

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning

, 2016, ending

, 20

See separate instructions.

Your first name and initial

Sean T

Last name

Leckey

Your social security number

If a joint return, spouse's first name and initial

Ihssane

Last name

Leckey

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).

Brookline MA

Foreign country name

Foreign province/state/county

Foreign postal code

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) with dependent child

Check only one box.

Exemptions

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

b ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

Nora R

Leckey

Daughter

☒

☐

☐

☐

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b

2

No. of children on 6c who:

• lived with you

1

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

3

Income

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

7 232,962.

8a Taxable interest. Attach Schedule B if required

8a 1.

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

8b

9a Ordinary dividends. Attach Schedule B if required

9a 781.

b Qualified dividends

9b 449.

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 -3,000.

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 ▶

22 230,744.

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 ▶

37 230,744.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA

REV 05/22/16 Intuit.cpf.sp

Form 1040 (2016)

REV 05/22/18 Intuit.ca.cfp.sp Form **1040** (2016)

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Sean T & Ihssane Leckey			
Caution: Do not include expenses reimbursed or paid by others.			
Medical and Dental Expenses	1 Medical and dental expenses (see instructions)	1	
	2 Enter amount from Form 1040, line 38 2 230,744 .		
	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	3	23,074 .
	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	17,993 .
	b <input type="checkbox"/> General sales taxes		
	6 Real estate taxes (see instructions)	6	4,685 .
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8	9	22,678 .
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	14,889 .
	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	0 .
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15 Add lines 10 through 14	15	14,889 .
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
	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	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (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	
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23	24	
	25 Enter amount from Form 1040, line 38 25	25	
	26 Multiply line 25 by 2% (0.02)	26	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$155,650?	29	37,567 .
	<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.		
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2016
Attachment
Sequence No. **12**

Name(s) shown on return

Sean T & Ihssane Leckey

Your social security number

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	61,073.	70,567.		-9,494.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -9,494.

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	56,764.	58,411.		-1,647.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 37.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 -1,610.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-11,104.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions . . . ▶	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	(3,000.)
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

Sean T & Ihssane Leckey

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	320 VANGUARD INDEX FDS VANGUARD SMAL	04/13/15	01/14/16	28,823.51	35,329.55			-6,506.04
	415 VANGUARD INDEX FDS VANGUARD VALU	04/13/15	02/18/16	32,249.29	35,237.30			-2,988.01
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				61,072.80	70,566.85			-9,494.05

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

Sean T & Ihssane Leckey

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	285 VANGUARD INDEX FDS VANGUARD REIT	04/13/15	04/19/16	23,934.37	23,220.59			713.78
	113 VANGUARD INTL EQUITYINDEX FDSFTS	04/17/15	04/19/16	10,926.82	11,707.97			-781.15
	224 VANGUARD STAR FD VANGUARD TOTAL	04/14/15	08/05/16	10,401.12	11,761.21			-1,360.09
	191 WISDOMTREE TR INTL SMALLCAP DIVI	04/17/15	04/19/16	11,501.45	11,721.14			-219.69
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				56,763.76	58,410.91			-1,647.15

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Child and Dependent Care ExpensesDepartment of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Information about Form 2441 and its separate instructions is at
www.irs.gov/form2441.1040
1040A
1040NR

2441

OMB No. 1545-0074

2016Attachment
Sequence No. **21**

Name(s) shown on return

Sean T & Ihssane Leckey

Your social security number

Part I **Persons or Organizations Who Provided the Care—You must complete this part.**
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
		Philadelphia PA		5,000.

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2016 for the person listed in column (a)
First	Last		
Nora R	Leckey		5,000.

3 Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31**3****4** Enter your **earned income**. See instructions**4****5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4**5****6** Enter the **smallest** of line 3, 4, or 5**6****7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37**7****8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0—15,000		.35
15,000—17,000		.34
17,000—19,000		.33
19,000—21,000		.32
21,000—23,000		.31
23,000—25,000		.30
25,000—27,000		.29
27,000—29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000—31,000		.27
31,000—33,000		.26
33,000—35,000		.25
35,000—37,000		.24
37,000—39,000		.23
39,000—41,000		.22
41,000—43,000		.21
43,000—No limit		.20

8

X

9 Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions**9****10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions**10****11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47**11**For Paperwork Reduction Act Notice, see your tax return instructions. **BAA**

REV 05/22/18 Intuit.cdp.sp

Form **2441** (2016)

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2016. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	5,000.
13	Enter the amount, if any, you carried over from 2015 and used in 2016 during the grace period. See instructions	13	
14	Enter the amount, if any, you forfeited or carried forward to 2017. See instructions	14	()
15	Combine lines 12 through 14. See instructions	15	5,000.
16	Enter the total amount of qualified expenses incurred in 2016 for the care of the qualifying person(s)	16	5,000.
17	Enter the smaller of line 15 or 16	17	5,000.
18	Enter your earned income . See instructions	18	185,014.
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	47,948.
20	Enter the smallest of line 17, 18, or 19	20	5,000.
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19).	21	5,000.
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0.
23	Subtract line 22 from line 15	23	5,000.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0.
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	25	5,000.
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB".	26	0.

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	3,000.
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	5,000.
29	Subtract line 28 from line 27. If zero or less, stop . You cannot take the credit. Exception. If you paid 2015 expenses in 2016, see the instructions for line 9	29	-2,000.
30	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here.	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	

Alternative Minimum Tax—Individuals► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016
Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Sean T & Ihssane Leckey

Your social security number

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	193,177.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	22,678.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27.	5	
6	If Form 1040, line 38, is \$155,650 or less, enter -0-. Otherwise, see instructions	6	(0.)
7	Tax refund from Form 1040, line 10 or line 21	7	()
8	Investment interest expense (difference between regular tax and AMT).	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	()
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	0.
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	0.
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$247,450, see instructions.)	28	215,855.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2016, see instructions.)		
IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .			
Single or head of household \$119,700 \$53,900		}	29
Married filing jointly or qualifying widow(er) 159,700 83,800			
Married filing separately 79,850 41,900			
If line 28 is over the amount shown above for your filing status, see instructions.			
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	146,094.
31	<ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result. 	31	37,935.
32	Alternative minimum tax foreign tax credit (see instructions)	32	51.
33	Tentative minimum tax. Subtract line 32 from line 31	33	37,884.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	37,563.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	321.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	146,094.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	449.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	0.
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	449.
40	Enter the smaller of line 36 or line 39	40	449.
41	Subtract line 40 from line 36	41	145,645.
42	If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result . . . ▶	42	37,868.
43	Enter: <ul style="list-style-type: none"> • \$75,300 if married filing jointly or qualifying widow(er), • \$37,650 if single or married filing separately, or • \$50,400 if head of household. 	43	75,300.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	180,578.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the smaller of line 36 or line 37	46	449.
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	0.
48	Subtract line 47 from line 46	48	449.
49	Enter: <ul style="list-style-type: none"> • \$415,050 if single • \$233,475 if married filing separately • \$466,950 if married filing jointly or qualifying widow(er) • \$441,000 if head of household 	49	466,950.
50	Enter the amount from line 45	50	0.
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	180,578.
52	Add line 50 and line 51	52	180,578.
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	286,372.
54	Enter the smaller of line 48 or line 53	54	449.
55	Multiply line 54 by 15% (0.15) ▶	55	67.
56	Add lines 47 and 54	56	449.
If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.			
57	Subtract line 56 from line 46	57	0.
58	Multiply line 57 by 20% (0.20) ▶	58	0.
If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.			
59	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (0.25) ▶	61	
62	Add lines 42, 55, 58, and 61	62	37,935.
63	If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	63	37,984.
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	37,935.

Health Savings Accounts (HSAs)

► **Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.**
► Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

Sean T Leckey

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ►**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2016 (see instructions).	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2016 (or those made on your behalf), including those made from January 1, 2017, through April 18, 2017, that were for 2016. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	2	0.
3	If you were under age 55 at the end of 2016, and on the first day of every month during 2016, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,750 for family coverage). All others , see the instructions for the amount to enter.	3	6,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2016 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, also include any amount contributed to your spouse's Archer MSAs.	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	6,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2016, see the instructions for the amount to enter.	6	6,750.
7	If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions).	7	
8	Add lines 6 and 7.	8	6,750.
9	Employer contributions made to your HSAs for 2016	9	6,750.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10.	11	6,750.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	13	0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2016 from all HSAs (see instructions).	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).	14b	
c	Subtract line 14b from line 14a.	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions).	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box.	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

PA-40 - 2016
Pennsylvania Income Tax Return
 ENTER ONE LETTER OR NUMBER IN EACH BOX (05-16)

LECKEY

SEAN

T

Occupation

ENERGY ANA

IHSSANE

Occupation

FINANCIAL

LECKEY

BROOKLINE

MA

51500

N Extension. N Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to

J Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.
School District Name PHILADELPHIA C

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
- 1b Unreimbursed Employee Business Expenses.
- 1c Net Compensation. Subtract Line 1b from Line 1a.
- 2 Interest Income. Complete **PA Schedule A** if required.
- 3 Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.
- 4 Net Income or Loss from the Operation of a Business, Profession or Farm.
- 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
- 6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
- 7 Estate or Trust Income. Complete and submit **PA Schedule J**.
- 8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.
- 9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
- 10 **Other Deductions.** Enter the appropriate code for the type of deduction. T
See the instructions for additional information.
- 11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a	252381
1b	0
1c	252381
2	1
3	818
4	0
5	-11142
6	0
7	0
8	0
9	253200
10	5000
11	248200



PA-40 - 2016

Social Security Number

1600212250

Name(s) SEAN T & IHSSANE LECKEY

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2015 PA Income Tax return.

15 2016 Estimated Installment Payments. REV-459B included.

16 2016 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Part B, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2017 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature

Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number

Date

SELF-PREPARED

E-File Opt Out

N

Firm FEIN

Preparer's PTIN

1555

REV 01/25/17 INTUIT.CG.CFP.SP

Page 2 of 2



1600212250

1600212250

PA SCHEDULE W-2S
Wage Statement Summary
PA-40 Schedule W-2S 2016
 (08-16) (I)

OFFICIAL USE ONLY

Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation

Name shown first on the PA-40 (if filing jointly)

SEAN T LECKEY

Social Security Number (shown first)

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

Part A Instructions: List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Part B Instructions: List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

IMPORTANT: You **must submit** a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Part A - Federal Forms W-2 SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2					
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T		185,014	186,889	191,700	5,885
S		47,948	60,686	60,681	1,863
Total Part A- Add the Pennsylvania columns				252,381	7,748

Part B - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements							
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS PART							
A. T/S	B. Type	C. Payer name	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
Total Part B - Add the Pennsylvania columns							

TOTAL - Add the totals from Parts A and B	252,381	7,748
Enter the TOTALS on your PA tax return on:		
	Line 1a	Line 13

Payment type: A. Executor fee B. Jury duty pay C. Director's fee D. Expert witness fee
 E. Honorarium F. Covenant not to compete G. Damages or settlement for lost wages, other than personal injury
 H. Other nonemployee compensation. Describe: _____
 I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
 J. Distribution from IRA (Traditional or Roth) K. Distribution from Life Insurance, Annuity or Endowment Contracts
 L. Distribution from Charitable Gift Annuities M. Distribution from Employee Stock Ownership Plan
 Describe: _____



1601910027

1601910027

PA SCHEDULE A

Interest Income

PA-40 Schedule A
(08-16) (I)**2016**

OFFICIAL USE ONLY

Name shown first on the PA-40 (if filing jointly)

Social Security Number (shown first)

SEAN T LECKEY

CAUTION: Federal and PA rules for taxable interest income are different. **Read the instructions.**

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.)Taxpayer ☒ Spouse ☐ Joint ☐

1. Interest income reported on your federal return. See instructions.	1.	\$	1
2. Tax-exempt interest income reported on Line 8b of your federal return.	2.	\$	
3. Other addition adjustments. See instructions. Description: _____	3.	\$	
4. Add Lines 1, 2 and 3.	4.	\$	1
5. Interest income from federal Schedule(s) K-1. See instructions.	5.	\$	
6. Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities.	6.	\$	
7. Interest income from direct obligations of the U.S. government.	7.	\$	0
8. Other reduction adjustments. See instructions. Description: _____	8.	\$	
9. Add Lines 5, 6, 7 and 8.	9.	\$	0
10. Subtract Line 9 from Line 4.	10.	\$	1
11. Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income.	11.	\$	
12. Distributions from Charitable Gift Annuities included in federal taxable income.	12.	\$	
13. Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes.	13.	\$	
14. Distributions from Health/Medical Savings Accounts included in federal taxable income.	14.	\$	
15. Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.	15.	\$	
16. Total PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	\$	1

1555

REV 01/25/17 INTUIT.CG.CFP.SP



1601210022

1601210022

PA SCHEDULE B

Dividend Income

PA-40 Schedule B
(08-16) (I)**2016**

OFFICIAL USE ONLY

Name shown first on the PA-40 (if filing jointly)

Social Security Number (shown first)

SEAN T LECKEY

CAUTION: Federal and PA rules for dividend income are different. **Read the instructions.**

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 10 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 10 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 10 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

**PA SCHEDULE B - PA-Taxable Dividend and
Capital Gains Distributions Income** (See the instructions.)

	Taxpayer <input checked="" type="radio"/>	Spouse <input type="radio"/>	Joint <input type="radio"/>
1. Dividend income from Line 9a of your federal return. See instructions.	1.	\$	781
2. Dividend income from federal Schedule K-1(s). See instructions.	2.	\$	
3. Pennsylvania exempt-interest dividend income. See instructions.	3.	\$	
4. Other reduction adjustments. See instructions. Description: _____	4.	\$	
5. Add the amounts on Lines 2, 3 and 4.	5.	\$	
6. Subtract Line 5 from Line 1.	6.	\$	781
7. Total exempt-interest dividends. See instructions.	7.	\$	
8. Other addition adjustments. See instructions. Description: _____	8.	\$	
9. Capital Gains Distributions - See instructions.	9.	\$	37
10. Dividend income from PA S corporation(s) and partnerships, reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.	10.	\$	
11. Total PA-Taxable Dividend Income. Add Lines 6, 7, 8, 9 and 10. Enter on Line 3 of your PA-40.	11.	\$	818

1555

REV 01/25/17 INTUIT.CG.CFP.SP




1601510025

1601510025

PA SCHEDULE D
Sale, Exchange or Disposition of Property
PA-40 Schedule D
(08-16) (I) **2016**

If you need more space, you may photocopy.

Social Security Number (shown first)

Joint 

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

Taxable gain from selling a principal residence. Complete and submit **PA Schedule 19**. Complete Columns (a) through (e) and enter your total gain on Line 7.

REV 01/25/17 Intuit.cq.cfp.sp

1601310020

PA SCHEDULE O

Other Deductions

PA-40 Schedule O
(08-16) (I)**2016**

OFFICIAL USE ONLY

Name shown first on the PA-40 (if filing jointly)

Social Security Number (shown first)

SEAN T LECKEY

(See the instructions.)

PART I - IRC Section 529 Qualified Tuition Program Contributions (Limit \$14,000 per beneficiary, per taxpayer-spouse.)

Beneficiary Information:		Contributions by:			
(a) Name:	(b) Social Security Number	(c) Taxpayer		(d) Spouse	
1. NORA LECKEY		1(c).	0	1(d).	5,000
2. Total IRC Section 529 Contributions - Add all amounts listed (including amounts on additional schedules).		2(c).	0	2(d).	5,000

PART II - Other Deductions and Limitations

3. Medical Savings Account contributions allowed for federal purposes.	3(c).	0	3(d).	0
4. Health Savings Account contributions allowed for federal purposes.	4(c).	0	4(d).	0
5. Add Lines 2, 3 and 4 and enter amounts here for taxpayer and/or spouse.	5(c).	0	5(d).	5,000
6. Total income reported on PA-40 Line 9 by taxpayer and spouse separately.	6(c).	0	6(d).	60,681
7. Lesser of Line 5 or Line 6 for taxpayer and/or spouse.	7(c).	0	7(d).	5,000
8. Total Other Deductions - Add the amounts from Line 7 for taxpayer and/or spouse together. Enter here and on Line 10 of your PA-40.			8.	5,000

