

Example for S-Corp Owners

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20

Your first name and initial _____ Last name _____ **Your social security number** _____

If a joint return, spouse's first name and initial _____ Last name _____ **Spouse's social security number** _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____ **▲ Make sure the SSN(s) above and on line 6c are correct.**

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

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

Filing Status

1 Single

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

3 Married filing separately. Enter spouse's SSN above and full name here. ▶ _____

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

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed _____

Boxes checked on 6a and 6b _____

No. of children on 6c who:

- lived with you _____
- did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above ▶

Income

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

8a **Taxable** interest. Attach Schedule B if required _____ **8a**

b **Tax-exempt** interest. Do not include on line 8a _____ **8b**

9a Ordinary dividends. Attach Schedule B if required _____ **9a**

b Qualified dividends _____ **9b**

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

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 **13**

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**

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

19 Unemployment compensation _____ **19**

20a Social security benefits _____ **20a** b Taxable amount _____ **20b**

21 Other income. List type and amount _____ **21**

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

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**

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**

30 Penalty on early withdrawal of savings _____ **30**

31a Alimony paid _____ b Recipient's SSN ▶ _____ **31a**

32 IRA deduction _____ **32**

33 Student loan interest deduction _____ **33**

34 Reserved for future use _____ **34**

35 Domestic production activities deduction. Attach Form 8903 _____ **35**

36 Add lines 23 through 35 _____ **36**

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

W-2 →

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

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

K-1 →

Box 14 →

Does NOT go on Sch A →