

Form **1040** U.S. Individual Income Tax Return **2017**

OMB No. 1545-0047 REG-1040-17 Do not write or stamp in this space.

For the year ending 12/31/17 or other tax year beginning 2/1/17 ending 1/31/18

Your first name & initial

THOMAS J.

Last name

PRICE, III

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

Last name

See separate instructions

Home address number and street, if you have a P.O. box, see instructions

3916 N POTSDAM AVE

Apt. no.

1869

Make sure the address above is correct

City, town or post office, state and ZIP code. If you have a foreign address, see separate instructions

SIoux FALLS, SD 57104

Foreign country name Foreign province/state/country Foreign postal code

Foreign country name

Foreign province/state/country

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 the child's name here)
- 5  Qualifying widow(er) (see instructions)

Check only one box

**Exemptions**

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

**c Dependents**

First name	Last name	(i) Dependent's social security number	(ii) Dependent's relationship to you	2017 AGI (not AGI qualifying for child tax credit)

If more than four dependents, see instructions and check Part 3

d Total number of exemptions claimed

3

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	7	68846.
8a	Taxable interest. Attach Schedule B if required		8a	
8b	Tax-exempt interest. Do not include on line 8a			
9a	Ordinary dividends. Attach Schedule B if required		9a	186.
9b	Qualified dividends	186.		
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	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	69034.

**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	
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 8803	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	69034.

1-800-829-1040

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

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