

Federal Electronic Filing Instructions

Tax Year 2017

You are responsible for confirming the status of your electronically filed return. You can confirm the status of your return by going to <https://efstatus.taxact.com>. You will need to enter the primary social security number and last name on the return along with your ZIP code.

Self Select PIN: You do not need to mail any paper signature forms to the IRS. Your return has been successfully filed once you receive your acceptance from the IRS.

Balance Due:

A direct withdrawal of the balance due (\$517) has been submitted to the IRS and should occur on March 13, 2018.

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning _____, ending _____		See separate instructions.
Your first name and initial Rodney L	Last name Larson	Your social security number 478-52-1117
If a joint return, spouse's first name and initial Jovelisa C	Last name Larson	Spouse's social security number 476-49-9995
Home address (number and street). If you have a P.O. box, see instructions. P.O. Box 44847		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Eden Prairie, MN 55344		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
Foreign country name	Foreign province/state/county	
Foreign postal code		

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)
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Check only one box.

Exemptions

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

c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if child under age 17 qualifying for child tax credit (see instr.)	
(1) First name Last name			☐	
			☐	
			☐	
			☐	

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b **2**

No. of children on 6c who:

- lived with you **0**
- did not live with you due to divorce or separation (see instructions) **0**

Dependents on 6c not entered above **0**

Add numbers on lines above ▶ **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	197,862.
8a Taxable interest. Attach Schedule B if required	8a	5.
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	
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	-3,000.
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions 15a	15b	
b Taxable amount		
16a Pensions and annuities 16a	16b	
b Taxable amount		
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 32,631.	20b	27,736.
b Taxable amount		
21 Other income. List type and amount See Attached	21	-102,100.
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	120,503.

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	
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	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 35.	36	0.
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	120,503.

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	120,503.
39a	Check ☒ You were born before January 2, 1953, ☐ Blind. ☐ Spouse was born before January 2, 1953, ☐ Blind. Total boxes checked 1		
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	13,950.
41	Subtract line 40 from line 38	41	106,553.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions.	42	8,100.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	98,453.
44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	26,036.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	26,036.
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 credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	
55	Add lines 48 through 54. These are your total credits	55	0.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	26,036.

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

57	Self-employment tax. Attach Schedule SE	57	
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 ☐ Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	26,036.

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	25,519.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC). NO	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 ☐ 2439b ☐ Reserved c ☐ 8885 d ☐	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	25,519.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	0.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ☐	76a	0.
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	517.
79	Estimated tax penalty (see instructions)	79	

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)	

Sign Here

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

Your signature	Date	Your occupation Engineer	Daytime phone number (952) 960-1935
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation housewife	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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.			

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2017Attachment
Sequence No. **12**

Name(s) shown on return

Rodney L and Jovelisa C Larson

Your social security number

478-52-1117**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 0.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.				14 (72,788.)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 -72,788.

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

Schedule D (Form 1040) 2017

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-72,788.
	● If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. ● If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. ● If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 both gains? ☐ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	0.
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	0.
20	Are lines 18 and 19 both zero or blank? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: ● The loss on line 16 or ● (\$3,000), or if married filing separately, (\$1,500) } Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	(3,000.)
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). ☒ No. Complete the rest of Form 1040 or Form 1040NR.		

Capital Loss Carryover Worksheet

Keep for Your Records

Use this worksheet to figure your capital loss carryovers from 2017 to 2018 if Schedule D, line 21, is a loss and (a) that loss is a smaller loss than the loss on Schedule D, line 16, or (b) Form 1040, line 41, is less than zero. Otherwise, you do not have any carryovers.

1. Enter the amount from Form 1040, line 41. If a loss, enclose the amount in parentheses	1.	<u>106,553.</u>
2. Enter the loss from Schedule D, line 21, as a positive amount	2.	<u>3,000.</u>
3. Combine lines 1 and 2. If zero or less, enter -0-	3.	<u>109,553.</u>
4. Enter the smaller of line 2 or line 3	4.	<u>3,000.</u>
If line 7 of Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5. Enter the loss from Schedule D, line 7, as a positive amount	5.	_____
6. Enter any gain from Schedule D, line 15. If a loss, enter -0-	6.	_____
7. Add lines 4 and 6	7.	<u>3,000.</u>
8. Short-term capital loss carryover to 2018. Subtract line 7 from line 5. If zero or less, enter -0-	8.	_____
If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9. Enter the loss from Schedule D, line 15, as a positive amount	9.	<u>72,788.</u>
10. Enter any gain from Schedule D, line 7	10.	_____
11. Subtract line 5 from line 4. If zero or less, enter -0-	11.	<u>3,000.</u>
12. Add lines 10 and 11	12.	<u>3,000.</u>
13. Long-term capital loss carryover to 2018. Subtract line 12 from line 9. If zero or less, enter -0-	13.	<u>69,788.</u>

Foreign Earned Income

- ▶ **Attach to Form 1040. Complete the Foreign Earned Income Tax Worksheet in the Instructions for Form 1040 if you enter an amount on lines 45 or 50.**
▶ **Go to www.irs.gov/Form2555 for instructions and the latest information.**

OMB No. 1545-0074

2017
Attachment
Sequence No. **34**

For Use by U.S. Citizens and Resident Aliens Only

Name shown on Form 1040

Rodney L Larson

Your social security number

478-52-1117

Part I General Information

- 1** Your foreign address (including country) **Isagani
Maasin City, Southern Leyte 6600 Philippines**
- 2** Your occupation
systems engineer
- 3** Employer's name ▶ **Aerotek, Inc.**
- 4a** Employer's U.S. address ▶ **7301 PARKWAY DRIVE Hanover, MD 21076**
- b** Employer's foreign address ▶ **/**
- 5** Employer is (check ▶ **a** ☐ A foreign entity **b** ☒ A U.S. company **c** ☐ Self
any that apply): **d** ☐ A foreign affiliate of a U.S. company **e** ☐ Other (specify) ▶ **/**
- 6a** If you previously filed Form 2555 or Form 2555-EZ, enter the last year you filed the form. ▶ **2016**
- b** If you didn't previously file Form 2555 or 2555-EZ to claim either of the exclusions, check here ▶ ☐ and go to line 7.
- c** Have you ever revoked either of the exclusions? ☐ Yes ☒ No
- d** If you answered "Yes," enter the type of exclusion and the tax year for which the revocation was effective. ▶ **/**
- 7** Of what country are you a citizen/national? ▶ **United States of America**
- 8a** Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? See **Second foreign household** in the instructions ☐ Yes ☒ No
- b** If "Yes," enter city and country of the separate foreign residence. Also, enter the number of days during your tax year that you maintained a second household at that address. ▶ **/**
- 9** List your tax home(s) during your tax year and date(s) established. ▶ **Flordeliz, Macrohon, Philippines 10/20/2010**

Next, complete either Part II or Part III. If an item doesn't apply, enter "NA." If you don't give the information asked for, any exclusion or deduction you claim may be disallowed.

Part II Taxpayers Qualifying Under Bona Fide Residence Test (see instructions)

- 10** Date bona fide residence began ▶ **/**, and ended ▶ **/**
- 11** Kind of living quarters in foreign country ▶ **a** ☐ Purchased house **b** ☐ Rented house or apartment **c** ☐ Rented room
d ☐ Quarters furnished by employer
- 12a** Did any of your family live with you abroad during any part of the tax year? ☐ Yes ☐ No
- b** If "Yes," who and for what period? ▶ **/**
- 13a** Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you aren't a resident of that country? See instructions ☐ Yes ☐ No
- b** Are you required to pay income tax to the country where you claim bona fide residence? See instructions ☐ Yes ☐ No
- If you answered "Yes" to 13a and "No" to 13b, you don't qualify as a bona fide resident. Don't complete the rest of this part.**
- 14** If you were present in the United States or its possessions during the tax year, complete columns (a)–(d) below. **Don't** include the income from column (d) in Part IV, but report it on Form 1040.

(a) Date arrived in U.S.	(b) Date left U.S.	(c) Number of days in U.S. on business	(d) Income earned in U.S. on business (attach computation)	(a) Date arrived in U.S.	(b) Date left U.S.	(c) Number of days in U.S. on business	(d) Income earned in U.S. on business (attach computation)

- 15a** List any contractual terms or other conditions relating to the length of your employment abroad. ▶ **/**
- b** Enter the type of visa under which you entered the foreign country. ▶ **/**
- c** Did your visa limit the length of your stay or employment in a foreign country? If "Yes," attach explanation ☐ Yes ☐ No
- d** Did you maintain a home in the United States while living abroad? ☐ Yes ☐ No
- e** If "Yes," enter address of your home, whether it was rented, the names of the occupants, and their relationship to you. ▶ **/**

Part III Taxpayers Qualifying Under Physical Presence Test (see instructions)

- 16** The physical presence test is based on the 12-month period from ► **01/01/2017** through ► **12/31/2017**
- 17** Enter your principal country of employment during your tax year. ► **Taiwan**
- 18** If you traveled abroad during the 12-month period entered on line 16, complete columns (a)–(f) below. Exclude travel between foreign countries that didn't involve travel on or over international waters, or in or over the United States, for 24 hours or more. If you have no travel to report during the period, enter "Physically present in a foreign country or countries for the entire 12-month period." **Don't** include the income from column (f) below in Part IV, but report it on Form 1040.

(a) Name of country (including U.S.)	(b) Date arrived	(c) Date left	(d) Full days present in country	(e) Number of days in U.S. on business	(f) Income earned in U.S. on business (attach computation)
United States of America	08/23/2017	09/06/2017	15	10	

Part IV All Taxpayers

Note: Enter on lines 19 through 23 all income, including noncash income, you earned and actually or constructively received during your 2017 tax year for services you performed in a foreign country. If any of the foreign earned income received this tax year was earned in a prior tax year, or will be earned in a later tax year (such as a bonus), see the instructions. **Don't** include income from line 14, column (d), or line 18, column (f). Report amounts in U.S. dollars, using the exchange rates in effect when you actually or constructively received the income.

If you are a cash basis taxpayer, report on Form 1040 all income you received in 2017, no matter when you performed the service.

2017 Foreign Earned Income		Amount (in U.S. dollars)
19 Total wages, salaries, bonuses, commissions, etc.	19	197,862.
20 Allowable share of income for personal services performed (see instructions):		
a In a business (including farming) or profession	20a	
b In a partnership. List partnership's name and address and type of income. ►	20b	
21 Noncash income (market value of property or facilities furnished by employer— attach statement showing how it was determined):		
a Home (lodging)	21a	
b Meals	21b	
c Car	21c	
d Other property or facilities. List type and amount. ►	21d	
22 Allowances, reimbursements, or expenses paid on your behalf for services you performed:		
a Cost of living and overseas differential	22a	
b Family	22b	
c Education	22c	
d Home leave	22d	
e Quarters	22e	
f For any other purpose. List type and amount. ►	22f	
g Add lines 22a through 22f	22g	0.
23 Other foreign earned income. List type and amount. ►	23	
24 Add lines 19 through 21d, line 22g, and line 23	24	197,862.
25 Total amount of meals and lodging included on line 24 that is excludable (see instructions)	25	
26 Subtract line 25 from line 24. Enter the result here and on line 27 on page 3. This is your 2017 foreign earned income	26	197,862.

Part V All Taxpayers

27	Enter the amount from line 26.	27	197,862.
Are you claiming the housing exclusion or housing deduction?			
☐ Yes. Complete Part VI.			
☒ No. Go to Part VII.			

Part VI Taxpayers Claiming the Housing Exclusion and/or Deduction

28	Qualified housing expenses for the tax year (see instructions)	28	
29a	Enter location where housing expenses incurred (see instructions) ►		
b	Enter limit on housing expenses (see instructions).	29b	
30	Enter the smaller of line 28 or line 29b.	30	
31	Number of days in your qualifying period that fall within your 2017 tax year (see instructions)	31	0 days
32	Multiply \$44.76 by the number of days on line 31. If 365 is entered on line 31, enter \$16,336 here.	32	
33	Subtract line 32 from line 30. If the result is zero or less, don't complete the rest of this part or any of Part IX.	33	0.
34	Enter employer-provided amounts (see instructions)	34	
35	Divide line 34 by line 27. Enter the result as a decimal (rounded to at least three places), but don't enter more than "1.000"	35	X
36	Housing exclusion. Multiply line 33 by line 35. Enter the result but don't enter more than the amount on line 34. Also, complete Part VIII	36	0.

Note: The housing deduction is figured in Part IX. If you choose to claim the foreign earned income exclusion, complete Parts VII and VIII before Part IX.

Part VII Taxpayers Claiming the Foreign Earned Income Exclusion

37	Maximum foreign earned income exclusion.	37	\$102,100
38	- If you completed Part VI, enter the number from line 31. - All others, enter the number of days in your qualifying period that fall within your 2017 tax year (see the instructions for line 31).	38	365 days
39	- If line 38 and the number of days in your 2017 tax year (usually 365) are the same, enter "1.000." - Otherwise, divide line 38 by the number of days in your 2017 tax year and enter the result as a decimal (rounded to at least three places).	39	X 1.000
40	Multiply line 37 by line 39	40	102,100.
41	Subtract line 36 from line 27.	41	197,862.
42	Foreign earned income exclusion. Enter the smaller of line 40 or line 41. Also, complete Part VIII ►	42	102,100.

Part VIII Taxpayers Claiming the Housing Exclusion, Foreign Earned Income Exclusion, or Both

43	Add lines 36 and 42	43	102,100.
44	Deductions allowed in figuring your adjusted gross income (Form 1040, line 37) that are allocable to the excluded income. See instructions and attach computation	44	0.
45	Subtract line 44 from line 43. Enter the result here and in parentheses on Form 1040, line 21. Next to the amount enter "Form 2555." On Form 1040, subtract this amount from your income to arrive at total income on Form 1040, line 22	45	102,100.

Part IX Taxpayers Claiming the Housing Deduction— Complete this part only if (a) line 33 is more than line 36 and (b) line 27 is more than line 43.

46	Subtract line 36 from line 33.	46	0.
47	Subtract line 43 from line 27.	47	0.
48	Enter the smaller of line 46 or line 47	48	0.
Note: If line 47 is more than line 48 and you couldn't deduct all of your 2016 housing deduction because of the 2016 limit, use the housing deduction carryover worksheet in the instructions to figure the amount to enter on line 49. Otherwise, go to line 50.			
49	Housing deduction carryover from 2016 (from the housing deduction carryover worksheet in the instructions).	49	0.
50	Housing deduction. Add lines 48 and 49. Enter the total here and on Form 1040 to the left of line 36. Next to the amount on Form 1040, enter "Form 2555." Add it to the total adjustments reported on that line	50	0.

Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Go to www.irs.gov/Form8965 for instructions and the latest information.

Name as shown on return

Rodney L and Jovelisa C Larson

Your social security number

478-52-1117

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions Claimed on Your Return for Your Household

- 7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here ☐

Part III Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	Rodney L Larson	478-52-1117	C	X												
9	Jovelisa C Larson	476-49-9995	C	X												
10																
11																
12																
13																

2017 Other Income - Supporting Details for Form 1040, Line 21

Name(s) shown on Form 1040 Rodney L and Jovelisa C Larson	Your social security number 478-52-1117
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Enter sources of other income below:	Rodney	Jovelisa
1. _____		
2. _____		
3. Gambling Winnings reported on Form W-2G		
Other winnings where a Form W-2G not received		
4. Jury Pay		
5. Net Operating Loss carry forward from 2016		
6. Foreign earned income exclusion from Form 2555	-102,100.	
7. Other Income from Schedule K-1		
8. Income from personal property rental		
9. Child's income amount from Form 8814, line 12		
10. MSA Distributions, Form 8853		
11. Medicare Advantage MSA Distributions, Form 8853		
12. Long-term Care Distribution, Form 8853		
13. Form 1099-MISC, Boxes 3 and 8		
14. Alaska Permanent Fund dividends		
15. Coverdell ESA or Qualified Tuition Program		
16. Cancellation of a nonbusiness debt, Form 1099-C		
17. Cancellation of a business debt, Partnership Sch K-1		
18. HSA distributions and excess contributions, Form 8889		
19. Reemployment trade adjustment assistance (RTAA)		
20. Recapture of prior year tuition and fees deduction		
21. Recapture of charitable contribution deduction of a fractional interest in tangible personal property		
22. Recapture of charitable contribution deduction if no exempt use		
23. Income from Foreign Corporation, Form 5471		
24. Hobby income		
25. Income or loss, Form 8621		
26. Loss on excess deferral distribution		
27. Disaster relief payments		
28. Medicaid waiver payments to care provider (NOTICE 2014-07)		
29. Credit adjustment from regular income, Form 6478 and Form 8864		
30. Indian gaming proceeds (from 1099-MISC)		
31. Indian tribal distrib (from 1099-MISC)		
32. Native American distrib (from 1099-MISC)		
33. Taxable distributions from ABLE accounts, Form 1099-QA		
34. Airline Payments. If rolled over to traditional IRA, enter amount up to 90% as a negative number		
35. Foreign currency transaction electing section 988 treatment as ordinary income (Form 1099-B)		
Total Other Income	-102,100.	

Minnesota Income Tax Electronic Filing Instructions

These instructions are provided to help you understand and complete the final steps for successfully electronically filing your Minnesota Income Tax Return. We HIGHLY recommend you print this for your reference.

You are responsible for confirming the status of your electronically filed return.

You can confirm the status of your return by going to <https://efstatus.taxact.com>. You will need to enter the Primary Social Security Number and Last Name on the return along with your ZIP Code.

To check the status of your Minnesota refund:

Every return the Minnesota Department of Revenue receives is different and processing time will vary. You can follow the status of your refund by using Minnesota's Where's My Refund? system at https://www.mndor.state.mn.us/tp/refund/_/. You will need your Social Security Number, date of birth, the return type, the tax year, and the refund amount to access the information.

You have elected to receive your refund of \$2,170 via direct deposit.

****If you are unable to complete the above instructions, or you need assistance in completing them contact us at: efilesupport@taxact.com.**



2017 Form M1, Individual Income Tax

Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial RODNEY L		Last Name LARSON		Your Social Security Number 478521117	
If a Joint Return, Spouse's First Name and Initial JOVELISA C		Spouse's Last Name LARSON		Spouse's Social Security Number 476499995	
Current Home Address P.O. BOX 44847		Check if:	New Address ☐	Foreign Address ☐	Your Date of Birth 09271944
City EDEN PRAIRIE		State MN	Zip Code 55344		Spouse's Date of Birth 02241982

2017 Federal Filing Status

☐ (1) Single
☒ (2) Married filing jointly
☐ (3) Married filing separately: Enter spouse name and Social Security number _____
☐ (4) Head of household
☐ (5) Qualifying widow(er)

State Elections Campaign Fund

If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

Political party and code number:

Republican 11	Grassroots—Legalize Cannabis . 14	Legal Marijuana Now. 17
Democratic/Farmer-Labor . 12	Green 15	General Campaign
Independence 13	Libertarian 16	Fund 99

Your code _____
Spouse code _____

From Your Federal Return (see instructions)	A Wages, salaries, tips, etc. 197862	B IRA, pensions, and annuities	C Unemployment	D Federal adjusted gross income 120503
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▲ Place an X in box if a negative number

1 Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A, or line 6 of Form 1040EZ) (if a negative number, place an X in the box) ☐ 98453

2 State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet in the instructions ☐

3 Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest, and domestic production activities deduction (see instructions; enclose Schedule M1M) ☐

4 Add lines 1 through 3 (if a negative number, place an X in the box) ☐ 98453

5 State income tax refund from line 10 of federal Form 1040 ☐

6 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M) ☐

7 Total subtractions. Add lines 5 and 6 ☐

8 Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank 98453

9 Tax from the table in the M1 instructions 6310

10 Alternative minimum tax (enclose Schedule M1MT) ☐

11 Add lines 9 and 10 6310

12 Full-year residents: Enter the amount from line 11 on line 12. Skip lines 12a and 12b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) 6310

a ☐ **b** ☐ (Place an X in box if a negative number)

13 Tax on lump-sum distribution (enclose Schedule M1LS) ☐



* 1 7 1 1 2 1 *

14	Tax on non-qualified first-time homebuyer withdrawals (enclose Schedule M1HOME)	14	_____
15	Tax before credits. Add lines 12, 13, and 14.	15	_____ 6310
16	Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA)	16	■ _____
17	Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR)	17	■ _____
18	Other nonrefundable credits (enclose Schedule M1C)	18	■ _____
19	Total nonrefundable credits. Add lines 16, 17, and 18	19	_____
20	Subtract line 19 from line 15 (if result is zero or less, leave blank).	20	_____ 6310
21	Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe	21	■ _____
22	Add lines 20 and 21	22	_____ 6310
23	Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099, and W-2G forms (do not send)	23	■ _____ 8480
24	Minnesota estimated tax and extension payments made for 2017	24	■ _____
25	Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit, K-12 Education Credit, Credit for Parents of Stillborn Children, and Credit for Tax Paid to Wisconsin	25	■ _____
26	Business and investment credits (enclose Schedule M1B)	26	■ _____
27	Total payments. Add lines 23 through 26	27	_____ 8480
28	REFUND. If line 27 is more than line 22, subtract line 22 from line 27 (see instructions). For direct deposit, complete line 29.	28	■ _____ 2170
29	Direct deposit of your refund (you must use an account not associated with a foreign bank): Account Type Routing Number Account Number ☒ Checking ☐ Savings _____ 091014458 _____ 299671		
30	AMOUNT YOU OWE. If line 22 is more than line 27, subtract line 27 from line 22 (see instructions)	30	■ _____
31	Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 28 or add it to line 30 (enclose Schedule M15)	31	■ _____
IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 32 and 33.			
32	Amount from line 28 you want sent to you	32	■ _____
33	Amount from line 28 you want applied to your 2018 estimated tax	33	■ _____

I declare that this return is correct and complete to the best of my knowledge and belief.
Your signature _____ Date _____

Paid preparer: You must sign below.
Paid preparer's signature _____ Date _____

Spouse's signature (if filing jointly) _____ Taxpayer's daytime phone _____ Preparer's daytime phone _____ PTIN or VITA/TCE # (required) _____

Your email address _____

Preparer's email address _____

RODLARSON100@YAHOO.COM

Include a copy of your 2017 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010

To check on the status of your refund, visit www.revenue.state.mn.us

☐ I authorize the Minnesota Department of Revenue to
discuss this return with my paid preparer or the
third-party designee indicated on my federal return.

☐ I do not want my paid
preparer to file my
return electronically.



2017 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

Your First Name and Initial	Last Name	Your Social Security Number
RODNEY L	LARSON	478521117
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number
JOVELISA C	LARSON	476499995

If you received a W-2, 1099, W-2G, Schedule KPI, KS, or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 23 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099, or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and tax withheld from W-2s, other than from W-2G. If you have more than five W-2s, complete line 5 on the back.

A	B - Box 13	C - Box 15	D - Box 16	E - Box 17
If the W-2 is for:	If Retirement Plan	Employer's 7-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld
• you, enter 1	box is checked	state tax ID number	(round to nearest whole dollar)	(round to nearest whole dollar)
• spouse, enter 2	mark an X below.			
<u>1</u>	☐	MN <u>1268756</u>	<u>197862</u>	<u>8480</u>
<u> </u>	☐	MN <u> </u>	<u> </u>	<u> </u>
<u> </u>	☐	MN <u> </u>	<u> </u>	<u> </u>
<u> </u>	☐	MN <u> </u>	<u> </u>	<u> </u>
<u> </u>	☐	MN <u> </u>	<u> </u>	<u> </u>

Subtotal for additional W-2s (from line 5 on the back)

Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E). **1** 8480

2 Minnesota tax withheld from 1099 and W-2G forms. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the 1099 or W-2G is for:	Payer's 7-digit Minnesota state tax ID	Income amount (see the table on	Minnesota tax withheld
• you, enter 1	number(if unknown, contact the payer)	the back for amounts to include)	(round to nearest whole dollar)
• spouse, enter 2			
<u> </u>	MN <u> </u>	<u> </u>	<u> </u>
<u> </u>	MN <u> </u>	<u> </u>	<u> </u>
<u> </u>	MN <u> </u>	<u> </u>	<u> </u>
<u> </u>	MN <u> </u>	<u> </u>	<u> </u>

Subtotal for additional 1099 and W-2G forms (from line 6 on the back)

Total Minnesota tax withheld from all 1099 and W-2G forms (add amounts in line 2, column D). **2**

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries

(from line 7 on the back) **3**

4 Total. Add the Minnesota tax withheld on lines 1, 2 and 3.

Enter the total here and on line 23 of Form M1. **4** 8480

Include this schedule with your Form M1.

If required, include Schedules KPI, KS, and/or KF.