

1040 U.S. Individual Income Tax Return **2016**

OMB No. 1545-0047 Use Only Do not write or stamp in this space

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

2016 ending

11

See separate instructions

Your first name and initial

THOMAS J.

Last name

PRICE III

Your social security number

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

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

34600 W 135TH ST

Apt. no.

Make sure the SSNs above and on line 6a are correct

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below

OLATHE, KS 66061

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

Foreign country name

Foreign province/state/county

Foreign postal code

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). If the qualifying person is a child but not your dependent, enter this child's name here
- 5 Qualifying widower 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

Boxes checked on 6a and 6b

1

c Dependents:

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) YOUR filing status (if filing for child 61-158) |
|----------------|-----------|--|-------------------------------------|---|
| | | | | |
| | | | | |
| | | | | |

No. of children on file who

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

Dependents on file not entered above

Add numbers on lines above

1

If more than four dependents, see instructions and check here

d Total number of exemptions claimed

Income

| | | | | |
|-----|---|--------|-----|---------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | STMT 1 | 7 | 135821. |
| 8a | Taxable interest. Attach Schedule B if required | | 8a | |
| b | Tax-exempt interest. Do not include on line 8a | | | |
| 9a | Ordinary dividends. Attach Schedule B if required | | 9a | 178. |
| b | Qualified dividends | 178. | | |
| 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 | |
| 14 | Other gains or (losses). Attach Form 4797 | | 14 | |
| 15a | IRA distributions | 15a | 15b | |
| | | | | |
| 15b | Pensions and annuities | 15a | 15b | |
| | | | | |
| 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 | 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 | 135999. |

Adjusted Gross Income

| | | | |
|-----|--|-----|---------|
| 23 | Educator expenses | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-based 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 | 1609. |
| 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. 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 | 1609. |
| 37 | Subtract line 36 from line 22. This is your adjusted gross income | 37 | 134390. |

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

Form 1040 2016