

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning \_\_\_\_\_, 2017, ending \_\_\_\_\_, 20

Your first name and initial **CLAIRE C.** Last name **MCCASKILL** See separate instructions.  
Your social security number [REDACTED]

If a joint return, spouse's first name and initial \_\_\_\_\_ Last name \_\_\_\_\_ Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. **1941 SPRING HOUSE DRIVE** Apt. no. \_\_\_\_\_  
▲ 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. **ST. LOUIS, MO 63122** Presidential Election Campaign  
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 \_\_\_\_\_  
 You  Spouse

**Filing Status** 1  Single 4  Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
2  Married filing jointly (even if only one had income)  
3  Married filing separately. Enter spouse's SSN above and full name here. ▶ **JOSEPH A SHEPARD** 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  
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  
Add numbers on lines above ▶ **1**  
If more than four dependents, see instructions and check here

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **STMT 3** 7 **174,000.**  
8a Taxable interest. Attach Schedule B if required 8a **23.**  
b Tax-exempt interest. Do not include on line 8a 8b  
9a Ordinary dividends. Attach Schedule B if required 9a **975.**  
b Qualified dividends 9b **951.**  
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 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 **85,521.**  
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 **5,577.**  
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. List type and amount 21  
22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ 22 **266,096.**

**Adjusted Gross Income** 23 Educator expenses 23  
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2105 or 2105-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 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  
37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ 37 **266,096.**

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 266,096.

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

if:

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

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 89,350.

41 Subtract line 40 from line 38 41 176,746.

42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst. 42 0.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 176,746.

44 Tax. Check if any from: a  Form(s) 8814 b  Form 4972 c  44 45,764.

45 Alternative minimum tax. Attach Form 6251 45 537.

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47 46,301.

48 Foreign tax credit. Attach Form 1116 if required 48

49 Credit for child and dependent care expenses. Attach Form 2441 49

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit. Attach Schedule 8812, if required 52

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a  3800 b  8801 c  54 904.

55 Add lines 48 through 54. These are your total credits 55 904.

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 45,397.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a  4137 b  8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Health care: Individual responsibility (see instructions) Full-year coverage  61

62 Taxes from: a  Form 8959 b  Form 8960 c  Inst.; enter code(s) STATEMENT 6 62 678.

63 Add lines 56 through 62. This is your total tax 63 46,075.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 55,412. STATEMENT 5

65 2017 estimated tax payments and amount applied from 2016 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

72 Credit for federal tax on fuels. Attach Form 4136 72

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 55,412.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 9,337.

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a 9,337.

b Routing number  c Type:  Checking  Savings d Account number

Amount You Owe

77 Amount of line 75 you want applied to your 2018 estimated tax 77

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78

79 Estimated tax penalty (see instructions) 79

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  Phone no.  Personal identification number (PIN)

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  Date  Your occupation UNITED STATES SENATOR Daytime phone number

Spouse's signature. If a joint return, both must sign. Date  Spouse's occupation  If the IRS sent you an Identity Protection PIN, enter it here

Paid Preparer Use Only

Print/Type preparer's name  Preparer's signature  Date  Check  if self-employed PTIN

Firm's name  Firm's EIN  Phone no.

Firm's address