

**Preparer's Summary of Affordable Care Act**

**2017**

Name(s) as shown on return

Social Security Number

Jerry & Kimberly A Lindeen

469-86-9242

Definition of codes for each month:

MC - Marketplace Coverage - shown on screen 95A

OC - Other coverage - shown on screen 8965

ECN - Exemption Certificate Number - shown on screen 8965

EX - Exemption code claimed - shown on screen 8965 or automatically applied by the software - see right column

blank - No coverage and no exemption - ISRP is due and computed on WK\_89651

Ex A - Coverage considered unaffordable

Ex B - Short coverage gap (less than 3 months)

Ex C - Noncitizen or was living abroad

Ex D - Member of health care sharing ministry

Ex E - Member of Indian tribe

Ex F - Incarcerated after disposition of charges

Ex G - Self-only unaffordable or non-Medicaid-expansion state

Ex H - Added to household or died during year

Name	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>All members of the tax household were covered by insurance all year.</b>												

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning \_\_\_\_\_, 2017, ending \_\_\_\_\_, 20

See separate instructions.

Your first name and initial: Jerry Last name: Lindeen Your social security number: 469-86-9242

If a joint return, spouse's first name and initial: Kimberly A Last name: Lindeen Spouse's social security number: 367-64-2767

Home address (number and street). If you have a P.O. box, see instructions. 1148 Heritage Drive East Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Shakopee MN 55379

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

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

**Filing Status**

1  Single

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

3  Married filing separately. Enter spouse's SSN above \_\_\_\_\_

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

5  Qualifying widow(er) (see instructions)

Check only one box. and full name here. ▶

**Exemptions**

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

b  Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)
<u>Elizabeth</u>	<u>Lindeen</u>	<u>474-43-1871</u>	<u>Daughter</u>	<input checked="" type="checkbox"/>
<u>Samuel</u>	<u>Lindeen</u>	<u>469-51-7198</u>	<u>Son</u>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **4**

Boxes checked on 6a and 6b: 2  
 No. of children on 6c who:  
 • lived with you: 2  
 • did not live with you due to divorce or separation (see instructions): \_\_\_\_\_  
 Dependents on 6c not entered above: \_\_\_\_\_  
 Add numbers on lines above: **4**

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	61,025
8a	Taxable interest. Attach Schedule B if required	8a	73
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	9
b	Qualified dividends	9b	9
10	Taxable refunds, credits, or offsets of state and local income taxes	10	630
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	372
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	93,671
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	1,290
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	157,070

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

**Adjusted Gross Income**

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	6,750
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	9,830
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	5,000
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	21,580
37	Subtract line 36 from line 22. This is your adjusted gross income	37	135,490

**Tax and Credits**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	135,490
<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. <b>Total boxes checked</b> ▶ <b>39a</b> <input type="checkbox"/>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	14,473
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	121,017
<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	16,200
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	104,817
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	17,644
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	17,644
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	334
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	700
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	1,034
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	16,610

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60 a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	16,610

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	13,116
<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	13,116

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>76a</b>	
<b>b</b>	Routing number <input type="text"/> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="text"/>		
<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b>	<b>77</b>	

**Amount You Owe**

<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	3,494
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?  **Yes. Complete below.**  **No**  
 Designee's name ▶ Donna Franklin Phone no. ▶ 763-786-4626 Personal identification number (PIN) ▶ 33265

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
06578	04-11-2018	Real Estate Professional	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	Identity Protection PIN (see inst.)
90640	04-11-2018	Banker	
Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	04-12-2018		P01243894

**Paid Preparer Use Only**

Print/Type preparer's name	<u>Donna Franklin</u>	Firm's name ▶	<u>Arlyce Cleveland Ltd</u>	Firm's EIN ▶	<u>41-1975782</u>
Firm's address ▶	<u>11943 Lever Street NE Minneapolis, MN 55449</u>			Phone no.	<u>763-786-4626</u>

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040.

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **07**

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

Name(s) shown on Form 1040

Your social security number

Jerry & Kimberly A Lindeen

469-86-9242

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) . . . . .	1	
	2	Enter amount from Form 1040, line 38 <b>2</b> . . . . .		
	3	Multiply line 2 by 7.5% (0.075) . . . . .	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	4	
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>			
	a <input checked="" type="checkbox"/>	Income taxes, or	5	6,592
	b <input type="checkbox"/>	General sales taxes		
	6	Real estate taxes (see instructions) . . . . .	6	3,048
	7	Personal property taxes . . . . .	7	255
	8	Other taxes. List type and amount ▶	8	
	9	Add lines 5 through 8 . . . . .	9	9,895
<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098 . . . . .	10	3,638
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
	<b>Note:</b> Your mortgage interest deduction may be limited (see instructions).			
	12	Points not reported to you on Form 1098. See instructions for special rules . . . . .	12	
	13	Mortgage insurance premiums (see instructions) . . . . .	13	
	14	Investment interest. Attach Form 4952 if required. See instructions.	14	
	15	Add lines 10 through 14 . . . . .	15	3,638
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	16	940
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	17	
	18	Carryover from prior year . . . . .	18	
	19	Add lines 16 through 18 . . . . .	19	940
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .	20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instr. ▶	21	
	22	Tax preparation fees . . . . .	22	315
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶	23	
	24	Add lines 21 through 23 . . . . .	24	315
	25	Enter amount from Form 1040, line 38 <b>25</b> 135,490 . . . . .		
	26	Multiply line 25 by 2% (0.02) . . . . .	26	2,710
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	27	0
<b>Other Miscellaneous Deductions</b>	28	Other - from list in instructions. List type and amount ▶	28	
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$156,900? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	14,473
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . <input type="checkbox"/>		

**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **12**

Name(s) shown on return  
**Jerry & Kimberly A Lindeen**

Your social security number  
**469-86-9242**

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	181	186		(5)
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 . . . . .				<b>7</b> (5)

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	932	934		(2)
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .	1,630	1,505		125
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b> 254
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then go to Part III on page 2 . . . . .				<b>15</b> 377

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

Schedule D (Form 1040) 2017

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p>	<p><b>16</b></p>	<p>372</p>
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p>		
<p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.  <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<p><b>18</b></p>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<p><b>19</b></p>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p>		
<p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<p><b>21</b></p>	<p>( )</p>
<p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

**2017**

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment  
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Jerry & Kimberly A Lindeen

469-86-9242

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

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	16.693 sh Royce Fund-Pennsylvania Mutual Fund Invest	12-16-2016	01-20-2017	181	186			( 5 )
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶					181	186		( 5 )

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

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

Social security number or taxpayer identification number

Jerry & Kimberly A Lindeen

469-86-9242

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	85.888 sh Royce Fund-Pennsylvania Mutual Fund Invest	VARIOUS	01-20-2017	932	934			( 2 )
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶								
				932	934			( 2 )

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



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

Social security number or taxpayer identification number

Jerry & Kimberly A Lindeen

469-86-9242

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	150.188 sh Royce Fund	Pennsylvania Mutual Fund Inves VARIOUS	01-20-2017	1,630	1,505			125
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶				1,630	1,505			125

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

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

Your social security number

**Jerry & Kimberly A Lindeen**

**469-86-9242**

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations** Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

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

<b>28</b>	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
<b>A</b>	<b>Statement #1</b>		<input type="checkbox"/>		<input type="checkbox"/>
<b>B</b>			<input type="checkbox"/>		<input type="checkbox"/>
<b>C</b>			<input type="checkbox"/>		<input type="checkbox"/>
<b>D</b>			<input type="checkbox"/>		<input type="checkbox"/>

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
<b>A</b>				
<b>B</b>				
<b>C</b>				
<b>D</b>				
<b>29a</b>	Totals			93,671
<b>b</b>	Totals			
<b>30</b>	Add columns (g) and (j) of line 29a . . . . .		<b>30</b>	93,671
<b>31</b>	Add columns (f), (h), and (i) of line 29b . . . . .		<b>31</b>	( )
<b>32</b>	<b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31. Enter the result here and include in the total on line 41 below . . . . .		<b>32</b>	93,671

**Part III Income or Loss From Estates and Trusts**

<b>33</b>	(a) Name	(b) Employer identification number
<b>A</b>		
<b>B</b>		

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
<b>A</b>			
<b>B</b>			
<b>34a</b>	Totals		
<b>b</b>	Totals		
<b>35</b>	Add columns (d) and (f) of line 34a . . . . .		<b>35</b>
<b>36</b>	Add columns (c) and (e) of line 34b . . . . .		<b>36</b>
<b>37</b>	<b>Total estate and trust income or (loss).</b> Combine lines 35 and 36. Enter the result here and include in the total on line 41 below . . . . .		<b>37</b>

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

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

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below . . . . .	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	<b>41</b>	93,671
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) . . . . .	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules . . . . .	<b>43</b>	93,671

## Child and Dependent Care Expenses

OMB No. 1545-0074

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**  
 ▶ **Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.**

2017

Attachment  
 Sequence No. **21**

Name(s) shown on return: Jerry & Kimberly A Lindeen      Your social security number: 469-86-9242

**Part I** **Persons or Organizations Who Provided the Care - You must complete this part.**

(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
YMCA of the Grea	2125 E Hennepin Ave Ste 150	452-56-3299	1,668
	Minneapolis, MN		
	554132720		

Did you receive dependent care benefits?

 **No** → Complete only Part II below.  
 **Yes** → Complete Part III on page 2 next.
 

**Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
Samuel	Lindeen	469-51-7198	1,668

<b>3</b> Add the amounts in column (c) of line 2. <b>Don't</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 . . . . .	<b>3</b>	1,668																																																										
<b>4</b> Enter your <b>earned income</b> . See instructions . . . . .	<b>4</b>	39,830																																																										
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4 . . . . .	<b>5</b>	21,195																																																										
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5 . . . . .	<b>6</b>	1,668																																																										
<b>7</b> Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 . . . . .	<b>7</b>	135,490																																																										
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7																																																												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>If line 7 is:</b></td> <td style="width: 50%;"><b>If line 7 is:</b></td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Over</th> <th style="width: 33%;">But not over</th> <th style="width: 34%;">Decimal amount is</th> </tr> <tr> <td>\$0 - 15,000</td> <td></td> <td style="text-align: center;">.35</td> </tr> <tr> <td>15,000 - 17,000</td> <td></td> <td style="text-align: center;">.34</td> </tr> <tr> <td>17,000 - 19,000</td> <td></td> <td style="text-align: center;">.33</td> </tr> <tr> <td>19,000 - 21,000</td> <td></td> <td style="text-align: center;">.32</td> </tr> <tr> <td>21,000 - 23,000</td> <td></td> <td style="text-align: center;">.31</td> </tr> <tr> <td>23,000 - 25,000</td> <td></td> <td style="text-align: center;">.30</td> </tr> <tr> <td>25,000 - 27,000</td> <td></td> <td style="text-align: center;">.29</td> </tr> <tr> <td>27,000 - 29,000</td> <td></td> <td style="text-align: center;">.28</td> </tr> </table> </td> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Over</th> <th style="width: 33%;">But not over</th> <th style="width: 34%;">Decimal amount is</th> </tr> <tr> <td>\$29,000 - 31,000</td> <td></td> <td style="text-align: center;">.27</td> </tr> <tr> <td>31,000 - 33,000</td> <td></td> <td style="text-align: center;">.26</td> </tr> <tr> <td>33,000 - 35,000</td> <td></td> <td style="text-align: center;">.25</td> </tr> <tr> <td>35,000 - 37,000</td> <td></td> <td style="text-align: center;">.24</td> </tr> <tr> <td>37,000 - 39,000</td> <td></td> <td style="text-align: center;">.23</td> </tr> <tr> <td>39,000 - 41,000</td> <td></td> <td style="text-align: center;">.22</td> </tr> <tr> <td>41,000 - 43,000</td> <td></td> <td style="text-align: center;">.21</td> </tr> <tr> <td>43,000 - No limit</td> <td></td> <td style="text-align: center;">.20</td> </tr> </table> </td> </tr> </table>	<b>If line 7 is:</b>	<b>If line 7 is:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Over</th> <th style="width: 33%;">But not over</th> <th style="width: 34%;">Decimal amount is</th> </tr> <tr> <td>\$0 - 15,000</td> <td></td> <td style="text-align: center;">.35</td> </tr> <tr> <td>15,000 - 17,000</td> <td></td> <td style="text-align: center;">.34</td> </tr> <tr> <td>17,000 - 19,000</td> <td></td> <td style="text-align: center;">.33</td> </tr> <tr> <td>19,000 - 21,000</td> <td></td> <td style="text-align: center;">.32</td> </tr> <tr> <td>21,000 - 23,000</td> <td></td> <td style="text-align: center;">.31</td> </tr> <tr> <td>23,000 - 25,000</td> <td></td> <td style="text-align: center;">.30</td> </tr> <tr> <td>25,000 - 27,000</td> <td></td> <td style="text-align: center;">.29</td> </tr> <tr> <td>27,000 - 29,000</td> <td></td> <td style="text-align: center;">.28</td> </tr> </table>	Over	But not over	Decimal amount is	\$0 - 15,000		.35	15,000 - 17,000		.34	17,000 - 19,000		.33	19,000 - 21,000		.32	21,000 - 23,000		.31	23,000 - 25,000		.30	25,000 - 27,000		.29	27,000 - 29,000		.28	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Over</th> <th style="width: 33%;">But not over</th> <th style="width: 34%;">Decimal amount is</th> </tr> <tr> <td>\$29,000 - 31,000</td> <td></td> <td style="text-align: center;">.27</td> </tr> <tr> <td>31,000 - 33,000</td> <td></td> <td style="text-align: center;">.26</td> </tr> <tr> <td>33,000 - 35,000</td> <td></td> <td style="text-align: center;">.25</td> </tr> <tr> <td>35,000 - 37,000</td> <td></td> <td style="text-align: center;">.24</td> </tr> <tr> <td>37,000 - 39,000</td> <td></td> <td style="text-align: center;">.23</td> </tr> <tr> <td>39,000 - 41,000</td> <td></td> <td style="text-align: center;">.22</td> </tr> <tr> <td>41,000 - 43,000</td> <td></td> <td style="text-align: center;">.21</td> </tr> <tr> <td>43,000 - No limit</td> <td></td> <td style="text-align: center;">.20</td> </tr> </table>	Over	But not over	Decimal amount is	\$29,000 - 31,000		.27	31,000 - 33,000		.26	33,000 - 35,000		.25	35,000 - 37,000		.24	37,000 - 39,000		.23	39,000 - 41,000		.22	41,000 - 43,000		.21	43,000 - No limit		.20	<b>8</b>	x . 20
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<b>9</b> Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions . . . . .	<b>9</b>	334																																																										
<b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .	<b>10</b>	17,644																																																										
<b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47 . . . . .	<b>11</b>	334																																																										

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

**2017**  
Attachment  
Sequence No. **52**

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

Jerry & Kimberly A Lindeen

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

469-86-9242

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

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) . . . . . ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	2	6,750
3	If you were under age 55 at the end of 2017, and on the first day of <b>every</b> month during 2017, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,400 (\$6,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3	6,750
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	
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	6,750
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	6,750
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	
8	Add lines 6 and 7 . . . . .	8	6,750
9	Employer contributions made to your HSAs for 2017 . . . . .	9	
10	Qualified HSA funding distributions . . . . .	10	
11	Add lines 9 and 10 . . . . .	11	
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	6,750
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 . . . . .	13	6,750
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2017 from all HSAs (see instructions) . . . . .	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .	14b	
c	Subtract line 14b from line 14a . . . . .	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15	
16	<b>Taxable HSA distributions.</b> 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	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (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	

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> 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 . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> 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 . . . . .	<b>21</b>	

**Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC),  
and Additional Child Tax Credit (ACTC)

► To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.  
► Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

Taxpayer name(s) shown on return <u>Jerry &amp; Kimberly A Lindeen</u>	Taxpayer identification number <u>469-86-9242</u>
Enter preparer's name and PTIN <u>Donna Franklin</u> <u>P01243894</u>	

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I-IV for the credit(s) claimed (check all that apply).	EIC <input type="checkbox"/>	CTC/ACTC <input checked="" type="checkbox"/>	AOTC <input type="checkbox"/>
<b>1</b> Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>2</b> Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: <ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s)</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount . . . . .</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>4</b> Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>b</b> Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s) . . . . . List those documents, if any, that you relied on. <u>Healthcare provider statement School</u> <u>Records, Healthcare Statement, Childcare</u> <u>Records</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

For Paperwork Reduction Act Notice, see separate instructions.

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ACTC	AOTC
<b>9a</b> Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming EIC and does not have a qualifying child.) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</b> Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

**Part III Due Diligence Questions for Returns Claiming CTC and/or ACTC** (If the return does not claim CTC or ACTC, go to Part IV.)

<b>10a</b> Did all children for whom the taxpayer is claiming the CTC/ACTC reside with the taxpayer? (If "Yes," go to question 10c; if "No," go to question 10b.) . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b> Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>c</b> Have you determined that the taxpayer has not released the claim to another person? . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

<b>11</b> Did the taxpayer provide substantiation such as a Form 1098-T and /or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Part V Credit Eligibility Certification**

- ▶ **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**
  - A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s);
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
  - C. Submit Form 8867 in the manner required; **and**
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    1. A copy of Form 8867,
    2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
    3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
    4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
    5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.
- ▶ **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

<b>12</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Payment Voucher Filing Instructions

2017

Date to file by: 04-17-2018

Payment: \$3,494

Address to file: Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

Other Instructions: If paper-filing your 2017 return, mail the tax return, voucher, and check to the address on the voucher. Do not staple the voucher and payment to the return or to each other.

If your return was e-filed, mail the voucher and check to the address on the voucher.

Make your check or money order payable to "United States Treasury". Enter your SSN and "2017 Form 1040" on your check or money order.

To pay by credit card, go to www.1040paytax.com.

Taxpayer Records:

Amount Paid
Check Number
Date Mailed

Form 1040-V (2017)

Detach Here and Mail With Your Payment and Return

Form 1040-V

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

OMB No. 1545-0074

2017

Do not staple or attach this voucher to your payment or return.

Table with 5 columns: 1 Your social security number (SSN), 2 If a joint return, SSN shown second on your return, 3 Amount you are paying by check or money order, Dollars, Cents. Values: 469-86-9242, 367-64-2767, 3,494

EEA

Jerry & Kimberly A Lindeen
1148 Heritage Drive East
Shakopee, MN 55379

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

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

469869242 0P LIND 30 0 201712 610



## Federal Supporting Statements

**2017** PG01

Name(s) as shown on return

Your Social Security Number

Jerry & Kimberly A Lindeen

469-86-9242

Schedule E - Line 28 - Partnerships and S Corporations

Statement #1

A- Name of Entity	B- Partnership or S Corp	C- X If Foreign	D- EIN	E- Not At Risk	F- P Loss	G- P Income	H- Loss	I- Sec 179	J- Income
TL PROPERTIES, LLC	P		41-1932919		0	0	0	0	7,846
TL Apartments LLC	P		27-3503610		0	0	0	0	1,744
TL Apartments LLC	P		27-3503610		0	0	0	0	1,265
Elkwood LLC	P		32-0489813		0	0	0	0	3,412
Elkwood LLC	P		32-0489813		0	0	0	0	342
National Real Estate Recruiting Inc	S		20-0008994		0	0	0	0	79,062
<b>Total</b>					<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>93,671</u>

Department of the Treasury  
Internal Revenue Service

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

**2017**

▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <u>Jerry Lindeen</u>	Social security number <u>469-86-9242</u>
Spouse's name <u>Kimberly A Lindeen</u>	Spouse's social security number <u>367-64-2767</u>

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

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	<u>135,490</u>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	<u>16,610</u>
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a) . . . . .	<b>3</b>	<u>13,116</u>
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) . . . . .	<b>5</b>	<u>3,494</u>

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize Arlyce Cleveland Ltd to enter or generate my PIN 06578  
ERO firm name Enter five digits, but don't enter all zeros  
as my signature on my tax year 2017 electronically filed income tax return.

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

I authorize Arlyce Cleveland Ltd to enter or generate my PIN 90640  
ERO firm name Enter five digits, but don't enter all zeros  
as my signature on my tax year 2017 electronically filed income tax return.

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only - continue below**

**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 414679-33265  
Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ 04-12-2018

**ERO Must Retain This Form - See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

Jerry & Kimberly A Lindeen

Taxpayer address (optional)

1148 Heritage Drive East  
Shakopee, MN 55379

1.  Your federal income tax return for 2017 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by Arlyce Cleveland Ltd.
2.  Your return was accepted on \_\_\_\_\_ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is \_\_\_\_\_.
3.  Your return was accepted on \_\_\_\_\_. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4.  Your electronic funds withdrawal payment request was accepted for processing.
5.  Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6.  Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.  
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

### If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

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The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

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### Instructions for Electronic Return Originators

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**Line 2** - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

**Line 3** - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

**Line 4** - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

**Line 5** - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

**Note:** EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

Jerry & Kimberly A Lindeen

Name(s) as shown on return

Jerry &amp; Kimberly A Lindeen

Your Social Security Number

469-86-9242

## Schedule A, Line 16 - Cash Contributions

<u>Description</u>	<u>Amount</u>
Holy Trinity UMC	\$ 785
American Heart Assoc	35
Sun Path PTO Read A Thon	50
MAAR Foundation	20
ALS Assn	50
<b>Total:</b>	<b>\$ 940</b>

**Federal Income Tax Withheld**

**2017 PG01**

Name(s) as shown on return

Your Social Security Number

Jerry & Kimberly A Lindeen

469-86-9242

Description	Amount
W2 - National Real Estate Recruiting In	12,000
W2 - Valley Paving Inc	990
1099G - MINNESOTA DEPARTMENT OF EMPLOYM	126
<b>Total Withholdings</b>	<b>13,116</b>

## Self-Employed Health Insurance Deduction Worksheet - 1040, Line 29

Form 1040, line 29

(Keep for your records)

2017

Name(s) as shown on return

Tax ID Number

Jerry Lindeen

469-86-9242

<p>1. Enter the total amount paid in 2017 for health insurance coverage established under your business (or the S corporation in which you were a more-than-2% shareholder) for 2017 for you, your spouse, and your dependents. Your insurance can also cover your child who was under age 27 at the end of 2017, even if the child was not your dependent. But <b>do not</b> include the following.</p> <ul style="list-style-type: none"> <li>• Amounts for any month you were eligible to participate in a health plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2017.</li> <li>• Any amounts paid from retirement plan distributions that were nontaxable because you are a retired public safety officer.</li> <li>• Any qualified health insurance coverage payments that you included on Form 8885, line 4, to claim the HCTC.</li> <li>• Any advance monthly payments of the HCTC that your health plan administrator received from the IRS, as shown on Form 1099-H, Health Coverage Tax Credit (HCTC) Advance Payments.</li> <li>• Any qualified health insurance coverage payments you paid for eligible coverage months for which you received the benefit of the HCTC monthly advance payment program.</li> <li>• Any payments for qualified long-term care insurance (see line 2)</li> </ul>	<p>1. <u>9,830</u></p>
<p>2. For coverage under a qualified long-term care insurance contract, enter for each person covered the <b>smaller</b> of the following amounts.</p> <p>a) Total payments made for that person during the year.</p> <p>b) The amount shown below. Use the person's age at the end of the tax year.</p> <p style="padding-left: 40px;">\$410 - if that person is age 40 or younger</p> <p style="padding-left: 40px;">\$770 - if age 41 to 50</p> <p style="padding-left: 40px;">\$1,530 - if age 51 to 60</p> <p style="padding-left: 40px;">\$4,090 - if age 61 to 70</p> <p style="padding-left: 40px;">\$5,110 - if age 71 or older</p> <p><b>Do not</b> include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2017. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts</p>	<p>2. _____</p>
<p>3. Add lines 1 and 2</p>	<p>3. <u>9,830</u></p>
<p>4. Enter your net profit* and any other earned income** from the trade or business under which the insurance plan is established. Do not include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S corporation, skip to line 11</p>	<p>4. _____</p>
<p>5. Enter the total of all net profits* from: Schedule C (Form 1040), line 31; Schedule C-EZ (Form 1040), line 3; Schedule F (Form 1040), line 34; or Schedule K-1 (Form 1065), box 14, code A; plus any other income allocable to the profitable businesses. Do not include Conservation Reserve Program payments exempt from self-employment tax. See the Instructions for Schedule SE (Form 1040). <b>Do not</b> include any net losses shown on these schedules</p>	<p>5. _____</p>
<p>6. Divide line 4 by line 5</p>	<p>6. _____</p>
<p>7. Multiply Form 1040 (or Form 1040NR), line 27, by the percentage on line 6</p>	<p>7. _____</p>
<p>8. Subtract line 7 from line 4</p>	<p>8. _____</p>
<p>9. Enter the amount, if any, from Form 1040 (or Form 1040NR), line 28, attributable to the same trade or business in which the insurance plan is established</p>	<p>9. _____</p>
<p>10. Subtract line 9 from line 8</p>	<p>10. _____</p>
<p>11. Enter your Medicare wages (Form W-2, box 5) from an S corporation in which you are a more-than-2% shareholder and in which the insurance plan is established</p>	<p>11. <u>30,000</u></p>
<p>12. Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above, or any amount from Form 2555-EZ, line 18, attributable to the amount entered on line 11 above</p>	<p>12. _____</p>
<p>13. Subtract line 12 from line 10 or 11, whichever applies</p>	<p>13. <u>30,000</u></p>
<p>14. Enter the <b>smaller</b> of line 3 or line 13 here and on Form 1040 (or Form 1040NR), line 29. <b>Do not</b> include this amount when figuring any medical expense deduction on Schedule A (Form 1040)</p>	<p>14. <u>9,830</u></p>

\* If you used either optional method to figure your net earnings from self-employment from any business, do not enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Section B, line 4b.

\*\* **Earned income** includes net earnings and gains from the sale, transfer, or licensing of property you created. However, it does not include capital gain income.

# Computation of Regular Tax

(Keep for your records)

**2017**

Name(s) as shown on return

Tax ID Number

Jerry & Kimberly A Lindeen

469-86-9242

## Statement for line 44 of Form 1040

### Tax Rate Schedule for Married Filing Joint Filing Status

If taxable income is				of the	
over	but not over	pay	plus	% on excess	amount over
0	18,650	0.00		10%	0
18,650	75,900	1,865.00		15%	18,650
<b>75,900</b>	<b>153,100</b>	<b>10,452.50</b>		<b>25%</b>	<b>75,900</b>
153,100	233,350	29,752.50		28%	153,100
233,350	416,700	52,222.50		33%	233,350
416,700	470,700	112,728.00		35%	416,700
470,700	. . . . .	131,628.00		39.6%	470,700

$$\$10,452.50 + ((\$104,817.00 - \$75,900.00) \times 25.0\%) = \$17,682$$

Tax from Tax Rate Schedule \$ 17,682

Tax from Qualified Dividends/Capital Gain Worksheet \$ 17,644

\$ 17,644 Tax computed using the most advantageous method allowed



**Qualified Dividends and Capital Gain  
Tax Worksheet - Line 44 (Form 1040)  
Line 28 (Form 1040A)**

(Keep for your records)

**2017**

Name(s) as shown on return

Tax ID Number

Jerry & Kimberly A Lindeen

469-86-9242

**Before you begin:**

- See the instructions for line 44 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 through line 43.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1.	Enter the amount from Form 1040, line 43 (Form 1040A, line 27). However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet . . . . .	1.	104,817
2.	Enter the amount from Form 1040, line 9b (Form 1040A, line 9b)* . . . . .	2.	9
3.	Are you filing Schedule D?*		
	<input checked="" type="checkbox"/> <b>Yes.</b> Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0- . . . . .	3.	372
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13 (or Form 1040A, line 10) . . . . .		
4.	Add lines 2 and 3 . . . . .	4.	381
5.	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- . . . . .	5.	
6.	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6.	381
7.	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	7.	104,436
8.	Enter: \$37,950 if single or married filing separately, \$75,900 if married filing jointly or qualifying widow(er), \$50,800 if head of household. . . . .	8.	75,900
9.	Enter the smaller of line 1 or line 8 . . . . .	9.	75,900
10.	Enter the smaller of line 7 or line 9 . . . . .	10.	75,900
11.	Subtract line 10 from line 9. This amount is taxed at 0% . . . . .	11.	
12.	Enter the smaller of line 1 or line 6 . . . . .	12.	381
13.	Enter the amount from line 11 . . . . .	13.	
14.	Subtract line 13 from line 12 . . . . .	14.	381
15.	Enter: \$418,400 if single, \$235,350 if married filing separately, \$470,700 if married filing jointly or qualifying widow(er), \$444,550 if head of household. . . . .	15.	470,700
16.	Enter the smaller of line 1 or line 15 . . . . .	16.	104,817
17.	Add lines 7 and 11 . . . . .	17.	104,436
18.	Subtract line 17 from line 16. If zero or less, enter -0- . . . . .	18.	381
19.	Enter the smaller of line 14 or line 18 . . . . .	19.	381
20.	Multiply line 19 by 15% (.15) . . . . .	20.	57
21.	Add lines 11 and 19 . . . . .	21.	381
22.	Subtract line 21 from line 12 . . . . .	22.	
23.	Multiply line 22 by 20% (.20) . . . . .	23.	
24.	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet . . . . .	24.	17,587
25.	Add lines 20, 23, and 24 . . . . .	25.	17,644
26.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet . . . . .	26.	17,682
27.	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26. Also include this amount on Form 1040, line 44 (Form 1040A, line 28). If you are filing Form 2555 or 2555-EZ, don't enter this amount on Form 1040, line 44 (or Form 1040A, line 28). Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet . . . . .	27.	17,644

\* If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

# Credit Limit Worksheet

(Keep for your records)

**2017**

Name(s) as shown on return

Tax ID Number

Jerry & Kimberly A Lindeen

469-86-9242

1. Amount from Form 1040, line 47; Form 1040A, line 30; or Form 1040NR line 45 . . . . .	1.		17,644
2. Foreign tax credit amount from Form 1040, line 48 or Form 1040NR line 46 . . . . .	2.		
<b>3. Subtract line 2 from line 1. If zero or less, enter -0-. Enter this amount on Form 2441, line 10 . . . . .</b>	<b>3.</b>		<b>17,644</b>
4. Amount from Form 2441, line 11 . . . . .	4.	334	
<b>5. Subtract line 4 from line 3. If zero or less, enter -0-. Enter this amount on Schedule R, line 21 . . . . .</b>	<b>5.</b>		<b>17,310</b>
6. Amount from Schedule R, line 22 . . . . .	6.		
7. Enter amount from Form 8863, line 18 . . . . .	7.		
8. Subtract line 6 from line 5. If zero or less, enter -0- . . . . .	8.	17,310	
9. Enter the smaller of line 7 or line 8. Nonrefundable lifetime learning credit . . . . .	9.		
10. Enter amount from Form 8863, line 9 . . . . .	10.		
11. Subtract line 9 from line 8. If zero or less, enter -0- . . . . .	11.	17,310	
12. Enter the smaller of line 10 or line 11. Nonrefundable American Opportunity credit . . . . .	12.		
<b>13. Add line 9 and line 12. Enter this amount on Form 8863, line 19 . . . . .</b>	<b>13.</b>		
<b>14. Subtract line 13 from line 8. If zero or less, enter -0-. Enter this amount on Form 8880, line 11 . . . . .</b>	<b>14.</b>		<b>17,310</b>
15. Amount from Form 8880, line 12 . . . . .	15.		
<b>16. Subtract line 15 from line 14. If zero or less, enter -0-. Enter this amount on Form 5695, line 29 . . . . .</b>	<b>16.</b>		<b>17,310</b>
17. Amount from Form 5695, line 30 . . . . .	17.		
18. Reserved . . . . .	18.		
19. Reserved . . . . .	19.		
<b>20. Subtract line 17 from line 16. If zero or less, enter -0-. Enter this amount on Form 8910, line 14 . . . . .</b>	<b>20.</b>		<b>17,310</b>
21. Amount from Form 8910, line 15 . . . . .	21.		
<b>22. Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 8936, line 22 . . . . .</b>	<b>22.</b>		<b>17,310</b>
23. Amount from Form 8936, line 23 . . . . .	23.		
24. Amount from Line 12 of the line 11 Worksheet from Pub 972 (WK_8812.PG2) . . . . .	24.		
<b>25. Subtract lines 23 and 24 from line 22. If zero or less, enter -0-. Enter this amount on Form 8396, line 8 . . . . .</b>	<b>25.</b>		<b>17,310</b>
26. Amount from Form 8396, line 9 . . . . .	26.		
27. Subtract line 26 from line 25. If zero or less, enter -0- . . . . .	27.	17,310	
28. Amount from Form 8839, line 14 . . . . .	28.		
29. Enter the smaller of line 27 or line 28. Enter this amount on Form 8839, line 16 . . . . .	29.		
<b>30. Subtract line 29 from line 27. If zero or less, enter -0-. Enter this amount on Form 8859, line 2 . . . . .</b>	<b>30.</b>		<b>17,310</b>
31. Amount from Form 8859, line 3 . . . . .	31.		
<b>32. Subtract line 31 from line 30. If zero or less, enter -0-. Enter this amount on Form 5695, line 14 . . . . .</b>	<b>32.</b>		<b>17,310</b>

**Investment Income If You  
Are Filing Form 1040**

(Keep for your records)

**Form 1040**

**2017**

Name(s) as shown on return

Tax ID Number

Jerry & Kimberly A Lindeen

469-86-9242

**Interest and Dividends**

- 1. Enter any amount from Form 1040, line 8a . . . . . **1.** 73
- 2. Enter any amount from Form 1040, line 8b, plus any amount on Form 8814, line 1b . . . . . **2.** \_\_\_\_\_
- 3. Enter any amount from Form 1040, line 9a . . . . . **3.** 9
- 4. Enter the amount from Form 1040, line 21, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) . . . . . **4.** \_\_\_\_\_

**Capital Gain Net Income**

- 5. Enter the amount from Form 1040, line 13. If the amount on that line is a loss, enter -0- . . . . . **5.** 372
- 6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) . . . . . **6.** \_\_\_\_\_
- 7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) . . . . . **7.** 372

**Royalties and Rental Income from Personal Property**

- 8. Enter any royalty income from Schedule E, line 4, plus any income from the rental of personal property shown on Form 1040, line 21, minus any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Form 1040, line 36 of personal property deducted on Form 1040, line 36 (If the result is less than zero, enter -0-.) . . . . . **8.** \_\_\_\_\_

**Passive Activities**

- 9. Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (g)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, lines 26, 29b (col. (f)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-.) . . . . . **9.** 0
- 10. Adjustment from EIC screen . . . . . **10.** \_\_\_\_\_
- 11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your Investment Income** . . . . . **11.** 454
- 12. Is the amount on line 11 more than **\$3,450**?
  - Yes.** You cannot take the credit.
  - No.** Go to Step 3 of the Form 1040 instructions for lines 66a and 66b to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next).

**Instructions for line 9.** In figuring the amount to enter on line 9, do not take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, is not from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

**1040**

**Overflow Statement**

**2017**

Name(s) as shown on return

Jerry & Kimberly A Lindeen

Your Social Security Number

469-86-9242

**Schedule A, Line 5 - STATE AND LOCAL INCOME TAXES**

<u>Description</u>	<u>Amount</u>
Form W-2 - National Real Estate Recruiting Inc	\$ 6,000
Form W-2 - Valley Paving Inc	532
1099-G - MINNESOTA DEPARTMENT OF EMPLOYMENT	60
<b>Total:</b>	<b><u>\$ 6,592</u></b>

## IRA Deduction Worksheet - Line 32

**Form 1040**

(Keep for your records)

**2017**

Name(s) as shown on return

Tax ID Number

Jerry & Kimberly A Lindeen

469-86-9242

**Before you begin:** Be sure you have read the 11-item list in the instructions for this line. You may not be able to use this worksheet. Figure any write-in adjustments to be entered on the dotted line next to line 36 (see the instructions for line 36). If you are married filing separately and you lived apart from your spouse for all of 2017, enter "D" on the dotted line next to Form 1040, line 32. If you don't, you may get a math error notice from the IRS.

	Your IRA	Spouse's IRA
<p><b>1a.</b> Were you covered by a retirement plan (see <i>Were You Covered by a Retirement Plan?</i>)? . . . . . <b>1a.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b.</b> If married filing jointly, was your spouse covered by a retirement plan? . . . . . <b>1b.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Next.</b> If you checked "No" on line 1a (and "No" on line 1b if married filing jointly), skip lines 2 through 6, enter the applicable amount below on line 7a (and line 7b if applicable), and go to line 8.</p> <ul style="list-style-type: none"> <li>• \$5,500, if under age 50 at the end of 2017.</li> <li>• \$6,500, if age 50 or older but under age 70 1/2 at the end of 2017.</li> </ul> <p>Otherwise, go to line 2.</p> <p><b>2.</b> Enter the amount shown below that applies to you.</p> <ul style="list-style-type: none"> <li>• Single, head of household, or married filing separately and you <b>lived apart</b> from your spouse for all of 2017, enter \$72,000.</li> <li>• Qualifying widow(er), enter \$119,000.</li> <li>• Married filing jointly, enter \$119,000 in both columns. But if you checked "No" on either line 1a or 1b, enter \$196,000 for the person who wasn't covered by a plan.</li> <li>• Married filing separately and you lived with your spouse at any time in 2017, enter \$10,000.</li> </ul>	<p><b>2a.</b> _____</p>	<p><b>2b.</b> _____</p>
<p><b>3.</b> Enter the amount from Form 1040, line 22 . . . . . <b>3.</b> _____</p> <p><b>4.</b> Enter the total of the amounts from Form 1040, lines 23 through 31a, plus any write-in adjustments you entered on the dotted line next to line 36 . . . . . <b>4.</b> _____</p> <p><b>5.</b> Subtract line 4 from line 3. If married filing jointly, enter the result in both columns . . . . . <b>5a.</b> _____ <b>5b.</b> _____</p> <p><b>6.</b> Is the amount on line 5 less than the amount on line 2?</p> <p><input type="checkbox"/> <b>No.</b> <b>STOP!</b> None of your IRA contributions are deductible. For details on nondeductible IRA contributions, see Form 8606.</p> <p><input type="checkbox"/> <b>Yes.</b> Subtract line 5 from line 2 in each column. Follow the instruction below that applies to you.</p> <ul style="list-style-type: none"> <li>• If single, head of household, or married filing separately, and the result is \$10,000 or more, enter the applicable amount below on line 7 for that column and go to line 8. <ul style="list-style-type: none"> <li>i. \$5,500, if under age 50 at the end of 2017.</li> <li>ii. \$6,500, if age 50 or older but under age 70 1/2 at the end of 2017.</li> </ul> <p>If the result is less than \$10,000, go to line 7.</p> </li> <li>• If married filing jointly or qualifying widow(er), and the result is \$20,000 or more (\$10,000 or more in the column for the IRA of a person who wasn't covered by a retirement plan), enter the applicable amount below on line 7 for that column and go to line 8. <ul style="list-style-type: none"> <li>i. \$5,500, if under age 50 at the end of 2017.</li> <li>ii. \$6,500, if age 50 or older but under age 70 1/2 at the end of 2017.</li> </ul> <p>Otherwise, go to line 7.</p> </li> </ul>	<p><b>6a.</b> _____</p>	<p><b>6b.</b> _____</p>

## IRA Deduction Worksheet - Line 32 - continued

**Form 1040**

(Keep for your records)

**2017**

Name(s) as shown on return

Tax ID Number

Jerry & Kimberly A Lindeen

Your IRA

Spouse's IRA

7. Multiply lines 6a and 6b by the percentage below that applies to you. If the result isn't a multiple of \$10, increase it to the next multiple of \$10 (for example, increase \$490.30 to \$500). If the result is \$200 or more, enter the result. But if it is less than \$200, enter \$200.

- Single, head of household, or married filing separately, multiply by 55% (0.55) (or by 65% (0.65) in the column for the IRA of a person who is age 50 or older at the end of 2017).
- Married filing jointly or qualifying widow(er), multiply by 27.5% (0.275) (or by 32.5% (0.325) in the column for the IRA of a person who is age 50 or older at the end of 2017). But if you checked "No" on either line 1a or 1b, then in the column for the IRA of the person who wasn't covered by a retirement plan, multiply by 55% (0.55) (or by 65% (0.65) if age 50 or older at the end of 2017).

7a. 5,500 7b. \_\_\_\_\_

8. Enter the total of your (and your spouse's if filing jointly):

- Wages, salaries, tips, etc. Generally, this is the amount reported in box 1 of Form W-2. Exceptions are explained earlier in these instructions for line 32.
- Alimony and separate maintenance payments reported on Form 1040, line 11.
- Nontaxable combat pay. This amount should be reported in box 12 of Form W-2 with code Q.

8. 61,025

9. Enter the earned income you (and your spouse if filing jointly) received as a self-employed individual or a partner. Generally, this is your (and your spouse's if filing jointly) net earnings from self-employment if your personal services were a material income-producing factor, minus any deductions on Form 1040, lines 27 and 28. If zero or less, enter -0-. For more details, see Pub. 590-A . . . . . 9.

9. \_\_\_\_\_

10. Add lines 8 and 9 . . . . . 10. 61,025

**CAUTION!** *If married filing jointly and line 10 is less than \$11,000 (\$12,000 if one spouse is age 50 or older at the end of 2017; \$13,000 if both spouses are age 50 or older at the end of 2017), stop here and use the worksheet in Pub. 590-A to figure your IRA deduction.*

11. Enter traditional IRA contributions made, or that will be made by April 17, 2018, for 2017 to your IRA on line 11a and to your spouse's IRA on line 11b . . . . . 11a. 5,000 11b. \_\_\_\_\_

12. On line 12a, enter the **smallest** of line 7a, 10, or 11a. On line 12b, enter the **smallest** of line 7b, 10, or 11b. This is the most you can deduct. Add the amounts on lines 12a and 12b and enter the total on Form 1040, line 32. Or, if you want, you can deduct a smaller amount and treat the rest as a nondeductible contribution (see Form 8606) . . . . . 12a. 5,000 12b. \_\_\_\_\_

Name(s) as shown on return

Tax ID Number

Jerry & Kimberly A Lindeen

469-86-9242

**Before you begin:** Figure the amount of any credits you are claiming on Form 5695, Part II, line 30\*; Form 8910; Form 8936; or Schedule R.

- CAUTION!**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2017 and meet the other requirements listed earlier under Qualifying Child. Also see Taxpayer identification number needed by due date of return, earlier.
  - If you do not have a qualifying child, you cannot claim the child tax credit.
- \* See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2017.

**Part 1**

- Number of qualifying children: 2 X \$1,000. Enter the result. **1.** 2,000
- Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37. **2.** 135,490
- 1040 Filers.** Enter the total of any -
  - Exclusion of income from Puerto Rico, and
  - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.**1040A and 1040NR Filers.** Enter -0-. **3.** \_\_\_\_\_
- Add lines 2 and 3. Enter the total. **4.** 135,490
- Enter the amount shown below for your filing status.
  - Married filing jointly - \$110,000
  - Single, head of household, or qualifying widow(er) - \$75,000
  - Married filing separately - \$55,000**5.** 110,000
- Is the amount on line 4 more than the amount on line 5?
  - No.** Leave line 6 blank. Enter -0- on line 7.
  - Yes.** Subtract line 5 from line 4. **6.** 26,000

If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.  
For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.
- Multiply the amount on line 6 by 5% (.05). Enter the result. **7.** 1,300
- Is the amount on line 1 more than the amount on line 7?
  - No. STOP**  
You cannot take the child tax credit on Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49. You also cannot take the additional child tax credit on Form 1040, line 67; Form 1040A, line 43; or Form 1040NR, line 64. Complete the rest of your Form 1040, Form 1040A, or Form 1040NR.
  - Yes.** Subtract line 7 from line 1. Enter the result. *Go to Part 2 below.* **8.** 700

**Part 2**

- Enter the amount from Form 1040, line 47; Form 1040A, line 30; or Form 1040NR, line 45. **9.** 17,644
- Add the following amounts from:
 

Form 1040	or	Form 1040A	or	Form 1040NR	+	_____
Line 48		-----		Line 46		_____
Line 49		Line 31		Line 47		<u>334</u>
Line 50		Line 33		-----		_____
Line 51		Line 34		Line 48		_____
<b>Form 5695</b> , line 30		.....		.....		_____
<b>Form 8910</b> , line 15		.....		.....		_____
<b>Form 8936</b> , line 23		.....		.....		_____
<b>Schedule R</b> , line 22		.....		.....		_____
Enter the total.					<b>10.</b>	<u>334</u>

- Are you claiming any of the following credits?
  - Mortgage interest credit, Form 8396.
  - Adoption credit, Form 8839.
  - Residential energy efficient property credit, Form 5695, Part I.
  - District of Columbia first-time homebuyer credit, Form 8859. **No.** Enter the amount from line 10. **11.** 334  
 **Yes.** If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, complete the Line 11 Worksheet, later, to figure the amount to enter here.
- Subtract line 11 from line 9. Enter the result. **12.** 17,310
- Is the amount on line 8 of this worksheet more than the amount on line 12?
  - No.** Enter the amount from line 8. **13.** 700
  - Yes.** Enter the amount from line 12. See the **TIP** below.

**This is your child tax credit.**

**TIP** You may be able to take the **additional child tax credit** on Form 1040, line 67; Form 1040A, line 43; or Form 1040NR, line 64, only if you answered "Yes" on line 13.

- First, complete your Form 1040 through line 66a (also complete line 71), Form 1040A through line 42a, or Form 1040NR through line 63 (also, complete line 67).
- Then, use Parts II - IV of Schedule 8812 to figure any additional child tax credit.

Enter this amount on Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49.

# Partner's Adjusted Basis Worksheet, page 1

Keep for your records.

**2017**

Name of Partner: <b>Jerry Lindeen</b>	SSN: <b>469-86-9242</b>
Name of Partnership: <b>TL PROPERTIES, LLC</b>	EIN <b>411932919</b>

A. Partner's share of partnership liabilities (Sch K-1, Item K)	A. <u>286,671</u>	
B. Partner's share of partnership liabilities from PRIOR year	B. <u>( 299,897)</u>	
C. Increases (Decrease) in share of Partnership Liabilities during this tax period	C. <u>(13,226)</u>	
1. Adjusted Basis from preceding year		1. <u>372,841</u>
2. Capital contributions of property		
a. Gain (if any) recognized this year on contribution of property to partnership	2 a. _____	
b. Cash contributed during the year	b. _____	
c. Adjusted basis of property contributed during the year	c. _____	
d. Partnership interest acquired other than by cash or property	d. _____	
Total additional contributions (Total lines 2a-2d)	2. _____	
3. Items of Income or Gain for this period		
a. Ordinary Income (Sch K-1, Line 1)	3 a. _____	
b. Real Estate Rental Income (Sch K-1, Line 2)	b. <u>7,846</u>	
c. Other Rental Income (Sch K-1, Line 3c)	c. _____	
d. Interest, Dividends & Royalties (Sch K-1, Lines 5, 6a & 7)	d. <u>46</u>	
e. Capital Gain (Sch K-1, Lines 8 & 9a)	e. _____	
f. Other Portfolio Income (Sch K-1, Line 11a)	f. _____	
g. Section 1231 Gain (Sch K-1, Line 10)	g. _____	
h. Other Income (Sch K-1, Line 11f)	h. _____	
i. Tax Exempt Income (Sch K-1, Lines 18a & b)	i. _____	
j. Excess Depletion Adjustment	j. _____	
k. Increase from Recapture of Business Credits	k. _____	
i. Gain from 179 disposition (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))	i. _____	
Total items of Income or Gains (Total lines 3a-3l)	3. <u>7,892</u>	
4. Increase in Partnership Share of Partnership Liabilities from line C above	4. _____	
5. Total increases in basis (combine lines 1 through 4)		5. <u>380,733</u>
6. Cash Distributions to the Partner during the year	6. <u>39,619</u>	
7. Decrease in Partner's Share of Partnership Liabilities from line C above	7. <u>13,226</u>	
8. Decrease for Non-Deductible Expenses/Credit Adjustments	8. _____	
9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)		9. <u>327,888</u>
10. Items of Losses and Deductions (Allowed for the current year)		
a. Ordinary Loss (Page 2, Col d, Line 10a)	10 a. _____	
b. Real Estate Rental Loss (Page 2, Col d, Line 10b)	b. _____	
c. Other Rental Loss (Page 2, Col d, Line 10c)	c. _____	
d. Capital Loss (Page 2, Col d, Line 10d)	d. _____	
e. Other Portfolio Loss (Page 2, Col d, Line 10e)	e. _____	
f. Section 1231 Loss (Page 2, Col d, Line 10f)	f. _____	
g. Other Loss (Page 2, Col d, Line 10g)	g. _____	
h. Charitable Contributions (Page 2, Col d, Line 10h)	h. _____	
i. Section 179 Expense (Page 2, Col d, Line 10i)	i. _____	
j. Portfolio Income Expenses (Page 2, Col d, Line 10j)	j. _____	
k. Other Deductions (Page 2, Col d, Line 10k)	k. _____	
l. Interest Expense on Investment Debt (Page 2, Col d, Line 10l)	l. _____	
m. Section 59(e) Expenditures (Page 2, Col d, Line 10m)	m. _____	
n. Other decreases (Page 2, Col d, Line 10n)	n. _____	
o. Loss from 179 disposition (Page 2, Col d, Line 10o)	o. _____	
Total items of Losses and Deductions (Total lines 10a-10o)	10. _____	
11. Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)		11. <u>327,888</u>



# Partner's Adjusted Basis Worksheet, page 1

Keep for your records.

**2017**

Name of Partner: <b>Jerry Lindeen</b>	SSN: <b>469-86-9242</b>
Name of Partnership: <b>TL Apartments LLC</b>	EIN: <b>273503610</b>

A. Partner's share of partnership liabilities (Sch K-1, Item K)	A. <u>121,625</u>	
B. Partner's share of partnership liabilities from PRIOR year	B. <u>( 123,415)</u>	
C. Increases (Decrease) in share of Partnership Liabilities during this tax period	C. <u>( 1,790)</u>	
1. Adjusted Basis from preceding year		1. <u>152,366</u>
2. Capital contributions of property		
a. Gain (if any) recognized this year on contribution of property to partnership	2 a. _____	
b. Cash contributed during the year	b. _____	
c. Adjusted basis of property contributed during the year	c. _____	
d. Partnership interest acquired other than by cash or property	d. _____	
Total additional contributions (Total lines 2a-2d)	2. _____	
3. Items of Income or Gain for this period		
a. Ordinary Income (Sch K-1, Line 1)	3 a. _____	
b. Real Estate Rental Income (Sch K-1, Line 2)	b. <u>1,744</u>	
c. Other Rental Income (Sch K-1, Line 3c)	c. _____	
d. Interest, Dividends & Royalties (Sch K-1, Lines 5, 6a & 7)	d. <u>4</u>	
e. Capital Gain (Sch K-1, Lines 8 & 9a)	e. _____	
f. Other Portfolio Income (Sch K-1, Line 11a)	f. _____	
g. Section 1231 Gain (Sch K-1, Line 10)	g. _____	
h. Other Income (Sch K-1, Line 11f)	h. _____	
i. Tax Exempt Income (Sch K-1, Lines 18a & b)	i. _____	
j. Excess Depletion Adjustment	j. _____	
k. Increase from Recapture of Business Credits	k. _____	
i. Gain from 179 disposition (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))	i. _____	
Total items of Income or Gains (Total lines 3a-3l)	3. <u>1,748</u>	
4. Increase in Partnership Share of Partnership Liabilities from line C above	4. _____	
5. Total increases in basis (combine lines 1 through 4)		5. <u>154,114</u>
6. Cash Distributions to the Partner during the year	6. <u>6,677</u>	
7. Decrease in Partner's Share of Partnership Liabilities from line C above	7. <u>1,790</u>	
8. Decrease for Non-Deductible Expenses/Credit Adjustments	8. _____	
9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)		9. <u>145,647</u>
10. Items of Losses and Deductions (Allowed for the current year)		
a. Ordinary Loss (Page 2, Col d, Line 10a)	10 a. _____	
b. Real Estate Rental Loss (Page 2, Col d, Line 10b)	b. _____	
c. Other Rental Loss (Page 2, Col d, Line 10c)	c. _____	
d. Capital Loss (Page 2, Col d, Line 10d)	d. _____	
e. Other Portfolio Loss (Page 2, Col d, Line 10e)	e. _____	
f. Section 1231 Loss (Page 2, Col d, Line 10f)	f. _____	
g. Other Loss (Page 2, Col d, Line 10g)	g. _____	
h. Charitable Contributions (Page 2, Col d, Line 10h)	h. _____	
i. Section 179 Expense (Page 2, Col d, Line 10i)	i. _____	
j. Portfolio Income Expenses (Page 2, Col d, Line 10j)	j. _____	
k. Other Deductions (Page 2, Col d, Line 10k)	k. _____	
l. Interest Expense on Investment Debt (Page 2, Col d, Line 10l)	l. _____	
m. Section 59(e) Expenditures (Page 2, Col d, Line 10m)	m. _____	
n. Other decreases (Page 2, Col d, Line 10n)	n. _____	
o. Loss from 179 disposition (Page 2, Col d, Line 10o)	o. _____	
Total items of Losses and Deductions (Total lines 10a-10o)	10. _____	
11. Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)		11. <u>145,647</u>

# Partner's Adjusted Basis Worksheet, page 1

Keep for your records.

## 2017

<b>Name of Partner:</b> Kimberly A Lindeen	<b>SSN:</b> 367-64-2767
<b>Name of Partnership:</b> TL Apartments LLC	<b>EIN:</b> 273503610

A. Partner's share of partnership liabilities (Sch K-1, Item K)	A. _____	
B. Partner's share of partnership liabilities from PRIOR year	B. ( 89,536 )	
C. Increases (Decrease) in share of Partnership Liabilities during this tax period	C. ( 89,536 )	
1. Adjusted Basis from preceding year		1. 109,023
2. Capital contributions of property		
a. Gain (if any) recognized this year on contribution of property to partnership	2 a. _____	
b. Cash contributed during the year	b. _____	
c. Adjusted basis of property contributed during the year	c. _____	
d. Partnership interest acquired other than by cash or property	d. _____	
Total additional contributions (Total lines 2a-2d)	2. _____	
3. Items of Income or Gain for this period		
a. Ordinary Income (Sch K-1, Line 1)	3 a. _____	
b. Real Estate Rental Income (Sch K-1, Line 2)	b. 1,265	
c. Other Rental Income (Sch K-1, Line 3c)	c. _____	
d. Interest, Dividends & Royalties (Sch K-1, Lines 5, 6a & 7)	d. 3	
e. Capital Gain (Sch K-1, Lines 8 & 9a)	e. _____	
f. Other Portfolio Income (Sch K-1, Line 11a)	f. _____	
g. Section 1231 Gain (Sch K-1, Line 10)	g. _____	
h. Other Income (Sch K-1, Line 11f)	h. _____	
i. Tax Exempt Income (Sch K-1, Lines 18a & b)	i. _____	
j. Excess Depletion Adjustment	j. _____	
k. Increase from Recapture of Business Credits	k. _____	
i. Gain from 179 disposition (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))	i. _____	
Total items of Income or Gains (Total lines 3a-3l)	3. 1,268	
4. Increase in Partnership Share of Partnership Liabilities from line C above	4. _____	
5. Total increases in basis (combine lines 1 through 4)		5. 110,291
6. Cash Distributions to the Partner during the year	6. 4,844	
7. Decrease in Partner's Share of Partnership Liabilities from line C above	7. 89,536	
8. Decrease for Non-Deductible Expenses/Credit Adjustments	8. _____	
9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)		9. 15,911
10. Items of Losses and Deductions (Allowed for the current year)		
a. Ordinary Loss (Page 2, Col d, Line 10a)	10 a. _____	
b. Real Estate Rental Loss (Page 2, Col d, Line 10b)	b. _____	
c. Other Rental Loss (Page 2, Col d, Line 10c)	c. _____	
d. Capital Loss (Page 2, Col d, Line 10d)	d. _____	
e. Other Portfolio Loss (Page 2, Col d, Line 10e)	e. _____	
f. Section 1231 Loss (Page 2, Col d, Line 10f)	f. _____	
g. Other Loss (Page 2, Col d, Line 10g)	g. _____	
h. Charitable Contributions (Page 2, Col d, Line 10h)	h. _____	
i. Section 179 Expense (Page 2, Col d, Line 10i)	i. _____	
j. Portfolio Income Expenses (Page 2, Col d, Line 10j)	j. _____	
k. Other Deductions (Page 2, Col d, Line 10k)	k. _____	
l. Interest Expense on Investment Debt (Page 2, Col d, Line 10l)	l. _____	
m. Section 59(e) Expenditures (Page 2, Col d, Line 10m)	m. _____	
n. Other decreases (Page 2, Col d, Line 10n)	n. _____	
o. Loss from 179 disposition (Page 2, Col d, Line 10o)	o. _____	
Total items of Losses and Deductions (Total lines 10a-10o)	10. _____	
11. Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)		11. 15,911

# Partner's Adjusted Basis Worksheet, page 1

Keep for your records.

**2017**

<b>Name of Partner:</b> Jerry Lindeen	<b>SSN:</b> 469-86-9242
<b>Name of Partnership:</b> Elkwood LLC	<b>EIN:</b> 320489813

A. Partner's share of partnership liabilities (Sch K-1, Item K)	A.	<u>166,336</u>	
B. Partner's share of partnership liabilities from PRIOR year	B.	<u>( 202,799)</u>	
C. Increases (Decrease) in share of Partnership Liabilities during this tax period	C.	<u>( 36,463)</u>	
1. Adjusted Basis from preceding year			1. <u>204,082</u>
2. Capital contributions of property			
a. Gain (if any) recognized this year on contribution of property to partnership	2 a.	_____	
b. Cash contributed during the year	b.	_____	
c. Adjusted basis of property contributed during the year	c.	_____	
d. Partnership interest acquired other than by cash or property	d.	_____	
Total additional contributions (Total lines 2a-2d)	2.	_____	
3. Items of Income or Gain for this period			
a. Ordinary Income (Sch K-1, Line 1)	3 a.	_____	
b. Real Estate Rental Income (Sch K-1, Line 2)	b.	<u>3,412</u>	
c. Other Rental Income (Sch K-1, Line 3c)	c.	_____	
d. Interest, Dividends & Royalties (Sch K-1, Lines 5, 6a & 7)	d.	<u>2</u>	
e. Capital Gain (Sch K-1, Lines 8 & 9a)	e.	_____	
f. Other Portfolio Income (Sch K-1, Line 11a)	f.	_____	
g. Section 1231 Gain (Sch K-1, Line 10)	g.	_____	
h. Other Income (Sch K-1, Line 11f)	h.	_____	
i. Tax Exempt Income (Sch K-1, Lines 18a & b)	i.	_____	
j. Excess Depletion Adjustment	j.	_____	
k. Increase from Recapture of Business Credits	k.	_____	
i. Gain from 179 disposition (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))	i.	_____	
Total items of Income or Gains (Total lines 3a-3l)	3.	<u>3,414</u>	
4. Increase in Partnership Share of Partnership Liabilities from line C above	4.	_____	
5. Total increases in basis (combine lines 1 through 4)			5. <u>207,496</u>
6. Cash Distributions to the Partner during the year	6.	_____	
7. Decrease in Partner's Share of Partnership Liabilities from line C above	7.	<u>36,463</u>	
8. Decrease for Non-Deductible Expenses/Credit Adjustments	8.	_____	
9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)			9. <u>171,033</u>
10. Items of Losses and Deductions (Allowed for the current year)			
a. Ordinary Loss (Page 2, Col d, Line 10a)	10 a.	_____	
b. Real Estate Rental Loss (Page 2, Col d, Line 10b)	b.	_____	
c. Other Rental Loss (Page 2, Col d, Line 10c)	c.	_____	
d. Capital Loss (Page 2, Col d, Line 10d)	d.	_____	
e. Other Portfolio Loss (Page 2, Col d, Line 10e)	e.	_____	
f. Section 1231 Loss (Page 2, Col d, Line 10f)	f.	_____	
g. Other Loss (Page 2, Col d, Line 10g)	g.	_____	
h. Charitable Contributions (Page 2, Col d, Line 10h)	h.	_____	
i. Section 179 Expense (Page 2, Col d, Line 10i)	i.	_____	
j. Portfolio Income Expenses (Page 2, Col d, Line 10j)	j.	_____	
k. Other Deductions (Page 2, Col d, Line 10k)	k.	_____	
l. Interest Expense on Investment Debt (Page 2, Col d, Line 10l)	l.	_____	
m. Section 59(e) Expenditures (Page 2, Col d, Line 10m)	m.	_____	
n. Other decreases (Page 2, Col d, Line 10n)	n.	_____	
o. Loss from 179 disposition (Page 2, Col d, Line 10o)	o.	_____	
Total items of Losses and Deductions (Total lines 10a-10o)	10.	_____	
11. Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)			11. <u>171,033</u>

# Partner's Adjusted Basis Worksheet, page 1

Keep for your records.

## 2017

Name of Partner: <b>Kimberly A Lindeen</b>	SSN: <b>367-64-2767</b>
Name of Partnership: <b>Elkwood LLC</b>	EIN <b>320489813</b>

A. Partner's share of partnership liabilities (Sch K-1, Item K)	A. <u>16,668</u>	
B. Partner's share of partnership liabilities from PRIOR year	B. ( <u>20,322</u> )	
C. Increases (Decrease) in share of Partnership Liabilities during this tax period	C. <u>(3,654)</u>	
1. Adjusted Basis from preceding year		1. <u>20,450</u>
2. Capital contributions of property		
a. Gain (if any) recognized this year on contribution of property to partnership	2 a. _____	
b. Cash contributed during the year	b. _____	
c. Adjusted basis of property contributed during the year	c. _____	
d. Partnership interest acquired other than by cash or property	d. _____	
Total additional contributions (Total lines 2a-2d)		2. _____
3. Items of Income or Gain for this period		
a. Ordinary Income (Sch K-1, Line 1)	3 a. _____	
b. Real Estate Rental Income (Sch K-1, Line 2)	b. <u>342</u>	
c. Other Rental Income (Sch K-1, Line 3c)	c. _____	
d. Interest, Dividends & Royalties (Sch K-1, Lines 5, 6a & 7)	d. _____	
e. Capital Gain (Sch K-1, Lines 8 & 9a)	e. _____	
f. Other Portfolio Income (Sch K-1, Line 11a)	f. _____	
g. Section 1231 Gain (Sch K-1, Line 10)	g. _____	
h. Other Income (Sch K-1, Line 11f)	h. _____	
i. Tax Exempt Income (Sch K-1, Lines 18a & b)	i. _____	
j. Excess Depletion Adjustment	j. _____	
k. Increase from Recapture of Business Credits	k. _____	
i. Gain from 179 disposition (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))	i. _____	
Total items of Income or Gains (Total lines 3a-3l)		3. <u>342</u>
4. Increase in Partnership Share of Partnership Liabilities from line C above		4. _____
5. Total increases in basis (combine lines 1 through 4)		5. <u>20,792</u>
6. Cash Distributions to the Partner during the year		6. _____
7. Decrease in Partner's Share of Partnership Liabilities from line C above		7. <u>3,654</u>
8. Decrease for Non-Deductible Expenses/Credit Adjustments		8. _____
9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)		9. <u>17,138</u>
10. Items of Losses and Deductions (Allowed for the current year)		
a. Ordinary Loss (Page 2, Col d, Line 10a)	10 a. _____	
b. Real Estate Rental Loss (Page 2, Col d, Line 10b)	b. _____	
c. Other Rental Loss (Page 2, Col d, Line 10c)	c. _____	
d. Capital Loss (Page 2, Col d, Line 10d)	d. _____	
e. Other Portfolio Loss (Page 2, Col d, Line 10e)	e. _____	
f. Section 1231 Loss (Page 2, Col d, Line 10f)	f. _____	
g. Other Loss (Page 2, Col d, Line 10g)	g. _____	
h. Charitable Contributions (Page 2, Col d, Line 10h)	h. _____	
i. Section 179 Expense (Page 2, Col d, Line 10i)	i. _____	
j. Portfolio Income Expenses (Page 2, Col d, Line 10j)	j. _____	
k. Other Deductions (Page 2, Col d, Line 10k)	k. _____	
l. Interest Expense on Investment Debt (Page 2, Col d, Line 10l)	l. _____	
m. Section 59(e) Expenditures (Page 2, Col d, Line 10m)	m. _____	
n. Other decreases (Page 2, Col d, Line 10n)	n. _____	
o. Loss from 179 disposition (Page 2, Col d, Line 10o)	o. _____	
Total items of Losses and Deductions (Total lines 10a-10o)		10. _____
11. Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)		11. <u>17,138</u>

# Shareholder's Adjusted Basis Worksheet, page 1

Keep for your records.

**2017**

Name of Shareholder: <b>Jerry Lindeen</b>	SSN: <b>469-86-9242</b>
Name of Corporation: <b>National Real Estate Recruiting</b>	EIN <b>200008994</b>

### Stock basis

1 Stock basis, beginning of year (Not less than zero)	1 <u>140,219</u>	
2 Additional Capital Contributions of Stock Purchased	2 _____	
3 Increases for income and gain items:		
a Ordinary Income (Sch K, Line 1)	a <u>79,062</u>	
b Real Estate Rental Income (Sch K, Line 2)	b _____	
c Other Rental Income (Sch K, Line 3c)	c _____	
d Interest, Dividends & Royalties (Sch K, Lines 4, 5 & 6)	d _____	
e Capital Gain (Sch K, Lines 7 & 8a)	e _____	
f Other Portfolio Income (Sch K, Line 10a)	f _____	
g Section 1231 Gain (Sch K, Line 9)	g _____	
h Other Income (Sch K, Line 10e)	h _____	
Total Income and Gain Items (Total lines 3a-3h)	3a-h <u>79,062</u>	
i Increase for Non-Taxable Income (Sch K, Lines 16a & b)	3i _____	
j Increase for Excess Depletion Adjustment	3j _____	
k Increase from Recapture of Business Credits (See IRC § 49(a), 50(a), 50(c)(2) & 1371(d))	3k _____	
l Gain from 179 asset disposition	3l _____	
4 Stock Basis Before Distributions (Add lines 1 through 3)		4 <u>219,281</u>
5 Reduction for Non-Taxable Distributions (Sch K, Line 16d)		5 _____
6 Stock Basis Before Non-Ded. Expense (Cannot be negative)		6 <u>219,281</u>
7 Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)		7 <u>167</u>
8 Stock Basis Before Allowable Losses & Deductions (Cannot be negative)		8 <u>219,114</u>
9 Decreases for Loss and Deduction items:		
a Ordinary Loss (Page 2, Col d, Line 9a)	a _____	
b Real Estate Rental Loss (Page 2, Col d, Line 9b)	b _____	
c Other Rental Loss (Page 2, Col d, Line 9c)	c _____	
d Capital Loss (Page 2, Col d, Line 9d)	d _____	
e Other Portfolio Loss (Page 2, Col d, Line 9e)	e _____	
f Section 1231 Loss (Page 2, Col d, Line 9f)	f _____	
g Other Loss (Page 2, Col d, Line 9g)	g _____	
h Charitable Contributions (Page 2, Col d, Line 9h)	h _____	
i Section 179 Expense (Page 2, Col d, Line 9i)	i _____	
j Portfolio Income Expenses (Page 2, Col d, Line 9j)	j _____	
k Other Deductions (Page 2, Col d, Line 9k)	k _____	
l Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l _____	
m Section 59(e) Expenditures (Page 2, Col d, Line 9m)	m _____	
Total Loss and Deduction Items (Total Lines 9a-9m)	9a-m _____	
n Other decreases (Page 2, Col d, Line 9n)	9n _____	
o Loss from 179 asset disposition (Page 2, Col d, Line 9o)	9o _____	
Total Decrease for Loss and Deductions Items and Business Credits		9 _____
10 Less: net increase applied to debt basis		10 _____
11 Stock Basis at End of Year (Line 8 minus line 9 minus line 10) (not less than zero)		11 <u>219,114</u>

### Debt Basis

12 Debt basis at beginning of year (not less than zero)	12 <u>44,035</u>	
13 New loans to corporation during year	13 _____	
14 Restoration of Debt Basis (Line 10)	14 _____	
15 Less: Loans repaid by corporation during the year	15 _____	
16 Less: Applied against excess loss and deductions / non-deductible items	16 _____	
17 Debt basis at the end of tax year (combine lines 12-16) (not less than zero)		17 <u>44,035</u>
18 Shareholder's total basis at end of tax year (combine lines 11 and 17)		18 <u>263,149</u>

### Carryover

	Total Disallowed Losses	Debt Basis Applied Against Excess Losses and Deductions	
19 Total Beginning of year	_____	_____	
20 Add: Losses and deductions this year	_____	_____	
21 Less: Applied this year	_____	_____	
22 End of year (Not less than zero)	_____	_____	

# Carryover Worksheet

## List of items that will carryover to the 2018 tax return

(Keep for your records)

**2017**

Name(s) as shown on return

Tax ID Number

Jerry & Kimberly A Lindeen

469-86-9242

### Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations . . . . .	
Contributions subject to 50% of AGI limitations . . . . .	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property) . . . . .	
Contributions subject to 30% of AGI limitations . . . . .	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property) . . . . .	
Taxable state and local refunds to Form 1040, line 10 . . . . .	
State/local taxes paid in 2018 to flow to the Schedule A . . . . .	220
State donations and contributions carryover . . . . .	
State overpayment applied to next year . . . . .	

### Expenses

Office in home operating expenses . . . . .	
Office in home excess casualty losses and depreciation . . . . .	
Disallowed investment interest expense . . . . . AMT	Reg. Tax
Section 179 expense . . . . .	
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use . . . . .	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use . . . . .	

### Losses

Short-term capital loss . . . . .	
Long-term capital loss . . . . .	Reg. Tax
Net operating loss . . . . .	Reg. Tax
Nonrecaptured net section 1231 losses from WK_1231C . . . . .	Reg. Tax

### Credits

Mortgage interest credit . . . . .	
Credit for prior year minimum tax . . . . .	
Foreign Tax credit . . . . .	Reg. Tax
District of Columbia first time home owner's credit . . . . .	
Res. energy efficient property credit . . . . .	

### Other

Preparer Fee . . . . .	
Overpayment applied to next year's estimates . . . . .	
Estimated Tax Payment 1 _____	Estimated Tax Payment 2
Estimated Tax Payment 3 _____	Estimated Tax Payment 4
Federal tax liability for 2210 calculation . . . . .	16,610
State tax liability for state 2210 calculation . . . . .	6,812
IRA basis . . . . .	Taxpayer _____ Spouse _____

### Passive Activity


### At Risk Limitations


## Potential Tax Cuts and Jobs Act Impact

(For your information)

**2017**

Name(s) as shown on return

Tax ID Number

Jerry & Kimberly A Lindeen

469-86-9242

	2017 Tax Law	Tax Cuts and Jobs Act	Difference
Standard deduction	12,700	24,000	11,300
Personal exemptions	16,200	0	(16,200)
<b>Itemized deduction breakdown</b>			
Medical deduction			
Total taxes	9,895	9,895	0
Interest	3,638	3,638	0
Charitable contributions	940	940	0
Casualty and theft			
Job expenses and certain miscellaneous deductions			
Other miscellaneous deductions			
Total itemized deductions	14,473	14,473	0
Greater of standard deduction or itemized deductions	14,473	24,000	9,527
Taxable income before Qualified Business Income(QBI) deduction	104,817	111,490	6,673
Potential QBI deduction **		18,734	18,734
Taxable income after potential QBI deduction	104,817	92,756	(12,061)
Tax	17,644	12,259	(5,385)
Child Tax Credit - non-refundable portion	700	4,000	3,300
Child Tax Credit - refundable portion	0	0	0
Net change in tax if the Tax Cut and Jobs Act applied to the 2017 return			(8,685)

Final result of 2017 return <b>before</b> the Tax Cuts and Jobs Act	Balance Due:	3,494
Potential final result of 2017 return <b>after</b> the Tax Cuts and Jobs Act*	Refund:	5,191

\*based on the withholding shown on the 2017 return

This document is not intended to project total tax due on the 2018 return. It is intended to show some of the more common differences that would have occurred on this tax return had the Tax Cuts and Jobs Act been in place for tax year 2017. Only the changes shown above have been taken into consideration.

\*\* The Qualified Business Income (QBI) deduction was computed as the sum of the following:

- 20% of net Schedule C income
- 20% of net Schedule F income
- 20% of the sum of all 1065 K-1 income and 1120S K-1 income

This may not be an accurate representation of the actual QBI. There may be applicable limits that have not been considered because some necessary information is not available in the return.

This amount can be overridden on the QBI screen, line 17.

**Tax Impact Worksheet calculations**

**Qualified Dividends and Capital Gain  
Tax Worksheet for Tax Impact Wks**

Calculation for Forecast (Keep for your records)

**2017**

Name(s) as shown on return

Tax ID Number

Jerry & Kimberly A Lindeen

469-86-9242

**Before you begin:**

- See the instructions for line 44 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 through line 43.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1.	Enter the amount from Form 1040, line 43 (Form 1040A, line 27). However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet . . . . .	1.	92,756
2.	Enter the amount from Form 1040, line 9b (Form 1040A, line 9b)* . . . . .	2.	9
3.	Are you filing Schedule D?*		
	<input type="checkbox"/> <b>Yes.</b> Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0- . . . . .	3.	372
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13 (or Form 1040A, line 10) . . . . .		
4.	Add lines 2 and 3 . . . . .	4.	381
5.	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- . . . . .	5.	
6.	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6.	381
7.	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	7.	92,375
8.	Enter: \$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household. . . . .	8.	77,200
9.	Enter the smaller of line 1 or line 8 . . . . .	9.	77,200
10.	Enter the smaller of line 7 or line 9 . . . . .	10.	77,200
11.	Subtract line 10 from line 9. This amount is taxed at 0% . . . . .	11.	
12.	Enter the smaller of line 1 or line 6 . . . . .	12.	381
13.	Enter the amount from line 11 . . . . .	13.	
14.	Subtract line 13 from line 12 . . . . .	14.	381
15.	Enter: \$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household. . . . .	15.	479,000
16.	Enter the smaller of line 1 or line 15 . . . . .	16.	92,756
17.	Add lines 7 and 11 . . . . .	17.	92,375
18.	Subtract line 17 from line 16. If zero or less, enter -0- . . . . .	18.	381
19.	Enter the smaller of line 14 or line 18 . . . . .	19.	381
20.	Multiply line 19 by 15% (.15) . . . . .	20.	57
21.	Add lines 11 and 19 . . . . .	21.	381
22.	Subtract line 21 from line 12 . . . . .	22.	
23.	Multiply line 22 by 20% (.20) . . . . .	23.	
24.	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet . . . . .	24.	12,202
25.	Add lines 20, 23, and 24 . . . . .	25.	12,259
26.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet . . . . .	26.	12,290
27.	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26. Also include this amount on Form 1040, line 44 (Form 1040A, line 28). If you are filing Form 2555 or 2555-EZ, don't enter this amount on Form 1040, line 44 (or Form 1040A, line 28). Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet . . . . .	27.	12,259

\* If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.



**FOR TAX YEAR 2017**

JERRY & KIMBERLY A LINDEEN

Arlyce Cleveland Ltd  
11943 Lever Street NE  
Minneapolis, MN 55449  
(763)786-4626

**Federal Filing Instructions****2017**

Name as shown on return

Jerry and Kimberly A Lindeen

Tax ID Number

469-86-9242

Date to file by: 04-17-2018

Form to be filed: Form 1040 and supplemental forms and schedules

Sign and date: Form 1040 is not considered a valid return unless it is signed and dated by the appropriate parties.

Address to file: Internal Revenue Service  
P.O. Box 802501  
Cincinnati, OH 45280-2501

Payment: \$3,494

Transaction Method: Your balance due can be paid by check, money order, credit card, or debit card. Make check or money order payable to the "United States Treasury." Write "2017 Form 1040," your name, address, SSN, and daytime phone number on your payment and mail with Form 1040 and 1040-V. To pay by credit card, go to [www.1040paytax.com](http://www.1040paytax.com).

Other Instructions: If you cannot file on time, you can get an automatic six-month extension if you file Form 4868 no later than April 17, 2018. An extension to file does not extend the time to pay your tax.

# Arlyce Cleveland Ltd

11943 Lever Street NE  
Minneapolis, MN 55449  
arlyce@accounting-offices.net  
Phone: (763)786-4626 | Fax: (763)786-0639

April 12, 2018

Jerry & Kimberly A Lindeen  
1148 Heritage Drive East  
Shakopee, MN 55379

Subject: Preparation of Your 2017 Tax Returns

Jerry & Kimberly A Lindeen:

Thank you for choosing Arlyce Cleveland Ltd to assist you with your 2017 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2017 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2017 tax returns will conclude with the delivery of the completed returns to you (if paper-filing) or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (763)786-4626.

Sincerely,

Donna Franklin  
Arlyce Cleveland Ltd

(Both spouses must sign for preparation of joint returns.)

Accepted By:

---

Taxpayer

---

Spouse

---

Date

# Arlyce Cleveland Ltd

11943 Lever Street NE  
Minneapolis, MN 55449  
arlyce@accounting-offices.net  
Phone: (763)786-4626 | Fax: (763)786-0639

April 12, 2018

Jerry & Kimberly A Lindeen  
1148 Heritage Drive East  
Shakopee, MN 55379

Jerry & Kimberly A Lindeen:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$3,494 Balance Due	Mail a check
Minnesota Income Tax	\$220 Balance Due	Mail a check

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax  
Minnesota Income Tax

Mail payment on or before due date to the following address:

**Federal Income Tax**  
Internal Revenue Service  
P.O. Box 802501  
Cincinnati, OH 45280-2501

**Minnesota Income Tax**  
Minnesota Revenue  
PO Box 64054  
St. Paul, MN 55164-0054

Sincerely,

Donna Franklin  
Arlyce Cleveland Ltd

# Arlyce Cleveland Ltd

11943 Lever Street NE  
 Minneapolis, MN 55449  
 arlyce@accounting-offices.net  
 Phone: (763)786-4626 | Fax: (763)786-0639

Customer Name	Customer Information	
Jerry & Kimberly A Lindeen 1148 Heritage Drive East Shakopee, MN 55379	Invoice #:	
	Date:	April 12, 2018
	Phone:	
	E-mail:	

Your 2017 tax return was prepared by Donna Franklin.

Description	Fee
<b>Federal And Supplemental Forms</b>	
Form 1040	U.S. Individual Income Tax Return
Form 1040V	Payment Voucher
Schedule A	Itemized Deductions
Schedule D	Capital Gains and Losses
Schedule E pg 2	Supplemental Income and Loss, page 2
Form 1099-G	Certain Government Payments
Form 2441	Child and Dependent Care Expenses
Form 8867	Paid Preparer's Due Diligence Checklist
Form 8879	E-File Signature Authorization
Form 8889	Health Savings Accounts
Form 8949	Sale and Other Disposition of Capital Assets
Form 9325	General Information for Electronic Filing
Form W-2	Wage and Tax Statement
Form W-2	Wage and Tax Statement
Fed Withholdings	Form 1040 - Federal Withholding From All Sources
Schedule A Line 5	Schedule A - State and Local Income Taxes
Tax Act Impact	Tax Act Impact Worksheet
Tax Computation	Computation of Regular Tax
Wks 8606 IRA Deduction	Form 8606 Worksheet
Wks 8812	Form 8812 Worksheet - Child Tax Credit
Wks CG	Qualified Dividends and Capital Gain Tax Worksheet
Wks CRED LMT	Credit Limit Worksheet
Wks EIC Investment Limit	Investment Income Limitation
Wks K1P Adj Basis	Partner's Adjusted Basis Worksheet
Wks K1P Adj Basis	Partner's Adjusted Basis Worksheet
Wks K1P Adj Basis	Partner's Adjusted Basis Worksheet
Wks K1P Adj Basis	Partner's Adjusted Basis Worksheet
Wks K1P Adj Basis	Partner's Adjusted Basis Worksheet
Wks K1S Adj Basis	Shareholder's Adjusted Basis Worksheet
Wks SEHID	Self-Employed Health Insurance Deduction
Statement Sch E	Schedule E - Partnerships and S-Corps
Overflow	Itemized Listing Attachment
Comparison	Tax Year Comparison Sheet
Tax Act Impact - Wks CG	Tax Act Impact - Wks Qual Div and Capital Gains
<b>Minnesota Forms</b>	
MN 1	Individual Income Tax Return

MN 1W	Withholding Information	
MN 1M	Income Additions and Subtractions	
MN 60PV	Electronic Filing Payment for Income Tax	
MN Statement 93	M1 Education Subtraction Dependents Statement	
MN ADD WK	M1 Line 2 State Income Tax Additions	
MN WK_A5	State Taxable Refund Worksheet	

<b>Total Forms</b>	<b>41</b>	<b>Forms Subtotal</b>	<b>0.00</b>
		<b>Total Balance Due</b>	<b>0.00</b>

Payment due upon receipt. Thank you for your business!

1040

**Individual  
Diagnostic Summary**

2017

Name(s) Jerry & Kimberly A Lindeen Social Security # 469-86-9242

Spouse SSN # 367-64-2767

**Demographics****Mailing Address:**

1148 Heritage Drive East  
Shakopee, MN 55379

**Daytime Phone:****Evening Phone:****Cell Phone:****Resident State:** MN**Date of Birth:** Taxpayer 03-27-1971 Spouse 07-20-1971**Dependent Information:** (\*If more than 5 dependents see last page of summary)

<u>Name</u>	<u>SSN</u>	<u>Relationship</u>	<u>Date of Birth</u>
Elizabeth Lindeen	474-43-1871	DAUGHTER	09-23-2003
Samuel Lindeen	469-51-7198	SON	08-22-2007

**Diagnosics****Preparer:** Donna Franklin**Invoice:****Date:** 04-12-2018**Return Information** Form Type: 1040

<u>Item on Return</u>	<u>2017 Federal</u>	<u>2016 Federal (If available)</u>
Filing Status	2	2
Exemptions	4	4
Total Income	157,070	138,498
AGI	135,490	123,274
Deductions	14,473	15,778
Taxable Income	104,817	91,296
Tax (before credits)	17,644	14,352
Tax (after credits)	16,610	12,610
Tax Rate Percentage	25	25
EIC		
Additional CTC		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due	3,494	5,995

**Form of Refund/Payment:** The client will be sending a check to the IRS**State/City Information** (\* If more than 4 states see last page of summary)

<u>T/S/J</u>	<u>State/City</u>	<u>AGI</u>	<u>Taxable Income</u>	<u>Tax</u>	<u>Refund/ (Balance Due)</u>
J	MN1	135,490	105,573	6,812	(220)



**TAX RETURN COMPARISON  
2015 / 2016 / 2017**

**2017**

Name(s) as shown on return  
Jerry & Kimberly A Lindeen

Identifying number  
469-86-9242

	2015	2016	2017	Difference 2016-2017
Filing Status . . . . .	2	2	2	
Number of Exemptions . . . . .	4	4	4	
<b>Income</b>				
Wages, salaries, tips, etc. . . . .	67,119	61,229	61,025	(204)
Taxable interest and dividends . . . . .	82	204	82	(122)
Taxable state and local refunds . . . . .	537		630	630
Alimony . . . . .				
Business income (loss) . . . . .				
Gains (losses) . . . . .	395	177	372	195
Pensions and IRA distributions . . . . .				
Rent and royalty income (loss) . . . . .				
Part, S-corps, trusts income (loss) . . . . .	29,591	75,813	93,671	17,858
Farm income (loss) . . . . .				
Unemployment compensation . . . . .		1,075	1,290	215
Total SS benefits received . . . . .				
Taxable SS benefits . . . . .				
Other income (loss) . . . . .				
<b>Total Income</b> . . . . .	97,724	138,498	157,070	18,572
<b>Adjusted Gross Income</b>				
Half of self-employment tax . . . . .				
IRA deduction . . . . .		5,000	5,000	
Other adjustments . . . . .	12,854	10,224	16,580	6,356
<b>Total Adjusted Gross Income</b> . . . . .	84,870	123,274	135,490	12,216
<b>Deductions</b>				
Medical deductions . . . . .				
State and local taxes . . . . .		9,955	9,895	(60)
Interest . . . . .		3,999	3,638	(361)
Contributions . . . . .		1,824	940	(884)
Employee business expenses . . . . .				
Standard or other deductions . . . . .	12,600			
<b>Total Itemized or Standard Ded</b> . . . . .	12,600	15,778	14,473	(1,305)
<b>Exemption Amount</b> . . . . .	16,000	16,200	16,200	
<b>Tax and Credits</b>				
<b>Taxable Income</b> . . . . .	56,270	91,296	104,817	13,521
Tax . . . . .	7,459	14,352	17,644	3,292
Credits . . . . .	2,594	1,742	1,034	(708)
Self-employment tax . . . . .				
Other taxes . . . . .				
<b>Total Tax</b> . . . . .	4,865	12,610	16,610	4,000
<b>Payments</b>				
Withholdings . . . . .	4,307	6,615	13,116	6,501
Estimated tax payments . . . . .				
Earned income credit . . . . .				
Other payments and credits . . . . .				
<b>Overpayment</b> . . . . .				
Overpayment Applied . . . . .				
<b>Refund</b> . . . . .				
<b>Balance Due</b> . . . . .	558	5,995	3,494	(2,501)
<b>Resident State</b>	MN	MN	MN	
Taxable income . . . . .	55,336	94,361	105,573	11,212
Tax . . . . .	3,279	6,027	6,812	785
<b>Refund</b> . . . . .		630		(630)
<b>Balance Due</b> . . . . .	254		220	220
Marginal tax rate . . . . .	15.00	25.00	25.00	
Effective tax rate . . . . .	13.00	16.00	16.83	0.83

Arlyce Cleveland Ltd  
11943 Lever Street NE  
Minneapolis, MN 55449

JERRY & KIMBERLY A LINDEEN  
1148 HERITAGE DRIVE EAST  
SHAKOPEE, MN 55379



**2017 Form M1, Individual Income Tax**

Leave unused boxes blank. Do not use staples on anything you submit.

<b>Your First Name and Initial</b> JERRY	<b>Last Name</b> LINDEEN	<b>Your Social Security Number</b> 469869242
<b>If a Joint Return, Spouse's First Name and Initial</b> KIMBERLY A	<b>Spouse's Last Name</b> LINDEEN	<b>Spouse's Social Security Number</b> 367642767
<b>Current Home Address</b> 1148 HERITAGE DRIVE EAST	<b>Check if:</b> <input type="checkbox"/> <b>New Address</b> <input type="checkbox"/> <b>Foreign Address</b>	<b>Your Date of Birth</b> 03271971
<b>City</b> SHAKOPEE	<b>State</b> MN <b>Zip Code</b> 55379	<b>Spouse's Date of Birth</b> 07201971

**2017 Federal Filing Status**  (1) Single  (2) Married filing jointly  (3) Married filing separately:  
 (place an X in one box):  (4) Head of household  (5) Qualifying widow(er)  
 Enter spouse name and Social Security number \_\_\_\_\_

**State Elections Campaign Fund**  
 If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

**Political party and code number:**

Republican . . . . .	11	Grassroots-Legalize Cannabis	14	Legal Marijuana Now.	17
Democratic/Farmer-Labor	12	Green . . . . .	15	General Campaign	
Independence . . . . .	13	Libertarian . . . . .	16	Fund . . . . .	99

**Your code** \_\_\_\_\_ **Spouse code** \_\_\_\_\_

**From Your Federal Return** (see instructions)

<b>A</b> Wages, salaries, tips, etc.	<b>B</b> IRA, pensions, and annuities	<b>C</b> Unemployment	<b>D</b> Federal adjusted gross income
61025		1290	135490

▲ Place an X in box if a negative number

<b>1</b> Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A, or line 6 of Form 1040EZ) (if a negative number, place an X in the box) . . . . .	<b>1</b> <input type="checkbox"/>	104817
<b>2</b> State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet in the instructions . . . . .	<b>2</b> <input type="checkbox"/>	1773
<b>3</b> Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest, and domestic production activities deduction (see instructions; enclose Schedule M1M) . . . . .	<b>3</b> <input type="checkbox"/>	
<b>4</b> Add lines 1 through 3 (if a negative number, place an X in the box) . . . . .	<b>4</b> <input type="checkbox"/>	106590
<b>5</b> State income tax refund from line 10 of federal Form 1040 . . . . .	<b>5</b> <input type="checkbox"/>	630
<b>6</b> Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M) . . . . .	<b>6</b> <input type="checkbox"/>	387
<b>7</b> Total subtractions. Add lines 5 and 6 . . . . .	<b>7</b> <input type="checkbox"/>	1017
<b>8</b> Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank . . . . .	<b>8</b> <input type="checkbox"/>	105573
<b>9</b> Tax from the table in the M1 instructions . . . . .	<b>9</b> <input type="checkbox"/>	6812
<b>10</b> Alternative minimum tax (enclose Schedule M1MT) . . . . .	<b>10</b> <input type="checkbox"/>	
<b>11</b> Add lines 9 and 10 . . . . .	<b>11</b> <input type="checkbox"/>	6812
<b>12</b> Full-year residents: Enter the amount from line 11 on line 12. Skip lines 12a and 12b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) . . . . .	<b>12</b> <input type="checkbox"/>	6812
<b>a</b> <input type="checkbox"/> <b>b</b> <input type="checkbox"/> (Place an X in box if a negative number)		
<b>13</b> Tax on lump-sum distribution (enclose Schedule M1LS) . . . . .	<b>13</b> <input type="checkbox"/>	



14 Tax on non-qualified first-time homebuyer withdrawals (enclose Schedule M1HOME) . . . . . 14 \_\_\_\_\_

15 Tax before credits. Add lines 12, 13, and 14 . . . . . 15 6812

16 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA) . . . . . 16 ■ \_\_\_\_\_

17 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) . . . . . 17 ■ \_\_\_\_\_

18 Other nonrefundable credits (enclose Schedule M1C) . . . . . 18 ■ \_\_\_\_\_

19 Total nonrefundable credits. Add lines 16, 17, and 18 . . . . . 19 \_\_\_\_\_

20 Subtract line 19 from line 15 (if result is zero or less, leave blank) . . . . . 20 6812

21 Nongame Wildlife Fund contribution (see instructions)  
This will reduce your refund or increase the amount you owe . . . . . 21 ■ \_\_\_\_\_

22 Add lines 20 and 21 . . . . . 22 6812

23 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099, and W-2G forms (do not send) . . . . . 23 ■ 6592

24 Minnesota estimated tax and extension payments made for 2017 . . . . . 24 ■ \_\_\_\_\_

25 Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit, K-12 Education Credit, Credit for Parents of Stillborn Children, and Credit for Tax Paid to Wisconsin . . . . . 25 ■ \_\_\_\_\_

26 Business and investment credits (enclose Schedule M1B) . . . . . 26 ■ \_\_\_\_\_

27 Total payments. Add lines 23 through 26 . . . . . 27 6592

28 **REFUND.** If line 27 is more than line 22, subtract line 22 from line 27 (see instructions).  
For direct deposit, complete line 29 . . . . . 28 ■ \_\_\_\_\_

29 Direct deposit of your refund (you must use an account not associated with a foreign bank):  
**Account Type**                      **Routing Number**                      **Account Number**  
 Checking     Savings \_\_\_\_\_

30 **AMOUNT YOU OWE.** If line 22 is more than line 27, subtract line 27 from line 22 (see instructions) . . . . . 30 ■ 220

31 Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 28 or add it to line 30 (enclose Schedule M15) . . . . . 31 ■ \_\_\_\_\_

**IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.

32 Amount from line 28 you want sent to you . . . . . 32 ■ \_\_\_\_\_

33 Amount from line 28 you want applied to your 2018 estimated tax . . . . . 33 ■ \_\_\_\_\_

I declare that this return is correct and complete to the best of my knowledge and belief.		Paid preparer: You must sign below.	
Your signature	Date	Paid preparer's signature	Date
	04-12-2018		04-12-2018
Spouse's signature (if filing jointly)	Taxpayer's daytime phone	Preparer's daytime phone	PTIN or VITA/TCE # (required)
		(763)7864626	P01243894
Your email address	Preparer's email address		
	DONNA@ACCOUNTING-OFFICES.NET		

**Include a copy of your 2017 federal return and schedules.**

Mail to: Minnesota Individual Income Tax  
St. Paul, MN 55145-0010

To check on the status of your refund, visit [www.revenue.state.mn.us](http://www.revenue.state.mn.us)

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

I do not want my paid preparer to file my return electronically.



**2017 Schedule M1W, Minnesota Income Tax Withheld**

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

<b>Your First Name and Initial</b>	<b>Last Name</b>	<b>Your Social Security Number</b>
JERRY	LINDEEN	469869242
<b>If a Joint Return, Spouse's First Name and Initial</b>	<b>Spouse's Last Name</b>	<b>Spouse's Social Security Number</b>
KIMBERLY A	LINDEEN	367642767

If you received a W-2, 1099, W-2G, Schedule KPI, KS, or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 23 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099, or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

**1 Minnesota wages and tax withheld from W-2s, other than from W-2G. If you have more than five W-2s, complete line 5 on the back.**

<b>A</b> If the W-2 is for: • you, enter 1 • spouse, enter 2	<b>B-Box 13</b> If Retirement Plan box is checked mark an X below.	<b>C-Box 15</b> Employer's 7-digit Minnesota state tax ID number	<b>D-Box 16</b> State wages, tips, etc. <i>(round to nearest whole dollar)</i>	<b>E-Box 17</b> Minnesota tax withheld <i>(round to nearest whole dollar)</i>
<u>1</u>	<input type="checkbox"/>	MN <u>6486993</u>	<u>39830</u>	<u>6000</u>
<u>2</u>	<input type="checkbox"/>	MN <u>5565541</u>	<u>21195</u>	<u>532</u>
<u>    </u>	<input type="checkbox"/>	MN <u>          </u>	<u>          </u>	<u>          </u>
<u>    </u>	<input type="checkbox"/>	MN <u>          </u>	<u>          </u>	<u>          </u>
<u>    </u>	<input type="checkbox"/>	MN <u>          </u>	<u>          </u>	<u>          </u>
Subtotal for additional W-2s (from line 5 on the back) . . . . .				<u>6532</u>
<b>Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E) . . . . . 1</b>				<u>6532</u>

**2 Minnesota tax withheld from 1099 and W-2G forms. If you have more than four forms, complete line 6 on the back**

<b>A</b> If the 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	<b>B</b> Payer's 7-digit Minnesota state tax ID number (if unknown, contact the payer)	<b>C</b> Income amount (see the table on the back for amounts to include)	<b>D</b> Minnesota tax withheld <i>(round to nearest whole dollar)</i>
<u>2</u>	MN <u>1406482</u>	<u>1290</u>	<u>60</u>
<u>    </u>	MN <u>          </u>	<u>          </u>	<u>          </u>
<u>    </u>	MN <u>          </u>	<u>          </u>	<u>          </u>
<u>    </u>	MN <u>          </u>	<u>          </u>	<u>          </u>
Subtotal for additional 1099 and W-2G forms (from line 6 on the back) . . . . .			<u>60</u>
<b>Total Minnesota tax withheld from all 1099 and W-2G forms (add amounts in line 2, column D) . . . . . 2</b>			<u>60</u>

**3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries**

(from line 7 on the back) . . . . . **3**

**4 Total. Add the Minnesota tax withheld on lines 1, 2 and 3.**

Enter the total here and on line 23 of Form M1 . . . . . **4** 6592

**Include this schedule with your Form M1.  
If required, include Schedules KPI, KS, and/or KF.**



**2017 Schedule M1M, Income Additions and Subtractions**

Complete this schedule to determine line 3 and line 6 of Form M1.

Your First Name and Initial	Last Name	Your Social Security Number
JERRY	LINDEEN	469869242

**Additions to Income**

- 1 Itemized deduction limitation for taxpayers with an adjusted gross income which exceeds \$186,350 (\$93,175 if married filing separate) . . . . . **1** ■ \_\_\_\_\_
- 2 Personal exemption phase out for taxpayers with an adjusted gross income that exceeds the applicable threshold (see instructions) . . . . . **2** ■ \_\_\_\_\_
- 3 Interest from municipal bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A . . . . . **3** ■ \_\_\_\_\_
- 4 Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A . . . . . **4** ■ \_\_\_\_\_
- 5 Federal bonus depreciation addition (determine from worksheet in the instructions) . . . . . **5** ■ \_\_\_\_\_
- 6 Federal section 179 expensing addition (determine from worksheet in the instructions) . . . . . **6** ■ \_\_\_\_\_
- 7 State income taxes passed through to you as a partner of a partnership, a shareholder of an S corporation, or a beneficiary of a trust (see instructions) . . . . . **7** ■ \_\_\_\_\_
- 8 Domestic production activities deduction (from line 35 of federal Form 1040) . . . . . **8** ■ \_\_\_\_\_
- 9 Expenses deducted on your federal return attributable to income not taxed by Minnesota (other than interest or mutual fund dividends from U.S. bonds) . . . . . **9** ■ \_\_\_\_\_
- 10 Fines, fees and penalties federally deducted as a trade or business expense (see instructions) . . . . . **10** ■ \_\_\_\_\_
- 11 Suspended loss from 2001 through 2005 or 2008 through 2016 on your federal return that was generated by bonus depreciation (determine from worksheet in the instructions) . . . . . **11** ■ \_\_\_\_\_
- 12 Capital gain portion of a lump-sum distribution (from line 6 of federal Form 4972; enclose Form 4972) . . . . . **12** ■ \_\_\_\_\_
- 13 Net operating loss carryover adjustment (see instructions) . . . . . **13** ■ \_\_\_\_\_
- 14 Non-qualified first time homebuyer addition (enclose Schedule M1HOME) . . . . . **14** ■ \_\_\_\_\_
- 15 Accelerated recognition of nonresident installment sales (enclose Schedule M1AR) . . . . . **15** ■ \_\_\_\_\_
- 16 Addition from Schedule M1NC, line 15 . . . . . **16** ■ \_\_\_\_\_
- 17 Add lines 1 through 16. Enter the total here and on line 3 of Form M1 . . . . . **17** \_\_\_\_\_

**Subtractions From Income**

- 18 Net interest or mutual fund dividends from U.S. bonds (see instructions) . . . . . **18** ■ \_\_\_\_\_
- 19 Education expenses you paid for your qualifying children in grades K-12 (see instructions)  
Enter the name and grade of each child on the line below: . . . . . **19** ■ \_\_\_\_\_ **387**  
Statement #503
- 20 If you did not itemize deductions on your federal return and your charitable contributions were more than \$500, see instructions . . . . . **20** ■ \_\_\_\_\_
- 21 Subtraction for federal bonus depreciation added back to Minnesota taxable income in 2012 through 2016 (determine from worksheet in the instructions) . . . . . **21** ■ \_\_\_\_\_
- 22 Subtraction for federal section 179 expensing added back to Minnesota taxable income in 2012 through 2016 (see instructions) . . . . . **22** ■ \_\_\_\_\_



23	Subtraction for persons age 65 or older, or permanently and totally disabled ( <i>enclose Schedule M1R</i> ) . . . . .	23	■	_____
24	Benefits paid by the Railroad Retirement Board ( <i>see instructions</i> ) . . . . .	24	■	_____
25	If you are a resident of a reciprocity state filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is less than zero, enter zero . . . . .	25	■	_____
	• Place an X in one box to indicate the reciprocity state of which you were a resident during 2017 . . . . .			
				<input type="checkbox"/> Michigan <input type="checkbox"/> North Dakota
26	American Indians: Total amount earned on an Indian reservation while living on the reservation, to the extent the income is federally taxable . . . . .	26	■	_____
27	Federal active duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. Do not include military pensions. See line 32 if you received a military pension or other military retirement pay . . . . .	27	■	_____
28	If you are a member of the Minnesota National Guard or other reserve component in Minnesota, see instructions . . . . .	28	■	_____
29	If you are a resident of another state, enter your federal active service military pay, to the extent the income is federally taxable. Do not include military pensions. See line 32 if you received a military pension or other military retirement pay . . . . .	29	■	_____
30	If you, your spouse ( <i>if filing a joint return</i> ), or your dependent donated all or part of a human organ, enter your unreimbursed expenses for travel and lodging and for any lost wages net of sick pay ( <i>see instructions</i> ) . . . . .	30	■	_____
31	Income taxes paid to a subnational level of a foreign country other than Canada ( <i>determine from worksheet in the instructions</i> ) . . . . .	31	■	_____
32	If you received a military pension or other retirement military pay computed under Title 10 ( <i>see instructions</i> ) . . . . .	32	■	_____
33	Portion of the gain from the sale of your farm property if you were insolvent at the time of the sale ( <i>determine from worksheet in the instructions</i> ) . . . . .	33	■	_____
34	Post service education awards received for service in an AmeriCorps National Service program . . . . .	34	■	_____
35	Net operating loss (NOL) carryover adjustment ( <i>see instructions</i> ) . . . . .	35	■	_____
36	Subtraction for prior addback of reacquisition of business indebtedness income included in federal taxable income ( <i>see instructions</i> ) . . . . .	36	■	_____
37	Subtraction for railroad maintenance expenses . . . . .	37	■	_____
38	If you filed federal Schedule A and your limited itemized deductions are less than your standard deduction, see instructions . . . . .	38	■	_____
39	Subtraction for contributions to a qualified education savings plan ( <i>enclose Schedule M1529</i> ) . . . . .	39	■	_____
40	Social Security Subtraction ( <i>determine from worksheet in instructions</i> ) . . . . .	40	■	_____
41	Subtraction for interest earned from a designated first-time homebuyer savings account ( <i>enclose Schedule M1HOME</i> ) . . . . .	41	■	_____
42	Subtraction for discharge of indebtedness of educational loans ( <i>see instructions</i> ) . . . . .	42	■	_____
43	Subtraction from Schedule M1NC, line 15 . . . . .	43	■	_____
44	Add lines 18-43. Enter the total here and on line 6 of Form M1 . . . . .	44		_____ 387

**You must include this schedule with your Form M1.**

Payment Voucher Filing Instructions

2017

Name(s) as shown on return JERRY & KIMBERLY A LINDEEN	EIN/SSN 469-86-9242
--	------------------------

DATE TO FILE BY: 04-17-2018

PAYMENT: \$220.00

Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits – characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.paytax.at/mn** or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

Cut carefully along this line to detach.

Your check authorizes us to make a one-time electronic fund transfer from your account.



1121 1121

INCOME TAX RETURN PAYMENT

JERRY LINDEEN  
 KIMBERLY A LINDEEN  
 1148 HERITAGE DRIVE EAST  
 SHAKOPEE MN 55379

Preparer Tax Identification Number P01243894  
 Social Security Number (required): 469869242  
 Spouse's Social Security Number: 367642767  
 Tax-Year End: 123117

Make check payable to:  
Minnesota Revenue

P.O. BOX 64054 ST PAUL, MN 55164-0054

Amount of Check: 220 00

00102000000000000000000012311730004698692429300036764276750000001121



EDUCATION SUBTRACTION DEPENDENTS

**2017**

Statement #503  
PG01

Name(s) shown on return

JERRY & KIMBERLY A LINDEEN

Identifying Number

469-86-9242

QUALIFYING CHILD NAME

GRADE

ELIZABETH LINDEEN

9

SAMUEL LINDEEN

5

MNADD\_WK

**State Income Tax or Sales Tax Addition Worksheet**

Line 2 of M1

(Keep for your records)

**2017**

Name(s) as shown on return

Your social security number

JERRY LINDEEN

469-86-9242

**Line 2 - State Income Tax or Sales Tax Addition**

Minnesota does not allow you to claim deductions for state income tax or sales tax. If you itemized deductions on your 2017 federal Form 1040, you must add back any amounts you deducted on line 5 of federal Schedule A for income tax or sales tax. Complete the Worksheet for Line 2 below.

If you filed Form 1040A or 1040EZ, or did not itemize deductions on Form 1040, skip this line.

**Nonresident Aliens:** Enter on line 2 the amount of state income tax from line 1 of your federal Schedule A (1040NR) or the state income tax amount included on line 11 of Form 1040NR-EZ.

1	Amount from line 29 of your federal Schedule A.	14473
2	If you are not a dependent, use the table below to find the amount for this step. <b>Dependents:</b> Enter the standard deduction from your federal return	12700
3	Subtract step 2 from step 1 (if result is zero or less, enter 0)	1773
4	State income or sales tax from line 5 of federal Schedule A and any additional state income tax you may have included on line 8 (other taxes) of Schedule A	6592
5	Enter the amount from step 3 or step 4, whichever is less, on line 2 of Form M1	1773

**Married Couples Filing Separate Returns:** Each spouse must complete a separate worksheet. If step 4 is less than step 3 for either spouse, each spouse must enter the step 4 amount of their own worksheet on line 2 of Form M1.

**Table for Step 2 of Worksheet for Line 2**

Check the boxes that apply to you and your spouse. If you are married filing separately, check boxes only for your own status, unless your spouse has no gross income and cannot be claimed as a dependent by another person.

**You:** 65 or older  blind   
**Your Spouse:** 65 or older  blind

In the table below, find your filing status and the number of boxes you checked above (from 0-4) and enter the appropriate dollar amount in step 2 of the worksheet above:

Filing Status	Boxes Checked Above	Dollar Amount for Step 2
single:	0	\$ 6,350
	1	7,900
	2	9,450
married filing jointly, or qualifying widow(er):	0	\$ 12,700
	1	13,950
	2	15,200
married filing separately:	3	16,450
	4	17,700
	0	\$ 6,350
head of household:	1	7,600
	2	8,850
	3	10,100
	4	11,350
household:	0	\$ 9,350
	1	10,900
	2	12,450

**MNWK\_A5**

State / Local tax payments made after 12/31/2017 that  
will be deductible on 2018 Federal Schedule A

**2017**

Name(s) as shown on return

Jerry & Kimberly A Lindeen

Your Social Security Number

469-86-9242

**A. 2017 Income taxes due that were paid after 12/31/2017**

A1. 4th quarter estimate/extension (may be adj. by refund) . . . . . \_\_\_\_\_  
A2. Amount paid with return . . . . . 220  
A3. Total payments made in 2018 . . . . . **A.** 220

**B. Adjustments made to payments**

B1. Interest & Penalty . . . . . \_\_\_\_\_  
B2. Contributions, Donations, Checkoffs . . . . . \_\_\_\_\_  
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc) . . . . . \_\_\_\_\_  
B4. Total adjustments . . . . . **B.** \_\_\_\_\_

**C.** Total tax payments deductible in 2018 (Line A less line B) . . . . . **C.** 220