

Form	1040	Department of the Treasury—Internal Revenue Service (99)	2017	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																															
For the year Jan. 1–Dec. 31, 2017, or other tax year beginning			, 2017, ending		, 20																															
Your first name and initial			Last name		Your social security number																															
Sarah			Hamblin		123-43-4321																															
If a joint return, spouse's first name and initial			Last name		Spouse's social security number																															
Home address (number and street). If you have a P.O. box, see instructions.					Apt. no.																															
1245 Rose Petal Drive																																				
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).					Presidential Election Campaign																															
Madison WI 53562					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.																															
Foreign country name			Foreign province/state/county		Foreign postal code																															
					<input type="checkbox"/> You <input type="checkbox"/> Spouse																															
<b>Filing Status</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 <input type="checkbox"/> Single</p> <p>2 <input type="checkbox"/> Married filing jointly (even if only one had income)</p> <p>3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶</p> </div> <div style="width: 50%;"> <p>4 <input checked="" 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. ▶ Elizabeth Hamblin</p> <p>5 <input type="checkbox"/> Qualifying widow(er) with dependent child</p> </div> </div>																																				
<b>Exemptions</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p>6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .</p> <p>b <input type="checkbox"/> Spouse . . . . .</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">c Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> <tr> <th>(1) First name</th> <th>Last name</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> <p>d Total number of exemptions claimed . . . . .</p> </div> <div style="width: 25%;"> <p><b>Boxes checked on 6a and 6b</b> <span style="float: right;">1</span></p> <p><b>No. of children on 6c who:</b></p> <ul style="list-style-type: none"> <li>• lived with you <span style="float: right;"> </span></li> <li>• did not live with you due to divorce or separation (see instructions) <span style="float: right;"> </span></li> </ul> <p><b>Dependents on 6c not entered above</b> <span style="float: right;"> </span></p> <p><b>Add numbers on lines above ▶</b> <span style="border: 1px solid black; padding: 2px 5px;">1</span></p> </div> </div>							c Dependents:		(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)	(1) First name	Last name								<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
c Dependents:		(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)																																
(1) First name	Last name																																			
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				<input type="checkbox"/>																																
<b>Income</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p>7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .</p> <p>8a <b>Taxable</b> interest. Attach Schedule B if required . . . . .</p> <p>b <b>Tax-exempt</b> interest. Do not include on line 8a . . . . . 8b 250.</p> <p>9a Ordinary dividends. Attach Schedule B if required . . . . .</p> <p>b Qualified dividends . . . . . 9b</p> <p>10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .</p> <p>11 Alimony received . . . . .</p> <p>12 Business income or (loss). Attach Schedule C or C-EZ . . . . .</p> <p>13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/></p> <p>14 Other gains or (losses). Attach Form 4797 . . . . .</p> <p>15a IRA distributions . . . . . 15a      b Taxable amount . . . . . 15b</p> <p>16a Pensions and annuities . . . . . 16a      b Taxable amount . . . . . 16b</p> <p>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .</p> <p>18 Farm income or (loss). Attach Schedule F . . . . .</p> <p>19 Unemployment compensation . . . . .</p> <p>20a Social security benefits . . . . . 20a      b Taxable amount . . . . . 20b</p> <p>21 Other income. List type and amount Radio Contest Winnings . . . . .</p> <p>22 Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶</p> </div> <div style="width: 25%;"> <p>7 34,350.</p> <p>8a 565.</p> <p>9a</p> <p>10</p> <p>11 16,000.</p> <p>12</p> <p>13</p> <p>14</p> <p>15b</p> <p>16b</p> <p>17 11,000.</p> <p>18</p> <p>19 1,250.</p> <p>20b</p> <p>21 2,000.</p> <p>22 65,165.</p> </div> </div>																																				
<b>Adjusted Gross Income</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p>23 Educator expenses . . . . . 23</p> <p>24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . 24</p> <p>25 Health savings account deduction. Attach Form 8889 . . . . . 25</p> <p>26 Moving expenses. Attach Form 3903 . . . . . 26</p> <p>27 Deductible part of self-employment tax. Attach Schedule SE . . . . . 27</p> <p>28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28</p> <p>29 Self-employed health insurance deduction . . . . . 29</p> <p>30 Penalty on early withdrawal of savings . . . . . 30</p> <p>31a Alimony paid b Recipient's SSN ▶ . . . . . 31a</p> <p>32 IRA deduction . . . . . 32</p> <p>33 Student loan interest deduction . . . . . 33</p> <p>34 Tuition and fees. Attach Form 8917 . . . . . 34</p> <p>35 Domestic production activities deduction. Attach Form 8903 . . . . . 35</p> <p>36 Add lines 23 through 35 . . . . . 36</p> <p>37 Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶</p> </div> <div style="width: 25%;"> <p>36</p> <p>37 65,165.</p> </div> </div>																																				

Form **1040** (2017)

Schedule E (Form 1040) 2017

Attachment Sequence No. **13**Page **2**

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Sarah Hamblin

123-43-4321

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** **Note:** If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (e) on line 28 and attach **Form 6198**. See instructions.**27** Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ **Yes** ☒ **No**

<b>28</b>	(a) Name	(b) Enter <b>P</b> for partnership; <b>S</b> for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
<b>A</b>	Bright Day Flowers, Inc.	S	<input type="checkbox"/>	56-3535353	<input type="checkbox"/>
<b>B</b>			<input type="checkbox"/>		<input type="checkbox"/>
<b>C</b>			<input type="checkbox"/>		<input type="checkbox"/>
<b>D</b>			<input type="checkbox"/>		<input type="checkbox"/>

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>		
(f) Passive loss allowed (attach <b>Form 8582</b> if required)	(g) Passive income from <b>Schedule K-1</b>	(h) Nonpassive loss from <b>Schedule K-1</b>	(i) Section 179 expense deduction from <b>Form 4562</b>	(j) Nonpassive income from <b>Schedule K-1</b>
<b>A</b>				11,000.
<b>B</b>				
<b>C</b>				
<b>D</b>				
<b>29a</b> Totals				11,000.
<b>b</b> Totals				
<b>30</b> Add columns (g) and (j) of line 29a . . . . .			<b>30</b>	11,000.
<b>31</b> Add columns (f), (h), and (i) of line 29b . . . . .			<b>31</b>	( )
<b>32</b> <b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31. Enter the result here and include in the total on line 41 below . . . . .			<b>32</b>	11,000.

**Part III Income or Loss From Estates and Trusts**

<b>33</b>	(a) Name	(b) Employer identification number
<b>A</b>		
<b>B</b>		
<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>
(c) Passive deduction or loss allowed (attach <b>Form 8582</b> if required)	(d) Passive income from <b>Schedule K-1</b>	(e) Deduction or loss from <b>Schedule K-1</b>
<b>A</b>		
<b>B</b>		
<b>34a</b> Totals		
<b>b</b> Totals		
<b>35</b> Add columns (d) and (f) of line 34a . . . . .		<b>35</b>
<b>36</b> Add columns (c) and (e) of line 34b . . . . .		<b>36</b>
<b>37</b> <b>Total estate and trust income or (loss).</b> Combine lines 35 and 36. Enter the result here and include in the total on line 41 below . . . . .		<b>37</b>

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder**

<b>38</b>	(a) Name	(b) Employer identification number	(c) Excess inclusion from <b>Schedules Q</b> , line 2c (see instructions)	(d) Taxable income (net loss) from <b>Schedules Q</b> , line 1b	(e) Income from <b>Schedules Q</b> , line 3b
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				<b>39</b>

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from <b>Form 4835</b> . Also, complete line 42 below . . . . .	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	<b>41</b>	11,000.
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) . . .	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules . . .	<b>43</b>	

Schedule E (Form 1040) 2017