

For the year Jan. 1—Dec. 31, 2017, or other tax year beginning		, 2017, ending		See separate instructions.	
Your first name and initial		Last name		Your social security number	
Paul E		Hanna		[REDACTED]	
If joint return, spouse's name & initial		Last name		Spouse's social security number	
Natalia		Linos		[REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	<div>▲</div> 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).					
Foreign country name		Foreign province/state/county		Foreign postal code	
<div>Presidential Election Campaign</div> 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. <div> <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse </div>					

Filing Status

1 ☐ Single

2 ☒ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.)

5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

If the qualifying person is a child but not your dependent, enter this child's name here, ▶

Exemptions

6a ☒ Yourself.

6b ☒ Spouse.

6c Dependents:

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

(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)

[REDACTED]	Daughter	<input checked="" type="checkbox"/>
[REDACTED]	Daughter	<input checked="" type="checkbox"/>
[REDACTED]	Son	<input checked="" type="checkbox"/>

Boxes checked on 6a and 6b. No. of children on 6c who:

lived with you

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

2

3

Dependents on 6c not entered above

Add numbers on lines above ▶

5

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	286,840
	8a	Taxable interest. Attach Schedule B if required.	8a	29
	8b	Tax-exempt interest. Do not include on line 8a	8b	0
	9a	Ordinary dividends. Attach Schedule B if required.	9a	7,569
	9b	Qualified dividends.	9b	5,784
	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	0
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	13	11
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions	15a	0
	15b	Taxable amount	15b	0
	16a	Pensions and annuities	16a	0
	16b	Taxable amount	16b	0
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	17	0
	18	Farm income or (loss). Attach Schedule F.	18	0
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	0
	20b	Taxable amount	20b	0
	21	Other income. List type and amount.	21	0
Adjusted Gross Income	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	294,450
	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	0
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	10,223
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	0
	31a	Alimony paid	31a	
	31b	Recipient's SSN ▶	31b	
	32	IRA deduction	32	0
	33	Student loan interest deduction	33	
	34	Reserved for future use	34	
	35	Domestic production activities deduction. Attach Form 8903	35	
	36	Add lines 23 through 35.	36	10,223
	37	Subtract line 36 from line 22. This is your adjusted gross income. ▶	37	284,227

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	284,227
Standard Deduction for --	39 a Check <input type="checkbox"/> You were born before January 2, 1953 <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked 39a 0 if: <input type="checkbox"/> Spouse was born before January 2, 1953 <input type="checkbox"/> Blind.		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b		
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	43,700
	41 Subtract line 40 from line 38	41	240,527
	42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by number on line 6d. Otherwise, see instructions.	42	20,250
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	220,277
	44 Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	47,808
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	6,500
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	54,308
• 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	48 Foreign tax credit. Attach Form 1116 if required	48	141
	49 Credit for child and dependent care expenses. Attach Form 2441	49	1,200
	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	0
	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	1,341
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	52,967
	57 Self-employment tax. Attach Schedule SE	57	20,445
Other Taxes	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	
	60 a Household employment taxes from Schedule H	60a	494
	b 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 type="checkbox"/> 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	0
	63 Add lines 56 through 62. This is your total tax	63	73,906
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	17,410
	65 2017 estimated tax payments & amount applied from 2016 return	65	40,052
	66 a Earned income credit (EIC)	66a	
	b Nontaxable combat pay election 66b		
	67 Additional child tax credit. Attach form 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	0
	72 Credit for federal tax on fuels. Attach Form 4136	72	
73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Resvd 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	57,462	
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	0
	76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	0
	b Routing number c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number		
77 Amount of line 75 you want applied to your 2018 estimated tax	77		
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	16,444
	79 Estimated tax penalty (see instructions)	79	0
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal Identification no.(PIN)
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions.	Your signature	Date	Your occupation
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
			If the IRS sent you an Identity Protection PIN, enter it here.
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed
	Firm's address	Phone no.	PTIN

SCHEDULE A
(Form 1040)

 Department of the Treasury
Internal Revenue Service (99)

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**

Name(s) shown on Form 1040

Paul E Hanna & Natalia Linos

Your social security number

Medical
**and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38	2	284,227
3	Multiply line 2 above by 7.5% (0.075)	3	21,317
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0

**Taxes You
Paid**

5 State and local (check only one box):

 a ☒ Income taxes, or

 b ☐ General sales taxes

5		5	23,574
6	Real estate taxes (see instructions)	6	3,590
7	Personal property taxes	7	
8	Other taxes. List type and amount ▶ Foreign Tax \$141	8	141
9	Add lines 5 through 8	9	27,305

**Interest
You Paid**

 Note:
Your mortgage
interest deduction may
be limited (see
instructions).

10	Home mortgage interest and points reported to you on Form 1098.	10	16,310
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., & address ▶	11	
12	Points not reported to you on Form 1098. See instructions for special rules	12	
13	Reserved for future use	13	
14	Investment interest. Attach Form 4952 if required. See instructions	14	
15	Add lines 10 through 14	15	16,310

**Gifts to
Charity**

 If you made a
gift and got a
benefit for it,
see instructions.

16	Gifts by cash or check. If you made any gift of \$250 or more see instructions	16	85
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	85

**Casualty and
Theft Losses**

20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20	0
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**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	0
24	Add lines 21 through 23	24	0
25	Enter amount from Form 1040, line 38	25	284,227
26	Multiply line 25 above by 2% (0.02)	26	5,685
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0

**Other
Miscellaneous
Deductions**

28	Other—from list in instructions. List type and amount. ▶ Gambling, casualty or theft losses	28	
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Total
**Itemized
Deductions**

29	Is Form 1040, line 38, over \$156,900?	29	43,700
	<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 H
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ **Attach to Form 1040, 1040NR, 1040-SS, or 1041.**▶ **Go to www.irs.gov/ScheduleH for instructions and the latest information.**

OMB No. 1545-1971

2017Attachment
Sequence No. **44**Name of employer
Paul Hanna

Social security number

Employer identification number

Calendar year taxpayers having no household employees in 2017 don't have to complete this form for 2017.

A Did you pay **any one** household employee cash wages of \$2,000 or more in 2017? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- ☒ **Yes.** Skip lines B and C and go to line 1.
☐ **No.** Go to line B.

B Did you withhold federal income tax during 2017 for any household employee?

- ☐ **Yes.** Skip line C and go to line 7.
☐ **No.** Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2016 or 2017 to **all** household employees? (**Don't** count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)

- ☐ **No. Stop.** Don't file this schedule.
☐ **Yes.** Skip lines 1–9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1 Total cash wages subject to social security tax	1	2800.00		
2 Social security tax. Multiply line 1 by 12.4% (0.124)	2		347.20	
3 Total cash wages subject to Medicare tax	3	2800.00		
4 Medicare tax. Multiply line 3 by 2.9% (0.029)	4		81.20	
5 Total cash wages subject to Additional Medicare Tax withholding	5			
6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6			
7 Federal income tax withheld, if any	7		48.42	
8 Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8		476.82	

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2016 or 2017 to **all** household employees? (**Don't** count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)

- ☐ **No. Stop.** Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form 1040, see the line 9 instructions.
☒ **Yes.** Go to line 10.

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No."	10 X	
11 Did you pay all state unemployment contributions for 2017 by April 17, 2018? Fiscal year filers, see instructions	11 X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12 X	

Next: If you checked the **"Yes"** box on **all** the lines above, complete Section A.If you checked the **"No"** box on **any** of the lines above, skip Section A and complete Section B.**Section A**

13 Name of the state where you paid unemployment contributions	NEW YORK			
14 Contributions paid to your state unemployment fund	14	109	20	
15 Total cash wages subject to FUTA tax	15	2800	00	
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25	16	16	80	

Section B**17** Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					
18 Totals						18		
19 Add columns (g) and (h) of line 18					19			
20 Total cash wages subject to FUTA tax (see the line 15 instructions)					20			
21 Multiply line 20 by 6.0% (0.060)					21			
22 Multiply line 20 by 5.4% (0.054)					22			
23 Enter the smaller of line 19 or line 22 (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here) <input type="checkbox"/>					23			
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25					24			

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	476	82
26 Add line 16 (or line 24) and line 25	26	493	62
27 Are you required to file Form 1040?			
<input type="checkbox"/> Yes. Stop. Include the amount from line 26 above on Form 1040, line 60a. Don't complete Part IV below. <input type="checkbox"/> No. You may have to complete Part IV. See instructions for details.			

Part IV Address and Signature — Complete this part only if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail isn't delivered to street address		Apt., room, or suite no.	
City, town or post office, state, and ZIP code			

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only	Employer's signature		Date	
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

Go to www.irs.gov/ScheduleSE for instructions and the latest information.
Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017

Attachment
Sequence No. 17

Name of person with **self-employment** income (as shown on Form 1040)

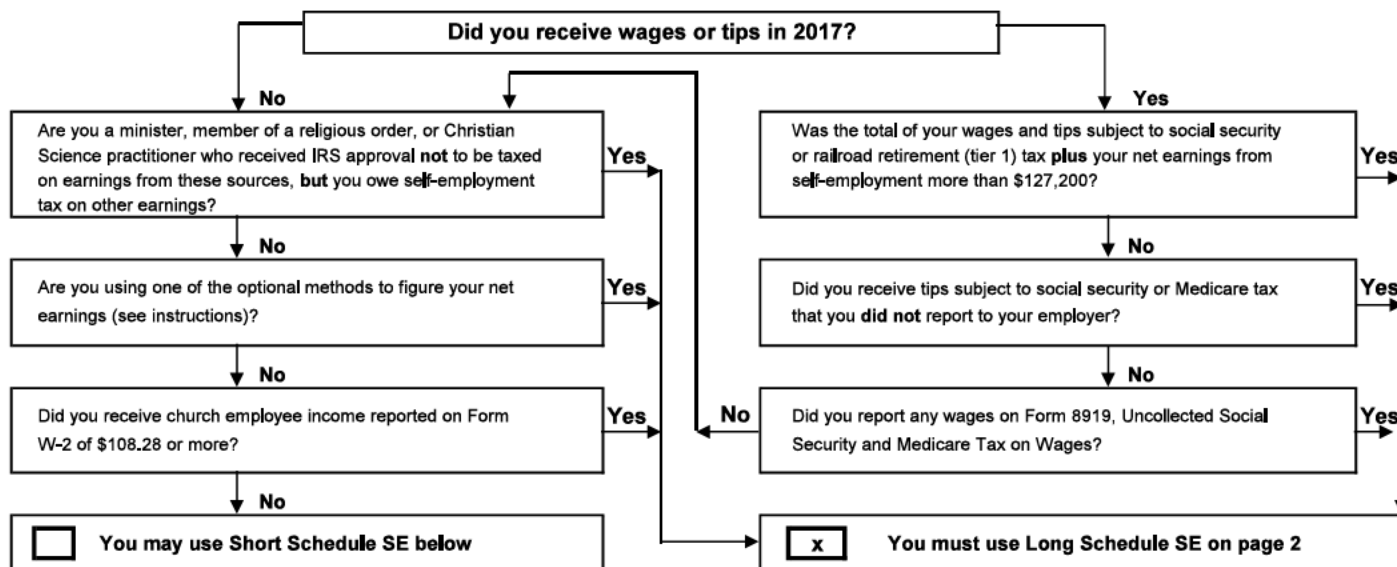
Natalia Linos

Social security number of person
with **self-employment** income

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, in the instructions.



Section A—Short Schedule SE.

Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
1b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	
3 Combine lines 1a, 1b, and 2.	3	
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b	4	
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none">\$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the results here and on Form 1040, line 57, or Form 1040NR, line 55More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55.	5	
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11358Z

Schedule SE (Form 1040) 2017

Name of person with self-employment income (as shown on Form 1040)

Natalia Linos

Social security number of person
with self-employment income**Section B—Long Schedule SE****Part I Self-Employment Tax****Note.** If your only income subject to self-employment tax is church employee income, see instructions. Also, see instructions for the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065),box 14, code A. **Note.** Skip lines 1a and 1b if you use the farm optional method (see instructions)**1a** 0**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z**1b** 0**2** Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see instructions)**2** 174,461**3** Combine lines 1a, 1b, and 2.**3** 174,461**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3**Note.** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.**4a** 161,115**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here**4b** 0**c** Combine lines 4a and 4b. If less than \$400, **stop**; you do not owe self-employment tax.**Exception.** If less than \$400 and you had church employee income, enter -0- and continue**4c** 161,115**5a** Enter your church employee income from Form W-2. See

instructions for definition of church employee income

5a 0**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-**5b** 0**6** Add lines 4c and 5b**6** 161,115**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2017**7** 127,200**8a** Total social security wages and tips (total of boxes 3 and 7 on

Form(s) W-2) and railroad retirement (tier 1) compensation.

If \$127,200 or more, skip lines 8b through 10 and go to line 11

8a 0**b** Unreported tips subject to social security tax (from Form 4137, line 10)**8b****c** Wages subject to social security tax (from Form 8919, line 10)**8c****d** Add lines 8a, 8b, and 8c**8d** 0**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.**9** 127,200**10** Multiply the smaller of line 6 or line 9 by 12.4% (0.124)**10** 15,773**11** Multiply line 6 by 2.9% (0.029)**11** 4,672**12** Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55**12** 20,445**13** Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter the result here and on

Form 1040, line 27, or Form 1040NR, line 27.

13 10,223**Part II Optional Methods To Figure Net Earnings** (see instructions)**Farm Optional Method.** You may use this method **only** if (a) your gross farm income¹ was not more than \$7,800 or (b) your net farm profits were less than \$5,631.**14** Maximum income for optional methods**14** 5,200**15** Enter the smaller of: two-thirds(2/3) of gross farm income¹ (not less than zero) or \$5,200. Also include this amount on line 4b above**15****Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits² were less than \$5,631 and also less than 72.189% of your gross nonfarm income³ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.**16** Subtract line 15 from line 14**16****17** Enter the smaller of: two-thirds (2/3) of gross nonfarm income³ (not less than zero) or the amount on line 16. Also include this amount on line 4b above**17**¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Form

2441**Child and Dependent Care Expenses**

- Attach to Form 1040, Form 1040A, or Form 1040NR.
 ► Go to www.irs.gov/Form2441 for instructions and the latest information.

1040
1040A
1040NR

2441

OMB No. 1545-0074

2017Attachment
Sequence No. 21Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Paul E Hanna & Natalia Linos

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.)

(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)
1			
			11,228
			2,800

Did you receive
dependent care benefits?No ☒ Complete only Part II below.Yes ☐ 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 2017 for the person listed in column (a)
First Last		
		11,228
		2,800

3 Add the amounts in column (c) of line 2. **Don't** 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** 6,000**4** Enter your **earned income**. See instructions**4** 112,379**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** 338,699**6** Enter the **smallest** of line 3, 4, or 5**6** 6,000**7** Enter the amount from Form 1040, line 38**7** 284,227**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

If line 7 is:

Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0	15,000	.35	\$29,000	31,000	.27
15,000	17,000	.34	31,000	33,000	.26
17,000	19,000	.33	33,000	35,000	.25
19,000	21,000	.32	35,000	37,000	.24
21,000	23,000	.31	37,000	39,000	.23
23,000	25,000	.30	39,000	41,000	.22
25,000	27,000	.29	41,000	43,000	.21
27,000	29,000	.28	43,000	No limit	.20

8 X 0.20**9** Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions**9** 1,200**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions**10** 54,167**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** 1,200