

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning		, 2016, ending	, 20	See separate instructions.
Your first name and initial Thomas G	Last name Choske			<b>Your social security number</b> [REDACTED]
If a joint return, spouse's first name and initial	Last name			<b>Spouse's social security number</b>

Home address (number and street). If you have a P.O. box, see instructions. 1538 Centre St	Apt. no. 605	▲ Make sure the SSN(s) above and on line 6c are correct.
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City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).	<b>Presidential Election Campaign</b>
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Detroit MI 48226 Check here if you, or your spouse if filing jointly, are a resident of Michigan

Foreign country name	Foreign province/state/county	Foreign postal code	jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> <b>You</b> <input type="checkbox"/> <b>Spouse</b>
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<b>Filing Status</b>	1	<input checked="" type="checkbox"/> Single	4	<input type="checkbox"/> 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	<input type="checkbox"/> Married filing jointly (even if only one had income)		
	3	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ _____	5	<input type="checkbox"/> Qualifying widow(er) with dependent child

<b>Exemptions</b>  If more than four dependents, see instructions and check here <input type="checkbox"/>	<b>6a</b>	<input checked="" type="checkbox"/> <b>Yourself.</b>	If someone can claim you as a dependent, <b>do not</b> check box 6a . . . . .				<b>Boxes checked on 6a and 6b</b>	<u>1</u>	
	<b>b</b>	<input type="checkbox"/> <b>Spouse</b>					<b>No. of children on 6c who:</b>		
	<b>c Dependents:</b>		<b>(2)</b> Dependent's social security number	<b>(3)</b> Dependent's relationship to you	<b>(4)</b> <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	<b>• lived with you</b> <b>• did not live with you due to divorce or separation (see instructions)</b>			
	<b>(1)</b> First name	Last name				<b>Dependents on 6c not entered above</b>			
					<input type="checkbox"/>	<b>Add numbers on lines above</b>			<u>1</u>
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<b>Income</b>	7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		77,672.
	8a	Taxable interest. Attach Schedule B if required . . . . .		65.
	b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	
	9a	Ordinary dividends. Attach Schedule B if required . . . . .		316.
	b	Qualified dividends . . . . .	9b	182.
	10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		0.
	11	Alimony received . . . . .		
	12	Business income or (loss). Attach Schedule C or C-EZ . . . . .		-1,080.
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input checked="" type="checkbox"/> . . . . .		2.
	14	Other gains or (losses). Attach Form 4797 . . . . .		
	15a	IRA distributions . . . . .	15a	
	b	Taxable amount . . . . .	15b	
	16a	Pensions and annuities . . . . .	16a	
	b	Taxable amount . . . . .	16b	
If you did not get a W-2, see instructions.	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		
	18	Farm income or (loss). Attach Schedule F . . . . .		
	19	Unemployment compensation . . . . .		
	20a	Social security benefits . . . . .	20a	
	b	Taxable amount . . . . .	20b	
	21	Other income. List type and amount _____		
	22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶		76,975.

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>b</b> Recipient's SSN ► _____	31a			
32	IRA deduction . . . . .	32			
33	Student loan interest deduction . . . . .	33	121 .		
34	Tuition and fees. Attach Form 8917 . . . . .	34	2,000 .		
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35			
36	Add lines 23 through 35 . . . . .	36			2,121 .
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> . . . . . ►	37		74,854 .	

**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, \$6,300  
Married filing jointly or Qualifying widow(er), \$12,600  
Head of household, \$9,300

**Other Taxes**

**Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? **▶** See instructions.

**Amount You Owe**

**Third Party Designee**

**Sign Here**

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

**Paid Preparer Use Only**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	74,854.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes checked ▶ 39a</b> <input type="checkbox"/> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b>		
<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>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	6,300.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	68,554.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	4,050.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	64,504.
<b>44</b>	<b>Tax</b> (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>	11,881.
<b>45</b>	<b>Alternative minimum tax</b> (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>	11,881.
<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 <b>total credits</b>	<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>	11,881.
<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 checked="" 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 <b>total tax</b>	<b>63</b>	11,881.
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	12,576.
<b>65</b>	2016 estimated tax payments and amount applied from 2015 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b> No	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <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 checked="" 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 <b>total payments</b>	<b>74</b>	12,576.
<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	695.
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <b>▶</b> <input type="checkbox"/>	<b>76a</b>	695.
<b>b</b>			
<b>d</b>			
<b>77</b>			
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions <b>▶</b>	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	
Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> <b>Yes.</b> Complete below. <input checked="" type="checkbox"/> <b>No</b>			
Designee's name <b>▶</b>		Phone no. <b>▶</b>	Personal identification number (PIN) <b>▶</b>
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		Date	Your occupation Advertising
Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupation
			Daytime phone number (313) 288-8662
			If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Print/Type preparer's name		Preparer's signature	Date
Firm's name <b>▶</b> Self-Prepared		Check <input type="checkbox"/> if self-employed	
Firm's address <b>▶</b>		PTIN	
		Firm's EIN <b>▶</b>	
		Phone no.	