<u>E</u> 104	0	U.S. Individual Inco	me Tax	Return	1 (99) 2	016	OMB No. 15	45-0074	IRS Use	Only - Do	not write	or staple i	in this space	1.	
For the year Jan. 1-Dec. 31, 2016, or other tax year beginning				2040				.20	See separa				tions		
Your first name and initial			Last na	Last name			, 20			Your social security number					
WILLIAM	D.		SCH	JETTE											
If a joint return, spouse's first name and initial				Last name							Spouse's social security number				
CYNTHIA	G.			JETTE										,	
Home address (n	umbe	r and street). If you have a P.	O. box, see	instructio	ns.					Apt.	no.	Mak	a aura tha C	CAI(-)	
													e sure the S on line 6c ar		
City, town or post off	ice, st	ate, and ZIP code. If you have a fore	ign address,	also comple	te spaces belo	ow.						Presiden	ntial Election	Camp	aign
MIDLAND,												Check he	ere if you, or pintly, want \$	your s	spous
Foreign country n				Foreign	province/sta	ite/county			Forei	gn posta	Loodo	this fund	. Checking a	box	pelow
				1 or orgin	province/sta	ite/county			Fulei	yıı pusta	code	XY			
E::: 01-1		I Single					4	Hood of	househ	old (with	auglifui				
Filing Status	• 2		(even if on	ly one had	income)		•						on). If the o	•	
	3		tely Enter of	enouso's S	SM above					DUI NOI	your ae	penaent,	enter this	CUIIC	I'S
Check only one box.		and full name here.		shonse s s	SIN ADOVE		_	name h		/ \ ···					
		a X Yourself. If someone					5	Qualityi	ng widov	v(er) with	1 depen		d exes checked	4	_
Exemptions												on	6a and 6b	-	2
						(3) Dependent's			(4) \(\if c		of children 6c who:				
		c Dependents; (1) First name	Last nam			ndent's social ity number		relatio	nship to		(4)√ if c under age qualifying f	or child	lived with yo		
		(1) Tast Hame	Lastrian	10		S	-		/ou		tax cred	you	did not live v		
lf th f												(se	separation e instruction	is) _	
If more than four dependents, see												Do	pendents on	6-	
instructions and													entered abo		
check here													d numbers	Γ	
												abo	lines ove	\perp	2
Income	7	0 · · · · · · · · · · · · · · · · · · ·		, ,							7		106,		
	88										8a		9,	37	1.
Attach Form(s)	t		ot include (on line 8a			8b		14,	249.					
W-2 here. Also	9a		Schedule E	B if require	d						9a		194,	82	8.
ttach Forms	b	Qualified dividends					9b		191,						
N-2G and 1099-R if tax	10	Taxable refunds, credits, or	offsets of	state and I	local income	taxes					10				
vas withheld.	11	Alimony received									11				
	12	Business income or (loss).	Attach Sch	nedule C or	C-EZ						12				_
f you did not	13	Capital gain or (loss). Attac	h Schedule	D if requi	red. If not re	equired, chec	k here				13		19,	93	3.
et a W-2,	14	Other gains or (losses). Atta	ach Form 4	797							14				
ee instructions.	15a	IRA distributions	1	15a		1	b Taxable	amoun	 !		15b			83	7.
	16a	D		16a			b Taxable				16b		44,	13'	7.
	17	Rental real estate, royalties,	partnershi	ps, S corp	orations, tru	ists, etc. Atta	ch Schedul	le E			17			7.5).
	18	Farm income or (loss). Atta									18				_
	19	Unemployment compensation	on							*******	19				
	20a			20a			Taxable	amount			20b				
	21	b Other income. List type an								52.	21			52	_
	22	Combine the amounts in the				ugh 21. This	is your tota	l incom	6	•	22		375,4		
	23						23						0,0,.		÷
djusted	24	Educator expenses Certain business expenses of resofficials. Attach Form 2106 or 210	ervists, perfor	rming artists	, and fee-basis	government									
ross	25	Health savings account dedu													
come	26	Moving expenses. Attach For	0000				1000								
	27	Deductible part of self-emplo													
	28	Self-employed SEP, SIMPLE	and qualif	fied nlans	noddio OL		28			-					
	29	Self-employed health insurar	re deducti	ion			20		- 19						
	30	Penalty on early withdrawal	of eavinge				29								
	31a	Penalty on early withdrawal of	CCN -												
	31a	Alimony paid b Recipient's					31a	-							
		IRA deduction					32								
	33	Student loan interest deduction													
	34	Tuition and fees. Attach Form	091/				34								
	35	Domestic production activitie													
	36	Add lines 23 through 35								1	36			-	_
001 11-30-16	37	Subtract line 36 from line 22.	This is you	ır adjusted	d gross inco	me					37	3	375,4	66	

Form 1040 (201	6)	WILLIAM D. & CYNTHIA G. SCHUETTE			Page
Tax and		Amount from line 37 (adjusted gross income)		38	375,466
Credits		a Check \ \ \ \ You were born before January 2, 1952, Blind. \	Total boxes		
Standard Deduction for -		if: Spouse was born before January 2, 1952, Blind.	checked ▶ 39a		
 People who check any box 	_	b If your spouse itemizes on a separate return or you were a dual-status alien, che	ck here 39b		
on line 39a or 39b 0f who car	4	Itemized deductions (from Schedule A) or your standard deduction (see left ma	argin)	40	143,017.
be claimed as a dependent, see	4	Subtract line 40 from line 38		41	232,449.
instructions.	42	, , , , , , , , , , , , , , , , , , ,	e 6d. Otherwise, see inst.	42	3,888.
	43	The second of th	ter -0-	43	228,561.
	44			44	24,672.
All others:	45	The state of the s		45	16,592.
Single or Married filing	46	Excess advance premium tax credit repayment. Attach Form 8962		46	41 064
separately,	47	Add lines 44, 45, and 46			41,264.
\$6,300 Married filing	48	Foreign tax credit. Attach Form 1116 if required Credit for child and dependent care expenses. Attach Form 2441		•	
jointly or Qualifying	50		49		
widow(er),	51	Education credits from Form 8863, line 19 Retirement savings contributions credit. Attach Form 8880	50		
\$12,600 Head of	52		52		
household, \$9,300	53	Residential energy credits. Attach Form 5695	53		
40,000	54	Other credits from Form: a 3800 b 8801 c	54		
	55	Add lines 48 through 54. These are your total credits		55	292.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-		56	40,972.
	57	Self-employment tax. Attach Schedule SE		57	40,512.
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8	RQ1Q	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if re		59	
	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	X	61	
	62	Taxes from: a Form 8959 b X Form 8960 c Inst.; enter code(s)		62	4,768.
	63	Add lines 56 through 62. This is your total tax		63	45,740.
² ayments	64		64 14,451.		
	65		65 74,600.		
If you have a qualifying	66 a	Earned income credit (EIC)	66a		
child, attach	b	Nontaxable combat pay election			
Schedule EIC.	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		70		
		***************************************	71		
	72	Credit for federal tax on fuels. Attach Form 4136	72		
		Credits from Form; a 2439 b Reserved 8885 d	73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	>	74	89,051.
efund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you	overpaid	75	43,311.
rect deposit?	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here		76a	7,431.
e structions		outing			
			35,880.		
_		Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instr	uctions	78	
hird Party	79	stimated tax penalty (see instructions)	79		
esignee					
ign	Ur	der penalties of periury. I declare that I have examined this return and accompanying schedules and statements, and to the	heet of my knowledge and helief they are true of	orract and	
ere	ac	der penalities of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the urately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) in a company of the property of the company of the compa	s based on all information of which preparer has	any knowledge.	
int return?		Total occupation	CENTEDAT	Daytime pho	one number
e instructions.	$-\frac{1}{s}$	ATTORNEY couse's signature. If a joint return, both must sign. Date Spouse's occupation	If the IDS see	nt you an Identity	
your ords.			Protection P		
		HOMEMAKER	ξ	enter it here	
aid					
reparer					
Ise Only					
					X
002 11-30-16					
					70.00

SCHEDULE A (Form 1040)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea

► Attach to Form 1040.

OMB No. 1545-0074

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

WILLIA	M I	. & CYNTHIA G. SCHUETTE				
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and		Medical and dental expenses (see instructions)				
Dental		2 Enter amount from Form 1040, line 38 2	. 1			-
Expenses		3 Multiply line 2 by 10% (0.10). But if either you or your spouse was born before				
		January 2, 1952, multiply line 2 by 7.5% (0.075) instead Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	. 3			_
Taxes You		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- State and local (check only one box):		T	4	1
Paid	•	[1 -]		0.6		
		•	5	26,	249	•
		b General sales taxes J				
		6 Real estate taxes (see instructions)		35,		
		7 Personal property taxes	7		507	•
		8 Other taxes. List type and amount				
			8			
1-4		9 Add lines 5 through 8			. 9	61,831.
Interest		Home mortgage interest and points reported to you on Form 1098	10		_	
You Paid	1	from whom you bought the home, see instructions and show that person's name, identifying no., and address				
Note:						
Your mortgage	e 12	Points not reported to you on Form 1098. See instructions for special rules	11			-
interest deduction may		Mortgage incurance promitime (see instructions for special rules	12			
be limited (see		0 0	13		-	-
instructions).	15	in required: (Oee instructions.)	14			+
Gifts to	16	——————————————————————————————————————		40.4	15	
Charity	17	and any girl of \$200 of more, see instructions	16	48,4	96.	
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500				
gift and got a			17	2,8	81.	
benefit for it, see instruction	18		18			
	s. 19	Add lines 16 through 18			19	51,377.
Casualty and Theft Losses	-					
	20	, and the second			20	
Job Expenses and Certain	21	job tlavel, amort daes, job education, etc.				
Miscellaneous Deductions		Attach Form 2106 or 2106-EZ if required. (See instructions.)				
	00	Tourse	21			
	22		22	1,7	00.	
	23	Other expenses - investment, safe deposit box, etc. List type and amount				
	24	Add East Od Human DO	23	37,03		
	24	Add lines 21 through 23	24	38,73	17.	
	25	Enter amount from Form 1040, line 38			_	
	26		26	7,50	9.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	31,208.
Other Miscellaneous	28	Other - from list in instructions. List type and amount				
Deductions		FROM K-1		526.		
	- Table 1				28	526.
	29	Is Form 1040, line 38, over \$155,650?				
Takal		No. Your deduction is not limited. Add the amounts in the far right column				
Total		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			29	143,017.
Itemized		X Yes. Your deduction may be limited. See the Itemized Deductions				
Deductions		Worksheet in the instructions to figure the amount to enter.				
	30	If you elect to itemize deductions even though they are less than your standard deduct	ion,			
		check here				