B Si Spouse C Dependents CD Dependent	£ 1040	U.S. Individual In		Return 4		OMB No	1545-0074 IRS	he Only-0	Do not write or staple in t	nis space.
## Spirit refun. spouse's first name and initial ## Spirit refun. spouse's first name and initial ## Spirit refun. spouse's first name and initial ## Spirit refun. spouse's first name and sheef, if you have a P.O. box, see instructions. ## I spirit refun. spouse's first name and sheef, if you have a P.O. box, see instructions. ## I spirit refun. spouse's first name and sheef, if you have a P.O. box, see instructions. ## I sheef refun. ## I sheef refun. spouse's first name and sheef, if you have a P.O. box, see instructions. ## I more shan four dependents:	For the year Jan. 1-Do	oc. 31, 2017, or other tax year beginn	ning		, 2017, ending		, 20	Se	re separate instruc	tions.
Spots Spots See See Spots See See Spots See See Spots See Se	Your first name and	I initial	Last name							
April 10				4						
Filling Status 1 Single	If a joint return, spo	use's first name and initial	Last name							
a long address, also complete spaces below (see instructions). President Electric Cameral Constitutions President Electric Cameral Camer	Julie A				_	1010				
Filing Status	Home address (nun	nber and street). If you have a P.	O. box, see instru	ictions.			Apt. i	10.	Make sure the SSN	(s) above
Foreign province/state/county										
Filing Status Check only one box. Check only one box. Check only one box. Exemptions Ba Yourself, if someone can claim you as a dependent, do not check box box. Ba Syouse C Dependents: () First name Collin C Calley Ragan C Calley Ragan C Calley Ragan C Calley Total number of exemptions claimed d Total number of exemptions claimed Total number of exemptions claimed Daughter Total number of exemptions claimed Total number of exemptions claimed Doughter Ba Taxable interest. Attach Schedule B if required Total number of exemptions claimed Doughter Salam C Calley Ragan C Calley Total number of exemptions claimed Doughter Taxable interest. Attach Schedule B if required Total number of exemptions claimed Doughter Salam C Capital gain or (loss). Attach Schedule B if required Taxable interest. Attach Schedule B if required. Total number of exemptions claimed Total number of exemptions claimed Taxable interest. Attach Schedule B if required. Total number of exemptions claimed Taxable interest. Attach Schedule B if required. Total number of exemptions claimed Total number of exemptions claimed Taxable refunds, credits, or offsets of state and local income taxes Total number of exemptions. Taxable refunds, credits, or offsets of state and local income taxes Total number of exemptions. Taxable refunds, credits, or offsets of state and local income taxes Total number of exemptions. Taxable refunds, credits, or offsets of state and local income taxes Total number of exemptions. Taxable refunds, credits, or offsets of state and local income taxes Total numbers on lines above has been stated. Total numbers on lin			a foreign address,	arso complete spaces	below (see inst	ructions).				
Filling Status 1				I Formion men inco	letata le event i		I English mental	joint	by, want \$3 to go to this fur	nd. Checking
Filling Status Check only one box. Check only one box. Sample of the program o				Foreign province	state/county		Poreign postal	0.00		
The Check only one box. Check only one box.		4 I Cleate			4	m	** ***	0 5500		
Check only one box. Exemptions 6e	Filing Status		nthe faces if anh	. and bad income				Sell Delication		
Exemptions 6	Chack only one				Tool Her			II Cried OC	it not your dispension	dell'estable
Exemptions 6a S Yourself, If someone can claim you as a dependent, do not check box 6a b Spouse C Dependents: (1) First name Last name Collin C Calley dependents, see instructions and check here P Attach Form(s) W-2 ear Alea Attach Form(s) W-2 ear Alea Attach Form(s) W-2 and 109 - Rit rask W-20 and 100 - Taxable interest. Attach Schedule B if required B Usualises income or [losse). Attach Schedule D if required. If not required, check here P Rental real estate, royalties, performing artists, and fee-basis government (flosis). Attach Schedule F Rental real estate, royalties, performing artists, and fee-basis government (flosis). Attach Form 2106 Ft 210 - 220 - 221									ctions)	
B Spouse				im unu as a dene		hand.		The state of		
Copendents: (i) First name Last name Collin C Calley Collin C Calley Collin C Calley	Exemptions	The Contract of the Contract o			noem, do m	of CHECK	DOX GR		on 6a and 6b	_ 2
If more than four dependents, see instructions and check here ▶ □ Income If more than four dependents, see instructions and check here ▶ □ Income If we were placed and check here ▶ □ Income If you did not get a W-2, see instructions. If y				And the second second	(3) Depen	conship to your qualifying for child tax			on 6c who:	3
If more than four dependents, see instructions and check here ▶ □			name sc							3
Reagan E Calley Baughter Stardard		Action and the contract of the			Son				you due to divorce	
dependents, see Calley			_		CANADA STATE OF THE STATE OF TH	er		- 1	(see instructions)	
Total number of exemptions claimed		The second secon			-	-				
Total number of exemptions claimed Silves above No.										
Taxable interest. Attach Schedule B if required Sa Taxable interest. Attach Schedule B if required Sa Sa Sa Sa Sa Sa Sa S		d Total number of e.	xemptions clain	ned	N 9 103			0.00		5
Sa Taxable interest. Altach Schedule B if required Sa Sa	Income	Charles and the Charles and th		THE RESIDENCE OF THE PARTY OF T	1000000			7	180	,301.
Match Form(s) W-2 here, Also attach Forms b Qualified dividends. Attach Forms b Qualified dividends 9a	Income	8a Taxable interest.	Attach Schedul	e B if required .	10. 10.000			8a		
## Adjusted Gross Income ## Adjusted Gross		b Tax-exempt inter	est. Do not incl	lude on line 8a .	8b					
Move Part Move	MERCHANISM CONTRACTOR OF THE PARTY OF THE PA	9a Ordinary dividend	s. Attach Sched	dule B if required	12 2 E/S		100 N W W	9a		
W-26 and 10 Taxable refunds, credits, or offsets of state and local income taxes 10 731		 b Qualified dividend 	s	meme e ece	9b			100		
Susiness income or (loss). Attach Schedule C or C-EZ 12 13 14 15 15 15 15 15 15 16 16	LAND VERTICAL PROPERTY CON	10 Taxable refunds, o	credits, or offset	ts of state and loc	al income ta	ixes .	*** ** ** *	10		731.
12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (losses). Attach Schedule D if required, the first required, check here 14 Other gains or (losses). Attach Form 4797. 15a IRA distributions. 15a IRA distributions. 15a Pensions and annuities. 15b State Pensions and annuities. 16b Pensions and annuities. 17 Fental real estate, royallies, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Pensions and annuities. 19 Unemployment compensation. 20a Social security benefits. 20a Podie security benefits. 20b Podie annuities. 21 Other income. List type and amount. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 23 Educator expenses. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 25 Health savings account deduction. Attach Form 889. 26 Moving expenses. Attach Form 3903. 26 Pensity on early withdrawal of savings. 30 Pensity on early withdrawal of savings. 31 Alimony paid b Recipient's SSN. 31 Alimony paid b Recipient's SSN. 31 Tuition and fees. Attach Form 8917. 32 Demestic production activities deduction. Attach Form 8903. 36 Add lines 23 through 35. 36 Add lines 23 through 35.		11 Alimony received	1 Alimony received							The second
14 Other gains or (losses). Attach Form 4797 14 15 15a IRA distributions 15a 16a 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 19 21 Other income, List type and 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 16c Certain business expenses of reservists, performing artists, and fee-basis government officials, Attach Form 2106 or 2106-EZ 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 32 34 Tuition and fees, Attach Form 8917 34 35 Domestic production activities deduction, Attach Form 8903 35 36 Add lines 23 through 35 36	was withheld.	12 Business income	12 Business income or (loss). Attach Schedule C or C-EZ							
get a W-2, see Instructions. 15a IRA distributions 15a 15a b Taxable amount 15b 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 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income > 22 181,032 Adjusted Gross 23 Curtain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 The alth savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 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 33 31a		13 Capital gain or (los	ss). Attach Sche	edule D if required	d. If not requ	ired, che	ck here ► □	13		
15a		14 Other gains or (los	ises). Attach Fo	rm 4797	7 7 7 7 7		1011 15 15 15	14		
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F. 19 Unemployment compensation 20a Social security benefits 20a 20 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 1 22 23 Educator expenses 23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction, Attach Form 8889 26 Moving expenses, Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31 Alimony paid b Recipient's SSN ▶ 31 Alimony paid b Recipient's SSN ▶ 31 Tuition and fees. Attach Form 8917 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35			The second second		0.00			15b		
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19 Unemployment compensation								2000		
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 23 Educator expenses 23 4 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 15 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 31a 31 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										
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Adjusted 23 Educator expenses					through 21 T	hie in sanca	total income b	AL I MANAGEMENT	101	020
Adjusted Gross Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24	-	VIII MANORANIA MANORANIA		Column or mes / 1			total income P	22	181	,034.
Gross fee-basis government officials. Attach Form 2106 or 2106-EZ Income 25 Health savings account deduction. Attach Form 8889 . 26 Moving expenses. Attach Form 3903	Adjusted									
1										
26 Moving expenses. Attach Form 3903	PARTY CONTRACTOR CONTRACTOR				1000				-	
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34 Tuition and fees. Attach Form 8917			THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O							
35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35										
36 Add lines 23 through 35					- Contract of the last					
					00000		20 200 10 0	36		
								37	181	.032

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040

Itemized Deductions

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

► Attach to Form 1040.

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

OMB No. 1545-0074

2017

Attachment Sequence No. 07

Brian N &	Jul	ie A Calley			-6	
Medical		Caution: Do not include expenses reimbursed or paid by others.				
nd		Medical and dental expenses (see instructions)	1			
ental	2	Enter amount from Form 1040, line 38 2 181, 032.				
xpenses		Multiply line 2 by 7.5% (0.075)	3	13,577.		
Apenses	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
axes You	5	State and local (check only one box):				
aid		a X Income taxes, or)	5	8,351.		
		b General sales taxes				
	6	Real estate taxes (see instructions)	6	2,211.		
		Personal property taxes ,	7	254.		
	8	Other taxes. List type and amount ▶				
			8			
	9	Add lines 5 through 8			9	10,81
nterest		Home mortgage interest and points reported to you on Form 1098	10	3,092.		
		Home mortgage interest not reported to you on Form 1098. If paid				
		to the person from whom you bought the home, see instructions				
Note:		and show that person's name, identifying no., and address ▶				
Your mortgage interest						
deduction may			11			
be limited (see	12	Points not reported to you on Form 1098. See instructions for				
instructions).		special rules	12			
	13	Mortgage insurance premiums (see instructions)	13			
		Investment interest. Attach Form 4952 if required. See instructions	14		8	
		Add lines 10 through 14			15	3,092
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more,	0.00	and the cont		
Charity		see instructions	16	13,960.		
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see				
gift and got a		instructions. You must attach Form 8283 if over \$500	17	445.		
benefit for it,		Carryover from prior year	18			
see instructions.		Add lines 16 through 18			19	14,405
Casualty and	20	Casualty or theft loss(es) other than net qualified disaster losses				
Theft Losses		enter the amount from line 18 of that form. See instructions .			20	
Job Expenses	21	Unreimbursed employee expenses—job travel, union dues,				
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.	200			
Miscellaneous		See instructions.	21			
Deductions		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.	24	155.		
		Multiply line 25 by 2% (0.02)	26	3,621.		
		Subtract line 26 from line 24. If line 26 is more than line 24, enter	hanconstrain		27	0.
Other		Other—from list in instructions, List type and amount				
Miscellaneous						
Deductions		***************************************			28	
Total	29	is Form 1040, line 38, over \$156,900?				
Itemized		No. Your deduction is not limited. Add the amounts in the fai	right o	column		
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040.	NAME OF TAXABLE PARTY.	NAT 12 TO 1	29	28,313.
		Yes. Your deduction may be limited. See the Itemized Deduc	ctions	100		
		Worksheet in the instructions to figure the amount to enter.		-		
	30	If you elect to itemize deductions even though they are less to	nan yo	ur standard		

200	38	Amount from line 37 (adjusted gross income)	38	181,032.		
Tax and	39a	Check You were born before January 2, 1953, Blind. Total boxes		101/04/1		
		if: Spouse was born before January 2, 1953, Blind, checked > 39a				
Credits	ь	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)	246	28,313.		
Deduction for-	41		40	The second second second		
· People who	42		41	152,719.		
check any	43	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	42	20,250.		
box on line 39a or 39b or	44		43	132,469.		
who can be claimed as a	6523	Tax (see instructions). Check if any from: a Form(s) 8814	44	24,595.		
dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45			
see instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	46	DA TOP		
· All others:	47	Add lines 44, 45, and 46	47	24,595.		
Single or Married filing	48	Foreign tax credit, Attach Form 1116 if required				
separately, \$6,350	49	Credit for child and dependent care expenses. Attach Form 2441 49				
	50	Education credits from Form 8863, line 19				
Married filing jointly or	51	Retirement savings contributions credit. Attach Form 8880 51				
Qualifying widow(er).	52	Child tax credit. Attach Schedule 8812, if required				
\$12,700	53	Residential energy credits. Attach Form 5695				
Head of household.	54	Other credits from Form: a 3800 b 8801 c 54	Tax and			
\$9,350	55	Add lines 48 through 54. These are your total credits	55			
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	56	24,595.		
	57	Self-employment tax. Attach Schedule SE	57			
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58			
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59			
Idaes	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 🗵	61	0.		
	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	24,595.		
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 25, 828.	2000			
-	65	2017 estimated tax payments and amount applied from 2016 return 65				
f you have a	66a	Earned income credit (EIC) No 66a				
qualifying child, attach	b	Nontaxable combat pay election 66b				
Schedule EIG.	67	Additional child tax credit. Attach Schedule 8812 67				
	68	American opportunity credit from Form 8863, line 8 68				
	69	Net premium tax credit. Attach Form 8962 69				
	70	Amount paid with request for extension to file				
	71	Excess social security and tier 1 RRTA tax withheld				
	72					
	73	Credits from Form: a 2439 b Reserved c 8885 d 73				
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	25,828		
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,233		
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . >	76a	1,233		
Direct deposit?	ь	Routing number ▶ c Type: Checking Savings				
See 3	b d	Account number				
nstructions.	77	Amount of line 75 you want applied to your 2018 estimated tax ▶ 77				
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78			
You Owe	79	Estimated tax penalty (see instructions)				
Third Party	Do		. Comple	te below. 🔀 No		
Designee	Des	ignee's Personal iden	ACCOUNT OF THE	A CONTRACTOR OF THE PARTY OF TH		
		ne ► number (PtN)	>			
		malfies of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowle If list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all infor				
Here		r signature Date Your occupation	I was a second	phone number		
oint return? See	MT I+ COVERNOR					
structions.	0	West Too.	and you on March, Co.			
sep a copy for our records.	opo	use's signature. If a joint return, both must sign. Date Spouse's occupation	PIN, enter			
On the Control of the	- 60	State Representative	here (see in			
ald	Print	VType preparer's name Preparer's signature Date	Check [
reparer	-		self-emp	loyed		
Ise Only	Firm	Yaname > Self-Prepared	Firm's El	N.Þ		
-		's address >	Phone no	2		

Form 1040 (2017)