## Free Tax USA =

## 2016 Income Tax Return

**Federal Return** 

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We look forward to preparing your 2017 tax return.

| <b>1040</b>   |              | nent of the Treasury—Internal R<br>Individual Incol   |                |                          | 201                                     | 6                             | lo. 1545-0074   | IBS Use O      | nlv—Do                      | not write or staple in tl                                    | nis space. |
|---|--------------|---|----------------|--------------------------|---|-------------------------------|-----------------|----------------|-----------------------------|--|------------|
| For the year Jan. 1–De  |              | 6, or other tax year beginning  |                |                          | , 2016, end                             |                               | ,2              |                | -                           | separate instruc   |            |
|   |              |   |                | Last name                |   |                               |                 |                | Your social security number |  |            |
| MOHAMMAD ABDULLA  |              |   |                | MONDAL                   |   |                               |                 |                | 8                           | 34 49 055  | 52         |
| If a joint return, spouse's first name and initial            |              |   | Last name      |                          |   |                               |                 |                |                             | use's social security  |            |
| JULEKHA   | AHME         | AHMED   |                |                          |   |                               | 91              | 50 95 239      | 9                           |  |            |
| Home address (number and street). If you have a P.O. box, see |              |   |                |                          |   |                               |                 |                |                             | Make sure the SSN  |            |
| 608 N TAY   | YLOR         | AVE   |                |                          |   |                               |                 | 202            |                             | and on line 6c are   |            |
| City, town or post offic                                      | ce, state, a | and ZIP code. If you have a for   | eign address   | s, also complete s       | paces below (see                        | instructions)                 | •               |                | Pre                         | esidential Election Ca                                       | ampaign    |
| MONTEBELI   | LO, (        | CA 90640  |                |                          |   |                               |                 |                |                             | t here if you, or your spou<br>, want \$3 to go to this fun  |            |
| Foreign country nan   |              | Foreign province/state/cou  |                |                          | nty                                     | Foreign                       | postal code     |                | below will not change you   |  |            |
|   |              |   |                |                          |   |                               |                 |                | refund                      | l. 🗌 You 🗌   | Spouse     |
| Filing Status   | 1            | Single  |                |                          |   | <b>4</b> 🗌 Hea                | ad of household | l (with quali  | fying p                     | erson). (See instruct  | ions.) If  |
| <b>g</b>  | 2            | X Married filing jointly  | on is a child  | d but n                  | ot your dependent, e                    | enter this                    |                 |                |                             |  |            |
| Check only one  | 3            | Married filing separa   | ► <u> </u>     |                          |   |                               |                 |                |                             |  |            |
| box.  |              | and full name here. ►       5       Qualifying widow(er) with         6a       X Yourself. If someone can claim you as a dependent, do not check box 6a |                |                          |   |                               |                 |                |                             |  |            |
| Exemptions  | 6a           |   |                |                          |   | o not chec                    | k box 6a .      |                | · }                         | Boxes checked<br>on 6a and 6b                                | 2          |
|   | b            | •   |                |                          |   | <br>                          | (4) ✓ if child  |                | <u>, '</u>                  | No. of children<br>on 6c who:                                |            |
|   |              | c Dependents:   |                |                          |   | ionship to you qualifying for |                 | hild tax credi |                             | <ul> <li>lived with you</li> </ul>                           |            |
|   | (1) First    | name Last name  | ;              |                          |   |                               | (see instr      | uctions)<br>1  | _                           | <ul> <li>did not live with<br/>you due to divorce</li> </ul> | •          |
| If more than four   |              |   |                |                          |   |                               |                 | ]              | _                           | or separation<br>(see instructions)                          |            |
| dependents, see   |              |   |                |                          |   |                               |                 | ]              |                             | Dependents on 6c   |            |
| instructions and check here ►                                 |              |   |                |                          |   |                               |                 | ]              |                             | not entered above  |            |
|   | d            | Total number of exem  | ptions cla     | imed                     |   |                               | · · · ·         |                | <u> </u>                    | Add numbers on<br>lines above ►                              | 2          |
|   | 7            | Wages, salaries, tips,  |                |                          |   |                               |                 |                | 7                           |  | 685.       |
| Income  | 8a           | Taxable interest. Atta  |                | .,                       |   |                               |                 |                | 8a                          |  | 600.       |
|   | b            | Tax-exempt interest.  |                | •                        | 1                                       | 8b                            |                 |                |                             |  |            |
| Attach Form(s)  | 9a           | Ordinary dividends. A   | ttach Sche     | edule B if requ          | uired                                   |                               |                 |                | 9a                          |  |            |
| W-2 here. Also<br>attach Forms                                | b            | Qualified dividends   |                |                          |   | 9b                            |                 |                |                             |  |            |
| W-2G and<br>1099-R if tax<br>was withheld.                    | 10           | Taxable refunds, cred   | its, or offs   | ets of state ar          | nd local incom                          | e taxes                       |                 | [              | 10                          |  |            |
|   | 11           | Alimony received  |                |                          |   |                               |                 |                | 11                          |  |            |
|   | 12           | Business income or (loss). Attach Schedule C or C-EZ  |                |                          |   |                               |                 |                |                             |  |            |
| If you did not<br>get a W-2,<br>see instructions.             | 13           | Capital gain or (loss).   |                |                          |   | equired, cł                   | neck here 🕨     |                | 13                          |  |            |
|   | 14           | Other gains or (losses  | ΄ Γ Γ          | orm 4797.                | 1                                       |                               |                 | · ·            | 14                          |  |            |
|   | 15a          | IRA distributions .   | 15a            |                          |   | Taxable a                     |                 | F              | 15b                         |  |            |
|   | 16a          | Pensions and annuities  | · · · · ·      |                          |   | Taxable a                     |                 |                | 16b                         |  |            |
|   | 17           | Rental real estate, roy   |                | •                        | •                                       |                               |                 | -              | 17                          |  |            |
|   | 18<br>19     | Farm income or (loss)<br>Unemployment comp  |                |                          |   |                               |                 | -              | 18<br>19                    |  |            |
|   | 20a          | Social security benefits  | - I - I        |                          | 1                                       |                               | amount .        | -              | 20b                         |  |            |
|   | 21           |   | · · ·          |                          |   |                               |                 |                | 21                          |  |            |
|   | 22           | Other income. List typ<br>Combine the amounts in  | the far rigi   | ht column for lir        | nes 7 through 2                         | 1. This is yo                 | ur total incom  | e 🕨            | 22                          | 67.  | 285.       |
| Adjusted  | 23           | Educator expenses   |                |                          |   | 23                            |                 |                |                             | <b>、</b> 、   |            |
|   | 24           | Certain business expens   |                |                          | t t                                     |                               |                 |                |                             |  |            |
| Gross   |              | fee-basis government of   | icials. Attac  | ch Form 2106 or          | r 2106-EZ                               | 24                            |                 |                |                             |  |            |
| Income  | 25           | Health savings accou  | nt deducti     | on. Attach Fo            | rm 8889 .                               | 25                            |                 |                |                             |  |            |
|   | 26           | Moving expenses. Att  | ach Form       | 3903                     |   | 26                            |                 |                |                             |  |            |
|   | 27           | Deductible part of self-e   | tax. Attach Sc | ax. Attach Schedule SE . |   |                               |                 |                |                             |  |            |
|   | 28           | Self-employed SEP, S  |                |                          | r i i i i i i i i i i i i i i i i i i i | 28                            |                 |                |                             |  |            |
|   | 29           | Self-employed health  |                |                          | r i i i i i i i i i i i i i i i i i i i | 29                            |                 |                |                             |  |            |
|   | 30           | Penalty on early witho  |                | -                        | -                                       | 30                            |                 |                |                             |  |            |
|   | 31a          | Alimony paid <b>b</b> Recip   |                |                          |   | 31a                           |                 |                |                             |  |            |
|   | 32           | IRA deduction   |                |                          | t                                       | 32                            |                 |                |                             |  |            |
|   | 33           | Student loan interest   |                |                          | t t                                     | 33                            |                 |                |                             |  |            |
|   | 34<br>25     | Tuition and fees. Attac   |                |                          | t t                                     | 34                            |                 |                |                             |  |            |
|   | 35<br>36     | Domestic production ac<br>Add lines 23 through  |                |                          |   | 35                            |                 |                | 26                          |  | 0.         |
|   | 30<br>37     | Subtract line 36 from   |                |                          |   |                               |                 |                | 36<br>37                    | 67   | 285.       |
|   |              |   |                | -                        |   |                               |                 |                | 51                          |  |            |

| Form 1040 (2016                               | ) MOI       | HAMMAD ABDULLA MONDAL & JULEKHA AHMED  | 834-                                | 49-0552 Page <b>2</b>  |  |  |  |  |  |
|---|-------------|--|-------------------------------------|------------------------|--|--|--|--|--|
|   | 38          | Amount from line 37 (adjusted gross income)  | 38                                  | 67,285.                |  |  |  |  |  |
| Tax and                                       | 39a         | Check { You were born before January 2, 1952, Blind. } Total boxes   |                                     |                        |  |  |  |  |  |
| Credits                                       |             | if: □ Spouse was born before January 2, 1952, □ Blind. checked > 39a   |                                     |                        |  |  |  |  |  |
| Creaits                                       | b           | If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b   |                                     |                        |  |  |  |  |  |
| Standard                                      | 40          | Itemized deductions (from Schedule A) or your standard deduction (see left margin)   | 40                                  | 12,600.                |  |  |  |  |  |
| Deduction<br>for—                             | 41          | Subtract line 40 from line 38  | 41                                  | 54,685.                |  |  |  |  |  |
| People who                                    | 42          | Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions  | s <b>42</b>                         | 8,100.                 |  |  |  |  |  |
| check any<br>box on line                      | 43          | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0   | 43                                  | 46,585.                |  |  |  |  |  |
| 39a or 39b <b>or</b><br>who can be            | 44          | Tax (see instructions). Check if any from: a 🗌 Form(s) 8814 b 🗌 Form 4972 c 🗌  | 44                                  | 6,059.                 |  |  |  |  |  |
| claimed as a                                  | 45          | Alternative minimum tax (see instructions). Attach Form 6251   | 45                                  |                        |  |  |  |  |  |
| dependent,<br>see                             | 46          | Excess advance premium tax credit repayment. Attach Form 8962  | 46                                  |                        |  |  |  |  |  |
| instructions.                                 | 47          | Add lines 44, 45, and 46   | 47                                  | 6,059.                 |  |  |  |  |  |
| <ul> <li>All others:<br/>Single or</li> </ul> | 48          | Foreign tax credit. Attach Form 1116 if required 48  |                                     |                        |  |  |  |  |  |
| Married filing                                | 49          | Credit for child and dependent care expenses. Attach Form 2441 49  |                                     |                        |  |  |  |  |  |
| separately,<br>\$6,300                        | 50          | Education credits from Form 8863, line 19 50   |                                     |                        |  |  |  |  |  |
| Married filing                                | 51          | Retirement savings contributions credit. Attach Form 8880 51   |                                     |                        |  |  |  |  |  |
| jointly or<br>Qualifying                      | 52          | Child tax credit. Attach Schedule 8812, if required 52   |                                     |                        |  |  |  |  |  |
| widow(er),<br>\$12,600                        | 53          | Residential energy credits. Attach Form 5695 53  |                                     |                        |  |  |  |  |  |
| Head of                                       | 54          | Other credits from Form: a 3800 b 8801 c 54  |                                     |                        |  |  |  |  |  |
| household,<br>\$9,300                         | 55          | Add lines 48 through 54. These are your total credits  | 55                                  | 0.                     |  |  |  |  |  |
| 40,000  | 56          | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0   | 56                                  | 6,059.                 |  |  |  |  |  |
|   | 57          | Self-employment tax. Attach Schedule SE  | 57                                  |                        |  |  |  |  |  |
| Other   | 58          | Unreported social security and Medicare tax from Form: $\mathbf{a}$ 4137 $\mathbf{b}$ 8919   | 58                                  |                        |  |  |  |  |  |
| Taxes   | 59          | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required  | 59                                  |                        |  |  |  |  |  |
| Taxes   | 60a         | Household employment taxes from Schedule H   | 60a                                 |                        |  |  |  |  |  |
|   | b           | First-time homebuyer credit repayment. Attach Form 5405 if required  | 60b                                 |                        |  |  |  |  |  |
|   | 61          | Health care: individual responsibility (see instructions) Full-year coverage $\overline{\underline{X}}$  | 61                                  |                        |  |  |  |  |  |
|   | 62          | Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)  | 62                                  |                        |  |  |  |  |  |
|   | 63          | Add lines 56 through 62. This is your total tax  | 63                                  | 6,059.                 |  |  |  |  |  |
| Payments                                      | 64          | Federal income tax withheld from Forms W-2 and 1099       .       64       7,016   | <u> </u>                            |                        |  |  |  |  |  |
|   | 65          | 2016 estimated tax payments and amount applied from 2015 return 65   | _                                   |                        |  |  |  |  |  |
| If you have a<br>qualifying                   | <u>66</u> a | Earned income credit (EIC)   | _                                   |                        |  |  |  |  |  |
| child, attach                                 | b           | Nontaxable combat pay election 66b   | 4                                   |                        |  |  |  |  |  |
| Schedule EIC.                                 | 67          | Additional child tax credit. Attach Schedule 8812  | _                                   |                        |  |  |  |  |  |
|   | 68          | American opportunity credit from Form 8863, line 8 68  | _                                   |                        |  |  |  |  |  |
|   | 69          | Net premium tax credit. Attach Form 8962   | _                                   |                        |  |  |  |  |  |
|   | 70          | Amount paid with request for extension to file   | _                                   |                        |  |  |  |  |  |
|   | 71          | Excess social security and tier 1 RRTA tax withheld 71   | _                                   |                        |  |  |  |  |  |
|   | 72          | Credit for federal tax on fuels. Attach Form 4136 72   | _                                   |                        |  |  |  |  |  |
|   | 73          | Credits from Form: a 2439 b Reserved c 8885 d 2 73   |                                     |                        |  |  |  |  |  |
|   | 74          | Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>   | · 74                                | 7,016.                 |  |  |  |  |  |
| Refund  | 75<br>76 o  | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>   | 75                                  | <u>957.</u><br>957.    |  |  |  |  |  |
|   | 76a<br>▶ ⊳  | Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here . $\blacktriangleright$<br>Routing number $\begin{vmatrix} 1 & 2 & 1 & 0 & 0 & 0 & 3 & 5 & 8 \end{vmatrix}$ $\blacktriangleright$ <b>c</b> Type: $\boxed{\mathbf{X}}$ Checking $\square$ Savings | 76a                                 | 957.                   |  |  |  |  |  |
| Direct deposit?<br>See                        | ► b         |  |                                     |                        |  |  |  |  |  |
| instructions.                                 |             |  |                                     |                        |  |  |  |  |  |
| Amount  | 77<br>78    | Amount of line 75 you want <b>applied to your 2017 estimated tax</b> ► <b>77</b><br><b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions <b>1</b>   | ▶ 78                                | 0.                     |  |  |  |  |  |
| You Owe                                       | 79          | Estimated tax penalty (see instructions)   | 10                                  |                        |  |  |  |  |  |
| Third Party                                   | Do          |  | es. Con                             | nplete below. X No     |  |  |  |  |  |
| Designee                                      | De          | me ► no. ► number (P   | lentificati                         |                        |  |  |  |  |  |
| Sign  |             | penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kno  |                                     |                        |  |  |  |  |  |
| Here  |             | ly list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledger<br>Ir signature Date Your occupation Daytime phone number                                       |                                     |                        |  |  |  |  |  |
| Joint return? See                             |             | SOFTWARE PROFESSIONAL  |                                     | 323-594-3532           |  |  |  |  |  |
| instructions.<br>Keep a copy for              | Sp          | ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation   | IRS sent you an Identity Protection |                        |  |  |  |  |  |
| your records.                                 | <b>V</b>    | HOMEMAKER  | PIN, e                              | enter it<br>see inst.) |  |  |  |  |  |
| <b>—</b>                                      | Pri         | int/Type preparer's name Preparer's signature Date   |                                     |                        |  |  |  |  |  |
| Paid  |             | SELF-PREPARED  | Cheo<br>self-e                      | ck 🛄 if<br>employed    |  |  |  |  |  |
| Preparer                                      | Fin         | m's name   | -                                   | Firm's EIN ►           |  |  |  |  |  |
| Use Only                                      | -           | m's address  |                                     | ne no.                 |  |  |  |  |  |