

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning _____, 2016, 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. **▲** 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). **ALBUQUERQUE NM 87107** Presidential Election Campaign

Foreign country name _____ Foreign province/state/county _____ 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) with dependent child 3 Married filing separately. Enter spouse's SSN above and full name here. **▲**

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b **2** 6b Spouse 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 Add numbers on lines above **2**

(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"/>

If more than four dependents, see instructions and check here

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 **154,234 36** 8a Taxable interest. Attach Schedule B if required 8a **2 43** b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a **250 00** 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 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a 15b Taxable amount 15b 16a Pensions and annuities 16a 16b 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 20b 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 **154,486 79**

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 adjusted gross income **▲** 37 **154,486 79**

38 Amount from line 37 (adjusted gross income)		38	154,486	79
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>			
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>			
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, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	16,138	55
	41 Subtract line 40 from line 38	41	138,348	24
	42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100	00
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	130,248	24
	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	24,104	56
	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		
	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 <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54			
55 Add lines 48 through 54. These are your total credits	55	24,104	56	
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56			
57 Self-employment tax. Attach Schedule SE	57			
58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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 <input type="checkbox"/>	61			
62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62			
63 Add lines 56 through 62. This is your total tax	63	24,104	56	
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	40,525	99
	65 2016 estimated tax payments and amount applied from 2015 return	65		
	66a Earned income credit (EIC)	66a		
	b Nontaxable combat pay election 66b	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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73			
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	40,525	99	
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	16,421	43
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	16,421	43
Direct deposit? ▶ See instructions.	b Routing number ▶ <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number ▶			
	77 Amount of line 75 you want applied to your 2017 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		
	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)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶ <input type="text"/>	
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.			
Joint return? See instructions. Keep a copy for your records.	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 inst.) ▶ <input type="text"/>
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)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2016

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

ALAN R. & CYNTHIA B. HALL

Your social security number

[REDACTED]

Medical and Dental Expenses		Caution: 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 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	7027	20	
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	1611	35	
7	Personal property taxes	7			
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8	9			8638 55
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098			
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 ►			
		12 Points not reported to you on Form 1098. See instructions for special rules			
		13 Mortgage insurance premiums (see instructions)			
		14 Investment interest. Attach Form 4952 if required. (See instructions.)			
		15 Add lines 10 through 14			
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.			
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			
		18 Carryover from prior year			
		19 Add lines 16 through 18			7500 00
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			
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 instructions.) ►			
		22 Tax preparation fees			
		23 Other expenses—investment, safe deposit box, etc. List type and amount ►			
		24 Add lines 21 through 23			
		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	
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ►			
Total Itemized Deductions		29 Is Form 1040, line 38, over \$155,650?			
		<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.		29	16138 55
		<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			

d Control no. 57	1 Wages, tips, other comp. 154234.36	2 Federal income tax withheld 40525.99
OMB No. 1543-0008	3 Social security wages 118500.00	4 Social security tax withheld 7347.00
This information is being furnished to the Internal Revenue Service.	5 Medicare wages and tips 178234.36	6 Medicare tax withheld 2584.41
c Employer's name, address, and ZIP code Rodey Dickason Sloan Akin & Robb PA P.O. Box 1888 Albuquerque, NM 87103		

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits 0.00	11 Nonqualified plans	12a See inst. for box 12 24000.00
12b 17688.00	12c	12d
b Employer identification number (EIN) 850216511		
13 Stat. empl. plan X	14 Other	a Employee's social security number

e Employer's name, address, and ZIP code
Alan R Hall
511 Solar Rd NW
Albuquerque, NM 87107

2016	15 State NM	16 State wages, tips, etc. 154234.36
36-2099903	17 State income tax 6135.20	18 Local wages, tips, etc.
Form W-2 Wage and Tax Statement Copy B--To Be Filed With Employee's FEDERAL Tax Return.	19 Local income tax	20 Locality name