller of line 19 1040, line 54, or Form 1040NR, line 51. Check box c on the space next to that box. If line 22 is smaller than line 19	that	line and enter "8936" in	23	91,406

Form 8936 (2017)

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	597,978	
20	Enter the amount from Form 1040, line 47, or Form 1040N	NR, lir	ne 45	20		
21	Personal credits from Form 1040 or 1040NR (see instruct	ions)		21	188,816	
22	Subtract line 21 from line 20			22	10,294,019	
23	Personal use part of credit. Enter the smaller of line 1 1040, line 54, or Form 1040NR, line 51. Check box c or	n that	line and enter "8936" in			
	the space next to that box. If line 22 is smaller than line 19	9, see	instructions	23	536,989	

9	8941	Credit for Small Employer Health Insurance Premiur	ne	OMB No. 1545-2	198
Form	JJTI			2017	7
Departm	ent of the Treasury	 Attach to your tax return. Go to www.irs.gov/Form8941 for instructions and the latest information. 		Attachment	
	Revenue Service			Sequence No. 6	5
Name(s)	shown on return	Total Forms Filed = 442	Ident	ifying number	
Α		remiums during your tax year for employee health insurance coverage you provide s Program (SHOP) Marketplace (or do you qualify for an exception to this requiremen			siness
в	No. Stop.	r Marketplace Identifier (if any): Do not file Form 8941 (see instructions for an exception that may apply to a ve, estate, trust, or tax-exempt entity) ployer identification number (EIN) used to report employment taxes for individuals			
D		the identifying number listed above	inclu		1000 11
С	checked "Yes	turn you (or any predecessor) filed for a tax year beginning in 2014 or 2015 inclu " and line 12 showing a positive amount?			
	cooperativ	b. Do not file Form 8941 (see instructions for an exception that may apply to a ve, estate, trust, or tax-exempt entity) (also see instructions for information about the			
Cau	I No. tion: See the in	structions and complete Worksheets 1 through 7 as needed.			
1	Enter the nu	mber of individuals you employed during the tax year who are considered purposes of this credit (total from Worksheet 1, column (a))	1		
2		nber of full-time equivalent employees (FTEs) you had for the tax year (from ine 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2		
3		al wages you paid for the tax year (from Worksheet 3, line 3). This amount must be a	•		
4	Premiums you	200. If you entered \$53,000 or more, skip lines 4 through 11 and enter -0- on line 12 I paid during the tax year for employees included on line 1 for health insurance or a qualifying arrangement (total from Worksheet 4, column (b))	3		
5	average premi	would have entered on line 4 if the total premium for each employee equaled the ium for the small group market in which the employee enrolls in health insurance I from Worksheet 4, column (c))	5	442	
6		ller of line 4 or line 5	6	442	
7		by the applicable percentage: small employers, multiply line 6 by 35% (0.35)			
0		all employers, multiply line 6 by 50% (0.50)	7	442	<u> </u>
8 9		less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6 6,000 or less, enter the amount from line 8. Otherwise, enter the amount from ine 7	8	442	
10	Enter the total	amount of any state premium subsidies paid and any state tax credits available to ims included on line 4. See instructions	9 10	0	
11	•	0 from line 4. If zero or less, enter -0	11	442	
12		ller of line 9 or line 11	12	442	
13	employees in	zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of cluded on line 1 for whom you paid premiums during the tax year for health erage under a qualifying arrangement (total from Worksheet 4, column (a)).	13		
14	Enter the num	aber of FTEs you would have entered on line 2 if you only included employees the 13 (from Worksheet 7, line 3)	14		
15		nall employer health insurance premiums from partnerships, S corporations, estates, and trusts (see instructions)	15	0	
16	employers, sk and report thi	and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small ip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here s amount on Schedule K. All others, stop here and report this amount on Form line 4h	16	442	
17 18	Amount allocat Cooperatives,	ed to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) estates, and trusts, subtract line 17 from line 16. Stop here and report this amount	17		
19	Enter the amo	, Part III, line 4h	18		
20		nall employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 45f	19 20		

For Paperwork Reduction Act Notice, see separate instructions.

		Amounts of selected lines filed (in thousands of donars)			
_	8941	Credit for Small Employer Health Insurance Premium	ns	OMB No. 1545-2	2198
Form		Attach to your tax return.		2017	7
	nent of the Treasury Revenue Service	► Go to www.irs.gov/Form8941 for instructions and the latest information.		Attachment Sequence No.	65
Name(s	s) shown on return	Total Forms Filed = 442	Ident	ifying number	
	Did you pay p	remiums during your tax year for employee health insurance coverage you provide	d thro	ouch a Small Bu	siness
~		s Program (SHOP) Marketplace (or do you qualify for an exception to this requirement			011000
	No. Stop.	Marketplace Identifier (if any): Do not file Form 8941 (see instructions for an exception that may apply to a	partn	ership, S corpo	ration
в	Enter the emp	ve, estate, trust, or tax-exempt entity) ployer identification number (EIN) used to report employment taxes for individuals the identifying number listed above	inclu	ded on line 1 be	elow i
с	Does a tax re	turn you (or any predecessor) filed for a tax year beginning in 2014 or 2015 inclu	de a	Form 8941 with	line A
		' and line 12 showing a positive amount? b. Do not file Form 8941 (see instructions for an exception that may apply to a	partn	ership. S corpo	ration
		ve, estate, trust, or tax-exempt entity) (also see instructions for information about the			
	No.	structions and complete Worksheets 1 through 7 as needed.			
1		nber of individuals you employed during the tax year who are considered			
		purposes of this credit (total from Worksheet 1, column (a))	1		
2		nber of full-time equivalent employees (FTEs) you had for the tax year (from ine 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2		
3		Il wages you paid for the tax year (from Worksheet 3, line 3). This amount must be a			
4	Premiums you	000. If you entered \$53,000 or more, skip lines 4 through 11 and enter -0- on line 12 paid during the tax year for employees included on line 1 for health insurance a qualifying arrangement (total from Worksheet 4, column (b))	3		
5	Premiums you	would have entered on line 4 if the total premium for each employee equaled the um for the small group market in which the employee enrolls in health insurance			
		I from Worksheet 4, column (c))	5	6,536	
6		Iler of line 4 or line 5	6	5,991	
7		by the applicable percentage: small employers, multiply line 6 by 35% (0.35)			
	· · · · ·	all employers, multiply line 6 by 50% (0.50)	7	2,996	
8	If line 2 is 10 or	less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6	8	2,891	
9	If line 3 is \$2 Worksheet 6, I	6,000 or less, enter the amount from line 8. Otherwise, enter the amount from ine 7	9	1,297	
10		amount of any state premium subsidies paid and any state tax credits available to	9	1,207	
	• •	ms included on line 4. See instructions	10	0	
11		0 from line 4. If zero or less, enter -0	11	6,448	
12 13		ller of line 9 or line 11	12	1,297	
10	employees ind	cluded on line 1 for whom you paid premiums during the tax year for health erage under a qualifying arrangement (total from Worksheet 4, column (a)).	13		
14	Enter the num	ber of FTEs you would have entered on line 2 if you only included employees e 13 (from Worksheet 7, line 3)	14		
15		nall employer health insurance premiums from partnerships, S corporations, estates, and trusts (see instructions)	15	0	
16		and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small			
		p lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here s amount on Schedule K. All others, stop here and report this amount on Form			
			16	1,297	
17		ed 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
 19 Enter the amount you paid in 2017 for taxes considered payroll taxes for purposes of this credit. See instructions.
 20 Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 45f
 For Paperwork Reduction Act Notice, see separate instructions.

Form 8941 (2017)

18

19 20

Form	8959	► If any line does	Additional Me		are Tax nk. See separate instruction	ns.	OMB No. 1545-	0074
Departn	nent of the Treasury		ach to Form 1040, 1040N				∠ U ∎ Attachment	
Internal	Revenue Service	► Go to www.irs	<i>s.gov/Form</i> 8959 for instr	ructior	is and the latest informatio		Sequence No.	71
Name(s) shown on return	Total Forms Filed =	4,649,074			Your s	social security number	
Part	Addition	nal Medicare Tax on M	ledicare Wages					
1		es and tips from Form W-	-					
		e Form W-2, enter the t			1			
				1	4,431,800	_		
2		s from Form 4137, line 6		2	*	_		
3 4		orm 8919, line 6 ough 3		3	2,030 4,431,848	-		
5		wing amount for your filing		-	4,401,040	-		
		ointly						
	Married filing s	separately	\$125,000					
	-	of household, or Qualifying		5	4,627,142		0 404 555	1
6		from line 4. If zero or less				6	3,494,557	
7		dicare Tax on Medicare w	0 1 7		. ,	7	3,494,149	1
Part		nal Medicare Tax on S				1	-,,	
8	Self-employme	ent income from Schedu	ile SE (Form 1040),					
	Section A, line	4, or Section B, line 6. If	you had a loss, enter		1			
	-	-PR and Form 1040-SS fil		8	1,210,105			
9		wing amount for your filing						
		ointly						
		of household, or Qualifying		9	4,435,303			
10		unt from line 4		10	, ,			
11		0 from line 9. If zero or les		11	1,123,663			
12		1 from line 8. If zero or les				12	1,078,536	
13		dicare Tax on self-employ Part III........				13	1,078,826	
Part	III Addition	nal Medicare Tax on R	ailroad Retirement	Tax	Act (RRTA) Compens	ation		
14	Form(s) W-2, b	ement (RRTA) compensations)		14	3,628			
15		wing amount for your filing						
	Married filing j	ointly	\$250,000 \$125,000					
	-	f household, or Qualifying		15	4,339,675			
16	-	5 from line 14. If zero or le				16	658	
17		dicare Tax on railroad re		pensa	tion. Multiply line 16 by			
		Enter here and go to Part				17	658	
Part		ditional Medicare Tax						
18		3, and 17. Also include 1040-SS filers, see instruct				18	3,990,003	1
Part		ding Reconciliation	clicito) and go to r are	•				
19		withheld from Form W-2	, box 6. If you have					
	more than on	e Form W-2, enter the t			1			
				19	4,402,887	_		
20	Enter the amo			20		_		
21	Medicare tax v	20 by 1.45% (0.0145). withholding on Medicare v	vages	21	4,431,337	_		
22	withholding on	U U				22	3,364,453	
23	W-2, box 14 (dicare Tax withholding on see instructions)				23	3,255	
24		nal Medicare Tax withho acome tax withholding or						
		•		•	1040NR, 1040-PR, and	24	3,366,485	
For Pa		ion Act Notice, see your tax			Cat. No. 59475X	, —• I	Form 895	9 (2017)

	8959	I	Additional Me	dica	are Tax		OMB No. 1545-00)74
Form	0303				nk. See separate instruction	s.	2017	•
	ent of the Treasury Revenue Service		tach to Form 1040, 1040N rs.gov/Form8959 for instr		is and the latest information		Attachment Sequence No. 71	1
Name(s)	shown on return	Total Forms Filed =	4,649,074			Your so	cial security number	
Part	Additio	nal Medicare Tax on I	Medicare Wages					
1		es and tips from Form W						
		e Form W-2, enter the		1	1,780,085,803			
2				2	*	-		
3		orm 8919, line 6		3	202,638			
4	Add lines 1 th	rough 3		4	1,780,289,617			
5		wing amount for your filin	-					
		ointly						
	-	of household, or Qualifyin		5	1,101,612,093			
6		5 from line 4. If zero or les	• • • •	<u> </u>		6	802,463,265	
7					% (0.009). Enter here and			
Part		nal Medicare Tax on S				7	7,222,151	
				Jome	,			
8		ent income from Sched 4, or Section B, line 6. It						
		D-PR and Form 1040-SS f		8	272,798,781			
9		wing amount for your filin	-					
		ointly						
		separately		9	1,056,157,840			
10	-	unt from line 4		10				
11	Subtract line 1	0 from line 9. If zero or le	ess, enter -0	11	126,827,614			
12		1 from line 8. If zero or le				12	190,793,780	
13		dicare Tax on self-emplo Part III			2 by 0.9% (0.009). Enter	13	1,717,140	
Part					Act (RRTA) Compensa	tion		
14		ement (RRTA) compens			945,770			
15		box 14 (see instructions) wing amount for your filin		14	545,770	-		
15		ointly.	•					
		separately						
		of household, or Qualifyin	• • • •	15	1,033,407,064			
16		5 from line 14. If zero or				16	309,596	
17		dicare Tax on railroad in Enter here and go to Part			tion. Multiply line 16 by	17	2,786	
Part		dditional Medicare Ta		<u> </u>	<u> </u>			
18	Add lines 7, 1				line 62, (Form 1040NR,			
Devil		1040-SS filers, see instru	uctions) and go to Part \	/		18	8,942,078	
Part		ding Reconciliation						
19		withheld from Form W-2 the Form W-2, enter the						
				19	32,571,292			
20		unt from line 1		20				
21		20 by 1.45% (0.0145). withholding on Medicare		21	25,811,241			
22					Additional Medicare Tax	22	6,895,738	
23					compensation from Form		9 472	
		(see instructions)				23	8,472	
24					Also include this amount 1040NR, 1040-PR, and			
		, see instructions)				24	6,904,210	
For Pa		tion Act Notice, see your ta			Cat. No. 59475X		Form 8959	(2017)

2017 Line Item Estimates—All figures are estimates based on samples.

Number of returns filed for selected lines

Form 8960

Department of the Treasury

Internal Revenue Service (99)

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227
2017
Attachment Sequence No. 72

Attach to your tax return.
 Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s)	Total Forms Filed = 5,312,048			Your soc	al security number or EIN
Part	Investment Income Section 6013(g) election (see instruct	ions)	Boxes checked = 79	5	
	Section 6013(h) election (see instruct	ions)	Boxes checke	ed = *	
	Regulations section 1.1411-10(g) electrication	ction (see instructions)	Boxes	checked = 13,714
1	Taxable interest (see instructions)			1	4,491,472
2	Ordinary dividends (see instructions)			2	3,822,036
3	Annuities (see instructions)			3	97,873
4a	Rental real estate, royalties, partnerships, S corporations, trusts,				
	etc. (see instructions)	4a	2,577,065		
b	Adjustment for net income or loss derived in the ordinary course of				
	a non-section 1411 trade or business (see instructions)	4b	1,690,937		
С	Combine lines 4a and 4b			4c	1,660,199
5a	Net gain or loss from disposition of property (see instructions) .	5a	3,860,610	_	
b	Net gain or loss from disposition of property that is not subject to		447.070		
	net investment income tax (see instructions)	5b	417,672		
с	Adjustment from disposition of partnership interest or S corporation	1	17,214		
	stock (see instructions)	5c			
d	Combine lines 5a through 5c				3,775,490
6	Adjustments to investment income for certain CFCs and PFICs (see in				12,245
7	Other modifications to investment income (see instructions)				899,827
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	5,007,928
Part					1
9a	Investment interest expenses (see instructions)	9a	658,207	_	
b	State, local, and foreign income tax (see instructions)	9b	3,504,921	_	
C	Miscellaneous investment expenses (see instructions)	9c	701,010		0 700 574
d	Add lines 9a, 9b, and 9c				3,782,574
10	Additional modifications (see instructions)				256,830
11 Part	Total deductions and modifications. Add lines 9d and 10 III Tax Computation			11	3,801,893
12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Inc	lividu	ala complete lines 1'	b	
12	17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-				4,568,495
	Individuals:	• •		12	, ,
13	Modified adjusted gross income (see instructions)	13	5,309,485		
14	Threshold based on filing status (see instructions)	14	5,312,048	-	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15		_	
16	Enter the smaller of line 12 or line 15		, ,	16	4,544,906
17	Net investment income tax for individuals. Multiply line 16 by 3.8				
••	include on your tax return (see instructions)				4,489,637
	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			
b	Highest tax bracket for estates and trusts for the year (see				
	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 k	oy 3.8	% (.038). Enter he	re	
	and include on your tax return (see instructions)			21	
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Cat. No. 59474M		Form 8960 (2017



Net Investment Income Tax— Individuals, Estates, and Trusts

/		,	
► Attach	to your	tax return	

	OMB No. 1545-2227
	2017
	Attachment Sequence No. 72
1	

Attach to your tax return.
 Go to www.irs.gov/Form8960 for instructions and the latest information.

ame(s)	shown on your tax return Total Forms Filed = 5,312,048	Your soci	al security number or EIN
Part	Investment Income Section 6013(g) election (see instructions) Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions)		
1	Taxable interest (see instructions)	1	63,496,409
2	Ordinary dividends (see instructions)	2	173,243,595
3	Annuities (see instructions)	3	3,343,573
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)4a672,073,270		
	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) 4b -590,862,423		
_	Combine lines 4a and 4b	4c	81,210,847
5a b	Net gain or loss from disposition of property (see instructions)5a722,274,354Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)5b-167,271,465	_	
с	Adjustment from disposition of partnership interest or S corporation 5c -32,020,164		
d	Combine lines 5a through 5c	5d	522,982,724
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	1,455,547
7	Other modifications to investment income (see instructions)	7	5,828,481
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	851,561,176
art			
9a	Investment interest expenses (see instructions)	_	
b	State, local, and foreign income tax (see instructions) 9b 48,422,446	_	
С	Miscellaneous investment expenses (see instructions) 9c 20,904,979	_	
	Add lines 9a, 9b, and 9c	9d	84,214,489
כ	Additional modifications (see instructions)	10	571,486
1	Total deductions and modifications. Add lines 9d and 10	11	84,785,975
	Tax Computation		
2	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13- 17. Estates and trusts complete lines 18a–21. If zero or less, enter -0	12	778,820,025
•	Individuals:		
3	Modified adjusted gross income (see instructions) 13 3,522,214,147	_	
4	Threshold based on filing status (see instructions) 14 1,254,901,557	_	
5	Subtract line 14 from line 13. If zero or less, enter -0 15 2,273,682,136	- 10	666,411,815
6	Enter the smaller of line 12 or line 15	16	000,411,013
7	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)	17	25,323,648
n _	Estates and Trusts:		
	Net investment income (line 12 above)	_	
	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	_	
	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- 18c Adjusted gross income (see instructions) 19a	_	
9a b	Highest tax bracket for estates and trusts for the year (see instructions) 192 19b 19b		
с	Subtract line 19b from line 19a. If zero or less, enter -0 19c		
-	Enter the smaller of line 18c or line 19c	20	
0			
0 1	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)	21	



Premium Tax Credit (PTC)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name shown on your return ► Attach to Form 1040, 1040A, or 1040NR.

► Go to www.irs.gov/Form8962 for instructions and the latest information.

Total Forms Filed = 6,343,258

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box

Your social security number

Par	tl Annu	ual and Monthly	Contribution Am	nount					
1	Tax family s	ize. Enter the numbe	er of exemptions from I	Form 1040 or Form 10	40A, line 6d, or F	Form 1	040NR, line 7d	1	6,343,258
2a	Modified AG	GI. Enter your modifie	ed AGI (see instruction	s)	:	2a	6,319,148		
b	Enter the to	tal of your dependen	ts' modified AGI (see i	nstructions)		2b	72,773		
3	Household i	ncome. Add the amo	ounts on lines 2a and 2	2b (see instructions)				3	6,200,475
4			ederal poverty line amo overty table used. a				ions). Check the states and DC	4	
5			ge of federal poverty lin					5	%
6			See instructions if you						
		ntinue to line 7.	,		,				
			take the PTC. If adva dvance PTC repaymer		TC was made, s	ee the	instructions for		
7	Applicable F	igure. Using your line	5 percentage, locate y	our "applicable figure"	on the table in th	ne instr	ructions	7	5,842,903
8a		oution amount. Multiply li to nearest whole dollar a			hly contribution a 2. Round to neare			8b	5,696,342
Par	tll Pren	nium Tax Credit	Claim and Reco	nciliation of Adva	ance Paymer	nt of	Premium Tax	Cre	dit
9	Are you allo	cating policy amount	s with another taxpaye	er or do you want to us	se the alternative	e calcu	lation for year of m	narria	ge (see instructions)?
	🗌 Yes. Skip	o to Part IV, Allocation o	of Policy Amounts, or Part	V, Alternative Calculation	for Year of Marriag	ge. 🗌	No. Continue to	line 1	10.
10	See the inst	ructions to determine	e if you can use line 11	or must complete line	es 12 through 23	3.			
		ontinue to line 11. Continue to line 24.	ompute your annual P	TC. Then skip lines 12					es 12–23. Compute d continue to line 24
с	Annual alculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maxir premium assista (subtract (c) from zero or less, ente	ance (b), if	(e) Annual premium credit allowed (smaller of (a) or (c	p	(f) Annual advance bayment of PTC (Form(s 1095-A, line 33C)
11	Annual Totals	2,699,402	2,647,837	2,693,094	2,498,18	9	2,498,189		2,770,391
	Monthly alculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maxi premium assista (subtract (c) from zero or less, ente	ance ı (b), if	(e) Monthly premium credit allowed (smaller of (a) or (o	p	(f) Monthly advance ayment of PTC (Form(s 1095-A, lines 21–32, column C)
12	January						1,824,675		2,104,582
13	February						2,000,442		2,301,183
14	March						2,177,473		2,491,120
15	April						2,129,622		2,426,392
16	May						2,030,921		2,299,434
17	June						1,989,998		2,241,963
18	July						1,924,651		2,162,407
19	August						1,895,437		2,117,239
20	September						1,858,077		2,067,799
21	October						1,805,164		2,002,084
22	November						1,762,887		1,949,838
23	December						1,689,080		1,865,155
24	Total premiu	um tax credit. Enter t	he amount from line 1	1(e) or add lines 12(e)	through 23(e) and	d ente	r the total here	24	5,335,602
25	Advance pa	yment of PTC. Enter	the amount from line	11(f) or add lines 12(f)	through 23(f) and	d enter	the total here	25	6,058,538
26			4 is greater than line 24 10A, line 45; or Form 1						
	If line 25 is g	greater than line 24, I	eave this line blank an	d continue to line 27 .	<u> </u>	<u></u>	<u></u>	26	2,471,815
Part	III Repa	ayment of Exce	ss Advance Payn	nent of the Premi	ium Tax Cred	dit			
27	Excess adva	ince payment of PTC.	If line 25 is greater than	n line 24, subtract line 2	4 from line 25. En	nter the	difference here	27	3,419,814
28	Repayment	limitation (see instru	ctions)					28	2,995,900
29			edit repayment. Enter n 1040NR, line 44					29	3,419,814
	.,	,,	,			-			, -,-

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



Premium Tax Credit (PTC)



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

► Go to www.irs.gov/Form8962 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name shown on your return

Total Forms Filed = 6,343,258

Your social security number

1	Tax family s	ize. Enter the numbe	r of exemptio	ns from F	nount Form 1040 o	r Form 10	40A, line 6d, o	r Form	1040NR, line 7d	1	12,814
2a	•	al. Enter your modifie						2a	209,487,458	-	
b		tal of your dependen	•		•			2b	579,846	1	
3		ncome. Add the amo								3	221,603,739
4		erty line. Enter the fe			`	,					
٦,		box for the federal p								4	
5		ncome as a percentag								5	9
6		er 401% on line 5? (S					%.)				
	No. Cor	ntinue to line 7.									
		u are not eligible to				t of the P	TC was made,	, see th	e instructions for		
	how to r	eport your excess a	dvance PTC re	epaymen	nt amount.						
7	Applicable F	igure. Using your line	5 percentage	, locate y	our "applica	ble figure"	on the table in	the ins	tructions	7	3,216,374
8a	Annual contrib	ution amount. Multiply li	ne 3 by			b Mont	hly contribution	n amou	nt. Divide line 8a		
		o nearest whole dollar a			21,229				ole dollar amount	8b	1,010,371
ar	ill Pren	nium Tax Credit	Claim and	d Reco	nciliation	of Adva	ance Paym	ent of	Premium Tax	Cre	dit
9		cating policy amount						_	-		
		to Part IV, Allocation o	•					-	No. Continue to	line ⁻	10.
0		ructions to determine	•			•	-	23	_		
		ontinue to line 11. Co	moute vour a	annual P	TC. Then sk	ip lines 12	2–23		No. Continue	to lin	es 12-23. Compu
			inpute your a								
		tinue to line 24.									
	and con	tinue to line 24. (a) Annual enrollment	(b) Annual ap	plicable	(c) An	nual	(d) Annual ma		your monthly P ⁻	rC an	d continue to line 2 (f) Annual advance
C		tinue to line 24. (a) Annual enrollment premiums (Form(s)		plicable mium	(c) An contribution	nual n amount		stance	your monthly P ⁻ (e) Annual premium credit allowed	r <mark>C an</mark> tax	d continue to line 2 (f) Annual advance payment of PTC (Form
C	and con	tinue to line 24. (a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual ap SLCSP pre (Form(s) 10 line 33E	plicable mium 195-A, 3)	(c) An	nual n amount	(d) Annual ma premium assis	stance om (b), if	your monthly P ⁻	r <mark>C an</mark> tax	d continue to line 2 (f) Annual advance payment of PTC (Form 1095-A, line 33C)
	and con	tinue to line 24. (a) Annual enrollment premiums (Form(s)	(b) Annual ap SLCSP pre (Form(s) 10	plicable mium 195-A, 3)	(c) An contribution (line : 5,505	nual n amount 8a) ,139	(d) Annual ma premium assis (subtract (c) fro	stance om (b), if nter -0-)	your monthly P ⁻ (e) Annual premium credit allowed	rC an 1 tax d))	d continue to line 2 (f) Annual advance payment of PTC (Form
C	and con Annual alculation Annual Totals	tinue to line 24. (a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual ap SLCSP pre (Form(s) 10 line 33E 21,977, (b) Monthly ap	plicable mium 95-A, B) 060 oplicable	(c) An contribution (line : 5,505 (c) Mor	nual n amount Ba) ,139 nthly	(d) Annual ma premium assis (subtract (c) fro zero or less, er	stance om (b), if nter -0-) 727	your monthly P (e) Annual premium credit allowed (smaller of (a) or (16,580,276	rC an I tax d))	d continue to line 2 (f) Annual advance payment of PTC (Formi 1095-A, line 33C)
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1 2 3 4 5 6 7 8 9	and con Annual alculation Annual Totals Monthly alculation January February March April May June July August	tinue to line 24. (a) Annual enrollment premiums (Form(s) 1095-A, line 33A) 22,224,581 (a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Annual ap SLCSP pre- (Form(s) 10 line 33E 21,977, (b) Monthly ap SLCSP pre- (Form(s) 1095	plicable mium 195-A, 3) 060 oplicable mium -A, lines	(c) An contribution (line + 5,505 (c) Mon contribution (amount fro or alternative	nual n amount 8a) ,139 nthly n amount m line 8b e marriage	(d) Annual ma premium assis (subtract (c) fro zero or less, er 16,970,7 (d) Monthly ma premium assi (subtract (c) fro	stance om (b), if nter -0-) 727 aximum stance om (b), if	your monthly P (e) Annual premium credit allowed (smaller of (a) or (16,580,276 (e) Monthly premiur credit allowed (smaller of (a) or (1,025,343 1,074,352 1,151,205 1,128,216 1,083,372 1,059,057 1,021,129 1,010,038 995,862 967,157	rC an tax d)) n tax F	d continue to line 2 (f) Annual advance bayment of PTC (Form 1095-A, line 33C) 18,096,756 (f) Monthly advance bayment of PTC (Form 1095-A, lines 21–32, column C) 1,172,458 1,229,749 1,303,410 1,273,906 1,214,099 1,182,080 1,139,863 1,123,688 1,107,558 1,077,140
1 2 3 4 5 6 7 8 9 0	and con Annual alculation Annual Totals Monthly alculation January February March April May June July August September	tinue to line 24. (a) Annual enrollment premiums (Form(s) 1095-A, line 33A) 22,224,581 (a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Annual ap SLCSP pre- (Form(s) 10 line 33E 21,977, (b) Monthly ap SLCSP pre- (Form(s) 1095	plicable mium 195-A, 3) 060 oplicable mium -A, lines	(c) An contribution (line + 5,505 (c) Mon contribution (amount fro or alternative	nual n amount 8a) ,139 nthly n amount m line 8b e marriage	(d) Annual ma premium assis (subtract (c) fro zero or less, er 16,970,7 (d) Monthly ma premium assi (subtract (c) fro	stance om (b), if nter -0-) 727 aximum stance om (b), if	your monthly P (e) Annual premium credit allowed (smaller of (a) or (16,580,276 (e) Monthly premium credit allowed (smaller of (a) or (1,025,343 1,074,352 1,151,205 1,128,216 1,083,372 1,059,057 1,021,129 1,010,038 995,862 967,157 941,792	rC an tax d)) n tax F	d continue to line 2 (f) Annual advance bayment of PTC (Form 1095-A, line 33C) 18,096,756 (f) Monthly advance bayment of PTC (Form 1095-A, lines 21–32, column C) 1,172,458 1,229,749 1,303,410 1,273,906 1,214,099 1,182,080 1,139,863 1,123,688 1,107,558 1,077,140 1,045,574
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1 2 3 4 5 6 7 8 9 0 1 2	and con Annual alculation Annual Totals Monthly alculation January February March April May June July August September October November December	tinue to line 24. (a) Annual enrollment premiums (Form(s) 1095-A, line 33A) 22,224,581 (a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Annual ap SLCSP pre (Form(s) 10 line 33E 21,977, (b) Monthly ap SLCSP pre (Form(s) 1095 21–32, colu	plicable mium 195-A, 3) 060 oplicable mium -A, lines mn B)	(c) An contribution (line : 5,505 (c) Mol contribution (amount fro or alternative monthly ca	nual n amount Ba) nthly n amount m line 8b e marriage lculation)	(d) Annual ma premium assis (subtract (c) fro zero or less, er 16,970,7 (d) Monthly ma premium assi (subtract (c) fro zero or less, er	stance om (b), if nter -0-) 727 aximum stance om (b), if nter -0-)	your monthly P (e) Annual premium credit allowed (smaller of (a) or (16,580,276 (e) Monthly premium credit allowed (smaller of (a) or (1,025,343 1,074,352 1,151,205 1,128,216 1,083,372 1,059,057 1,021,129 1,010,038 995,862 967,157 941,792 919,042	rC an tax d)) n tax F	d continue to line 2 (f) Annual advance bayment of PTC (Form 1095-A, line 33C) 18,096,756 (f) Monthly advance bayment of PTC (Form 1095-A, lines 21–32, column C) 1,172,458 1,229,749 1,303,410 1,273,906 1,214,099 1,182,080 1,139,863 1,123,688 1,107,558 1,077,140 1,045,574

Part	III Repayment of Excess Advance Payment of the Premium Tax Credit		
27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	5,104,461
28	Repayment limitation (see instructions)	28	3,179,748
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44	29	3,703,773

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

Form 8	3962 (2017)						Page 2		
Part	Allocation of Pol elete the following information			- Ossinstaustis	a fau alla atticua alatail	_			
		for up to four p	policy amount allocation	s. See Instruction	ns for allocation details	s.			
30	ation 1 (a) Policy Number (Form 1	095-A, line 2)	(b) SSN of other taxp	(b) SSN of other taxpayer			(d) Allocation stop month		
	Allocation percentage applied to monthly amounts	(e) Pre	emium Percentage (1		SP Percentage	(g) Advance Payment of the PTO Percentage			
Alloc	ation 2								
31	(a) Policy Number (Form 1	095-A, line 2)	(b) SSN of other taxp	bayer	(c) Allocation start	month	(d) Allocation stop month		
	Allocation percentage applied to monthly amounts	(e) Pre	mium Percentage	(f) SLCS	SP Percentage	(g) Advance Payment of the PTC Percentage			
	ation 3								
32	(a) Policy Number (Form 1	095-A, line 2)	(b) SSN of other taxp	bayer	(c) Allocation start	month	(d) Allocation stop month		
	Allocation percentage applied to monthly amounts	(e) Pre	mium Percentage	(f) SLCS	SP Percentage	(g) Advance Payment of the PTC Percentage			
Alloc 33	ation 4 (a) Policy Number (Form 1	095-A, line 2)	(b) SSN of other taxp	bayer	(c) Allocation start	month	(d) Allocation stop month		
	Allocation percentage applied to monthly amounts	(e) Premium Percentage		(f) SLC:	SP Percentage	(g) Advance Payment of the PTC Percentage			
34		ints on Form ⁻ om Forms 109	1095-A by the allocation 5-A, if any, to compute	a combined total	for each month. Ente	r the cor	ated policy amounts and non- nbined total for each month or 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.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

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Part	962 (2017) IV Allocation of Pol lete the following information f	icy Amoun	ts		as for allocation datails		Page 2			
	ation 1									
30	(a) Policy Number (Form 10	(b) SSN of other taxp	ayer	(c) Allocation start r	nonth	onth (d) Allocation stop month				
	Allocation percentage applied to monthly amounts	(e) Pre	mium Percentage	SP Percentage	(g) A	Advance Payment of the PTC Percentage				
Alloc	ation 2									
31	(a) Policy Number (Form 10	095-A, line 2)	(b) SSN of other taxp	payer (c) Allocation start n			(d) Allocation stop month			
	Allocation percentage applied to monthly amounts	(e) Premium Percentage		(f) SLCS	SP Percentage	(g) Advance Payment of the PTO Percentage				
	ation 3									
32		/ Number (Form 1095-A, line 2) (b) SS		(b) SSN of other taxpayer (nonth	(d) Allocation stop month			
	Allocation percentage applied to monthly amounts	(e) Pre	mium Percentage	(f) SLCSP Percentage		(g) A	dvance Payment of the PTC Percentage			
	ation 4									
33	(a) Policy Number (Form 10	095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start r	nonth	(d) Allocation stop month			
	Allocation percentage applied to monthly amounts	(e) Premium Percentage		(f) SLCSP Percentage			(g) Advance Payment of the PTC Percentage			
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 n allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month 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				f monitore . For		-1	see the instructions for line 9			

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.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

2017 Line Item Estimates—All figures are estimates based on samples.

Number of returns filed for selected lines



Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ. ▶ Go to www.irs.gov/Form8965 for instructions and the latest information. OMB No. 1545-0074

20 Attachment Sequence No. 75

Total Forms Filed = 12,861,580

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.

Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household Part I have an exemption granted by the Marketplace, complete Part I. (a) (c) (b) Name of Individual SSN Exemption Certificate Number 176,310 1 60,685 2 38,861 3 28,392 4 18,779 5 12,561 6 **Coverage Exemptions Claimed on Your Return for Your Household** Part II 7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold,

check here.



Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d)	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8		9,802,702														
9		3,880,918														
10		1,868,406														
11		1,067,545														
12		463,203														
13		212,669														

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

Cat. No. 37787G

Form 8965 (2017)

Note: Individuals may receive multiple exemptions.