

Form **1040** Department of the Treasury — Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2017** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 2017, or other tax year beginning , 2017, ending , 20

Your first name and initial Last name See separate instructions.

DOUGLAS D. HASSETT Your social security number

Is joint return, spouse's first name and initial Last name Spouse's social security number

CINDY L HASSETT

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).

LA QUINTA, CA 92253

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

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 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. ▶

2 ☒ Married filing jointly (even if only one had income) 5 ☐ Qualifying widow(er) (see instructions)

3 ☐ Married filing separately. Enter spouse's SSN above & full name here. ▶

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)

DAUGHTER

Boxes checked on 6a and 6b. 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

d Total number of exemptions claimed.

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 70,473.

8a Taxable interest. Attach Schedule B if required. 8a

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

9a Ordinary dividends. Attach Schedule B if required. 9a 5,041.

b Qualified dividends. 9b 4,099.

10 Taxable refunds, credits, or offsets of state and local income taxes. STATEMENT 4 10 44.

11 Alimony received. 11

12 Business income or (loss). Attach Schedule C or C-EZ. 12 600.

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ☒ 13 3,982.

14 Other gains or (losses). Attach Form 4797. 14

15a IRA distributions. 15a b Taxable amount. 15b 14,400.

16a Pensions and annuities. 16a 3,260. b Taxable amount. 16b 0.

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 3,038.

20a Social security benefits. 20a b Taxable amount. 20b

21 Other income. List type and amount BABYSITTING 21 300.

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 97,878.

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 43.

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 56.

35 Domestic production activities deduction. Attach Form 8903. 35

36 Add lines 23 through 35. 36 99.

37 Subtract line 36 from line 22. This is your adjusted gross income. 37 97,779.

Tax and Credits

Standard Deduction for —

• 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

38 Amount from line 37 (adjusted gross income) 38 97,779.

39a Check ☒ You were born before January 2, 1953, ☐ Blind. ☐ Total boxes checked ☐ 39a 1
if: ☐ Spouse was born before January 2, 1953, ☐ Blind. ☐ 39b

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 16,658.

41 Subtract line 40 from line 38. 41 81,121.

42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs. 42 12,150.

43 Taxable income. Subtract line 42 from line 41. 43 68,971.

44 Tax (see instructions). Check if any from: a ☐ Form(s) 8814 c ☐ 44 8,199.

b ☐ Form 4972 45 0.

45 Alternative minimum tax (see instructions). Attach Form 6251. 45 0.

46 Excess advance premium tax credit repayment. Attach Form 8962. 46

47 Add lines 44, 45, and 46. 47 8,199.

48 Foreign tax credit. Attach Form 1116 if required. 48

49 Credit for child and dependent care expenses. Attach Form 2441. 49

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

53 Residential energy credits. Attach Form 5695. 53

54 Other crs from Form: a ☐ 3800 b ☐ 8801 c ☐ 54

55 Add lines 48 through 54. These are your total credits. 55

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-. 56 8,199.

Other Taxes

57 Self-employment tax. Attach Schedule SE. 57 85.

58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919. 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required. 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 ☒ 61

62 Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instrs; enter code(s) 62

63 Add lines 56 through 62. This is your total tax. 63 8,284.

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099. 64 6,638.

65 2017 estimated tax payments and amount applied from 2016 return. 65

66a Earned income credit (EIC). 66a

b Nontaxable combat pay election ☐ 66b

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 Amount paid with request for extension to file. 70

71 Excess social security and tier 1 RRTA tax withheld. 71

72 Credit for federal tax on fuels. Attach Form 4136. 72

73 Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐ 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments. 74 6,638.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 75

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. ☐ 76a

b Routing number. ☐ c Type: ☐ Checking ☐ 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 1,657.

79 Estimated tax penalty (see instructions). 79 11.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name ☐ Phone no. ☐ Personal identification number (PIN) 92211

Sign here

Joint return? See instructions.

Keep a copy of your records.

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.

Your signature ☐ Date ☐ Your occupation ☐ Daytime phone number ☐

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 (see instr.)

Paid Preparer Use Only

Print/Type preparer's name ☐ Preparer's signature ☐ Date ☐ Check ☒ if self-employed PTIN ☐

Firm's name ☐ Firm's EIN ☐

Firm's address ☐ Phone no. ☐