

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

Your first name and initial JAMES R Last name HINES Your social security number [REDACTED]
If a joint return, spouse's first name and initial MARTHA A Last name HINES Spouse's social security number [REDACTED]

Foreign country name Foreign province/state/county Foreign postal code Apt. no. 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.

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 6b Spouse 6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qual. for child tax credit (see instr.)
Total number of exemptions claimed 3

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 214,721
8a Taxable interest. Attach Schedule B if required 8a 30,223
9a Ordinary dividends. Attach Schedule B if required 9a 32,895
9b Qualified dividends 9b 14,928
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 22,613
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount 15b 1,940
16a Pensions and annuities 16a 2,593 b Taxable amount 16b 0
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 238,611
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 See Statement 1 21 8,700
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 549,703

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 7,750
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
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 7,750
37 Subtract line 36 from line 22. This is your adjusted gross income 37 541,953

39a Total boxes checked **39a**

39b If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b**

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

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|----|---|----|---------|
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 107,165 |
| 41 | Subtract line 40 from line 38 | 41 | 434,788 |
| 42 | Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions | 42 | 0 |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 434,788 |
| 44 | Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 111,940 |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | 13,109 |
| 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| 47 | Add lines 44, 45, and 46 | 47 | 125,049 |
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | 606 |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | |
| 50 | Education credits from Form 8863, line 19 | 50 | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| 52 | Child tax credit. Attach Schedule 8812, if required | 52 | |
| 53 | Residential energy credits. Attach Form 5695 | 53 | |
| 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | |
| 55 | Add lines 48 through 54. These are your total credits | 55 | 606 |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 124,443 |

Other Taxes

| | | | |
|-----|---|-----|---------|
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60a | Household employment taxes from Schedule H | 60a | |
| 60b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| 61 | Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | 61 | |
| 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 62 | 10,722 |
| 63 | Add lines 56 through 62. This is your total tax | 63 | 135,165 |

Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|-----|--|-----|---------|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 50,236 |
| 65 | 2017 estimated tax payments and amount applied from 2016 return | 65 | 80,000 |
| 66a | Earned income credit (EIC) | 66a | |
| 66b | Nontaxable combat pay election 66b | 66b | |
| 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 | 70 | |
| 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 <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 73 | |
| 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 130,236 |

Refund

Direct deposit? See instructions.

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|-----|---|-----|-------|
| 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | |
| 76a | Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 76a | |
| 76b | Routing number <input type="text"/> | 76b | |
| 76c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | 76c | |
| 76d | Account number <input type="text"/> | 76d | |
| 77 | Amount of line 75 you want applied to your 2018 estimated tax | 77 | |
| 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | 4,929 |
| 79 | Estimated tax penalty (see instructions) | 79 | |

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No