

FY 2021	Applicant	Meeting	
Summer Camp/AfterSchool	# 6	2/22/21	Repeat
Wages	\$39,258.00		
Refund	\$4,546.00		
Child Support	N/A		
Unemployment	N/A		
Stimulus Payment	\$3,000.00		
LeeCares Benefit			
Total:	\$46,804.00		

FINANCIAL ASSISTANCE CALCULATOR

PROGRAMS

	FEES	# SESSIONS	# CHILD(REN) TOTAL FEES	1
AFS FALL/WTR/SPR	340.00	2	680.00	
Middle School AFS FALL/WTR/SPR	340.00			
FUNDAYS	30.50		-	
WINTER REC	135.00		-	
SPRING REC	135.00		-	
SUMMER REC	135.00	7	945.00	
Youth Basketball	46.75		-	
C.I.T.	25.50		-	
TOTAL			1,625.00	
* FINANCIAL ASST % (* COVID-19 sliding fee scale)		80%	1,300.00	
DUE FROM FAMILY			325.00	

Sanibel, FL 33957

Pay

Direct Deposit Advice



Check Date
December 18, 2020

Voucher Number

DIRECT DEPOSIT VOUCHER

Direct Deposits	Type	Account	Amount
Bank Of America, N.A	C		250.00
SUNCOAST SCHOOLS	C		564.41
Total Direct Deposits			814.41

Cape Coral, FL

Non Negotiable - This is not a check - Non Negotiable

Earnings Statement

Employee ID	Fed Taxable Income	942.75	Check Date	December 18, 2020	Voucher Number	
Location	Fed Filing Status	M-0	Period Beginning	November 30, 2020	Net Pay	814.41
Hourly	State Filing Status		Period Ending	December 13, 2020	Total Hours Worked	67.85

Earnings	Rate	Hours	Amount	YTD
401K MAT		0.00	55.98	394.25
BONUS				735.06
OVERTIM				99.36
PTO				952.00
REGULAR	16.50	67.85	1,119.53	29,290.72
SPECIAL P				561.09
Gross Earnings		67.85	1,119.53	31,638.23

Taxes	Amount	YTD
FITW	48.51	1,541.56
FL	0.00	0.00
MED	15.13	419.65
SS	64.70	1,794.32
Taxes	128.34	3,755.53

Deductions	Amount	YTD
401K	100.76	709.66
DENTAL INS	4.49	850.55
MEDICAL INS 125	71.53	1,847.01
Deductions	176.78	3,407.22

Direct Deposits	Type	Account	Amount
			250.00
			564.41
Total Direct Deposits			814.41

Time Off	Available	Plan Year
	To Use	Used
Families	70.83	0.00
PAID	19.61	59.00

Sanibel, FL 33957

Direct Deposit Advice


 Check Date
December 31, 2020

Voucher Number

DIRECT DEPOSIT VOUCHER	Direct Deposits	Type	Account	Amount
	Bank Of America, N.A	C		250.00
	SUNCOAST SCHOOLS	C		629.60
	Total Direct Deposits			879.60

Cape Coral, FL

Non Negotiable - This is not a check - Non Negotiable

Earnings Statement

Employee ID	Fed Taxable Income	1,022.63	Check Date	December 31, 2020	Voucher Number	
Location	Fed Filing Status	M-0	Period Beginning	December 14, 2020	Net Pay	879.60
Hourly	State Filing Status		Period Ending	December 27, 2020	Total Hours Worked	65.17

Earnings	Rate	Hours	Amount	YTD
401K MAT		0.00	60.37	454.62
BONUS				735.06
OVERTIM				99.36
PTO	16.50	8.00	132.00	1,084.00
REGULAR	16.50	65.17	1,075.31	30,366.03
SPECIAL P				561.09
Gross Earnings		73.17	1,207.31	32,845.54

Taxes	Amount	YTD
FITW	56.49	1,598.05
FL	0.00	0.00
MED	16.40	436.05
SS	70.14	1,864.46
Taxes	143.03	3,898.56

Deductions	Amount	YTD
401K	108.66	818.32
DENTAL INS	4.49	855.04
MEDICAL INS 125	71.53	1,918.54
Deductions	184.68	3,591.90
Direct Deposits	Type Account	Amount
	C	250.00
	C	629.60
Total Direct Deposits		879.60

Time Off	Available	Plan Year
	To Use	Used
Families	70.83	0.00
PAID	14.21	67.00

Florida

DRIVER LICENSE



DATE OF BIRTH
SEX
HAIR
EYES
HEIGHT
WEIGHT

SAFE DRIVER
46 ISS. 10/1/2020
500. N/82/10/10/10



Operation of a motor vehicle is prohibited without the consent to any law enforcement officer required by law



CITY OF SANIBEL RECREATION FINANCIAL ASSISTANCE APPLICATION

The City of Sanibel has financial assistance available for Recreation Programs. The amount of the financial assistance will be determined using a sliding fee scale and is based on annual income and other financial support received. To assist in our review, please provide the following:

1. Copy of most recent pay stub, W-2, and tax return with social security numbers removed
2. Copy of bank statements for 90 days prior to the date of application if self-employed
3. Proof of filing for child support, if applicable
4. A Valid Florida Driver's License, ID card or Voter's Registration Card showing local address
5. All information must be provided within 60 days of application or the request for assistance will be denied

*The Financial Assistance Committee may require additional information in order to process application.

***APPLICATION AND ALL REQUIRED PAPERWORK MUST BE SUBMITTED WITHIN 60 DAYS TO PRESENT TO THE FINANCIAL ASSISTANCE COMMITTEE.**

Parent/Guardian: _____ Email: _____

Street Address: _____ City: CC State: FL Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

List the names of all persons, 18 years & over, living in the household (income tax returns required for each):

1) _____ 2) _____ 3) _____ 4) _____

Are you a client of F.I.S.H?

☒ Yes ☐ No

Services received: Back Back, meals

Do you reside in CHR?

☐ Yes ☒ No

Do you currently own or rent your residence?

☒ Own ☐ Rent

Do you receive TANF Benefits?

☐ Yes ☒ No

Monthly benefit amount: \$ —

Do you receive SNAP Benefits?

☐ Yes ☒ No

Monthly benefit amount: \$ —

Is there a court order for child support?

☐ Yes ☒ No

Court ordered amount: \$ —

Case # _____ State: _____ County: _____ Date ordered: _____

Do you receive child support?

☐ Yes ☒ No

Monthly support amount: \$ —

Is there a court order for shared child care expenses?

☐ Yes ☒ No

Court ordered amount/percent: \$ —

Do you receive the court ordered amount/percentage for shared child care expenses?

☐ Yes ☒ No

DO YOU RECEIVE:

Social Security Benefits

☐ Yes ☒ No

Monthly amount:

\$ —

Pension

☐ Yes ☒ No

Monthly amount:

\$ —

Spousal Support

☐ Yes ☒ No

Monthly amount:

\$ —

Foster Care payments

☐ Yes ☒ No

Monthly amount:

\$ —

Workers' Compensation

☐ Yes ☒ No

Monthly amount:

\$ —

Unemployment Compensation

☐ Yes ☒ No

Monthly amount:

\$ —

Assistance with housing payments, groceries, utilities, automobile/gas, room/board, etc.?

☐ Yes ☒ No

Monthly amount:

\$ —

Any other financial assistance?

☐ Yes ☒ No

Monthly amount:

\$ —

From whom? _____

SUBTOTAL: \$ —

Federal Income Tax Return Total Income:

\$ 39,258.

Federal Income Tax Return Refund Amount:

\$ 4546.

Total Household Annual Income:

\$ 43,804.

Check Program(s) for which Financial Assistance is requested:

<input checked="" type="checkbox"/> After School/Middle School Program:	# Children <u>1</u>	Amount \$ <u>680.-</u>
<input type="checkbox"/> Winter Camp: # of weeks _____	# Children _____	Amount \$ <u>-</u>
<input type="checkbox"/> Spring Break Camp:	# Children _____	Amount \$ <u>-</u>
<input type="checkbox"/> Fun Days Program: # of days _____	# Children _____	Amount \$ <u>-</u>
<input checked="" type="checkbox"/> Summer Program: # of weeks <u>7</u>	# Children <u>1</u>	Amount \$ <u>945.-</u>
<input type="checkbox"/> C.I.T. Program: # of weeks _____	# Children _____	Amount \$ <u>-</u>
<input type="checkbox"/> Babysitter Training Camp:	# Children _____	Amount \$ <u>-</u>
<input type="checkbox"/> Basketball League:	# Children _____	Amount \$ <u>-</u>
<input type="checkbox"/> Volleyball Camp:	# Children _____	Amount \$ <u>-</u>
<input type="checkbox"/> ZUNI Camp Out:	# Children _____	Amount \$ <u>-</u>

PROGRAM TOTAL \$ 1625.-

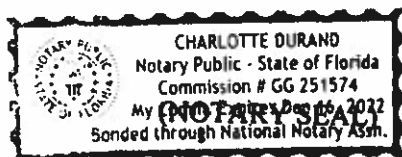
Other than the information provided on page 1 of this application, list any special circumstances to be considered. Attach additional page if more space is needed.

NOTE: I swear and affirm under penalties of perjury that the foregoing representations are true and correct to the best of my knowledge. I will report any change in my financial circumstance within 10 days, in writing with documentation, to the Recreation Staff Financial Assistance Representative. False reporting or lack of reporting may result in discontinuation of assistance. Continued eligibility is conditioned upon program payments being current.

Signature of Parent/Guardian: _____ Date: 1/27/21

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this 25th day of January, 2021, by _____
(name of person acknowledging).



Charlotte Durand
Signature of Notary Public
Typed/Printed Name of Notary Public

Personally Known _____ Produced Identification X Type: M251-658-73-682-0
(You may have this application notarized at the Recreation Center, City Hall, Bank of the Islands and Sanibel/Captiva Community Bank at no charge)

This application will be reviewed by the Recreation Financial Assistance Committee in a public meeting which is held at MacKenzie Hall. The Committee will review this application and determine if assistance can be granted. The Recreation Department will contact you and let you know of the Committee's decision.

STAFF USE ONLY

Date completed application received: 1/29/2021

Staff Signature: T. Phillips

Applicant Status: ☐ New ☒ Repeat

All Social Security numbers/names/phone numbers/addresses are blacked out: ☒ Yes ☐ No

Assistance amount has been determined and written on application: ☒ Yes ☐ No

Applicant is aware that they may participate in activity they applied for: ☒ Yes ☐ No

Applicant is aware that a sliding scale based on income is used to determine assistance: ☒ Yes ☐ No

Applicant is aware that the fees for programs are due when the program begins, or at the time the Committee has made a decision on the Financial Assistance application: Staff Initials: TPH

Date applicant was contacted about committee decision: _____ Staff Initials: _____

Is F.I.S.H. providing assistance: ☐ Yes ☒ No (If yes) Amount: \$ _____

Does the applicant have an outstanding balance? ☐ Yes ☒ No (If yes) Amount: \$ _____

Staff must record status here, any outstanding balance, and time and date of calls made to patrons:

Staff must keep track of approved applicant attendance in programs.
(NOTE: Responsibility of Financial Assistance Representative). Staff Initials: _____

Date data entered into RecTrac: _____ Staff Initials: _____

STAFF NOTES:

<input type="checkbox"/> Application Approved		<input type="checkbox"/> Application Denied	
Committee Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	_____
Assistance amount for After School/Middle School Program:		\$	_____
Assistance amount for Holiday Camp Programs:		\$	_____
Assistance amount for Fun Days Program:		\$	_____
Assistance amount for Summer Program:		\$	_____
Assistance amount for Babysitter Training Camp, C.I.T., Basketball, Volleyball Camp, ZUNI Camp Out:		\$	_____
Total Assistance Granted:		\$	_____

Filing Status

☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial		Last name		Your social security number	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				Presidential Election Campaign	
Cape Coral FL				Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.	
Foreign country name		Foreign province/state/county		Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
				If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>	

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
			Son	Child tax credit	Credit for other dependents
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for —
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under Standard Deduction, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	39,563.
2a	Tax-exempt interest	2a		
3a	Qualified dividends	3a	2.	
4a	IRA distributions	4a		
c	Pensions and annuities	4c		
5a	Social security benefits	5a		
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here		6	-159.
7a	Other income from Schedule 1, line 9		7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income		7b	39,408.
8a	Adjustments to income from Schedule 1, line 22		8a	150.
b	Subtract line 8a from line 7b. This is your adjusted gross income		8b	39,258.
9	Standard deduction or itemized deductions (from Schedule A)	9	24,400.	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a	Add lines 9 and 10		11a	24,400.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	14,858.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	1,488.		
b	Add Schedule 2, line 3, and line 12a and enter the total			12b	1,488.
13a	Child tax credit or credit for other dependents	13a	1,334.		
b	Add Schedule 3, line 7, and line 13a and enter the total			13b	1,488.
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14	0.
15	Other taxes, including self-employment tax, from Schedule 2, line 10			15	0.
16	Add lines 14 and 15. This is your total tax			16	0.
17	Federal income tax withheld from Forms W-2 and 1099			17	2,712.
18	Other payments and refundable credits:				
a	Earned income credit (EIC)	18a	1,168.		
b	Additional child tax credit. Attach Schedule 8812	18b	666.		
c	American opportunity credit from Form 8863, line 8	18c			
d	Schedule 3, line 14	18d			
e	Add lines 18a through 18d. These are your total other payments and refundable credits			18e	1,834.
19	Add lines 17 and 18e. These are your total payments			19	4,546.
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid			20	4,546.
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>			21a	4,546.
b	Routing number	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number				
22	Amount of line 20 you want applied to your 2020 estimated tax	22			
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions			23	
24	Estimated tax penalty (see instructions)	24			

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

Direct deposit?
See instructions

Amount You Owe**Third Party Designee**

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Firm's name	Self-Prepared	Phone no.		<input type="checkbox"/> 3rd Party Designee
Firm's address				<input type="checkbox"/> Self-employed
			Firm's EIN	

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA

REV 01/30/20 InstLog ctp.s2

Form 1040 (2019)

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	150.
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	150.

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 9/13/20 1040-1040-SR

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	0.
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions: enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	0.

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 01-30-20 1040-2g djs/sp

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► Attach to Form 1040 or 1040-SR.
► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment
Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	154.
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	154.

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 01/30/20 1040-ss-3p

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE D
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2019

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	417.	576.		-159.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -159.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 01/30/20 kbx.ctg.cfp.sp

Schedule D (Form 1040 or 1040-SR) 2019

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	-159.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div style="border-bottom: 1px solid black; flex-grow: 1;"></div> </div> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(159.)
22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2019
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	83304A106 SNAP INC COM CL A 40	03/19/19	05/09/19	73.31	256.90			-183.59
	83304A106 SNAP INC COM CL A 40	10/23/18	01/28/19	246.80	278.			-31.20
	83304A106 SNAP INC COM CL A 40	08/30/19	09/20/19	0.	11.52			-11.52
	83304A106 SNAP INC COM CL A 40	09/13/19	09/20/19	0.	16.52			-16.52
	83304A106 SNAP INC COM CL A 40	08/30/19	09/09/19	96.48	13.52			82.96
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				416.59	576.46			-159.87

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.		
Foreign country name	Foreign province/state/country	Foreign postal code
		If this is an amended return, check here <input type="checkbox"/>

If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 57, without filing Form 5329. See the instructions for Schedule 2 (Form 1040 or 1040-SR), line 6, or for Form 1040-NR, line 57.

Part I Additional Tax on Early Distributions. Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040, 1040-SR, or 1040-NR—see above). You also may have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions:	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 57	4	
Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.			

Part II Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLE account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 57	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2019 than is allowable or you had an amount on line 17 of your 2018 Form 5329.

9	Enter your excess contributions from line 16 of your 2018 Form 5329. See instructions. If zero, go to line 15	9	
10	If your traditional IRA contributions for 2019 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2019 traditional IRA distributions included in income (see instructions)	11	
12	2019 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2019 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2019 (including 2019 contributions made in 2020). Include this amount on Schedule 2 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 57	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2019 than is allowable or you had an amount on line 25 of your 2018 Form 5329.

18	Enter your excess contributions from line 24 of your 2018 Form 5329. See instructions. If zero, go to line 23	18	
19	If your Roth IRA contributions for 2019 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2019 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2019 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2019 (including 2019 contributions made in 2020). Include this amount on Schedule 2 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 57	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2019 were more than is allowable or you had an amount on line 33 of your 2018 Form 5329.

26	Enter the excess contributions from line 32 of your 2018 Form 5329. See instructions. If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2019 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2019 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2019 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2019 (including 2019 contributions made in 2020). Include this amount on Schedule 2 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 57	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2019 than is allowable or you had an amount on line 41 of your 2018 Form 5329.

34	Enter the excess contributions from line 40 of your 2018 Form 5329. See instructions. If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2019 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2019 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2019 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2019 (including 2019 contributions made in 2020). Include this amount on Schedule 2 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 57	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2019 than is allowable or you had an amount on line 49 of your 2018 Form 5329.

42	Enter the excess contributions from line 48 of your 2018 Form 5329. If zero, go to line 47	42	150.
43	If the contributions to your HSAs for 2019 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	1,158.
44	2019 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	1,158.
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	0.
47	Excess contributions for 2019 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	0.
49	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2019 (including 2019 contributions made in 2020). Include this amount on Schedule 2 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 57	49	0.

Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2019 were more than is allowable.

50	Excess contributions for 2019 (see instructions)	50	
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABLE account on December 31, 2019. Include this amount on Schedule 2 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 57	51	

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52	Minimum required distribution for 2019 (see instructions)	52	
53	Amount actually distributed to you in 2019	53	
54	Subtract line 53 from line 52. If zero or less, enter -0-	54	
55	Additional tax. Enter 50% (0.50) of line 54. Include this amount on Schedule 2 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 57	55	

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

 Your signature
  Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no.			

SCHEDULE EIC
(Form 1040 or 1040-SR)

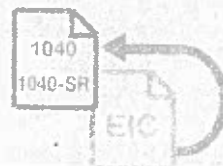
Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Earned Income Credit

Qualifying Child Information

- Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
- Go to www.irs.gov/ScheduleEIC for the latest information.



OMB No. 1545-0074

2019

Attachment
Sequence No. **43**

Your social security number

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 18a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

1 Child's name	First name Last name	First name Last name	First name Last name
If you have more than three qualifying children, you have to list only three to get the maximum credit.			
2 Child's SSN			
The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 18a, unless the child was born and died in 2019. If your child was born and died in 2019 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.			
3 Child's year of birth	Year	Year	Year
	<i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.</i>	<i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.</i>	<i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.</i>
4 a Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2019?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>
5 Child's relationship to you			
(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son		
6 Number of months child lived with you in the United States during 2019			
<ul style="list-style-type: none"> If the child lived with you for more than half of 2019 but less than 7 months, enter "7." If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12." 	<p align="center">12 months</p> <p><i>Do not enter more than 12 months.</i></p>	<p align="center">_____ months</p> <p><i>Do not enter more than 12 months.</i></p>	<p align="center">_____ months</p> <p><i>Do not enter more than 12 months.</i></p>

SCHEDULE 8812
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

1040
1040-SR
1040-NR

8812

OMB No. 1545-0074

2019

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

Part I All Filers

Caution: If you file Form 2555, **stop here**; you cannot claim the additional child tax credit.

1 If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: 1040 and 1040-SR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a). 1040-NR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).		1	2,000.
2 Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49		2	1,334.
3 Subtract line 2 from line 1. If zero, stop here ; you cannot claim this credit.		3	666.
4 Number of qualifying children under 17 with the required social security number: <u>1</u> x \$1,400. Enter the result. If zero, stop here ; you cannot claim this credit. TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.		4	1,400.
5 Enter the smaller of line 3 or line 4		5	666.
6a Earned income (see instructions)	6a	39,563.	
6b Nontaxable combat pay (see instructions)	6b		
7 Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result		7	37,063.
8 Multiply the amount on line 7 by 15% (0.15) and enter the result. Next, on line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here ; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.		8	5,559.

Part II Certain Filers Who Have Three or More Qualifying Children

9 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions		9	
10 1040 and 1040-SR filers: Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. 1040-NR filers: Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.		10	
11 Add lines 9 and 10		11	
12 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. 1040-NR filers: Enter the amount from Form 1040-NR, line 67.		12	
13 Subtract line 12 from line 11. If zero or less, enter -0-		13	
14 Enter the larger of line 8 or line 13. Next, enter the smaller of line 5 or line 14 on line 15.		14	

Part III Additional Child Tax Credit

15 This is your additional child tax credit	15	666.
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1040
1040-SR
1040-NR

Enter this amount on
Form 1040, line 18b;
Form 1040-SR, line 18b; or
Form 1040-NR, line 64.

Health Savings Accounts (HSAs)

► Attach to Form 1040, 1040-SR, or 1040-NR.
► Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ►

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions)	► <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2 0.
3	If you were under age 55 at the end of 2019 and, on the first day of every month during 2019, you were, or were considered, an eligible individual with the same coverage, enter \$3,500 (\$7,000 for family coverage). All others , see the instructions for the amount to enter	3 1,458.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 1,458.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter	6 1,458.
7	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions)	7 0.
8	Add lines 6 and 7	8 1,458.
9	Employer contributions made to your HSAs for 2019	9 300.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 300.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 1,158.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25	13 150.
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).		

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2019 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter "HSA" and the amount on the line next to the box	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box	17b

For Paperwork Reduction Act Notice, see your tax return instructions.

Part III

Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Credit for Qualified Retirement Savings Contributions

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. **54**

Your social security number



You cannot take this credit if either of the following applies.

- The amount on Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35, is more than \$32,000 (\$48,000 if head of household; \$64,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2002; (b) is claimed as a dependent on someone else's 2019 tax return; or (c) was a student (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2019. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2019 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2016 and **before** the due date (including extensions) of your 2019 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040 or 1040-SR, line 8b;* or Form 1040-NR, line 35
- Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1	0.	0.
2	770.	
3	770.	
4		
5	770.	
6	770.	
7		770.
8	39,258.	

If line 8 is —		And your filing status is —		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
---	\$19,250	0.5	0.5	0.5
\$19,250	\$20,750	0.5	0.5	0.2
\$20,750	\$28,875	0.5	0.5	0.1
\$28,875	\$31,125	0.5	0.2	0.1
\$31,125	\$32,000	0.5	0.1	0.1
\$32,000	\$38,500	0.5	0.1	0.0
\$38,500	\$41,500	0.2	0.1	0.0
\$41,500	\$48,000	0.1	0.1	0.0
\$48,000	\$64,000	0.1	0.0	0.0
\$64,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040 or 1040-SR), line 4; or Form 1040-NR, line 48

9	x 0 . 2
10	154.
11	1,488.
12	154.

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.