

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

Your first name and initial: **ALAN R.** Last name: **HALL** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: **CYNTHIA B.** Last name: **HALL** Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. **511 SOLAR ROAD NW** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **ALBUQUERQUE NM 87107**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

Presidential Election Campaign:  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 . . . . .

b  Spouse . . . . .

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

**No. of children on 6c who:**

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

**Dependents on 6c not entered above** \_\_\_\_\_

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

d Total number of exemptions claimed **2**

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	<b>204,279</b>	<b>27</b>
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	<b>250</b>	<b>00</b>
b	Qualified dividends . . . . .	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	<b>59</b>	<b>00</b>
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 ▶ <input type="checkbox"/>	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 <b>total income</b> ▶	22	<b>204,588</b>	<b>27</b>

**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		
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	<b>204,588</b>	<b>27</b>

<b>38</b> Amount from line 37 (adjusted gross income)		<b>38</b>	204,588	27
<b>Tax and Credits</b>	<b>39a</b> Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <b>39a</b> <input type="checkbox"/> 1			
	<b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>			
<b>Standard Deduction for—</b> • 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	<b>40</b> Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40</b>	16,570	45
	<b>41</b> Subtract line 40 from line 38	<b>41</b>	188,017	82
	<b>42</b> Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	8,100	00
	<b>43</b> Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	179,917	82
	<b>44</b> Tax (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	37,261	49
	<b>45</b> Alternative minimum tax (see instructions). Attach Form 6251	<b>45</b>		
	<b>46</b> Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>		
	<b>47</b> Add lines 44, 45, and 46	<b>47</b>	37,261	49
	<b>48</b> Foreign tax credit. Attach Form 1116 if required	<b>48</b>		
	<b>49</b> Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>		
	<b>50</b> Education credits from Form 8863, line 19	<b>50</b>		
	<b>51</b> Retirement savings contributions credit. Attach Form 8880	<b>51</b>		
	<b>52</b> Child tax credit. Attach Schedule 8812, if required	<b>52</b>		
	<b>53</b> Residential energy credits. Attach Form 5695	<b>53</b>		
<b>54</b> Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>			
<b>55</b> Add lines 48 through 54. These are your total credits	<b>55</b>			
<b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	37,261	49	
<b>57</b> Self-employment tax. Attach Schedule SE	<b>57</b>			
<b>58</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>			
<b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>			
<b>60a</b> Household employment taxes from Schedule H	<b>60a</b>			
<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>			
<b>61</b> Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	<b>61</b>			
<b>62</b> Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>			
<b>63</b> Add lines 56 through 62. This is your total tax	<b>63</b>	37,261	49	
<b>Payments</b>	<b>64</b> Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	50,137	01
	<b>65</b> 2017 estimated tax payments and amount applied from 2016 return	<b>65</b>		
	<b>66a</b> Earned income credit (EIC)	<b>66a</b>		
	<b>b</b> Nontaxable combat pay election <b>66b</b>	<b>66b</b>		
	<b>67</b> Additional child tax credit. Attach Schedule 8812	<b>67</b>		
	<b>68</b> American opportunity credit from Form 8863, line 8	<b>68</b>		
	<b>69</b> Net premium tax credit. Attach Form 8962	<b>69</b>		
	<b>70</b> Amount paid with request for extension to file	<b>70</b>		
	<b>71</b> Excess social security and tier 1 RRTA tax withheld	<b>71</b>		
	<b>72</b> Credit for federal tax on fuels. Attach Form 4136	<b>72</b>		
<b>73</b> Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>			
<b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your total payments	<b>74</b>	50,137	01	
<b>Refund</b>	<b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	<b>75</b>	12,875	52
	<b>76a</b> Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	12,875	52
Direct deposit? See instructions.	<b>b</b> Routing number <input type="checkbox"/> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	<b>d</b> Account number			
	<b>77</b> Amount of line 75 you want applied to your 2018 estimated tax	<b>77</b>		
<b>Amount You Owe</b>	<b>78</b> Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>		
	<b>79</b> Estimated tax penalty (see instructions)	<b>79</b>		

**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** 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 <i>Wilson Hall</i>	Date 4-13-18	Your occupation LAWYER	Daytime phone number (505) 620-2675
Spouse's signature. If a joint return, both must sign. <i>Christina B. Hall</i>	Date 4-13-18	Spouse's occupation LAWYER	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 <input type="checkbox"/> if self-employed	PTIN
Firm's name				Firm's EIN
Firm's address				Phone no.

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.  
▶ Attach to Form 1040.

**2017**

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.

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

ALAN R. & CYNTHIA B. HALL

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.					
	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040, line 38	2			
	3	Multiply line 2 by 7.5% (0.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>		5	7,591	88	
	a	<input type="checkbox"/> Income taxes, or				
	b	<input type="checkbox"/> General sales taxes				
	6	Real estate taxes (see instructions)	6	4,961	57	
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9 Add lines 5 through 8		9		12,553	45
	<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098	10		
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		Mortgage insurance premiums (see instructions)	13			
14		Investment interest. Attach Form 4952 if required. See instructions	14			
15 Add lines 10 through 14		15				
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	4,017	00	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	17			
	18	Carryover from prior year	18			
	19 Add lines 16 through 18		19		4,017	00
<b>Casualty and Theft Losses</b>	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			
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶	21			
	22	Tax preparation fees	22			
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
	24	Add lines 21 through 23	24			
	25	Enter amount from Form 1040, line 38	25			
	26	Multiply line 25 by 2% (0.02)	26			
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27			
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ▶	28			
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$156,900? <input type="checkbox"/> <b>No.</b> 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"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	16,570	45	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

4305501000-COMMISSIONER

Form **W-2 Wage and Tax Statement** 2017

**c** Employer's name, address, and ZIP code  
 STATE OF NEW MEXICO  
 DEPARTMENT OF FINANCE AND ADMINISTRAT  
 407 GALISTEO STREET  
 SANTA FE NM 87501

**e** Employee's name, address, and ZIP code  
 CYNTHIA B HALL  
 511 SOLAR ROAD NW  
 ALBUQUERQUE NM 87107

<b>d</b> Control no. 33	<b>1</b> Wages, tips, other comp. 125460.02	<b>2</b> Federal income tax with held 41042.51
OMB No. 1545-0008 The information is for internal use only.	<b>3</b> Social security wages 127200.00	<b>4</b> Social security tax with held 7886.40
<b>c</b> Employer's name, address, and ZIP code Rodey Dickason Sloan Akin & Robb PA P.O. Box 1888 Albuquerque, NM 87103	<b>5</b> Medicare wages and tips 149460.02	<b>6</b> Medicare tax with held 2167.20
<b>7</b> Social security tips 0.00	<b>8</b> Allocated tips 0.00	<b>9</b> Verification code
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See inst. for box 12 Oct 2D 24000.00
<b>12b</b> 19248.00 <b>12c</b> 0.00 <b>12d</b> 0.00	<b>13</b> Stat. empl. Retirement plan X	<b>14</b> Other Third-party sick pay
<b>b</b> Employer identification number (EIN) 850216511	<b>a</b> Employee's social security number	
<b>f</b> Employee's name, address, and ZIP code Alan R Hall 511 Solar Rd NW Albuquerque, NM 87107		
<b>15</b> State NM	<b>16</b> State wages, tips, etc. 125460.02	<b>17</b> State income tax 4720.38
<b>18</b> Local wages, tips, etc.		
<b>19</b> Local income tax		
<b>20</b> Locality name		

**2017**  
 Form **W-2** Wage and Tax Statement  
 Copy B-- To Be Filed With Employer's FEDERAL Tax Return.

Department of the Treasury -- Internal Revenue Service

<b>15</b> State NM	Employer's state ID number 01-505826-003	<b>16</b> State wages, tips, etc. 78819.25	<b>17</b> State income tax 2871.50	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name
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