

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

Your first name and initial: **Brian N** Last name: **Calley**

If a joint return, spouse's first name and initial: **Julie A** Last name: **Calley**

Home address (number and street). If you have a P.O. box, see instructions. [Redacted] Apt. no. [Redacted]

If you have a foreign address, also complete spaces below (see instructions). Foreign province/state/county: [Redacted] Foreign postal code: [Redacted]

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 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)

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			
Collin C	Calley	[Redacted]	Son	<input checked="" type="checkbox"/>
Reagan E	Calley	[Redacted]	Daughter	<input checked="" type="checkbox"/>
Karagan G	Calley	[Redacted]	Daughter	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b: **2**

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: **3**

Add numbers on lines above ▶ **5**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	RCB	7	180,301.
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	731.
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	
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	181,032.

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	Tuition and fees. Attach Form 8917	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	181,032.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

Attach to Form 1040.

2017

Attachment Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Brian N & Julie A Calley

Your social security number

Medical and Dental Expenses	Caution: 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 2 181,032.		
	3	Multiply line 2 by 7.5% (0.075).	3 13,577.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box):			
	a	<input checked="" type="checkbox"/> Income taxes, or	5 8,351.	
	b	<input type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	6 2,211.	
	7	Personal property taxes	7 254.	
	8	Other taxes. List type and amount ▶	8	
	9	Add lines 5 through 8	9 10,816.	
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10 3,092.
		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
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 3,092.	
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16 13,960.	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17 445.	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19 14,405.	
Casualty and Theft Losses	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	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶	21	
	22	Tax preparation fees	22 155.	
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
	24	Add lines 21 through 23	24 155.	
	25	Enter amount from Form 1040, line 38 25 181,032.		
	26	Multiply line 25 by 2% (0.02)	26 3,621.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27 0.	
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ▶	28	
Total Itemized Deductions	29	Is Form 1040, line 38, over \$156,900? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29 28,313.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

Tax and Credits

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for Amount You Owe.

Third Party Designee

Form section for Third Party Designee with fields for name, phone, and PIN.

Sign Here

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

Signature area with fields for taxpayer and spouse signatures, dates, occupations, and phone numbers.

Paid Preparer Use Only

Form section for Paid Preparer Use Only with fields for name, signature, date, and PTIN.