

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning **with a 2**, 2017, ending **with a 7**, 20 **17** See separate instructions.

Your first name and initial **RONNIE S.** Last name **CHUMP ("YOUR HIGHNESS, MAYOR OF WASHTOWN")** Your social security number **6 6 6 - 1 - 6 6 6**  
 If a joint return, spouse's first name and initial **MELONY** Last name **CHUMP** Spouse's social security number **6 6 7 - 2 - 6 6 7**

Home address (number and street). If you have a P.O. box, see instructions. **1006 Washtown Avenue, Ganacostya** Apt. no. **Apt yes.** **▲ 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). **Washtown, AZ** Presidential Election Campaign  
 Foreign country name **USA** Foreign province/state/county **AZ** Foreign postal code **85255** 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  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here. **▶ MELONY CHUMP**  
 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. **▶ RONNIE (self)**  
 5  Qualifying widow(er) (see instructions)

**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)  if child under age 17 qualifying for child tax credit (see instructions)  
**Dinah CHUMP 1 - 6 6 6 - 0 0 1 Kid**  
**Erika CHUMP 1 - 6 6 6 - 0 0 2 Kid**  
**Iwanker CHUMP 1 - 6 6 6 - 0 0 3 Kid**  
**Bruno CHUMP 1 - 6 6 6 - 0 0 4 Kiddie**  
 Boxes checked on 6a and 6b **2**  
 No. of children on 6c who:  
 • lived with you **1**  
 • did not live with you due to divorce or separation (see instructions) **3**  
 Dependents on 6c not entered above  
 Add numbers on lines above **8**

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 Yes, tips 68**  
 8a Taxable interest. Attach Schedule B if required **8a No 0**  
 b Tax-exempt interest. Do not include on line 8a **8b 31,582,679**  
 9a Ordinary dividends. Attach Schedule B if required **9a Yes exempt**  
 b Qualified dividends **9b**  
 10 Taxable refunds, credits, or offsets of state and local income taxes **10 Yes please**  
 11 Alimony received **11 Yes**  
 12 Business income or (loss). Attach Schedule C or C-EZ **12 OK slight loss**  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  **13 Gain**  
 14 Other gains or (losses). Attach Form 4797 **14 Moscow 3,112,005**  
 15a IRA distributions **15a 2,253,875** b Taxable amount **15b 0**  
 16a Pensions and annuities **16a 10,448,282** b Taxable amount **16b 0**  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 Kiev 1,100,208**  
 18 Farm income or (loss). Attach Schedule F **18 Leningrad 100,000**  
 19 Unemployment compensation **19 158,000**  
 20a Social security benefits **20a 135,854** b Taxable amount **20b 0**  
 21 Other income. List type and amount **Gifts (Saudi), Bullion (Russia), Boat (Russia)** **21 232,121,585**  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶ 22 0 0**

**Adjusted Gross Income**  
 23 Educator expenses **23 Gross!**  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24 Yes, sometimes**  
 25 Health savings account deduction. Attach Form 8889 **25 Slash Kabanacare**  
 26 Moving expenses. Attach Form 3903 **26 Ganacostya**  
 27 Deductible part of self-employment tax. Attach Schedule SE **27 All of it**  
 28 Self-employed SEP, SIMPLE, and qualified plans **28 YEP**  
 29 Self-employed health insurance deduction **29 FULL**  
 30 Penalty on early withdrawal of savings **30 0**  
 31a Alimony paid b Recipient's SSN **▶ 2 0 8 3 0 4** **31a 0**  
 32 IRA deduction **32 8,548,534**  
 33 Student loan interest deduction **33 12,448,217**  
 34 Tuition and fees. Attach Form 8917 **34 Gross!**  
 35 Domestic production activities deduction. Attach Form 8903 **35 10,255,485**  
 36 Add lines 23 through 35 **36 31,480,985**  
 37 Subtract line 36 from line 22. This is your adjusted gross income **▶ 37 0**



**Tax and Credits**

38 Amount from line 37 (adjusted gross income) 38 0

39a Check  You were born before January 2, 1953,  Blind. Total boxes checked 39a 4  
 if:  Spouse was born before January 2, 1953,  Blind.

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

**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, \$6,350  
 Married filing jointly or Qualifying widow(er), \$12,700  
 Head of household, \$9,350

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 WIFE (ALIEN)  
 41 Subtract line 40 from line 38 41 Sorry, can't  
 42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions 42 FULL EXEMPTION  
 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0  
 44 Tax (see instructions). Check if any from: a  Form(s) 8814 b  Form 4972 c  44 0  
 45 Alternative minimum tax (see instructions). Attach Form 6251 45 Yes, minimum  
 46 Excess advance premium tax credit repayment. Attach Form 8962 46 YES CREDIT PLS  
 47 Add lines 44, 45, and 46 47 Sorry, can't add

48 Foreign tax credit. Attach Form 1116 if required 48 Moscow 1,235,110  
 49 Credit for child and dependent care expenses. Attach Form 2441 49 NYC 12,238,450  
 50 Education credits from Form 8863, line 19 50 (Bruno) 18,121,151  
 51 Retirement savings contributions credit. Attach Form 8880 51 125,458  
 52 Child tax credit. Attach Schedule 8812, if required. 52 Yes please  
 53 Residential energy credits. Attach Form 5695 53 Yes please  
 54 Other credits from Form: a  3800 b  8801 c  Bonus 54 Yes please  
 55 Add lines 48 through 54. These are your total credits 55 Sorry can't add  
 56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 Can't subtract

**Other Taxes**

57 Self-employment tax. Attach Schedule SE 57 0  
 58 Unreported social security and Medicare tax from Form: a  4137 b  8919 58 0  
 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59 0  
 60a Household employment taxes from Schedule H 60a 0  
 b First-time homebuyer credit repayment. Attach Form 5405 if required 60b 21,485,975  
 61 Health care: individual responsibility (see instructions) Full-year coverage  61 No responsibility  
 62 Taxes from: a  Form 8959 b  Form 8960 c  Instructions; enter code(s) 62 No tax  
 63 Add lines 56 through 62. This is your total tax 63 0

**Payments**

64 Federal income tax withheld from Forms W-2 and 1099 64 Withheld at border  
 65 2017 estimated tax payments and amount applied from 2016 return 65 14,010,650  
 66a Earned income credit (EIC) 66a He didn't qualify  
 b Nontaxable combat pay election 66b  
 67 Additional child tax credit. Attach Schedule 8812 67 Extramarital kids 3-4  
 68 American opportunity credit from Form 8863, line 8 68 Opportunity lost  
 69 Net premium tax credit. Attach Form 8962 69 Net, at the border  
 70 Amount paid with request for extension to file 70 0  
 71 Excess social security and tier 1 RRTA tax withheld 71 Social insecurity  
 72 Credit for federal tax on fuels. Attach Form 4136 72 2,455,900  
 73 Credits from Form: a  2439 b  Reserved c  8885 d  73  
 74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 Sorry can't add

**Refund**

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 12,590,900  
 76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here  76a 12,590,900  
 b Routing number 2 6 6 6 2 6 6 6 c Type:  Checking  Savings  
 d Account number 1 0 1 6 6 6 - 6 6 6 - 6 6 6  
 77 Amount of line 75 you want applied to your 2018 estimated tax 77 ALL

**Amount You Owe**

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78 LOTS!  
 79 Estimated tax penalty (see instructions) 79 0

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name Ralph Lauren Phone no. 454 248 131 Personal identification number (PIN) 1 2 2 2 4

**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.

Your signature *R.S. Chump* Date Your occupation Mayor of Washtown Daytime phone number 101-666-666  
 Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Mayoress of Washtown If the IRS sent you an Identity Protection PIN, enter it here (see inst.) P I N

**Paid Preparer Use Only**

Print/Type preparer's name R.S. CHUMP Preparer's signature *R.S. Chump* Date Check  if self-employed PTIN P(U)TIN  
 Firm's name CHUMP FOUNDATION Firm's EIN STEIN  
 Firm's address CHUMP BUILDINGS, WASHTOWN CENTRAL Phone no. Phone yes.