Form 1040EZ	Income Tax Ret	urn for Single an		2017		O	MB No. 1545-0074	1
Your first name a		Last name				Your so	cial security nun	nber
Jose		Suarez	Suarez				2 3 4 5 6	7 (
	spouse's first name and initial	Last name					social security n	
Maria		Suarez	Suarez				2 3 4 5 6	7 1
Home address (r	number and street). If you have a P.	O. box, see instructions.			Apt. no.		Iake sure the SS	N(s)
9876 Main Stre	eet						above are correc	
City, town or post	office, state, and ZIP code. If you have	a foreign address, also comple	te spaces below (s	ee instructions).	I	Presiden	tial Election Camp	paign
Denver, CO 8	0205					Check here	if you, or your spouse	e if filing
Foreign country	name	Foreign	province/state/co	ounty	Foreign postal coo	a box below	\$3 to go to this fund. will not change your	tax or
						refund.	You	Spous
Income	1 Wages, salaries, a	nd tips. This should be s	hown in box 1	of your Form(s	s) W-2.			
Attach	Attach your Form				1	107,304	1	
Form(s) W-2 here.	2 Taxable interest. I	f the total is over \$1,500), you cannot u	se Form 1040E	z.	2	141	
Enclose, but do not attach, any payment.	3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions).						1,000	
	 4 Add lines 1, 2, and 3. This is your adjusted gross income. 5 If someone can claim you (or your spouse if a joint return) as a dependent, check 						108,445	5
		aim you (or your spouse (es) below and enter the	0	· •				
	You If no one can clair							
	\$20,800 if marrie	5	20.900					
	6 Subtract line 5 fro	5	20,800	/				
	This is your taxab	-	er than line 4,	enter -0	•	6	87,645	5
	7 Federal income ta	x withheld from Form(s)) W-2 and 109	9.		7	14,100	
Payments,		redit (EIC) (see instruc				8a		-
Credits,	b Nontaxable comba			8b				
and Tax		a. These are your total p	ayments and	credits.		9	14,100	
	10 Tax. Use the amo		i					
	instructions. Then	10	13,384	1				
	11 Health care: individual responsibility (see instructions) Full-year coverage \checkmark							
	12 Add lines 10 and	12	13,384	1				
Refund	13a If line 9 is larger t	han line 12, subtract line	e 12 from line 9	9. This is your 1	refund.			
Have it directly	If Form 8888 is at	tached, check here 🕨				13a	716	5
deposited! See instructions and	b Routing number	vings						
fill in 13b, 13c, and 13d, or Form 8888.	▶ d Account number							
Amount	U	than line 9, subtract line						
You Owe	the amount you o	14						
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)?						ete below.	No
Designee	Designee's name		Phone no.		Personal ider number (PIN			
Sign Here	Under penalties of perjury, I of accurately lists all amounts ar on all information of which the	nd sources of income I recei	ived during the ta					
Joint return? See instructions.	Your signature		Date Your occupation		on	Daytime ph	none number	
Keep a copy for your records.	Spouse's signature. If a joint return, both must si		Date	Spouse's occupation		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)		
Paid Preparer	Print/Type preparer's name	Preparer's signature		C	Date	Check self-employ] if PTIN	
Preparer	Firm's name	·		1	Firm's EIN ►		!	
Use Only	Firm's address ► Phone no.							

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.	 Cat. No. 11329W	Form 1040EZ (2017)