

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

Your first name and initial **JASON** Last name **GRIFFITH** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **MELISSA** Last name **GRIFFITH** Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. **33 MAIN STREET** 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). **WHITESBURG KY 41858**

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) (see instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse } Boxes checked on 6a and 6b 2 No. of children on 6c who: lived with you 2 did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above 4

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>

d Total number of exemptions claimed 4

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 60,860 8a Taxable interest. Attach Schedule B if required 8a 2 b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 1,300 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 (1,472) 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 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 60,690

Adjusted Gross Income 23 Educator expenses 23 250 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 2,414 34 Reserved for future use 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 2,664 37 Subtract line 36 from line 22. This is your adjusted gross income 37 58,026

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for 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

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for amount you owe.

Third Party Designee

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

Sign Here

Joint return? See instructions. Keep a copy for your records.

Signature section with fields for Preparer's signature, Date, Your occupation, Spouse's signature, Date, Spouse's occupation, Daytime phone number, and Identity Protection PIN.

Paid Preparer Use Only

Print/Type preparer's name, Firm's name, Firm's address, Firm's EIN, and Phone no.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040.

2017

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Name(s) shown on Form 1040

Your social security number

JASON & MELISSA GRIFFITH

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	1,190		
2	Enter amount from Form 1040, line 38	2	58,026		
3	Multiply line 2 by 7.5% (0.075)	3	4,352		
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	<input checked="" type="checkbox"/> Income taxes, or	5	4,193		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	1,428		
7	Personal property taxes	7	370		
8	Other taxes. List type and amount <u>PROPERTY FEE</u> 106	8	106		
9	Add lines 5 through 8	9			6,097
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	3,521
Note: Your mortgage interest deduction may be limited (see instructions).		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 Reserved for future use		13	
		14 Investment interest. Attach Form 4952 if required. See instructions.		14	
		15 Add lines 10 through 14		15	3,521
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	3,271
If you made a gift and got a benefit for it, see instructions.		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	3,271
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	
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 instr.		21	
		22 Tax preparation fees		22	50
		23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ KEA 887		23	887
		24 Add lines 21 through 23		24	937
		25 Enter amount from Form 1040, line 38		25	58,026
		26 Multiply line 25 by 2% (0.02)		26	1,161
		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		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$156,900?		29	12,889
		<input checked="" 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 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			