

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning

Your first name and initial: **JOSE** Last name: **FUENTES**, 2016, ending: **20**

If a joint return, spouse's first name and initial: **CLAUDIA P** Last name: **GIRALDO**

Home address (number and street): **5 PUEBLO DRIVE** Apt. no.:

City, town or post office, state, and ZIP code: **OAK RIDGE NJ 07438**

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

See separate instructions. Your social security number: **149-98-8023**

Spouse's social security number: **150-15-9730**

Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.  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) with dependent child

**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) Chk if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed: **2**

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: **2**

Add numbers on lines above: **2**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2: **7**

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 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** 14,564

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** 14,564

**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** 1,029

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** 1,029

37 Subtract line 36 from line 22. This is your adjusted gross income: **37** 13,535