

FY 2021	Applicant	Meeting	
Summer Camp/AfterSchool	# 7	2/22/21	Repeat
Wages	\$16,904.00		
Refund	\$5,607.00		
Child Support	N/A		
Unemployment	N/A		
Stimulus Payment	\$1,700.00		
LeeCares Benefit	N/A		
Total:	\$24,211.00		

FINANCIAL ASSISTANCE CALCULATOR

PROGRAMS

	FEES	# SESSIONS	# CHILD(REN)	TOTAL FEES
AFS FALL/WTR/SPR	340.00	2	1	680.00
Middle School AFS FALL/WTR/SPR	340.00			
FUNDAYS	30.50	4		122.00
WINTER REC	135.00			-
SPRING REC	135.00	1		135.00
SUMMER REC	135.00	7		945.00
Youth Basketball	46.75			-
C.I.T.	25.50			-
TOTAL				1,882.00
* FINANCIAL ASST %		80%		1,505.60
(* COVID-19 sliding fee scale)				
DUE FROM FAMILY				376.40



**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: Sanibel State: FL Zip: 33957

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Services received: _____	
Do you reside in CHR?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you currently own or rent your residence?	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent		
Do you receive TANF Benefits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly benefit amount:	\$ _____
Do you receive SNAP Benefits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly benefit amount:	\$ _____
Is there a court order for child support?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Court ordered amount:	\$ _____
Case # _____ State: _____ County: _____	Date ordered: _____		
Do you receive child support?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly support amount:	\$ _____
Is there a court order for shared child care expenses?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Court ordered amount/percent:	\$ _____
Do you receive the court ordered amount/percentage for shared child care expenses?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DO YOU RECEIVE:			
Social Security Benefits	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount:	\$ _____
Pension	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount:	\$ _____
Spousal Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount:	\$ _____
Foster Care payments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount:	\$ _____
Workers' Compensation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount:	\$ _____
Unemployment Compensation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount:	\$ _____
Assistance with housing payments, groceries, utilities, automobile/gas, room/board, etc.?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount:	\$ _____
Any other financial assistance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount:	\$ _____
From whom? _____			

SUBTOTAL: \$ _____

Federal Income Tax Return Total Income: \$ 16,904.

Federal Income Tax Return Refund Amount: \$ 5607.

Total Household Annual Income: \$ 22,511.

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 checked="" type="checkbox"/> Winter Camp: # of weeks <u>N/A</u>	# Children <u>1</u>	Amount \$ <u>—</u>
<input checked="" type="checkbox"/> Spring Break Camp:	# Children <u>1</u>	Amount \$ <u>135.-</u>
<input checked="" type="checkbox"/> Fun Days Program: # of days <u>4</u>	# Children <u>1</u>	Amount \$ <u>122.-</u>
<input checked="" type="checkbox"/> Summer Program: # of weeks <u>7</u>	# Children <u>1</u>	Amount \$ <u>945.-</u>
<input type="checkbox"/> Babysitter Training Camp:	# Children <u>—</u>	Amount \$ <u>—</u>
<input type="checkbox"/> Basketball League:	# Children <u>—</u>	Amount \$ <u>—</u>
<input type="checkbox"/> Volleyball Camp:	# Children <u>—</u>	Amount \$ <u>—</u>

PROGRAM TOTAL \$ 1,882.-

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.

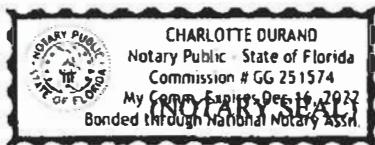
Signature of Parent/Guardian: [Signature]

Date: 12/1/2020

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this 15th day of December, 2020 by

(name of person acknowledging).



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

Personally Known Produced Identification X Type: B630-792-86-647-0
DL

(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:

12/8/2020

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: TPB

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:

☐ Application Approved☐ Application DeniedCommittee Approved ☐ Yes ☐ 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, Basketball,
Volleyball Camp:

\$ _____

Total Assistance Granted:

\$ _____

Form **1040**

Department of the Treasury—Internal Revenue Service

(99)

U.S. Individual Income Tax Return**2019**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

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 L		Last name G		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). Sanibel FL 33957-				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. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/country		Foreign postal code	
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):	
				Child tax credit	Credit for other dependents
			Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1 10,272.	
2a Tax-exempt interest	2a	b Taxable interest. Attach Sch. B if required	2b
3a Qualified dividends	3a	b Ordinary dividends. Attach Sch. B if required	3b
4a IRA distributions	4a	b Taxable amount	4b 0.
c Pensions and annuities	4c 55.	d Taxable amount	4d 6,632.
5a Social security benefits	5a	b Taxable amount	5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here			6 0.
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 16,904.
8a Adjustments to income from Schedule 1, line 22			8a
b Subtract line 8a from line 7b. This is your adjusted gross income			8b 16,904.
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 0.

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.

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

Form **1040** (2019)

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	0.
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	0.
13a	Child tax credit or credit for other dependents	13a	0.
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	0.
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	6.
16	Add lines 14 and 15. This is your total tax	16	6.
17	Federal income tax withheld from Forms W-2 and 1099	17	337.

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

18	Other payments and refundable credits:	
a	Earned Income credit (EIC)	18a 4,110.
b	Additional child tax credit. Attach Schedule 8812	18b 1,166.
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 5,276.
19	Add lines 17 and 18e. These are your total payments	19 5,613.

Refund

Direct deposit?
See instructions.

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	5,607.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	5,607.
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	

Amount You Owe

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	

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

Joint return?
See instructions.
Keep a copy for your records.

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.)
		Swimming-Pool Servicer	
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.)
		Office Administrator	
Phone no.	Email address		

Paid Preparer Use Only

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

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. No.	6	6.
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	6.

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

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Schedule 2 (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				
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

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	55.	55.		0.
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 0.

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

BAA REV 08/20/20 Instructions 4p.3p

Schedule D (Form 1040 or 1040-SR) 2019

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	0.
	<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; width: 200px;"></div> </div> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(0.)
22	Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <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). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

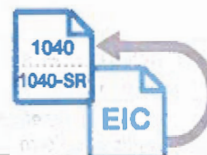
SCHEDULE EIC
(Form 1040 or 1040-SR)

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

	First name	Last name	First name	Last name	First name	Last name
1 Child's 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 <u>2</u> <u>0</u> <u>1</u> <u>2</u> <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>		Year <u>2</u> <u>0</u> <u>1</u> <u>7</u> <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>		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>	
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 4b.</i>	<input type="checkbox"/> Yes.	<input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes.	<input type="checkbox"/> No. <i>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>The child is not a qualifying child.</i>	<input type="checkbox"/> Yes.	<input type="checkbox"/> No. <i>The child is not a qualifying child.</i>	<input type="checkbox"/> Yes.	<input type="checkbox"/> No. <i>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.)	Daughter		Son			
6 Number of months child lived with you in the United States during 2019 • 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."	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		<u> </u> months <i>Do not enter more than 12 months.</i>	

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

BAA

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Schedule EIC (Form 1040 or 1040-SR) 2019

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ (F) Long-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	
	1.2831 Sh Publix Common Stock		03/19/19	54.98	54.98			0.
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			54.98	54.98			0.

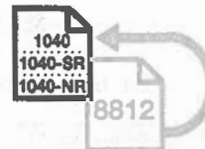
Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

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.



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	4,000.
2	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49	2	0.
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	4,000.
4	Number of qualifying children under 17 with the required social security number: <u>2</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	2,800.
5	Enter the smaller of line 3 or line 4	5	2,800.
6a	Earned income (see instructions)	6a	10,272.
b	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	7,772.
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	1,166.

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	1,166.
-----------	--	-----------	--------



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

Form **8915-B**Department of the Treasury
Internal Revenue Service**Qualified 2017 Disaster Retirement
Plan Distributions and Repayments**► Go to www.irs.gov/Form8915B for instructions and the latest information.
► Attach to 2019 Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2019Attachment
Sequence No. **915**

Name. If married, file a separate form for each spouse required to file 2019 Form 8915-B. 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/county

Foreign postal code

Part I Qualified 2017 Disaster Distributions From Retirement Plans (Other Than IRAs)

- | | | |
|---|---|--------|
| 1 Enter the amount, if any, from your 2017 Form 8915B, line 9. If you checked the box on that line, enter -0- | 1 | |
| 2 Enter the amount, if any, from your 2018 Form 8915B, line 11. If you checked the box on that line, enter -0- | 2 | 6,577. |
| 3 Add lines 1 and 2 | 3 | 6,577. |
| 4 Enter the amount, if any, from your 2018 Form 8915B, line 18 | 4 | |
| 5 Enter the amount, if any, from your 2018 Form 8915B, line 13 | 5 | 6,577. |
| 6 Subtract line 5 from line 4. If zero or less, enter -0- | 6 | 0. |
| 7 Enter the total amount of any repayments you made before filing your 2019 tax return. But do not include repayments made later than the due date (including extensions) for that return. If you repaid amounts that previously were reported as qualified 2016 disaster distributions in 2016 or 2017 Form 8915A, Part II, file 2019 Form 8915-A to claim a repayment of those amounts. See instructions. | 7 | |
| 8 Add lines 6 and 7 | 8 | 0. |
| 9 Amount subject to tax in 2019. Subtract line 8 from line 3. If zero or less, enter -0-. Include this amount in the total on 2019 Form 1040 or 1040-SR, line 4d; or 2019 Form 1040-NR, line 17b | 9 | 6,577. |

Part II Qualified 2017 Disaster Distributions From Traditional, SEP, SIMPLE, and Roth IRAs

- | | | |
|--|----|----|
| 10 Enter the amount, if any, from your 2017 Form 8915B, line 17. If you checked the box on that line, enter -0- | 10 | |
| 11 Enter the amount, if any, from your 2018 Form 8915B, line 26. If you checked the box on that line, enter -0- | 11 | |
| 12 Add lines 10 and 11 | 12 | |
| 13 Enter the amount, if any, from your 2018 Form 8915B, line 33 | 13 | |
| 14 Enter the amount, if any, from your 2018 Form 8915B, line 28 | 14 | |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 0. |
| 16 Enter the total amount of any repayments you made before filing your 2019 tax return. But do not include repayments made later than the due date (including extensions) for that return. If you repaid amounts that previously were reported as qualified 2016 disaster distributions in 2016 or 2017 Form 8915A, Part III, file 2019 Form 8915-A to claim a repayment of those amounts. See instructions | 16 | |
| 17 Add lines 15 and 16 | 17 | 0. |
| 18 Amount subject to tax in 2019. Subtract line 17 from line 12. If zero or less, enter -0-. Include this amount in the total on 2019 Form 1040 or 1040-SR, line 4b; or 2019 Form 1040-NR, line 16b | 18 | |

**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 ☐ if
self-employed

PTIN

Firm's name ►

Firm's EIN ►

Firm's address ►

Phone no.

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

REV 08/2020 intlog.dlp.sp

Form **8915-B** (2019)

Tax History Report

► Keep for your records

2019

Name(s) Shown on Return

	Five Year Tax History:				
	2015	2016	2017	2018	2019
Filing status	MFJ	MFJ	MFJ	MFJ	MFJ
Total income	58,742.	67,892.	42,054.	31,502.	16,904.
Adjustments to income					
Adjusted gross income	58,742.	67,892.	42,054.	31,502.	16,904.
Tax expense	6,018.	5,989.	6,045.	7,231.	6,303.
Interest expense . . .	14,682.	13,500.	13,231.	14,092.	14,167.
Contributions	520.	260.	260.		
Misc. deductions . . .			2,559.		
Other itemized ded'ns			17,846.		1,232.
Total itemized/ standard deduction . .	21,220.	19,749.	39,941.	24,000.	24,400.
Exemption amount . .	12,000.	12,150.	16,200.	0.	0.
QBI deduction					
Taxable income	25,522.	35,993.	0.	7,502.	0.
Tax	2,906.	4,424.		428.	
Alternative min tax . .					
Total credits	1,735.	1,600.	0.	428.	0.
Other taxes		0.	0.	0.	6.
Payments	3,285.	4,282.	5,580.	3,511.	5,613.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund	2,114.	1,458.	5,580.	3,511.	5,607.
Effective tax rate % . .	1.99	4.16	-9.02	-8.89	-31.21
**Tax bracket %	15.0	15.0	10.0	10.0	10.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$40.00 (the "RPS fee"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ²	\$40.00 ³

¹You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card.

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

³This fee consists of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 4 of the Refund Processing Service Agreement for more details.

Questions? Call 877-908-7228

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax and to evaluate your current and future eligibility for the Refund Processing Service.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. You specify that your consent is valid for three years from the date of this signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name(s) and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2019 return to determine whether a portion of the refund can be used to pay my fees and to evaluate my current and future eligibility for the Refund Processing Service.

First Name

Last Name

Please type the date below:

07/14/2020

Date

07/14/2020

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2019

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ► _____
QuickZoom to Schedule 2 — Additional Taxes ► _____
QuickZoom to Schedule 3 — Additional Credits and Payments ► _____

Form 1040 or Form 1040-SR - Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2019, or other tax year
beginning _____, 2019, ending _____, 20 ____.

Your First Name _____ MI _____ Last Name _____ Your Social Security No. _____
If Joint Return, Spouse's First Name _____ MI _____ Last Name _____ Spouse's Social Security No. _____
Home Address (No. and Street). If You Have a P.O. Box, See Instructions. _____ Apt. No. _____
City, Town or Post Office. If you have a foreign address, also complete below. State _____ ZIP Code _____
Sanibel FL 33957-
Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

QuickZoom to explanation statement for overseas extension ►

Presidential Election Campaign

Checking a box below will not change your tax or refund.
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ► ☐ You . . ☐ Spouse

Filing Status

Check only one box.
All entries for filing status and dependents should be made on the Federal Information Worksheet.

- ☐ Single
☒ Married filing jointly (even if only one had income)
☐ Married filing separately. Enter spouse's SSN above and full name here. _____
☐ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. ► _____
☐ Qualifying widow(er) (See instructions)

If more than four dependents, see instructions and check here . . ► ☐

Dependents: (1) First name		Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ If qualifies for (see instr): under age 17 qualify- ing for child tax credit		Credit for other dependents
				Daughter	<input checked="" type="checkbox"/>		
				Son	<input checked="" type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		

QuickZoom to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet

<input type="checkbox"/>	Someone can claim you as a dependent
<input type="checkbox"/>	Someone can claim your spouse as a dependent
a Check if: <input type="checkbox"/> You were born before January 2, 1955, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1955, <input type="checkbox"/> Blind. Total boxes checked ► a <input type="checkbox"/>	
b If your spouse itemizes on a separate return or you were a dual-status alien, check here ► b <input type="checkbox"/>	

Form 1040 or Form 1040-SR, Lines 1 - 6

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	10,272.
2 a Tax-exempt interest 2a			
b Taxable interest		2b	
3 a Qualified dividends (see instructions) 3a			
b Ordinary dividends. Attach Schedule B if required		3b	
4 IRA distributions 4a			
Taxable amount (see instructions)		4b	0.
Pensions and annuities 4c	55.		
Taxable amount (see instructions)		4d	6,632.
5 a Social security benefits 5a			
b Taxable amount (see instructions)		5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here. <input type="checkbox"/>		6	0.
QuickZoom to Schedule 1 — Additional Income and Adjustments to Income. <input type="checkbox"/>			

Form 1040 or Form 1040-SR, Lines 7 and 8

7 a 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	16,904.
8 a Adjustments to income from Schedule 1, line 22		8a	
b Subtract line 8a from line 7b. This is your adjusted gross income . AGI including excludable Puerto Rico Income		8b	16,904.
			16,904.

Form 1040 or Form 1040-SR, Line 9 — Standard or Itemized Deduction

9 Standard deduction or itemized deductions (from Schedule A) Standard Deduction for — <ul style="list-style-type: none"> ● People who checked blind or over 65 or who can be claimed as a dependent, see instructions. ● All others: <ul style="list-style-type: none"> ● Single or Married filing separately: \$12,200 ● Married filing jointly or Qualifying widow(er): \$24,400 ● Head of household: \$18,350 QuickZoom to the Standard Deduction Worksheet			
Itemized deductions (from Schedule A) or your standard deduction , see above		9	24,400.
Subtract itemized or standard deduction from adjusted gross income amount			-7,496.

Form 1040 or Form 1040-SR, Lines 10 - 12

10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11 a	Add lines 9 and 10	11a	24,400.
b	Taxable Income. Subtract line 11a from line 8b	11b	0.

12 a Tax. (see instructions). Check if any from:

- 1 ☐ Form(s) 8814
 2 ☐ Form 4972
 3 ☐

0.

b Add Schedule 2, line 3 and line 12a and enter total **12b** 0.**QuickZoom** to Schedule 2 - Additional Tax section**Form 1040 or Form 1040-SR, Line 13 - 16**

13 a	Child tax credit/credit for other dependents	13a	0.
b	Add Schedule 3, line 7 and line 13a and enter the total.	13b	0.
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	6.
16	Add lines 14 and 15. This is your total tax	16	6.

QuickZoom to Schedule 3 — Additional Credits and Payments**Form 1040 or Form 1040-SR, Lines 17 - 19**

17	Federal income tax withheld from Forms W-2 and 1099	17	337.
18	Other payments and refundable credits:		
a	Earned income credit (EIC)		4,110.
	Nontaxable combat pay election		
b	Add'l child tax credit. Attach Schedule 8812		1,166.
c	American opportunity credit from Form 8863, line 8.		
d	Schedule 3, line 14.		
e	Add lines 18a through 18d.		
	These are your other payments and refundable credits	18e	5,276.
19	Add Lines 17 and 18e.		
	These are your total payments	19	5,613.

QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated**QuickZoom** to "due diligence checklist" substitute for Form 8867**QuickZoom** to Schedule 3 — Additional Credits and Payments**Form 1040 or Form 1040-SR, Lines 20 - 22****Refund:**

20	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	20	5,607.
21 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here.	21	5,607.
b	Routing number		
c	Type:		
	▶ <input checked="" type="checkbox"/> Checking		
	▶ <input type="checkbox"/> Savings		
d	Account number		
22	Amount of overpayment on line 20 you want applied to your 2020 estimated tax		

Form 1040 or Form 1040SR, Lines 23 - 24**Amount You Owe:**

23	Subtract line total payments from total tax	23	
24	Estimated tax penalty (see instructions)	24	

QuickZoom to Late Penalties and Interest Worksheet **QuickZoom.**

Schedule 1 - Additional Income and Adjustments

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? (Entry is required when Schedule 1 is part of the return) ☐ Yes ☒ No

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . . **1**

Alimony Received Smart Worksheet

	Taxpayer	Spouse	Date of divorce/sep	*
A	_____	_____	_____	<input type="checkbox"/>
B	_____	_____	_____	<input type="checkbox"/>

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable

2 a	Alimony received Taxpayer _____ Spouse _____	2a	_____
b	Date of original divorce or separation agreement ▶ _____		
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 (see instr.)	7	_____
8	Other income. List type and amount (see Instructions). _____ _____	8	_____
9	Combine lines 1 through 8. Enter here and include on Form 1040 or 1040SR, line 7a ▶ Total Income. Combine Form 1040 lines 1- 6 and Schedule 1, line 9, enter on Form 1040, line 7b ▶ 16,904.	9	_____
Quickzoom to 1040 Worksheet, line 7b — Total Income ▶ QuickZoom . . .			

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	_____
13	Moving expenses. 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	_____

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
A	_____	_____	_____	<input type="checkbox"/>	_____
B	_____	_____	_____	<input type="checkbox"/>	_____

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

18 a	Alimony paid	18 a	_____
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement ▶ _____		
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 on Form 1040 or 1040-SR, line 8a	22	_____

Schedule 2 - Additional Taxes

Part I Tax

1	Alternative minimum tax (see instructions). 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 Form 1040SR, 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 Explain underreported tips	5	
6	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required No.	6	6.
7 a	Household employment taxes from Schedule H	7 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	b	
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	9	
10	Add lines 4 through 8. These are your total other taxes Enter here and on Form 1040 or 1040-SR, line 15 ▶ Total tax (add line 10 and Schedule 3, line 7b)	10	6. 6.

Schedule 3 - Additional Credits and Payments**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	0.
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential Energy Credit. Attach Form 5695	5	
6	Other credits from Form:		
a	3800		
b	8801		
c		6	
7	Add lines 1 through 6 plus child tax credit/credit for other dependents line 13a Enter here and include on Form 1040 or 1040-SR, line 13b	7	0.
a	Total non-refundable credits		0.
b	Subtract total credits on line 7 from tax on line 12b above		0.
Quickzoom to 1040 Worksheet, line 16 — Total Tax		QuickZoom	

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments	8	
	and amount applied from 2018 return	9	
9	Net premium tax credit. Attach Form 8962	10	
10	Amount paid with request for extension to file	11	
11	Excess social security and tier 1 RRTA tax withheld	12	
12	Credit for federal tax on fuels. Attach Form 4136		
13	Credits from Form:		
a	2439		
b	Reserved		
c	8885		
d		13	
14	Total Payments (Part II, lines 8-13) and Withholding (Form 1040, line 17)	14	5,613.
	Other Payments and Refundable Credits (Form 1040, line 18e)		5,276.

Third Party Designee

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

Designee's Name

Phone No.

Personal Identification Number (PIN)

Signature and Paid Preparer**Sign Here**

Joint return? See instructions.
Keep a copy of this return for your records.

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 year. 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
Spouse's Signature. If joint, both must sign.	Date	Swimming-Pool Servicer	
		Spouse's Occupation	
		Office Administrator	
Daytime Phone No.			

Paid Preparer's Use Only

Print/Type Preparer's name	Preparer's PTIN	Check if:
Preparer's Signature	Date	<input type="checkbox"/> 3rd Party Designee
Firm's Address (or yours if self-employed)	Firm's EIN.	<input type="checkbox"/> Self-employed
Self-Prepared	State	Phone No.
		ZIP Code

Filing Address Information

Send Form 1040 to: Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0002

Your SSN

(b) Gain or loss

Enter additional adjustments not included above:

Adjustment for trade or business income not subject to net investment tax

(b) Gain or loss

Capital loss carryover adjustment from 2018 for net investment tax purposes

Enter additional adjustments not included above and check the box if a capital gain or loss:

Net gain or loss from disposition of property not subject to net investment tax

(b) Capital Gain or Loss

Capital gain or loss from sale of property not subject to net investment income tax

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction.	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	
2	Investment income	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount	4	
5	State and local income taxes allocable to investment income	5	
6	State and local taxes (Schedule A, line 5e)	6	
7	Lesser of line 5 or line 6	7	
8	Foreign income taxes	8	
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation:		
		3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5	7	
8	Enter the lesser of line 7 or line 4	8	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3	x	=
	x	=
	x	=
	x	=
Penalty on early withdrawal of savings		
Other modifications:		
Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

► Not a required statement - Use for import purposes
► Keep for your records

Name(s) Shown on Return _____	Your Social Security No. _____
-------------------------------	--------------------------------

Ownership

Owned by (check one):
☐ Taxpayer ☐ Spouse ☒ Joint

Statement Information

RECIPIENT'S/LENDER'S Name _____	1 Mortgage interest received from payer(s) _____
Street address _____	2 Outstanding mortgage principal _____
City _____ State _____ ZIP code _____	3 Mortgage origination date _____
Telephone number _____	4 Refund of overpaid interest _____
RECIPIENT'S federal identification number _____	5 Mortgage insurance premiums _____
PAYER'S social security number _____	6 Points paid on purchase of principal residence _____
PAYER'S/BORROWER'S name _____	8 Address of the property securing this mortgage (if different than your mailing address shown) Street address _____
Street address _____	City _____ State _____ ZIP code _____
City _____ State _____ ZIP code _____	7 The address above is the same as the address of the property securing the mortgage <input type="checkbox"/> (If not, enter the property address in box 8)
9 If the property securing the mortgage has no address, provide a description of the property below _____	
Account number _____	10 Property tax _____
	11 Mortgage Acquisition Date _____

Mortgage Use

1 Mortgage was used to finance (check one):

a <input type="checkbox"/> Main home	b <input type="checkbox"/> Second home	c <input type="checkbox"/> Business activity
d <input type="checkbox"/> Rental activity	e <input type="checkbox"/> Farm activity	f <input type="checkbox"/> Farm rental activity
g <input type="checkbox"/> Royalty activity	h <input type="checkbox"/> Other	

2 If mortgage used to finance main home or second home, **double-click** to link to home mortgage interest worksheet. . . ► _____

3 If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity **→** _____

a Schedule C, Business _____

b Schedule F, Farm _____

c Schedule E, Rental or Royalty _____

d Form 4835, Farm Rental _____

Rental of Owner-Occupied or Vacation Home

1 If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? ☐ Yes ☐ No ☒ NA

2 If yes, complete lines 2a and 2b:

a Mortgage interest qualifying for main or second home treatment _____

b Mortgage interest **not** qualifying for main or second home treatment _____

Mortgage Insurance Premiums Information

1 Did your home loan close after December 31, 2006? ☐ Yes ☐ No

Federal Information Worksheet

► Keep for your records

2019

Part I — Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name
Middle initial
Last name
Social security no.
Occupation Swimming-Pool Servicer
Date of birth (mm/dd/yyyy)
Age as of 1-1-2020
Daytime phone
Legally blind ☐
Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
If yes, was taxpayer claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

Spouse:

First name
Middle initial
Last name
Social security no.
Occupation Office Administrator
Date of birth (mm/dd/yyyy)
Age as of 1-1-2020
Daytime phone
Legally blind ☐
Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☒ No
If yes, was spouse claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

Part II — Address and Federal Filing Status (enter information in this section)

US Address:

Address
City Sanibel State . . . FL ZIP Code . . . 33957 Apt no.

Foreign Address: Check this box to use foreign address . . . ☐

Address
City
Foreign code Foreign country
Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone

Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Print Form 1040-SR instead of Form 1040 ☐ Yes ☒ No

Federal filing status:

☒ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
Check this box if you **did not** live with your spouse at any time during the year. ☐
Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help) ☐
☐ 4 Head of household
If the 'qualifying person' is your child but **not** your dependent:
Child's First name MI Last Name Suff
Child's social security number
☐ 5 Qualifying widow(er)
Check the appropriate box for the year your spouse died 2017 ☐ 2018 ☐
Are you a dependent with a qualifying child Yes ☐ No ☐
Enter qualifying person's name:
Child's First name MI Last Name Suff
Child's social security number

Part III — Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is **completely calculated** from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuln and Fees	• D ep
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2019					
	N	02/06/2012	7	L				E	12		Yes
	A	02/01/2017	2	L		10,500.		E	12		Yes

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☒ No
 Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2019? ☒ Yes ☐ No
 If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ☐
 Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2019 ☐
 Check if you were notified by the IRS that EIC cannot be claimed in 2019 or if you are ineligible to claim the EIC in 2019 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No
 Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional)

Check the appropriate box ☒ Checking ☐ Savings
 Routing number Account number

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above
 Balance-due amount from this return

Amended Returns:

Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? . . . ☐ Yes ☐ No
 Enter the payment date to withdraw from the account above
 Balance-due amount from this **amended** return

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐
 Check this box if you are married filing separately and your spouse itemized deductions ☐
 Check this box to take the standard deduction even if less than itemized deductions ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No
 Is the spouse a full-time student? ☐ Yes ☐ No

American Opportunity and Lifetime Learning Credit (Form 8863)

For 2019, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐
 Resident country USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands
 Excludable income from Puerto Rico

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐
 Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name

Third party designee phone number

Personal identification number (enter any 5 numbers)

Part VI – Additional Information for Your Federal Return - Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2019 ▶ FL

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2019 ▶ FL

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☒

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return _____

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number _____

Issued by what state

License or ID

license . ▶

☐

FL

ID . ▶

☐

neither . ▶

☐

decline . ▶

☐

Spouse

Drivers license or state ID number _____

Issued by what state

License or ID

license . ▶

☐

ID . ▶

☐

neither . ▶

☐

decline . ▶

☐

**Personal Information Worksheet
For the Taxpayer**

2019

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I — Taxpayer's Personal Information

First name Middle initial Last name
Suffix

Social security no. Member of U.S. Armed Forces in 2019? . . ☐ Yes ☒ No

Date of birth (mm/dd/yyyy) age as of 1-1-2020

Occupation Swimming-Pool Servicer Daytime phone Ext

Marital status . . . Married

If widowed, check the appropriate box for the year your spouse died:

After 2019 ► ☐ 2019 . ► ☐ 2018 . ► ☐ 2017 . ► ☐ Before 2017 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) ☐ Yes ☐ No

Check if this person is legally blind ☐ Yes ☒ No

If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2020 and this is the first year you
are filing a tax return? ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ☐ Yes ☒ No

Part II — Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ☐ Yes ☒ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2019? ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2019? ☐ Yes ☐ No

Part III — Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2019 FL

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ►

In which state (or foreign country) did this person reside before this change? ►

Part IV — Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2019

Unreimbursed medical expenses paid for qualifying person in 2019

Employment taxes paid for dependent care providers in 2019

Full-time student for 5 calendar months during 2019? ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit ☐ Yes ☒ No

**Personal Information Worksheet
For the Spouse**

2019

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Spouse's Personal Information

First name . . . _____ Middle initial . _____ Last name . . . _____
Suffix _____

Social security no. _____ Member of U.S. Armed Forces in 2019? . . ☐ Yes ☒ No

Date of birth _____ (mm/dd/yyyy) age as of 1-1-2020 _____

Occupation . . . Office Administrator Daytime phone _____ Ext _____

Marital status . . . Married

If widowed, check the appropriate box for the year your spouse died:

After 2019 ► ☐ 2019 . ► ☐ 2018 . ► ☐ 2017 . ► ☐ Before 2017 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help). ☐ Yes ☐ No

Check if this person is legally blind ☐ Yes ☒ No

If deceased, enter the date of death ► (mm/dd/yyyy) _____

Were you under the age of 16 as of 1-1-2020 and this is the first year you
are filing a tax return? ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ☐ Yes ☒ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ☐ Yes ☒ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2019? ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2019? ☐ Yes ☐ No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2019 FL

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ► _____

In which state (or foreign country) did this person reside before this change? ► _____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2019 _____

Unreimbursed medical expenses paid for qualifying person in 2019 _____

Employment taxes paid for dependent care providers in 2019 _____

Full-time student for 5 calendar months during 2019? ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit ☐ Yes ☒ No

Dependent and Nondependent Information Worksheet

2019

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name Middle initial Last name
Suffix
Social security no.

Date of birth (mm/dd/yyyy) age as of 12-31-2019
Did this person pass away in 2019 (deceased)? ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Daughter
CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.
Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ☐ Yes ☐ No

Dependency code *. 1 — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,200 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2019? ☐ Yes ☐ No

Was the person placed with you for adoption after 2019, or was the adoption final in 2019 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment. ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Dependent name

Page 2

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2019

Unreimbursed medical expenses paid for qualifying person in 2019

Employment taxes paid for dependent care providers in 2019

Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ No

Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2019 FL

Check the appropriate box:

This person is a resident of the state above for the entire year ☐

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ▶

In which state (or foreign country) did this person reside before this change? ▶

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here

Dependent and Nondependent Information Worksheet

2019

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name Middle initial Last name
Suffix

Social security no.

Date of birth (mm/dd/yyyy) age as of 12-31-2019
Did this person pass away in 2019 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Son

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. 1 – Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,200 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2019? ☐ Yes ☐ No

Was the person placed with you for adoption after 2019, or was the adoption final in 2019 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No

Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No

You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E – Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Dependent name

Page 2

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2019 10,500.

Unreimbursed medical expenses paid for qualifying person in 2019

Employment taxes paid for dependent care providers in 2019

Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ No

Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2019 FL

Check the appropriate box:

This person is a resident of the state above for the entire year ☐

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ▶

In which state (or foreign country) did this person reside before this change? ▶

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here

Form 1040

Forms W-2 & W-2G Summary

2019

► Keep for your records

Name(s) Shown on Return

Social Security Number

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . .	175.	10,097.	10,272.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	0.	337.	337.
3 & 7	Total social security wages/tips	175.	10,097.	10,272.
4	Total social security tax withheld	11.	626.	637.
5	Total Medicare wages and tips	175.	10,097.	10,272.
6	Total Medicare tax withheld	3.	146.	149.
8	Total allocated tips	0.		0.
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12		10,115.	10,115.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay.			
m	QSEHRA benefits			
n	Total other items from box 12		10,115.	10,115.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips			
17	Total state tax withheld			
19	Total local tax withheld.			

Form **W-2****Wage and Tax Statement**

► Keep for your records

2019

Name _____

Social Security Number _____

**Spouse's W-2**
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.

- a** Employee's social security no. _____
b Employer ID number (EIN). . . _____
c Employer's name, address, and ZIP code _____

Street _____
 City _____
 State _____ ZIP Code _____

Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

d Control number 9G1L☐ **Transfer employee information from the Federal Information Worksheet**

- e** Employee's name
 First _____ M.I. _____
 Last _____ Suff. _____
f Employee's address and ZIP code
 Street _____
 City Sanibel
 State FL ZIP Code 33957
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
10,097.33

3 Social security wages
10,097.33

5 Medicare wages and tips
10,097.33

7 Social security tips _____

► Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld
336.54

4 Social security tax withheld
626.03

6 Medicare tax withheld
146.41

8 Allocated tips _____

9 _____**11** Nonqualified plans _____**12** Enter box 12 below _____

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

10 Dependent care benefits

Distributions from sect. 457
 and nonqualified plans
 (Important, see Help)

Box 12
Code**Box 12**
AmountDD10,115.00

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

G: ☐ Employer is not a state or local government**Box 15**
State**Box 15**
Employer's state I.D. number**Box 16**
State wages, tips, etc.**Box 17**
State income taxI confirm that the state withholding identification number(s) are accurate ☐**Box 20**
Locality name**Box 18**
Local wages, tips, etc.**Box 19**
Local income taxAssociated
State**Box 14**
Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from
the drop down list. If not on the list, select "Other".)

Name _____

Social Security Number _____

**Spouse's W-2**
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.

- a** Employee's social security no. _____
b Employer ID number (EIN) . . . _____
c Employer's name, address, and ZIP code _____

EL

Street _____
 City SANIBEL
 State FL ZIP Code 33957

Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

- d**
- Control number _____

☒ **Transfer employee information from the Federal Information Worksheet**

- e** Employee's name
 First _____ M.I. _____
 Last _____ Suff. _____

- f** Employee's address and ZIP code
 Street _____
 City SANIBEL
 State FL ZIP Code 33957-
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
 175.00

3 Social security wages
 175.00

5 Medicare wages and tips
 175.00

7 Social security tips
 0.00

► Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld
 0.00

4 Social security tax withheld
 10.85

6 Medicare tax withheld
 2.54

8 Allocated tips
 0.00

9 _____

11 Nonqualified plans
 0.00

12 Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below after entering boxes 18, 19, and 20.
NOTE: Enter box 15 before entering box 14.

10 Dependent care benefits
 0.00

Distributions from sect. 457
 and nonqualified plans
 (Important, see Help)

Box 12
Code**Box 12**
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

G: ☐ Employer is not a state or local government**Box 15**
State**Box 15**
Employer's state I.D. number**Box 16**
State wages, tips, etc.**Box 17**
State income taxI confirm that the state withholding identification number(s) are accurate ☐**Box 20**
Locality name**Box 18**
Local wages, tips, etc.**Box 19**
Local income taxAssociated
State**Box 14**
Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from
the drop down list. If not on the list, select "Other".)

Form 1099-R Summary

2019

► Keep for your records

Name(s) Shown on Return

Social Security No.

Traditional IRA Distributions			Taxpayer	Spouse
Gross	1	Total gross distributions from box 1 of Form 1099-R . .		
	a	Less: Amounts rolled over		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited IRA amount.		
	d	Less: Return of contributions		
	e	Less: Qualified charitable distributions		
	f	Less: HSA funding distributions		
	2	Balance of gross traditional IRA distributions		
	a	Gross distribution transferred to Form 8915D, 3(a) . . .		
	b	Gross distribution transferred to Form 8915C, 3(a) . . .		
	c	Qualified disaster distributions		
	d	Less: Amount rolled over		
	e	Gross distribution transferred to Form 8915D, 3(b) . . .		
	f	Gross distribution transferred to Form 8915C, 3(b) . . .		
	g	Less: Amount rolled over		
3	Amount of line 2 converted to a Roth IRA			
4	Net amount of line 2 converted to a Roth IRA			
5	Amount of line 2 not converted to a Roth IRA			
Taxable	6	Earnings on return of contributions		
	7	Taxable amount of inherited IRAs on line 1c.		
	8	Taxable amount not converted to Roth IRA		
	9	Taxable amount of Roth IRA conversions		
	10	Taxable amount included on Form 1040, line 4b		
11	If checked, taxable amount calculated on Form 8606 . .	<input type="checkbox"/>	<input type="checkbox"/>	
Roth IRA Distributions				
Gross	12	Total gross distributions from box 1 of Form 1099-R . .		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	d	Less: Return of contributions		
	e	Qualified disaster distribution		
13	Roth IRA distributions subject to distribution rules. . . .			
Qualified	14	Total gross qualified distributions		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
15	Qualified distributions subject to distribution rules			
Taxable	16	Net nonqualified distributions for Form 8606		
	17	Earnings on return of contributions		
	18	Taxable amount of inherited Roth IRAs on line 12c . . .		
	19	Taxable earnings on nonqualified distributions		
	20	Taxable amount included on Form 1040, line 4b		
IRA Qualified Disaster Distributions From Form 8915A and 8915B				
Taxable	20 a	Qualified distributions on Form 1040, line 4b	0.	0.
Recharacterizations (See Help)				
Gross	21 a	2019 form code N (included on Form 1040, line 4a). . .		
	21 b	2020 form code R (not included on 1040, line 4a). . . .		

Pensions and Annuities			Taxpayer	Spouse
Gross	22	Total gross distributions from box 1 of Form 1099-R . . .	55.	
	a	Less: Lump sum transferred to Form 4972.		
	b	Less: Amount not reported on Form 1040, line 4c. . . .		
	c	Designated Roth distribution allocated to an IRR		
	23	Amount of line 22 converted to a Roth IRA.		
	24	Distributions from Canada RRP Wks, line 7a		
	25	Gross distribution transferred to Form 1040, line 4c. . .	55.	
	a	Less: Amount rolled over		
	b	Amount attributable to an in-plan Roth rollover		
	c	Gross distribution transferred to Form 8915D, 1(a) . . .		
	d	Gross distribution transferred to Form 8915C, 2(a) . . .		
	e	Qualified disaster distribution		
f	Less: Amount rolled over			
g	Gross distribution transferred to Form 8915D, 1(b) . . .			
h	Gross distribution transferred to Form 8915D, 2(b) . . .			
Taxable	26	Taxable amount in box 2a, Form 1099-R.	55.	
	a	Taxable amount rolled over		
	b	Non-taxable amount rolled over		
	c	Designated Roth contribution basis rolled to Roth IRA .		
	d	Insurance premiums for retired public safety officers . .		
	e	Qualified disaster amount to Form 8915B		
	27	Lump sum amount transferred to Form 4972		
	28	Amount transferred to Form 1040, line 1		
	a	Disability before minimum retirement age		
	b	Return of contributions		
	c	Insurance premiums for retired public safety officers . .		
	29	Nontaxable amount from Simplified Method		
	30	Capital gains from charitable gift annuities		
	a	Capital gain subject to the 28% rate		
	b	Unrecaptured section 1250 gain		
	31	Taxable amount of Roth IRA conversions		
	a	Taxable amount of in-plan Roth rollovers		
	32 a	Taxable amount of distributions	55.	
	b	Taxable distributions from Canada RRP Wks, line 7b. .		
	c	Taxable disaster distributions from Form 8915	6,577.	0.
d	Taxable amount transferred to Form 1040, line 4d . . .	6,632.	0.	
Section 1035 Tax-free Exchange				
Pensions IRAs	33	Total gross distributions from box 1 of Form 1099-R . .		
	34	Total gross distributions from box 1 of Form 1099-R . .		
Distributions on 2019 1099-Rs Not Reported on the 2019 Return				
Code P	35	Distribution reported on 2018 tax return		
Code R	36	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return. . . .		
Tax Withholding				
Box 4	37	Total federal tax withheld	0.	
Box 10	38	Total state tax withheld		
Box 13	39	Total local tax withheld		
Nontaxable Distributions for Sales Tax Deduction				
	40	Nontaxable IRA distributions	0.	0.
	41	Nontaxable pension distributions	0.	0.
Health Insurance Premiums				
	42	Health insurance deductible on Schedule A		
Taxable Distributions included in Net Investment Income				
	43	Annuity payments and other distributions that may be subject to the net investment income tax		

► Keep for your records

Name _____	Social Security Number _____
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Source Form : 1099-R . ☒ CSA-1099-R . ☐ CSF-1099-R . ☐ RRB-1099-R . ☐

If Spouse's 1099-R, check this box . ☐
Do not transfer this 1099-R to next year ☐

Corrected ☐

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code. _____ _____ _____ Payer's foreign province <u>FL</u> Payer's foreign postal code _____ Payer's country _____ Payer's Phone No. _____ Payer's Federal identification number _____ Recipient's identification number _____ Check to transfer Recipient's information from Federal Information Worksheet <input checked="" type="checkbox"/> Recipient's name _____ Street address (including apartment number) _____ City <u>Sanibel</u> State <u>FL</u> ZIP code <u>33957</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1 Gross distribution \$ <u>54.98</u></td> <td style="width: 50%;">4 Federal income tax withheld \$ <u>0.00</u></td> </tr> <tr> <td>2a Taxable amount (See Help) \$ <u>54.98</u></td> <td>6 Net unrealized appreciation in employer securities \$ <u>0.00</u></td> </tr> <tr> <td>2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/></td> <td>8 Other \$ <u>0.00</u> % <u>0.00</u></td> </tr> <tr> <td>3 Capital gain (included in box 2a) \$ <u>0.00</u></td> <td>9a Your percentage of total distribution % _____</td> </tr> <tr> <td>5 Employee contributions / Designated Roth contributions or insurance premiums \$ <u>0.00</u></td> <td>9b Total employee contributions \$ <u>0.00</u></td> </tr> <tr> <td>7 Distribn code(s) 1st code <u>1</u> 2nd code _____</td> <td>11 1st year of desig. Roth contrib. _____</td> </tr> <tr> <td>12 State tax withheld \$ _____</td> <td>13 Payer's State / state no. _____</td> </tr> <tr> <td colspan="2">14 State distribution \$ _____</td> </tr> <tr> <td colspan="2">I confirm that the state withholding identification number(s) are accurate <input type="checkbox"/></td> </tr> <tr> <td>15 Local tax withheld \$ _____</td> <td>16 Name of locality _____</td> </tr> <tr> <td colspan="2">17 Local distribution \$ _____</td> </tr> </table>		1 Gross distribution \$ <u>54.98</u>	4 Federal income tax withheld \$ <u>0.00</u>	2a Taxable amount (See Help) \$ <u>54.98</u>	6 Net unrealized appreciation in employer securities \$ <u>0.00</u>	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>	8 Other \$ <u>0.00</u> % <u>0.00</u>	3 Capital gain (included in box 2a) \$ <u>0.00</u>	9a Your percentage of total distribution % _____	5 Employee contributions / Designated Roth contributions or insurance premiums \$ <u>0.00</u>	9b Total employee contributions \$ <u>0.00</u>	7 Distribn code(s) 1st code <u>1</u> 2nd code _____	11 1st year of desig. Roth contrib. _____	12 State tax withheld \$ _____	13 Payer's State / state no. _____	14 State distribution \$ _____		I confirm that the state withholding identification number(s) are accurate <input type="checkbox"/>		15 Local tax withheld \$ _____	16 Name of locality _____	17 Local distribution \$ _____	
1 Gross distribution \$ <u>54.98</u>	4 Federal income tax withheld \$ <u>0.00</u>																								
2a Taxable amount (See Help) \$ <u>54.98</u>	6 Net unrealized appreciation in employer securities \$ <u>0.00</u>																								
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12 State tax withheld \$ _____	13 Payer's State / state no. _____																								
14 State distribution \$ _____																									
I confirm that the state withholding identification number(s) are accurate <input type="checkbox"/>																									
15 Local tax withheld \$ _____	16 Name of locality _____																								
17 Local distribution \$ _____																									
10 Amount allocable to IRR within 5 years \$ <u>0.00</u> FATCA filing requirement <input type="checkbox"/> Special use code for first state (See Help) <input type="checkbox"/> Special use code for second state (See Help) <input type="checkbox"/> Account number _____ Date of payment _____		11 1st year of desig. Roth contrib. _____ 12 State tax withheld \$ _____ 13 Payer's State / state no. _____ 14 State distribution \$ _____ I confirm that the state withholding identification number(s) are accurate <input type="checkbox"/> 15 Local tax withheld \$ _____ 16 Name of locality _____ 17 Local distribution \$ _____																							

- Check if NOT from a qualified retirement plan or IRA (see Help) ☐
 ► If box 7 code is J or T, check if a qualified distribution (see Help) ☐
 ► If box 7 code is J, enter amount used for first time home purchase _____
 ► If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help) ☐

► **Inherited IRA** If this distribution is from an inherited IRA, indicate the distribution is from the IRA of

- | | |
|--|--------------------------|
| ► Treat as recipient's own (this is treated as a rollover) | <input type="checkbox"/> |
| ► Recipient, but was originally inherited from a spouse (treated as recipient's IRA) | <input type="checkbox"/> |
| ► Spouse and not treat as recipient's own (taxable amount must be in box 2a) | <input type="checkbox"/> |
| ► Someone other than a spouse (taxable amount must be in box 2a) | <input type="checkbox"/> |
| ► From a traditional IRA | <input type="checkbox"/> |
| ► From a Roth IRA | <input type="checkbox"/> |
| ► From a SIMPLE plan (first two years of participation only) | <input type="checkbox"/> |
| ► From a SIMPLE plan (more than two years of participation) | <input type="checkbox"/> |
| ► From a SEP IRA | <input type="checkbox"/> |
| ► None | <input type="checkbox"/> |
| ► Subject to the penalty of early withdrawal | <input type="checkbox"/> |
| ► Not subject to the penalty of early withdrawal | <input type="checkbox"/> |

► **Insurance**

- | | |
|--|-------|
| ► Amount of insurance premiums deductible on Schedule A | _____ |
| ► Amount of health savings account (HSA) funding distributions | _____ |
| ► Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution | _____ |

► **Qualified Charitable Distribution** Enter IRA distributions made directly by the trustee to a qualified charitable organization _____

► **RMD** If this is a distribution from a **traditional IRA** or **qualified retirement plan**, and if this is a **Required Minimum Distribution (RMD)** (See Help), Entire gross is RMD . ☐ or the amount of gross distribn that is the RMD . . _____

Wages, Salaries, & Tips Worksheet

2019

► Keep for your records

Name(s) Shown on Return

Social Security Number

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	175.	10,097.	10,272.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age . . .			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2) . .			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ►	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2019			
b			
10 Subtotal. Add lines 1 through 9	175.	10,097.	10,272.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . .			
13 Scholarship/fellowship income not on Form W-2.			
14 Other non-earned income:			
15 Total of lines 10 through 14.	175.	10,097.	10,272.

Name as Shown on Return

Social Security No.

Note: • To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2019 and meet the other requirements listed in the instructions for Form 1040.
• If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children under age 17 with the required social security number: <u>2</u> X \$2,000. Enter the result	1	<u>4,000.</u>		
2	Number of other dependents, including qualifying children without the required social security number: <u>0</u> X \$500. Enter the result	2			
3	Add lines 1 and 2	3		<u>4,000.</u>	
4	Enter the amount from Form 1040 or 1040-SR, line 8b	4	<u>16,904.</u>		
5	1040 filers: enter the total of any — • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. } 1040NR filers: Enter -0-	5	<u>0.</u>		
6	Add lines 4 and 5. Enter the total	6	<u>16,904.</u>		
7	Enter the amount shown below for your filing status. • Married filing jointly — \$400,000 • All other filing statuses — \$200,000	7	<u>400,000.</u>		
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	8			
9	Multiply the amount on line 8 by 5% (.05). Enter the result	9		<u>0.</u>	
10	Is the amount on line 3 more than the amount on line 9? <input type="checkbox"/> No. Stop. You cannot take the child tax credit or credit for other dependents on Form 1040 or 1040-SR, line 13a. You also cannot take the additional child tax credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2.</i>	10		<u>4,000.</u>	

Part 2

11	Enter the amount from Form 1040 or 1040-SR, line 12b	11	<u>0.</u>		
12	Add the amounts from — Schedule 3, line 1 Schedule 3, line 2 Schedule 3, line 3 Schedule 3, line 4 Form 5695, line 30 Form 8910, line 15 Form 8936, line 23 Schedule R, line 22 Enter the total	12	<u>0.</u>		
13	Subtract line 12 from line 11	13		<u>0.</u>	
14	Are you claiming any of the following credits? • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter -0- <input type="checkbox"/> Yes. If you are filing Form 2555, enter -0- Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here.	14		<u>0.</u>	
15	Subtract line 14 from line 13. Enter the result	15		<u>0.</u>	
16	Is the amount on line 10 of this worksheet more than the amount on line 15? <input type="checkbox"/> No. Enter the amount from line 10 <input checked="" type="checkbox"/> Yes. Enter the amount from line 15. See the TIP below.	16		<u>0.</u>	

**This is your child
tax credit and credit for
other dependents**Enter this amount on
Form 1040, line 13a
Form 1040-SR, line 13a
Form 1040NR, line 49

TIP: You may be able to take the **additional child tax credit** on Form 1040 or 1040-SR, line 18b, only if you answered 'Yes' on line 16 and line 1 is more than zero.
• First, complete your Form 1040 or 1040-SR through line 18a (also complete Schedule 3, line 11)
• Then, use Schedule 8812 to figure any additional child tax credit.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2019

► Keep for your records

Name(s) Shown on Return

Social Security Number

		Regular Tax	Alternative Minimum Tax																								
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.																											
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1																									
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2																									
3	Subtract line 2 from line 1	3																									
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4																									
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5																									
6	Add lines 3 through 5	6																									
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7																									
8	Enter the amount, if any, from Form 4797, line 8	8																									
9	Subtract line 8 from line 7. If zero or less, enter -0-	9																									
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10																									
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund																										
	<table border="0"> <tr> <td></td> <td>Regular</td> <td>AMT</td> </tr> <tr> <td>a</td> <td>On Form 1099-DIV</td> <td></td> </tr> <tr> <td>b</td> <td>On Form 2439</td> <td></td> </tr> <tr> <td>c</td> <td>On Schedule(s) K-1</td> <td></td> </tr> <tr> <td>d</td> <td>On Form 1099-R</td> <td></td> </tr> <tr> <td>e</td> <td>From Form 8814</td> <td></td> </tr> <tr> <td>f</td> <td>Other.</td> <td></td> </tr> <tr> <td></td> <td>Total</td> <td></td> </tr> </table>		Regular	AMT	a	On Form 1099-DIV		b	On Form 2439		c	On Schedule(s) K-1		d	On Form 1099-R		e	From Form 8814		f	Other.			Total		11	
	Regular	AMT																									
a	On Form 1099-DIV																										
b	On Form 2439																										
c	On Schedule(s) K-1																										
d	On Form 1099-R																										
e	From Form 8814																										
f	Other.																										
	Total																										
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12																									
13	Add lines 9 through 12.	13																									
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.																								
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.																								
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16																									
a	Enter your capital gain excess, if you are filing Form 2555	a	0.																								
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.																								
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18																									

**Schedule D
Line 18**

28% Rate Gain Worksheet

► Keep for your records

2019

Name(s) Shown on Return

Social Security Number

				Regular Tax	Alternative Minimum Tax																																
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II			1																																	
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain. <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th> <th>50 % Exclusion</th> <th>60 % Exclusion</th> <th>75% Exclusion</th> </tr> </thead> <tbody> <tr> <td>a Schedule D . . .</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b Form 8814 . . .</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c Schedule B . . .</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d Form 6252 . . .</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e Form 2439 . . .</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f Other</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				50 % Exclusion	60 % Exclusion	75% Exclusion	a Schedule D . . .				b Form 8814 . . .				c Schedule B . . .				d Form 6252 . . .				e Form 2439 . . .				f Other				Total				2	
	50 % Exclusion	60 % Exclusion	75% Exclusion																																		
a Schedule D . . .																																					
b Form 8814 . . .																																					
c Schedule B . . .																																					
d Form 6252 . . .																																					
e Form 2439 . . .																																					
f Other																																					
Total																																					
3	Enter the total of all collectibles gain or (loss) from: <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th> <th>Regular</th> <th>AMT</th> </tr> </thead> <tbody> <tr> <td>a Form 4684, line 4 (but only if line 15 is more than zero)</td> <td></td> <td></td> </tr> <tr> <td>b Form 6252</td> <td></td> <td></td> </tr> <tr> <td>c Form 6781, Part II</td> <td></td> <td></td> </tr> <tr> <td>d Form 8824</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>				Regular	AMT	a Form 4684, line 4 (but only if line 15 is more than zero)			b Form 6252			c Form 6781, Part II			d Form 8824			Total			3															
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c Form 6781, Part II																																					
d Form 8824																																					
Total																																					
4	Enter the total of any collectibles gain reported to you on: <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th> <th>Regular</th> <th>AMT</th> </tr> </thead> <tbody> <tr> <td>a Form 1099-DIV, box 2d</td> <td></td> <td></td> </tr> <tr> <td>b Form 2439, box 1d</td> <td></td> <td></td> </tr> <tr> <td>c Schedule K-1 from a partnership, S corporation, estate, or trust</td> <td></td> <td></td> </tr> <tr> <td>d Disposition of interest in partnership or S corporation</td> <td></td> <td></td> </tr> <tr> <td>e Other</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>				Regular	AMT	a Form 1099-DIV, box 2d			b Form 2439, box 1d			c Schedule K-1 from a partnership, S corporation, estate, or trust			d Disposition of interest in partnership or S corporation			e Other			Total			4												
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d Disposition of interest in partnership or S corporation																																					
e Other																																					
Total																																					
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C			5																																	
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-			6																																	
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18			7																																	
8	Enter the amount of any capital gain excess			8	0.																																
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a			9	0.																																

Name(s) Shown on Return

Social Security Number

1 a	Enter your taxable income from Form 1040, line 11b	1 a	0.
b	Enter the amount from your (and your spouse's) Form 2555, lines 45 and 50	b	
c	Add lines 1a and 1b	1 c	0.
2 a	Enter your qualified dividends from Form 1040, line 3a	2 a	
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	0.
7 a	Enter line 15 of Schedule D	7 a	0.
b	Enter line 16 of Schedule D	b	0.
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	0.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	0.
15	Enter: • \$39,375 if single or married filing separately, • \$78,750 if married filing jointly or qualifying widow(er), or • \$52,750 if head of household.	15	78,750.
16	Enter the smaller of line 1c or line 15	16	0.
17	Enter the smaller of line 14 or line 16	17	0.
18	Subtr in 10 from ln 1c. If zero or less, enter -0-	18	0.
19	Enter the smaller of line 1c or: • \$160,725 if single or married filing sep, • \$321,450 if MFJ or qual widow(er), or • \$160,700 if head of household.	19	0.
20	Enter the smaller of line 14 or line 19	20	0.
21	Enter the larger of line 18 or line 20	21	0.
22	Subtract line 17 from line 16. This amount is taxed at 0%	22	0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.			
23	Enter the smaller of line 1c or line 13	23	
24	Enter the amount from line 22 (if line 22 is blank, enter -0-)	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter: • \$434,550 if single, • \$244,425 if married filing separately, • \$488,850 if married filing jointly or qualifying widow(er), or • \$461,700 if head of household.	26	
27	Enter the smaller of line 1c or line 26	27	
28	Add lines 21 and 22	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	
30	Enter the smaller of line 25 or line 29	30	
31	Multiply line 30 by 15% (0.15)	31	
32	Add lines 24 and 30	32	
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33			
33	Subtract line 32 from line 23	33	
34	Multiply line 33 by 20% (0.20)	34	
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.			
35	Enter the smaller of line 9c above or Schedule D, line 19	35	
36	Add lines 10 and 21	36	
37	Enter the amount from line 1c above	37	

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	
40	Multiply line 39 by 25% (0.25)	40	
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	
42	Subtract line 41 from line 1c	42	
43	Multiply line 42 by 28% (0.28)	43	
44	Figure the tax on the amount on line 21. If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	
45	Add lines 31, 34, 40, 43, and 44	45	0.
46	Figure the tax on the amount on line 1c. If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 12a	47	

Form 1040
Line 12a

Qualified Dividends and Capital Gain Tax Worksheet

2019

► Keep for your records

Name(s) Shown on Return

Social Security Number

1	Enter the amount from Form 1040 or 1040-SR, line 11b	1	_____
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	_____
3	Are you filing Schedule D?		
	<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 6.		
4	Add lines 2 and 3	4	_____
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5	_____
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	_____
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	_____
8	Enter: \$39,375 if single or married filing separately, \$78,750 if married filing jointly or qualifying widow(er), \$52,750 if head of household.	8	_____
9	Enter the smaller of line 1 or line 8	9	_____
10	Enter the smaller of line 7 or line 9	10	_____
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	_____
12	Enter the smaller of line 1 or line 6	12	_____
13	Enter the amount from line 11	13	_____
14	Subtract line 13 from line 12.	14	_____
15	Enter: \$434,550 if single, \$244,425 if married filing separately, \$488,850 if married filing jointly or qualifying widow(er), \$461,700 if head of household.	15	_____
16	Enter the smaller of line 1 or line 15	16	_____
17	Add lines 7 and 11	17	_____
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	_____
19	Enter the smaller of line 14 or line 18	19	_____
20	Multiply line 19 by 15% (0.15)	20	_____
21	Add lines 11 and 19	21	_____
22	Subtract line 21 from line 12	22	_____
23	Multiply line 22 by 20% (0.20)	23	_____
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.	24	_____
25	Add lines 20, 23, and 24	25	_____
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	26	_____
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040 or 1040-SR, line 12a.	27	_____

Capital Gain (Loss) Transaction Worksheet

Keep for your

2019

Name(s) Shown on Return

Social Security No.

WARNING: Info entered on this form in Forms Mode will be lost if you later enter investment sales in Step by Step

Part I Investment Information

Transaction Number 1

1 Information about this transaction:

a Is this transaction reported to you on Form 1099-B or equivalent statement? Yes ☒ No ☐

b If "Yes" is marked on line 1a, then (referring to the form or equivalent statement):

(1) Is Box 5 marked (i.e., is this the sale of a noncovered security)? Yes ☐ No ☒

(2) Is Box 3 marked (i.e., is the basis amount reported to the IRS)? Yes ☐ No ☒

(3) Select type of gain (loss) indicated in Box 2, if any L

(4) If necessary, enter corrected type of gain or loss

(5) Enter wash sale loss disallowed amount, if any (see Tax Help)

c If "Yes" is marked on lines 1a and 1b(2), enter the basis amount from Box 1e

2 Type of investment or other property (check one):

a <input checked="" type="checkbox"/> Stock	e <input type="checkbox"/> Second home	i <input type="checkbox"/> Options (purchased)
b <input type="checkbox"/> Mutual fund	f <input type="checkbox"/> Land (unimproved)	j <input type="checkbox"/> Statement with details attached
c <input type="checkbox"/> Bond	g <input type="checkbox"/> Nonbusiness bad debt	k <input type="checkbox"/> Other investment (intangible)
d <input type="checkbox"/> Collectible	h <input type="checkbox"/> Personal, noninvestment	l <input type="checkbox"/> Other property (tangible)

Part II Stock and Mutual Fund Information

1 If stock, mutual fund, or options, type (check one):

a <input checked="" type="checkbox"/> Publicly traded stock, mutual fund, or options	e <input type="checkbox"/> Section 1242 stock
b <input type="checkbox"/> Employer stock (ESPP, ISO, NQSO, etc.)	f <input type="checkbox"/> Section 1244 stock
c <input type="checkbox"/> Qualified small business (QSB) stock	g <input type="checkbox"/> Other
d <input type="checkbox"/> Reserved	h <input type="checkbox"/> Not applicable

2 Number of shares sold

3 Selling price per share

4 Company name

5 Other security information (optional):

a Symbol

b CUSIP number

c Brokerage house Publix Super Markets, Inc.

d Account number 010067791

Part III Disposition Information

1 Description 1.2831 Sh Publix Common Stock

2 Owner ☒ Taxpayer ☐ Spouse ☐ Joint

3 Type of disposition (check one):

a ☒ Sold (enter trade date on line 4)

b ☐ Short sale (on line 4, enter date property was delivered to broker or lender to close short sale)

(1) Net proceeds from sale of borrowed property sold short

(2) Date property delivered to close short sale was acquired

(3) Purchase price of property delivered to close short sale

c ☐ Bankrupt (enter date of bankruptcy on line 4)

d ☐ Worthless (enter date stock or loan became worthless on line 4)

e ☐ Expired (enter date options expired on line 4)

f ☐ Other

4 Date sold (date of disposition) 03/19/2019

5 Sales price and sales expenses:

a Gross sales price 54.98

b Sales expenses and commissions (included on Form 1099-B)

c Net sales price (Form 1099-B, Box 1d, if 1099-B received) 54.98

d Sales expenses and commissions (not included on Form 1099-B)

6 Special disposition situations:

a ☐ Wash sale (check if purchased substantially identical shares during wash sale window)

(1) Wash sale window start date

(2) Wash sale window end date

(3) Number of substantially identical replacement shares purchased in window

b ☐ Sold to related party

c ☐ Cash in lieu of fractional shares

d ☐ Stock sale to Employee Stock Ownership Plan (ESOP) (Section 1042)

e ☐ Rollover to another qualified small business (QSB) stock (Section 1045)

f ☐ Sale of qualified small business (QSB) stock eligible for 50% exclusion of gain (Section 1202)

g ☐ Sale of qualified small business (QSB) stock eligible for 60% exclusion of gain (Section 1202)

h ☐ Sale of qualified small business (QSB) stock eligible for 75% exclusion of gain (Section 1202)

i ☐ Sale of qualified small business (QSB) stock eligible for 100% exclusion of gain (Section 1202)

j ☐ Reserved

k ☒ None

Part IV Acquisition Information

1 Do you have actual historical acquisition information?

- a ☒ Yes
 b ☐ No

2 Method of acquisition (check one):

- a ☒ Purchase
 b ☐ Inheritance
 c ☐ Gift
 d ☐ Divorce
 e ☐ Demutualization of insurance company
 f ☐ Fractional shares (merger, spin-off, etc.)
 g ☐ Other
 h ☐ Not applicable

Complete line 3.
 Complete line 6.
 Complete line 7.
 Complete line 8.
 Complete line 9.
 Complete line 10.
 Complete line 11.

3 If acquired by purchase (check one):

- a ☒ Single purchase
 b ☐ Multiple purchase lots

Complete line 4.
 Complete line 5.

4 If single purchase:

- a Date purchased
 b Purchase price 54.98 (_____ shares @ _____)
 c Purchase expenses and commissions
 d Total purchase price

5 If multiple purchase lots, check one:

- a ☐ Use multiple lots worksheet
 b ☐ Use summary provided by broker
 c ☐ Use cost basis lookup

Complete Multiple Lots Wks. ▶
 Complete Part X ▶

6 If acquired by inheritance:

- a Decedent's date of death
 b Is basis "stepped-up" to fair market value? ▶ Yes ☐ No ☐
 c Date of acquisition
 d Basis for gain or loss. (_____ shares @ _____)

7 If acquired by gift:

- a Date acquired by donor
 b Date of gift
 c Donor's cost basis (_____ shares @ _____)
 d Fair market value on date of gift (_____ shares @ _____)
 e Gift tax paid by donor, if any (rare)

8 If acquired by divorce:

- a Date acquired by former spouse
 b Former spouse's cost basis (_____ shares @ _____)

9 If acquired by demutualization:

- a Date acquired policy or annuity
 b Cost basis (_____ shares @ _____)

10 If fractional shares:

- a Check one: ☐ Merger ☐ Spin-off ☐ Stock dividend ☐ Other

- b Name of old company
 c Name of new company, if merger or spin-off
 d Date acquired shares in old company
 e Cost basis of shares of old company

	Number Of Shares	Value Per Share
f Total shares of old company		
g Merger, spin-off, or stock dividend fraction. ▶		
h Total shares received (multiply line f by line g)		
i Whole shares received		
j Fractional shares deemed received and sold for cash		
Allocation of Cost Basis:		Basis
k Cost basis allocated to shares in old company		
l Cost basis allocated to whole shares received		
m Cost basis allocated to fractional shares		
n Total cost basis.		

- f Total shares of old company
 g Merger, spin-off, or stock dividend fraction. ▶
 h Total shares received (multiply line f by line g)
 i Whole shares received
 j Fractional shares deemed received and sold for cash
 Allocation of Cost Basis:
 k Cost basis allocated to shares in old company
 l Cost basis allocated to whole shares received
 m Cost basis allocated to fractional shares
 n Total cost basis.

11 If acquired by other means:

- a Date acquired
 b Cost basis (_____ shares @ _____)

12 Holding Period (check only if actual dates of acquisition and disposition not entered.)

- a ☐ Short-term b ☒ Long-term c ☐ Both short and long-term

Part IX Adjustments to Gain or Loss

	(a) Short-Term	(b) Long-Term	(c) Total
1 Reported basis is incorrect			
2 Section 1202 exclusion of gain from QSB stock			
3 a Rollover of gain under section 1042			
b Rollover of gain under section 1045			
c Deferral of gain under section 1400Z			
4 Nondeductible loss from wash sale			
5 a Nondeductible loss from sale to related party			
b Nondeductible loss from second home			
c Nondeductible loss from personal use property			
6 a Compensation already included in income			
b Section 1242 loss reported on Form 4797			
c Section 1244 loss reported on Form 4797			
d Selling expenses not reported on Form 1099-B			
f Other			

Part X Transaction Summary

	(a) Short-Term	(b) Long-Term	(c) Total
1 Number of shares, if stock or mutual fund			
2 Date acquired			
3 Date sold		03/19/2019	03/19/2019
4 Sales price		54.98	54.98
5 Cost or other basis		54.98	54.98
6 Gain (loss)		0.00	0.00
7 Total adjustment to gain (loss)			
8 Adjusted gain (loss)		0.00	0.00
9 If summarizing attached statements, enter all single-letter adjustment codes that apply			

Part XI Short-Term Capital Gain or Loss Reported on Form 8949 and Schedule D

Related Form 8949 Box	(a) Description of property		(b) Date acquired	(c) Date sold
(d) Sales price	(e) Cost/Other Basis	(f) Adjustment Code(s)	(g) Adjustment Amount	(h) Gain or (loss)

Part XII Long-Term Capital Gain or Loss Reported on Form 8949 and Schedule D

Related Form 8949 Box	(a) Description of property		(b) Date acquired	(c) Date sold
(d) Sales price	(e) Cost/Other Basis	(f) Adjustment Code(s)	(g) Adjustment Amount	(h) Gain or (loss)
E 54.98	1.2831 Sh Publix Common Stock 54.98			03/19/19 0.00

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Name(s) Shown on Return

Social Security No.

Acct Number ▶

(Numbers in bold to the right of a box description correspond to specific IRS box numbers on the official Form 1099-B. See Tax Help for more information.)

[illegible]

Sale(s) missing info?

Compare to U. S. Averages

2019

► Keep for your records

Name(s) Shown on Return	Social Security No
-------------------------	--------------------

Your 2019 adjusted gross income (AGI) 16,904.
National adjusted gross income range used below from 15,000. to 29,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	10,272.	22,601.
Taxable interest		748.
Tax-exempt interest		4,031.
Dividends		2,533.
Business net income		13,751.
Business net loss		9,956.
Net capital gain	0.	3,960.
Net capital loss		2,289.
Taxable IRA	0.	8,963.
Taxable pensions and annuities	6,632.	13,133.
Rent and royalty net income		6,899.
Rent and royalty net loss		7,343.
Partnership and S corporation net income		12,174.
Partnership and S corporation net loss		11,729.
Taxable social security benefits		2,632.
Medical and dental expenses deduction	1,232.	9,639.
Taxes paid deduction	6,303.	3,620.
Interest paid deduction	14,167.	6,814.
Charitable contributions deduction		2,610.
Total itemized deductions	21,702.	16,864.
Child care credit	0.	439.
Education tax credits		780.
Child tax credit	0.	484.
Retirement savings contributions credit		182.
Earned income credit	4,110.	4,052.
Other Information	Actual Per Return	National Average
Adjusted gross income	16,904.	23,220.
Taxable income	0.	9,917.
Income tax	0.	1,221.
Alternative minimum tax		2,128.
Total tax liability	6.	1,424.

Tax Summary**2019**

► Keep for your records

Name (s) _____

Total income	16,904.
Adjustments to income	
Adjusted gross income	16,904.
Itemized/standard deduction	24,400.
Qualified business income deduction	
Taxable income	0.
Tentative tax	0.
Additional taxes	
Alternative minimum tax	
Total credits	0.
Other taxes	6.
Total tax	6.
Total payments	5,613.
Estimated tax penalty	
Amount Overpaid	5,607.
Refund	5,607.
Amount Applied to Estimate	
Balance due	0.

Two-Year Comparison

2019

Name(s) Shown on Return

Social Security Number

Income	2018	2019	Difference	%
Wages, salaries, tips, etc	21,417.	10,272.	-11,145.	-52.04
Interest and dividend income	259.		-259.	-100.00
State tax refund				
Business income (loss)				
Capital and other gains (losses)	3,249.	0.	-3,249.	-100.00
IRA distributions	0.	0.	0.	
Pensions and annuities	6,577.	6,632.	55.	0.84
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	31,502.	16,904.	-14,598.	-46.34
Adjustments to Income				
Adjusted Gross Income	31,502.	16,904.	-14,598.	-46.34
Itemized Deductions				
Medical and dental		1,232.	1,232.	
Income or sales tax	1,212.	370.	-842.	-69.47
Real estate taxes	5,823.	5,658.	-165.	-2.83
Personal property and other taxes	196.	275.	79.	40.31
Interest paid	14,092.	14,167.	75.	0.53
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	21,323.	21,702.	379.	1.78
Standard or Itemized Deduction	24,000.	24,400.	400.	1.67
Qualified Business Income Deduction				
Taxable Income	7,502.	0.	-7,502.	-100.00
Income tax	428.	0.	-428.	-100.00
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	428.	0.	-428.	-100.00
Nonbusiness credits	428.	0.	-428.	-100.00
Business credits				
Total Credits	428.	0.	-428.	-100.00
Self-employment tax				
Other taxes	0.	6.	6.	
Total Tax After Credits	0.	6.	6.	
Withholding	711.	337.	-374.	-52.60
Estimated and extension payments				
Earned income credit		4,110.	4,110.	
Additional child tax credit	2,800.	1,166.	-1,634.	-58.36
Other payments				
Total Payments	3,511.	5,613.	2,102.	59.87
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	3,511.	5,607.	2,096.	59.70
Balance Due				

Current year effective tax rate -31.21 %

State Defaults for Taking Economic Stimulus Depreciation Allowance on Fruit/Nut Tree/Vine in Year Planted/Grafted

Check box to reset defaults shown below. ☐

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
AL	Federal	Full	12/31/15	12/30/27
AZ	State	Full	12/31/12	12/30/27
AR	State	N/A	N/A	N/A

State Section 179 Dollar Limitation

1	State	1	
2 a	Married Filing Separately for state? If Yes, enter:	2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Total cost of state eligible property placed in service this year by spouse . . .	b	
c	Allocation percentage elected for state return	c	%
d	State Section 179 elected on Qualified Real Property this year by spouse . .	d	
3 a	Elect to treat state Qualified Real Property as "Section 179 Property"	3 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Calculated "Total cost of state Section 179 property placed in service"	b	
c	Additions or subtractions to state calculated value	c	
4	State maximum amount	4	
5	State threshold cost of Section 179 property	5	
6	Reduction in state limitation (Line 3b less line 5, not less than 0)	6	
7	State dollar limitation (Ln 4 less ln 6, not less than 0. MFS, times ln 2d) . . .	7	
8	Total state Section 179 elected (Cannot exceed line 7)	8	
9	Total state Section 179 elected on Qualified Real Property	9	

State Defaults for post-2017 TCJA Autos/Trucks & Farm PropertyCheck box to reset all state Asset Class defaults shown below. ☐

Check box to reset all State Asset Class defaults shown below:							
STATE CALC		Autos & Trucks		STATE CALC		Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AZ	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AR	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT	
	See State Asset Class Default Statement						

State Defaults for Economic Stimulus Depreciation Allowance and 2019 Section 179

Note: Only supported states are shown

Check box to reset all state Economic Stimulus defaults shown below. ☐

Check box to reset all State Economic Stimulus defaults shown below

STATE CALC		STIMULUS BONUS DEPRECIATION			2019 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
AL	State	Full	12/31/2008	12/31/2027	Full	1,020,000.	2,550,000.
AZ	State	Full	12/31/2012	12/31/2027	Part	1,020,000.	2,550,000.
AR	State	N/A	N/A	N/A	Full	25,000.	200,000.
See State 2019 Economic Stimulus Default Statement							

State Defaults for Qualified Disaster Area Depreciation Allowance and Section 179Check box to reset all state Qualified Disaster Area defaults shown below. ☐

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	12/31/2007	12/31/2013	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
See State Qualified Disaster Area Default Statement							

Depreciation Options

2019

Name(s) Shown on Return

Social Security Number

Depreciation for Miscellaneous 2% Itemized Deductions and Form 2106

- 1 Enable state depreciation calculation for assets and vehicles associated with Form 2106 that contain a miscellaneous 2% itemized deduction ☐ Yes ☒ No
- 2 Enable state depreciation calculation for assets associated with Miscellaneous 2% Itemized Deductions ☐ Yes ☒ No

MACRS Convention and Computation

☒ Compute convention (result shown below).

When 'Compute convention' is checked, the program automatically determines which convention applies to MACRS personal property assets placed in service in 2019, and checks the appropriate box below. If 'Compute Convention' is unchecked, the program uses the 'Half-year convention' unless you check 'Mid-quarter convention.'

- 1 ☒ Half-year convention
- 2 ☐ Mid-quarter convention
- 3 Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Federal Section 179 Information

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of Form 4562, per the IRS instructions. This is the copy that appears on the menu as Form 4562:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited. If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Form 4562 for that activity.

- | | | |
|--|-----|---|
| 1 a Elect to treat Qualified Real Property as "Section 179 Property" | 1 a | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b Calculated "Total cost of Section 179 property placed in service" | b | |
| c Additions or subtractions to calculated total on line 1 a | c | |
| 2 If Married Filing Separately, enter: | | |
| a Total cost of eligible property placed in service this year by spouse. | 2 a | |
| b Allocation percentage elected for your return, if other than 50%. | b | % |
| c Section 179 elected on Qualified Real Property this year by spouse | c | |
| 3 a Taxable income computed for the Section 179 limitation | 3 a | 10,272. |
| b Additions or subtractions to taxable income | b | |

State Depreciation

Enter the State ID of all states for which you want depreciation computed. A corresponding state record will be created on all assets and vehicles in the Federal return.

Note: Only supported states may be selected. Not applicable to California. California depreciation data must be entered in the state return.

To delete or change a state:

- Check the "Yes" box for "Delete this state's depreciation data from the Federal file now"
- Delete the entry in the "State" field, or change it to the desired state
- Check the "No" box for "Delete this state's depreciation data from the Federal file now"

States currently entered:

- | | | |
|---|------------------------------|-----------------------------|
| State | | |
| Delete this state's depreciation data from Federal file when transferring to 2020 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Delete this state's depreciation data from the Federal file now | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| State | | |
| Delete this state's depreciation data from Federal file when transferring to 2020 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Delete this state's depreciation data from the Federal file now | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet
► Keep for your records

2019

Name(s) Shown on Return

Social Security Number

Description	Amount
Income	
Wages	10,272.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	0.
Taxable IRA distributions	
Taxable pension distributions	6,632.
Unemployment compensation	
Other income	
Total income	16,904.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	16,904.

IRA Information Worksheet

► Keep for your records

2019

Page 3

Name(s) Shown on Return

Social Security Number

Part VI Roth IRA Basis Adjustments		Taxpayer	Spouse
Received From Former Spouse due to Divorce or Inheritance			
61	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
62	Cumulative pre 2015 conversions - taxable and nontaxable		
63	2015 conversion contributions taxable at conversion		
64	2015 conversion contributions not taxable at conversion		
65	2016 conversion contributions taxable at conversion		
66	2016 conversion contributions not taxable at conversion		
67	2017 conversion contributions taxable at conversion		
68	2017 conversion contributions not taxable at conversion		
69	2018 conversion contributions taxable at conversion		
70	2018 conversion contributions not taxable at conversion		
71	2019 conversion contributions taxable at conversion		
72	2019 conversion contributions not taxable at conversion		
Transferred To Former Spouse due to Divorce			
73	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
74	Cumulative pre 2015 conversions - taxable and nontaxable		
75	2015 conversion contributions taxable at conversion		
76	2015 conversion contributions not taxable at conversion		
77	2016 conversion contributions taxable at conversion		
78	2016 conversion contributions not taxable at conversion		
79	2017 conversion contributions taxable at conversion		
80	2017 conversion contributions not taxable at conversion		
81	2018 conversion contributions taxable at conversion		
82	2018 conversion contributions not taxable at conversion		
83	2019 conversion contributions taxable at conversion		
84	2019 conversion contributions not taxable at conversion		

IRA Information Worksheet

► Keep for your records

2019

Page 2

Name(s) Shown on Return

Social Security Number

Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2015	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2018 Balances (Basis - Before 2019 Transactions)			
23	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
24	Cumulative pre 2015 conversions - taxable and nontaxable		
25	2015 conversion contributions taxable at conversion		
26	2015 conversion contributions not taxable at conversion		
27	2016 conversion contributions taxable at conversion		
28	2016 conversion contributions not taxable at conversion		
29	2017 conversion contributions taxable at conversion		
30	2017 conversion contributions not taxable at conversion		
31	2018 conversion contributions taxable at conversion		
32	2018 conversion contributions not taxable at conversion		
2019 Transactions - Contributions		Taxpayer	Spouse
33	Regular Roth IRA contributions		
34	Rollover from Roth 401(k) and Roth 403(b)		
35	Conversion contributions taxable at conversion		
36	Conversion contributions not taxable at conversion		
37	Repayments of qualified Roth reservist distributions		
2019 Transactions - Distributions			
38	Distributions from regular Roth IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2015 conversions		
40	Distributions from 2015 conversions taxable at conversion		
41	Distributions from 2015 conversions not taxable at conversion		
42	Distributions from 2016 conversions taxable at conversion		
43	Distributions from 2016 conversions not taxable at conversion		
44	Distributions from 2017 conversions taxable at conversion		
45	Distributions from 2017 conversions not taxable at conversion		
46	Distributions from 2018 conversions taxable at conversion		
47	Distributions from 2018 conversions not taxable at conversion		
48	Distributions from 2019 conversions taxable at conversion		
49	Distributions from 2019 conversions not taxable at conversion		
50	Did you have any open Roth IRA accounts on 12/31/2019?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Balance c/over to 2020 (Basis - After 2019 Transactions)			
51	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
52	Cumulative pre 2016 conversions - taxable and nontaxable		
53	2016 conversion contributions taxable at conversion		
54	2016 conversion contributions not taxable at conversion		
55	2017 conversion contributions taxable at conversion		
56	2017 conversion contributions not taxable at conversion		
57	2018 conversion contributions taxable at conversion		
58	2018 conversion contributions not taxable at conversion		
59	2019 conversion contributions taxable at conversion		
60	2019 conversion contributions not taxable at conversion		

IRA Information Worksheet

2019

► Keep for your records

Name(s) Shown on Return

Social Security Number

Part I Traditional IRA		Taxpayer	Spouse
Basis and Value			
1	Total basis in traditional IRAs		
2	Year-end value on 12/31/2019.		
3	Basis carryover as of 12/31/2019		
Excess Contributions			
4	Excess contributions as of 12/31/2018		
5	Carryover of excess contributions to 2020		
Part II Roth IRA		Taxpayer	Spouse
Basis (Contribution and Conversion History)			
6	Basis in Roth IRA contributions		
7	Basis in Roth IRA conversions.		
8	Contribution basis carryover as of 12/31/2019		
9	Conversion basis carryover as of 12/31/2019		
Excess Contributions			
10	Excess contributions as of 12/31/2018		
11	Carryover of excess contributions to 2020		
Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2018 and earlier years		
13	Adjustment due to return of excess contributions		
14	Rollover of nontaxable portion of a qualified retirement plan		
15	Basis received from former spouse due to divorce or inherited.		
16	Basis transferred to former spouse due to divorce		
17	Adjusted total basis in Traditional IRAs.		
Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SEP and SIMPLE IRAs) on 12/31/2019 (See Help)		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2019. qualified charitable distributions (QCD) made in Jan. 2020 to be treated as made in December 2019 (See Help).		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2019		
21	Check this box if you converted all of the traditional IRAs you had in 2019 to Roth IRAs in 2019.	<input type="checkbox"/>	<input type="checkbox"/>

Credit Carryovers				2018	2019
18	General business credit			18	
19	Adoption credit from:	a	2019	19a	
		b	2018	b	
		c	2017	c	
		d	2016	d	
		e	2015	e	
		f	2014	f	
20	Mortgage interest credit from:	a	2019	20a	
		b	2018	b	
		c	2017	c	
		d	2016	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2018	2019
24	Section 179 expense deduction disallowed			24	
25	Excess	a	Taxpayer (Form 2555, line 46)	25a	
	foreign	b	Taxpayer (Form 2555, line 48)	b	
	housing	c	Spouse (Form 2555, line 46)	c	
	deduction:	d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2018 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	Qualified
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	(f) 100%
a	2018	0.					0.
b	2017						
c	2016						
d	2015						
e	2014						
27	2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	
a	2019						
b	2018						
c	2017						
d	2016						
e	2015						
28	Amount overpaid less earned income credit						3,511.

Qualified Business Income Deduction (Section 199A) carryovers

			2018	2019
29	Qualified business loss carryforward	29		
30	Qualified PTP loss carryforward	30		

2018 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Other Tax and Income Information		2018	2019
1	Filing status	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4).		
3	Itemized deductions	21,323.	21,702.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	31,502.	16,904.
6	Tax liability for Form 2210 or Form 2210-F	0.	0.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax.		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2018	2019
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a	
b	Spouse's excess Archer MSA contributions as of 12/31	b	
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a	
b	Spouse's excess Coverdell ESA contributions as of 12/31	b	
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a	
b	Spouse's excess HSA contributions as of 12/31	b	

Loss and Expense Carryovers		2018	2019
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss	12 a	
b	AMT Short-term capital loss	b	
13 a	Long-term capital loss	13 a	
b	AMT Long-term capital loss	b	
14 a	Net operating loss available to carry forward	14 a	
b	AMT Net operating loss available to carry forward	b	
15 a	Investment interest expense disallowed	15 a	
b	AMT Investment interest expense disallowed	b	
16	Nonrecaptured net Section 1231 losses from:	16 a	
	a 2019	a	
	b 2018	b	
	c 2017	c	
	d 2016	d	
	e 2015	e	
	f 2014	f	
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a	
	a 2019	a	
	b 2018	b	
	c 2017	c	
	d 2016	d	
	e 2015	e	
	f 2014	f	

Federal Carryover Worksheet

2019

► Keep for your records

Name(s) Shown on Return

Social Security Number

2018 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2018 State Extension Information

(a) State	(b) Paid With Extension

2018 Locality Extension Information

(a) Locality	(b) Paid With Extension

2018 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2018 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2018 State Taxes Due Information

(a) State	(e) Paid With Return

2018 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2018 State Refund Applied Information

(a) State	(g) Applied Amount

2018 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2018 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2018 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet
► Keep for your records

2019

Name(s) Shown on Return

Social Security Number

1	Enter the amount from Form 6251, line 6	1	
2 a	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50	2a	
b	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c	3	
4	Tax on the amount on line 3. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i> , later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. • All Others: If line 3 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result.	4	
5	Tax on amount on line 2c. If line 2c is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result	5	
6	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6	

Alternative Minimum Taxable Income -- Line 4

If married filing separately and Form 6251, line 4, is more than \$733,700:

1	Alternative minimum taxable income, Form 6251	1	
2	Threshold amount	2	
3	Subtract line 2 from line 1.	3	
4	Multiply line 3 by 25% (.25).	4	
5	Smaller of line 4 or \$55,850	5	
6	Add line 1 and line 5. Enter on Form 6251, line 4	6	

Exemption -- Line 5

1	Enter \$71,700 if single or head of household, \$111,700 if married filing jointly or qualifying widow(er), \$55,850 if married filing separately	1	111,700.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	16,904.
3	Enter \$510,300 if single or head of household, \$1,020,600 if married filing jointly or qualifying widow(er), \$510,300 if married filing separately	3	1,020,600.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	111,700.

Disposition of Property — Line 2k

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)	0.	0.	0.
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 2k			0.

Post-86 Depreciation — Line 2l

1 From depreciation worksheets	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2.	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 2l.	5	

Passive Activities — Line 2m

1 Adjustment for recomputed income (loss) from passive activities	1	
2 Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 2m	4	

Circulation Costs — Line 2o

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2o	3	

Mining Costs — Line 2q

1 Mining costs adjustment from Schedule K-1 Worksheets	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2q	3	

Research and Experimental Costs — Line 2r

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2r	3	

Intangible Drilling Costs — Line 2t

1 Excess intangible drilling costs	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65% (.65)	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1.	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 2t	6	

Other Adjustments — Line 3

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3.	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Add lines 5 and 6	7	
8 Standard deduction if a qualified disaster loss was added to standard deduction.	8	
9 Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 3	9	

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Name(s) Shown on Return

Social Security Number

Taxable Income -- Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	-7,496.
2	Additions to income	2	
3	Add lines 1 and 2	3	-7,496.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	-7,496.

Taxes -- Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	---	---	--

Refund of Taxes -- Line 2b

1	Taxable refund of state and local income tax	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b	3	

Alternative Tax Net Operating Loss Deduction (ATNOLD) -- Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	16,904.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	16,904.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	15,214.
6	Enter ATNOL carried to 2018 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options -- Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

**Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax**

2019

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Name(s) Shown on Return

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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

Use a separate worksheet for each casualty or theft event.

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Name(s) shown on return

Social Security No.

Part I Casualty or Theft Event Information

- 1 Description of this casualty or theft event►
- 2 Date of casualty or theft event ►
- 3 Use of property, check one if not a Ponzi loss (line 5c):
 - a Personal (includes home office deducted under simplified method, see tax help)► ☐
 - b Business, employment, or income-producing► ☐
- 4 If box 3a is checked, check one:
 - a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster► ☐
 - b This event qualifies as a Hurricane Irma Disaster► ☐
 - c This event qualifies as a Hurricane Maria Disaster► ☐
 - d This event qualifies as a 2017 California Wildfire Disaster (01/01/2017-01/18/2018)► ☐
 - e This event is a qualified federally declared major disaster► ☐
 - f This event is a federally declared disaster (not "qualified")► ☐
 - g This event qualifies as a 2016 federally declared disaster area► ☐
 - h This event **does not** qualify as a federally declared disaster► ☐
 - i Enter the FEMA disaster decl. number if any line 4a-g is checked (ex. DR-1234)►
- 5 If box 3b is checked, check one:
 - a Check if the property was used in a passive activity► ☐
 - b Check if the property was **not** used in a passive activity► ☐
 - c Check if this is a Rev Proc 2009-20 Ponzi-Type loss► ☐
- 6 Worksheet Copy Number 1

Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event

- a Description including type of property . . .►
- b For personal use property, enter the address, city, state and ZIP code
- c Date acquired►
- d Cost or other basis►
- e Insurance or other reimbursement►
- f FMV before event►
- g FMV after event►
- h Was this a total loss ? Yes . . .► ☐ No . . .► ☐
- i If **personal** use, is this a collectible ? Yes . . .► ☐ No . . .► ☐
- j If **business** use, check one: Business► ☐ Employ► ☐ Income . . .► ☐
- k If **home office** (standard method) enter: Sch C . . .► ☐ No Sch C . . .► ☐ Ln 27
- a Description including type of property . . .►
- b For personal use property, enter the address, city, state and ZIP code
- c Date acquired►
- d Cost or other basis►
- e Insurance or other reimbursement►
- f FMV before event►
- g FMV after event►
- h Was this a total loss ? Yes . . .► ☐ No . . .► ☐
- i If **personal** use, is this a collectible ? Yes . . .► ☐ No . . .► ☐
- j If **business** use, check one: Business► ☐ Employ► ☐ Income . . .► ☐
- k If **home office** (standard method) enter: Sch C . . .► ☐ No Sch C . . .► ☐ Ln 27

Schedule SE Adjustments Worksheet

2019

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Name(s) Shown on Return

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	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ►	<input type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ►	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self- employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AH		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c.		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2019?

- ☐ Yes, all of the above is correct.
☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2019?

- 2 ☐ Yes, my dependents lived with me at this address.
☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2019.

Compliance and Due Diligence Indicator ☐ Yes ☒ No

Potential qualifying child count
 Non dependent potential qualifying child count
 Qualifying child count (max 3)

Form 1040
Line 17a

Earned Income Credit Worksheet

2019

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Name(s) Shown on Return

Social Security Number

QuickZoom to Schedule EIC ►

QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►

QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income ►

QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

<p>1 Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="padding-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="padding-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="padding-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC 4 a</p> <p style="padding-left: 20px;">b Spouse's nontaxable combat pay election for EIC b</p> <p style="padding-left: 20px;">c Total nontaxable combat pay election 4 c</p> <p>5 If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Medicaid Waiver Payments reported as nontaxable</p> <p>7 Earned income. Add lines 3, 4, 5, and 6</p> <p>8 Enter the credit, from the EIC Table, for the amount on line 7. Be sure to use the correct column for filing status and number of children.</p> <p style="padding-left: 20px;">If line 8 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 18a.</p> <p>9 Enter your AGI from Form 1040, line 8b</p> <p>10 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 9 less than \$8,650 (\$14,450 if married filing jointly)? • 1 or more qualifying children, is the amount on line 9 less than \$19,050 (\$24,850 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 11 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 8. Be sure to use the correct column for filing status and number of children</p> <p>11 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 10, enter the amount from line 8 • If 'No' on line 10, enter the smaller of line 8 or line 10 	<p>1 <u>10,272.</u></p> <p>2 a _____</p> <p>b _____</p> <p>c _____</p> <p>3 <u>10,272.</u></p> <p>4 c _____</p> <p>5 _____</p> <p>6 _____</p> <p>7 <u>10,272.</u></p> <p>8 <u>4,110.</u></p> <p>9 <u>16,904.</u></p> <p>10 _____</p> <p>11 <u>4,110.</u></p>
---	---

Enter line 11 amount on Form 1040, line 18a.

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Name(s) Shown on Return

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Investment Interest Expense (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:		
a	-----	3 a	
b	-----	b	
c	-----	c	
d	-----	d	
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:		
a	-----	9 a	
b	-----	b	
c	-----	c	
d	-----	d	
10	Total investment income. Add lines 5d through 9.	10	

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	
b	Less net gains from property not held for investment	b	
c	Net gains from property held for investment.	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	12 a	
b	Less net capital gains from property not held for investment	b	
c	Net capital gains from property held for investment.	c	

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses reported on schedule K-1 partnership or S-corp	14	
15	Expenses from nonpassive trade or business without material participation	15	
16	Other investment expenses:		
a	-----	16 a	
b	-----	b	
c	-----	c	
d	-----	d	
17	Total investment expenses. Add lines 13 through 17.	17	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8	18	
19	Less amount deducted on other forms and schedules:	19	
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
20	Investment interest expense.	20	

Earned Income Worksheet

2019

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Name(s) Shown on Return

Social Security Number

Part I — Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II — Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above) . . .			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	175.	10,097.	10,272.
7 a Taxable employer-provided adoption benefits . . .			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	175.	10,097.	10,272.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5	175.	10,097.	10,272.
11 Scholarship or fellowship income not on W-2 . . .			
12 SE exempt earnings less nontaxable income . . .			
13 Distributions from nonqualified/Sec. 457 plans . .			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	175.	10,097.	10,272.

Part III — IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	175.	10,097.	10,272.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2. .	175.	10,097.	10,272.

Part IV — Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees .			
24 Wages, salaries, tips, etc	175.	10,097.	10,272.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	175.	10,097.	10,272.

Name(s) Shown on Return

Social Security Number

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

1 Is your **earned income*** more than \$750?

☐ Yes. Add \$350 to your earned income. Enter the total
☐ No. Enter \$1,100

Yes. Add \$350 to your earned income. Enter the total

No. Enter \$1,100

2 Enter the amount shown below for your filing status.

- Single or married filing separately — \$12,200
- Married filing jointly — \$24,400
- Head of household — \$18,350

3 **Standard deduction.**

3 a Enter the **smaller** of line 1 or line 2. If born after January 1, 1955, and not blind, **stop here** and enter this amount on Form 1040 or 1040-SR, line 9.

Otherwise, go to line 3b

3 b If born before January 2, 1955, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,300 (\$1,650 if single or head of household) . . .

3 c Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 9. . . .

1

2 24,400.

3 a

3 b

3 c

***Earned Income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.

Schedule A
Lines 16

Miscellaneous Itemized Deductions Worksheet

2019

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FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b)	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Tax preparation fees	7	
8	Entertainment expenses	8	
9	Other:	9	
10	Combine lines 1 through 9	10	

FOR STATE USE ONLY:
Miscellaneous Expenses – Subject to 2% Limitation
Check the box in investment column if an investment expense

Investment
Expense ↓

11	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	11	
12	Casualty/theft losses of property used in services as an employee		12	
13	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	13	
14	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	14	
15	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	15	
16	Miscellaneous deductions, from Schedule(s) K-1		16	
17	Excess deductions on termination, from Schedule(s) K-1		17	
18	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	18	
19	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	19	
20	Safe deposit box rental fees	<input checked="" type="checkbox"/>	20	
21	IRA custodial fees	<input checked="" type="checkbox"/>	21	
22	Loss incurred from total distribution of all traditional IRAs		22	
23	Loss incurred from total distribution of all Roth IRAs		23	
24	Loss incurred from final distribution of a QTP investment		24	
25	Hobby expense (limited to hobby income)		25	
26	Other:			
a	Prior year government unemployment benefits repaid in 2019		26	
b				
27	Combine lines 11 through 26		27	

FOR FEDERAL AND STATE USE:
Other Miscellaneous Deductions – Not Subject to 2% Limitation

28	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	28	
29	Federal estate tax paid on decedent's income reported on this return		29	
30	Impairment-related expenses of a handicapped employee, from Form 2106		30	
31	Amortizable bond premiums on bonds acquired before 10/23/86		31	
32	Gambling losses		32	
33	Deduction for repayment of amounts under claim of right if over \$3,000		33	
34	Casualty/theft losses of income-producing property		34	
35	Unrecovered investment in annuity		35	
36	Ordinary loss attributable to certain debt instruments		36	
37	Net Qualified Disaster Loss		37	
38	Combine lines 28 through 37 (to Schedule A, line 16)		38	

Charitable Deduction Limits Worksheet For Carryover Contributions

2019

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Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions for qualified disaster relief	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	0.
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	0.

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI)	8	16,904.
	Percentage of line 8	Used in Current Year	
a	60% AGI limit to line 9 10,142.	Less 0.	a 10,142.
b	50% AGI limit to line 12 8,452.	Less 0.	b 8,452.
c	30% AGI limit, Section C to line 19 5,071.	Less 0.	c 5,071.
d	30% AGI limit, Section D to line 26 5,071.	Less 0.	d 5,071.
e	20% AGI limit to line 35 3,381.	Less 0.	e 3,381.

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9	Multiply line 8 by 0.6	9	
10	Deductible amount. Enter the smaller of line 7 or line 9	10	
11	Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12	Multiply line 8 by 0.5	12	
13	Subtract line 10 from line 12	13	
14	Deductible amount. Enter the smaller of line 6 or line 13	14	
15	Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16	Multiply line 8 by 0.5	16	
17	Add lines 5, 6, and 7	17	
18	Subtract line 17 from line 16	18	
19	Multiply line 8 by 0.3	19	
20	Add lines 3 and 4	20	
21	Deductible amount. Enter the smallest of line 18, 19, or 20	21	
22	Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23	Multiply line 8 by 0.5	23	
24	Add lines 6 and 7	24	
25	Subtract line 24 from line 23	25	
26	Multiply line 8 by 0.3	26	
27	Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28	Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29	
30	Add lines 10, 14, 21, and 27	30	

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Current Year Contributions

2019

► Keep for your records

Name(s) Shown on Return

Social Security Number

Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions for qualified disaster relief	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI)	8	16,904.
---	--	---	---------

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9	Multiply line 8 by 0.6	9	
10	Deductible amount. Enter the smaller of line 7 or line 9	10	
11	Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12	Multiply line 8 by 0.5	12	
13	Subtract line 10 from line 12	13	
14	Deductible amount. Enter the smaller of line 6 or line 13	14	
15	Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16	Multiply line 8 by 0.5	16	
17	Add lines 5, 6, and 7	17	
18	Subtract line 17 from line 16	18	
19	Multiply line 8 by 0.3	19	
20	Add lines 3 and 4	20	
21	Deductible amount. Enter the smallest of line 18, 19, or 20	21	
22	Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23	Multiply line 8 by 0.5	23	
24	Add lines 6 and 7	24	
25	Subtract line 24 from line 23	25	
26	Multiply line 8 by 0.3	26	
27	Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28	Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29	
30	Add lines 10, 14, 21, and 27	30	

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions for certain disaster relief efforts

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Schedule A
Lines 6 and 10-13

Home Mortgage Interest Worksheet

2019

► Keep for your records

Name(s) Shown on Return

Social Security Number

Note: Use this worksheet to report home mortgage interest you paid on your main home or second home. Enter mortgage interest you paid for business property other than a home office on the appropriate schedule or form for the business activity (Schedule C, Schedule E, etc.).

Mortgage Lender Info:

- 1 Recipient's/lender's name.
- 2 a Was the mortgage interest reported to you on Form 1098? Yes ☒ No ☐
b Mortgage interest paid on your main home or second home in 2019 14,167.49
c Check this box if Box 7 is checked on Form 1098 ☐
d Is this loan secured by a residence of yours? Yes ☒ No ☐
- 3 Outstanding mortgage principal 305,625.41
- 4 Mortgage origination date 09/06/2013
- 5 a Did your home loan close after December 31, 2006? Yes ☐ No ☐
b Mortgage insurance premiums 0.00
- 6 Mortgage acquisition date
- 7 a Points paid to buy or improve your **main** home in 2019
b Check if points were reported to you on Form 1098 ☐
c Check if points were reported on the HUD-1 loan closing statement, or my name is not listed first on Form 1098 ☐
Computed points reported on Form 1098 ☐
Computed points not reported on Form 1098 ☐
- 8 Property taxes 5,658.16
- 9 Check this box if you refinanced your loan with a different lender, paid off this loan, or sold the property ☐
- 10 Did you pay points to this lender which must be spread over the life of the loan, for example: points you paid on your second home, on a home equity loan, or when you refinanced, enter the following Yes ☐ No ☐
a Total points originally paid on a loan for which the points must be amortized
b Length of loan (years)
c Points deducted in prior years for this loan
d Amortized points allowable this year
e Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a)*
* As adjusted by the Home Mortgage Interest Limitation Smart Worksheet below, if applicable

Uncommon Situations:

- 11 Were you and someone else liable for this mortgage and the **other person** received the Form 1098, enter the other person's name and address Yes ☐ No ☒
Name
Address
City State ZIP
- 12 Did you buy your home from the recipient and did **NOT** receive a Form 1098, enter the recipient's identifying number and address Yes ☐ No ☒
Recipient's SSN -OR- Recipient's EIN
Recipient's address
City State ZIP
- 13 Did you pay more mortgage interest than what is shown on Form 1098 Yes ☐ No ☐
QuickZoom to attach a statement to your return explaining the difference.

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2019

► Keep for your records

Name(s) Shown on Return

Social Security Number

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1
2	2019 state estimated taxes paid in 2019	2
3	2018 state estimated taxes paid in 2019	3
4	Amount paid with 2018 state application for extension	4
5	Amount paid with 2018 state income tax return	5
6	Overpayment on 2018 state income tax return applied to 2019 tax	6
7	Other amounts paid in 2019 (amended returns, installment payments, etc.)	7
8	State estimated tax from Schedule(s) K-1 (Form 1041)	8
Local income taxes:		
9	Local income tax withheld	9
10	2019 local estimated taxes paid in 2019	10
11	2018 local estimated taxes paid in 2019	11
12	Amount paid with 2018 local application for extension	12
13	Amount paid with 2018 local income tax return	13
14	Overpayment on 2018 local income tax return applied to 2019 tax	14
15	Other amounts paid in 2019 (amended returns, installment payments, etc.)	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	16
Other:		
17		17
18	Total Add lines 1 through 17	18
19	State and local refund allocated to 2019	19
20	Nondeductible state income tax from line 28	20
21	Total reductions Add lines 19 and 20.	21
22	Total state and local income tax deduction Line 18 less line 21	22

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	23
24	Adjusted gross income	24
25	Add lines 23 and 24	25
26	Nondeductible percent. Line 23 divided by line 25	26
27	Hawaii state income tax included in line 18	27
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28

Schedule A
Line 5

Locality for Sales Tax Deduction
► Keep for your records

2019

Name(s) Shown on Return

Social Security Number

1 For the state and period of residency of FL (01/01/2019 - 12/31/2019)

2 Check the applicable locality:

a ☐ All cities

b ☐ Not applicable

c ☐ Not applicable

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks.	5,658.16
c	Real estate taxes paid on additional homes or land	
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	
e	Vacation home	
f	Less real estate taxes deducted on Form 8829	
g	Foreign real property taxes included in lines 2a-2f above	
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	5,658.00
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2018 Amount Enter 2019 description:	
	34.75 Hoog Boat Hog	21.00
	46.85 Volkswagen toureg	45.00
	46.85 Chevrolet Colorado	45.00
	67.37 See Additional Automobile Registration Fees	164.00
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	
c	Other personal property taxes	
d	Add lines 3a through 3c (to Schedule A, line 5c)	275.00
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	
b	Foreign taxes from interest and dividends	
c	Foreign taxes from Schedule(s) K-1	
d	Other foreign taxes (not used to claim a foreign tax credit).	
e	Other taxes.	
	2018 Amount Enter 2019 description:	
f	Foreign real property taxes included in lines 4a-4e above	
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	14,167.49
b	Qualified mortgage interest from Schedule E Worksheet	
c	Less home mortgage interest/points deducted on Form 8829	
d	Less home mortgage interest from Form 8396, line 3	
e	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above.	14,167.49
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	
b	Less home mortgage interest deducted on Form 8829.	
c	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above	
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	
c	Less points deducted on Form 8829	
d	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above.	

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2019

► Keep for your records

Name(s) Shown on Return

Social Security Number

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	16,904.
(2) Nontaxable income entered elsewhere on return	0.
(3) Available income: 2018 refundable credits in excess of tax	2,800.
(4) Enter any additional nontaxable income	
(5) Total available income	19,704.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount
FL	01/01/19	12/31/19	6.5000	6.0000	0.5000	342.00	28.49	370.49

c Total general sales tax using tables 370.49

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items 370.49

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a) 370.49

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes ☐ Sales Taxes ☐ Greater amount ☒

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

► Keep for your records

Name(s) Shown on Return

Social Security Number

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/19		04/15/19			04/15/19		
2	06/17/19		06/17/19			06/17/19		
3	09/16/19		09/16/19			09/16/19		
4	01/15/20		01/15/20			01/15/20		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2019					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2019 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				337.		
11	Forms W-2G						
12	Forms 1099-R				0.		
13	Forms 1099-MISC, 1099-K and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f				337.		
20	Total Tax Payments for 2019				337.		

Prior Year Taxes Paid In 2019 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2018 extensions				
22	2018 estimated tax paid after 12/31/2018				
23	Balance due paid with 2018 return				
24	Other (amended returns, installment payments, etc) . .				

Schedule A
Line 1

Medical Expenses Worksheet

► Keep for your records

2019

Name(s) Shown on Return

Social Security Number

1	Prescription medications	1	
2	Health insurance premiums:		
a	Premiums other than self-employed health insurance or reported on a 1095-A . . .	2 a	
b	From Form(s) 1095-A - net of adjustments	b	
	Taxpayer's portion of 1095-A premiums (total less spouse) . . .		
	Spouse's portion of 1095-A premiums, enter the amount		
	for the spouse, the remaining goes to the taxpayer		
c	Medicare premiums	c	
d	From Form(s) 1099-R	d	
	NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, not on lines 2e - 2j below.		
e	Taxpayer's gross long-term care premiums	2 e	
f	Taxpayer's allowable long-term care premiums	f	
g	Spouse's gross long-term care premiums	g	
h	Spouse's allowable long-term care premiums	h	
i	Dep or child under 27 gross long-term care premiums . .	i	
j	Dep or child under 27 allowable long-term care prem. . .	j	
k	Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j	k	
l	Taxpayer's long-term care premiums not deducted as an adjustment to income . .	l	
m	Spouse's long-term care premiums not deducted as an adjustment to income . .	m	
n	Dependent's long-term care premiums not deducted as an adj to income	n	
o	Other self-employed health insurance not deducted as an adj to income	o	
3	Fees for doctors, dentists, etc	3	2,000.
4	Fees for hospitals, clinics, etc.	4	
5	Lab and x-ray fees	5	200.
6	Expenses for qualified long-term care	6	
7	Eyeglasses and contact lenses	7	300.
8	Medical equipment and supplies	8	
9	Medical transportation expenses:		
a	Medical miles driven	9 a	
b	Multiply the number of miles on line 9a by 20 cents per mile	b	
c	Other medical transportation costs not included above for example: ambulance fees	c	
d	Total medical transportation expenses (add lines 9b and 9c)	9 d	
10	Lodging for medical purposes (up to \$50 per night per person)	10	
11	Other medical and dental expenses:		
a		11 a	
b		b	
c		c	
d		d	
e		e	
f		f	
g		g	
h		h	
i		i	
j		j	
12	Total of medical and dental expenses (add lines 1 through 11j)	12	2,500.
13 a	Less: insurance reimbursement for any expenses listed	13 a	
b	Less: medical savings account (MSA) or health savings account (HSA) distributions	b	
14	Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1).	14	2,500.

IRA Contributions Worksheet

2019

► Keep for your records

Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular Roth IRA contributions made for 2019, including any made between 1/1/2020 and 7/15/2020, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.		
21	Contributions recharacterized from a traditional IRA, (from ln 4). .		
22	Roth IRA contributions, from Schedule(s) K-1		
23	Enter contributions recharacterized to a traditional IRA.		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed Roth IRA conversions		
25	Roth IRA contributions. Combine lines 20 through 24		
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i>		
27	Excess Roth IRA contribution credit		
28	Total Roth IRA contributions		
29	Repayments of qualified Roth reservist distributions		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
30	Roth IRA contributions after limitation		
31	Excess Roth IRA contributions, to Form(s) 5329, line 23		
	Note: You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.		

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
32	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.		
	Note: You do not need to report any Coverdell ESA contributions which are not excess contributions..		

IRA Contributions Worksheet

2019

► Keep for your records

Name(s) Shown on Return

Social Security Number

Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2019, including any made between 1/1/2020 and 7/15/2020, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA. . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2020 to 7/15/2020 (<i>See Help</i>).		
12	Age 70-1/2 or older in tax year		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible traditional IRA contributions from worksheet.		
14	Nondeductible traditional IRA contributions from worksheet. . . .		
	QuickZoom to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet ► <input type="checkbox"/> Worksheet for social security recipients ►		
15	Amount on line 13 you elect to make nondeductible		
16	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
17	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
18	Qualified reservist repayments		
19	Nondeductible traditional IRA contributions, to Form 8606, In 1. . .		

Reconciliation info

The information below can be used to reconcile gains/losses reported by category on a statement from your Financial Institution.

Sale Category	Proceeds	Cost Basis	Tent Gain/Loss	Adjustment Amt	Adj Gain/Loss
Description of sale category					Adj Code(s)
Box E	55.	55.	0.		0.
Long term sales with cost basis NOT reported to the IRS					
Totals	55.	55.	0.		0.

Note: Withholding totals don't include withholding on transactions linked to Capital Gain Transaction Wksht

Total Collectible Gain

Total Federal Backup Withholding

State ID

State Backup Withholding

Total State Backup Withholding

PDF Attachment

Taxpayer must mail in a statement with more details? ☐ Yes ☐ No

If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.

☐





ADDRESS SERVICE REQUESTED

Statement Ending 09/30/2020

Page 1 of 8

Account Number: X

Managing Your Accounts

	Branch Name	Home Office
	Phone Number	(239) 472-6100
	Mailing Address	2475 Library Way Sanibel, FL 33957
	Website	www.sancapbank.com

Let's get social! We're ready to connect with you on Facebook, Twitter and LinkedIn.

Summary of Accounts

As a nonconventional bank, our foundation is built on people and relationships. We empower and support our neighbors, team and community through local decision-making. Thank you for choosing Sanibel Captiva Community Bank to be your banking partner.

Account Type	Account Number	Ending Balance
BUSINESS CHECKING		\$1,552.41

BUSINESS CHECKING-XXXX1221

Account Summary

Date	Description	Amount
09/01/2020	Beginning Balance	\$1,996.10
	31 Credit(s) This Period	\$29,081.50
	280 Debit(s) This Period	\$29,525.19
09/30/2020	Ending Balance	\$1,552.41

Electronic Credits

Date	Description	Amount
09/01/2020	INTLIT PYMT SOLIDCREDIT	\$630.00
09/02/2020		\$85.00
09/02/2020		\$165.00
09/04/2020		\$180.00
09/08/2020		\$481.50
09/08/2020		\$160.00
09/09/2020		\$3,830.00
09/11/2020		\$150.00
09/14/2020		\$960.00
09/14/2020		\$85.00
09/15/2020		\$100.00
09/16/2020		\$175.00
09/18/2020		\$1,500.00
09/21/2020		\$180.00
09/21/2020		\$300.00
09/21/2020		\$370.00

MEMB
FDIC



BUSINESS CHECKING-XXXX

(continued)

Electronic Credits (continued)

Date	Description	Amount
09/21/2020		\$4,230.00
09/22/2020		\$655.00
09/23/2020		\$500.00
09/24/2020		\$1,830.00
09/28/2020		\$80.00
09/28/2020		\$350.00
09/28/2020		\$2,935.00
09/29/2020		\$220.00
09/30/2020		\$200.00

Other Credit

Date	Description	Amount
09/02/2020	DEPOSIT	\$1,755.00
09/04/2020	DEPOSIT	\$885.00
09/11/2020	DEPOSIT	\$2,090.00
09/15/2020	DEPOSIT	\$605.00
09/17/2020	DEPOSIT	\$1,580.00
09/25/2020	DEPOSIT	\$1,815.00

Electronic Debits

Date	Description	Amount
09/01/2020		\$19.52
09/02/2020		\$5.29
09/02/2020		\$150.00
09/03/2020		\$116.25
09/03/2020		\$482.32
09/04/2020		\$7.99
09/04/2020		\$5.72
09/08/2020		\$196.00
09/08/2020		\$221.69
09/08/2020		\$2.57
09/08/2020		\$108.38
09/08/2020		\$111.57
09/08/2020		\$270.00
09/08/2020		\$500.00
09/08/2020		\$3.72
09/09/2020		\$14.98
09/10/2020		\$3.15
09/11/2020		\$325.33
09/11/2020		\$28.09
09/11/2020		\$40.00
09/14/2020		\$200.00
09/14/2020		\$2.72
09/14/2020		\$3.15
09/14/2020		\$83.00
09/14/2020		\$6.84
09/14/2020		\$15.98
09/14/2020		\$20.00
09/15/2020		\$59.40
09/15/2020		\$2.86
09/16/2020		\$40.00
09/17/2020		\$43.75
09/17/2020		\$126.00
09/18/2020		\$164.94
09/18/2020		\$5.72
09/18/2020		\$150.00
09/18/2020		\$600.00
09/21/2020		\$15.98
09/21/2020		\$9.45
09/21/2020		\$11.23
09/21/2020		\$85.00
09/21/2020		\$109.95
09/21/2020		\$125.93
09/21/2020		\$70.00

BUSINESS CHECKING-

(continued)

Electronic Debits (continued)

Date	Description	Amount
09/21/2020		\$73.39
09/22/2020		\$18.82
09/23/2020		\$15.25
09/23/2020		\$1,028.62
09/24/2020		\$53.57
09/24/2020		\$7.99
09/25/2020		\$150.00
09/25/2020		\$13.09
09/28/2020		\$2.57
09/28/2020		\$10.90
09/28/2020		\$86.62
09/28/2020		\$102.02
09/28/2020		\$59.40
09/28/2020		\$74.26
09/29/2020		\$6.88
09/29/2020		\$155.33
09/29/2020		\$223.00
09/29/2020		\$0.99
09/29/2020		\$7.99
09/30/2020		\$221.69
09/30/2020		\$3.69
09/30/2020		\$450.00
09/30/2020		\$935.00

Other Debits

Date	Description	Amount
09/01/2020		\$10.94
09/01/2020		\$23.38
09/01/2020		\$25.05
09/01/2020		\$48.77
09/02/2020		\$56.41
09/02/2020		\$2.13
09/02/2020		\$10.91
09/02/2020		\$12.11
09/02/2020		\$16.93
09/02/2020		\$37.00
09/02/2020		\$37.26
09/02/2020		\$40.17
09/02/2020		\$60.00
09/02/2020		\$87.69
09/03/2020		\$200.00
09/03/2020		\$10.16
09/03/2020		\$36.63
09/03/2020		\$58.87
09/03/2020		\$73.50
09/03/2020		\$118.19
09/03/2020		\$200.00
09/03/2020		\$201.28
09/04/2020		\$40.04
09/04/2020		\$44.26
09/04/2020		\$48.00
09/08/2020		\$86.29
09/08/2020		\$2.98
09/08/2020		\$3.59
09/08/2020		\$6.37
09/08/2020		\$9.68
09/08/2020		\$10.00
09/08/2020		\$12.00
09/08/2020		\$15.37

BUSINESS CHECKING (continued)**Other Debits (continued)**

Date	Description	Amount
09/08/2020		\$16.68
09/08/2020		\$21.13
09/08/2020		\$21.91
09/08/2020		\$23.41
09/08/2020		\$26.00
09/08/2020		\$27.55
09/08/2020		\$35.91
09/08/2020		\$39.76
09/08/2020		\$41.12
09/08/2020		\$42.18
09/08/2020		\$43.45
09/08/2020		\$50.62
09/08/2020		\$60.64
09/08/2020		\$62.09
09/08/2020		\$63.70
09/08/2020		\$70.00
09/08/2020		\$72.22
09/08/2020		\$91.69
09/08/2020		\$128.39
09/08/2020		\$163.11
09/08/2020		\$486.20
09/08/2020		\$508.25
09/09/2020		\$30.96
09/09/2020		\$40.81
09/09/2020		\$43.00
09/09/2020		\$58.16
09/09/2020		\$266.25
09/10/2020		\$1.00
09/10/2020		\$6.77
09/10/2020		\$32.36
09/10/2020		\$32.99
09/10/2020		\$40.61
09/10/2020		\$48.07
09/10/2020		\$65.00
09/10/2020		\$106.45
09/10/2020		\$200.00
09/11/2020		\$15.05
09/11/2020		\$15.70
09/11/2020		\$15.94
09/11/2020		\$21.47
09/11/2020		\$24.89
09/11/2020		\$31.94
09/11/2020		\$49.65
09/11/2020		\$92.29
09/11/2020		\$99.58
09/14/2020		\$220.56
09/14/2020		\$2.77
09/14/2020		\$4.50
09/14/2020		\$4.50
09/14/2020		\$7.90
09/14/2020		\$10.44
09/14/2020		\$11.32
09/14/2020		\$17.78
09/14/2020		\$20.00
09/14/2020		\$20.63
09/14/2020		\$30.69
09/14/2020		\$36.58
09/14/2020		\$36.68
09/14/2020		\$46.29
09/14/2020		\$50.00
09/14/2020		\$56.68
09/14/2020		\$61.00
09/14/2020		\$65.94
09/14/2020		\$76.81

BUSINESS CHECKING-

(continued)

Other Debits (continued)

Date	Description	Amount
09/14/2020		\$100.00
09/14/2020		\$110.66
09/14/2020		\$112.22
09/14/2020		\$163.52
09/14/2020		\$165.83
09/14/2020		\$174.82
09/15/2020		\$205.03
09/15/2020		\$5.00
09/15/2020		\$12.77
09/15/2020		\$21.47
09/15/2020		\$50.00
09/15/2020		\$50.00
09/15/2020		\$50.00
09/15/2020		\$50.00
09/15/2020		\$71.32
09/15/2020		\$95.02
09/15/2020		\$120.69
09/16/2020		\$473.78
09/16/2020		\$65.00
09/16/2020		\$77.51
09/16/2020		\$99.00
09/17/2020		\$42.60
09/17/2020		\$73.50
09/17/2020		\$182.33
09/18/2020		\$218.00
09/18/2020		\$16.58
09/18/2020		\$39.70
09/18/2020		\$44.48
09/21/2020		\$279.33
09/21/2020		\$6.77
09/21/2020		\$9.36
09/21/2020		\$23.49
09/21/2020		\$25.72
09/21/2020		\$26.91
09/21/2020		\$34.95
09/21/2020		\$40.12
09/21/2020		\$47.07
09/21/2020		\$56.76
09/21/2020		\$65.97
09/21/2020		\$98.01
09/21/2020		\$106.42
09/22/2020		\$177.66
09/22/2020		\$11.28
09/22/2020		\$17.32
09/22/2020		\$43.96
09/22/2020		\$51.21
09/22/2020		\$75.85
09/23/2020		\$106.90
09/23/2020		\$5.64
09/23/2020		\$35.92
09/23/2020		\$39.00
09/23/2020		\$47.40
09/23/2020		\$80.86
09/23/2020		\$126.44
09/23/2020		\$136.99
09/24/2020		\$157.57
09/24/2020		\$14.24
09/24/2020		\$28.72
09/24/2020		\$36.21
09/24/2020		\$70.00

BUSINESS CHECKING

I (continued)

Other Debits (continued)

Date	Description	Amount
09/24/2020		\$135.26
09/24/2020		\$173.22
09/25/2020		\$62.65
09/25/2020		\$67.73
09/25/2020		\$97.44
09/25/2020		\$106.95
09/25/2020		\$128.39
09/28/2020		\$4.38
09/28/2020		\$6.37
09/28/2020		\$9.03
09/28/2020		\$9.54
09/28/2020		\$12.76
09/28/2020		\$14.11
09/28/2020		\$14.24
09/28/2020		\$26.00
09/28/2020		\$26.32
09/28/2020		\$30.00
09/28/2020		\$30.80
09/28/2020		\$35.75
09/28/2020		\$52.30
09/28/2020		\$54.39
09/28/2020		\$55.00
09/28/2020		\$62.43
09/28/2020		\$68.96
09/28/2020		\$84.56
09/28/2020		\$85.00
09/28/2020		\$100.00
09/28/2020		\$359.35
09/28/2020		\$735.80
09/29/2020		2,279.39
09/29/2020		\$5.53
09/29/2020		\$5.64
09/29/2020		\$8.26
09/29/2020		\$15.18
09/29/2020		\$22.81
09/29/2020		\$60.17
09/29/2020		\$74.00
09/29/2020		\$100.00
09/29/2020		\$103.61
09/30/2020		\$272.27
09/30/2020		\$1.29
09/30/2020		\$7.87
09/30/2020		\$11.28
09/30/2020		\$13.13
09/30/2020		\$16.59
09/30/2020		\$16.90
09/30/2020		\$71.28
09/30/2020		\$100.22

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount
1238	09/01/2020	\$650.00	1244	09/21/2020	\$680.00
1239	09/01/2020	\$247.50	1245	09/23/2020	\$500.00
1241*	09/09/2020	\$670.00	1246	09/29/2020	\$590.00
1242	09/09/2020	\$541.14	2033*	09/04/2020	\$60.00
1243	09/15/2020	\$650.00			

* Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount	Date	Amount
09/01/2020	\$1,544.53	09/03/2020	\$1,584.85	09/08/2020	\$3,252.13
09/02/2020	\$2,890.04	09/04/2020	\$2,169.54	09/09/2020	\$1,747.66

Account Number:

BUSINESS CHECKING-

(continued)

Daily Balances (continued)

<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
09/10/2020	\$890.08	09/17/2020	\$2,560.70	09/24/2020	\$4,571.51
09/11/2020	\$3,084.92	09/18/2020	\$1,588.91	09/25/2020	\$5,760.26
09/14/2020	\$1,486.24	09/21/2020	\$4,604.75	09/28/2020	\$4,633.01
09/15/2020	\$573.33	09/22/2020	\$4,934.41	09/29/2020	\$3,201.35
09/16/2020	\$1,788.07	09/23/2020	\$3,260.72	09/30/2020	\$1,552.41

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

<div>1239 63-1528670 20 OLIAKIS \$247.50</div>	<div>PAY TO ORDER COI #123</div>
<div>1242 63-1528670 DOLLARS \$541.14</div>	<div>PAY TO ORDER COI #124</div>
<div>1244 63-1528670 DOLLARS \$680.00</div>	<div>PAY TO ORDER CDMA #124</div>
<div>1246 63-1528670 20 DOLLARS \$590.00</div>	<div>PAY TO ORDER COI #124</div>
	<div>PAY TO ORDER Memo #203</div>





ADDRESS SERVICE REQUESTED

Statement Ending 10/30/2020

Page 1 of 10

Account Number: 1

Managing Your Accounts

	Branch Name	Home Office
	Phone Number	(239) 472-6100
	Mailing Address	2475 Library Way Sanibel, FL 33957
	Website	www.sancapbank.com

Let's get social! We're ready to connect with you on Facebook, Twitter and LinkedIn.

Summary of Accounts

As a nonconventional bank, our foundation is built on people and relationships. We empower and support our neighbors, team and community through local decision-making. Thank you for choosing Sanibel Captiva Community Bank to be your banking partner.

Account Type	Account Number	Ending Balance
BUSINESS CHECKING		\$4,345.48

BUSINESS CHECKING-XXXX1221

Account Summary

Date	Description	Amount
10/01/2020	Beginning Balance	\$1,552.41
	33 Credit(s) This Period	\$37,104.62
	267 Debit(s) This Period	\$34,311.55
10/30/2020	Ending Balance	\$4,345.48

Electronic Credits

Date	Description	Amount
10/01/2020		\$740.00
10/02/2020		\$36.27
10/02/2020		\$3,755.00
10/05/2020		\$250.00
10/05/2020		\$3,090.00
10/06/2020		\$290.00
10/07/2020		\$180.00
10/08/2020		\$2,279.39
10/08/2020		\$2,350.00
10/09/2020		\$245.00
10/13/2020		\$80.00
10/13/2020		\$85.00
10/15/2020		\$90.00
10/16/2020		\$300.00
10/19/2020		\$180.00
10/19/2020		\$180.00

MEMB
FDIC



BUSINESS CHECKING-XXXX1221 (continued)**Electronic Credits (continued)**

Date	Description	Amount
10/20/2020		
10/21/2020		1,360.00
10/22/2020		\$770.00
10/22/2020		\$21.59
10/23/2020		\$90.00
10/26/2020		\$655.00
10/27/2020		1,055.00
10/28/2020		\$220.00
10/28/2020		\$24.99
10/30/2020		\$90.00
		\$4,235.00

Other Credits

Date	Description	Amount
10/02/2020	DEPOSIT	
10/09/2020	DEPOSIT	\$1,150.00
10/16/2020	DEPOSIT	\$2,725.00
10/20/2020	461474 BUSINESS ONLINE TRANSFER	\$1,750.00
	10/20/20	\$502.38
10/21/2020	DEPOSIT	
10/23/2020	DEPOSIT	\$4,845.00
10/29/2020	DEPOSIT	\$1,580.00
		\$900.00

Electronic Debits

Date	Description	Amount
10/01/2020		
10/02/2020		\$23.22
10/02/2020		\$109.65
10/02/2020		\$150.00
10/05/2020		\$150.00
10/05/2020		\$7.75
10/05/2020		\$90.11
10/05/2020		\$116.25
10/05/2020		\$500.00
10/05/2020		\$3.72
10/05/2020		\$9.99
10/05/2020		\$22.97
10/06/2020		\$195.00
10/07/2020		\$6.34
10/08/2020		\$5.72
10/08/2020		\$66.95
10/09/2020		\$108.38
10/09/2020		\$5.43
10/09/2020		\$150.00
10/13/2020		\$333.66
10/13/2020		\$2.57
10/13/2020		\$2.72
10/13/2020		\$40.00
10/13/2020		\$79.00
10/13/2020		\$310.93
10/13/2020		\$6.84
10/13/2020		\$20.00
10/13/2020		\$20.00
10/15/2020		\$59.40
10/15/2020		\$2.86
10/16/2020		\$40.00
10/16/2020		\$6.74
10/19/2020		\$150.00
10/19/2020		\$600.00
10/19/2020		\$5.72
10/19/2020		\$5.72
10/19/2020		\$131.00
10/19/2020		\$164.94
10/19/2020		\$5.99
10/19/2020		\$15.98
10/19/2020		\$16.58

Account Number:

BUSINESS CHECKING

(continued)

Electronic Debits (continued)

Date	Description	Amount
10/19/2020		\$70.00
10/20/2020		\$40.44
10/21/2020		\$22.83
10/21/2020		\$85.00
10/21/2020		\$109.95
10/22/2020		1,028.62
10/23/2020		\$2.86
10/23/2020		\$16.89
10/26/2020		\$150.00
10/26/2020		\$42.25
10/26/2020		\$60.35
10/26/2020		\$626.00
10/26/2020		\$13.09
10/26/2020		\$15.98
10/27/2020		\$59.40
10/28/2020		\$7.13
10/28/2020		\$2.86
10/28/2020		\$102.02
10/28/2020		\$114.13
10/29/2020		\$74.26
10/29/2020		\$155.33
10/29/2020		\$223.00
10/30/2020		\$0.99
10/30/2020		\$113.52
10/30/2020		\$123.82
10/30/2020		\$150.00
		\$450.00

Other Debits

Date	Description	Amount
10/01/2020		\$25.94
10/01/2020		\$42.71
10/01/2020		\$48.48
10/01/2020		\$51.78
10/02/2020		\$78.50
10/02/2020		\$2.43
10/02/2020		\$5.30
10/02/2020		\$9.56
10/02/2020		\$15.14
10/02/2020		\$15.97
10/02/2020		\$54.82
10/02/2020		\$55.92
10/02/2020		\$64.67
10/02/2020		\$142.15
10/02/2020		\$220.36
10/02/2020		\$247.50
10/02/2020		\$392.93
10/05/2020		\$411.24
10/05/2020		\$2.58
10/05/2020		\$10.16
10/05/2020		\$13.44
10/05/2020		\$16.18
10/05/2020		\$16.93
10/05/2020		\$18.83
10/05/2020		\$18.95
10/05/2020		\$22.81
10/05/2020		\$26.65
10/05/2020		\$26.67
10/05/2020		\$30.39
10/05/2020		\$35.10
		\$39.53

BUSINESS CHECKING-

(continued)

Other Debits (continued)

Date	Description	Amount
10/05/2020		\$73.50
10/05/2020		\$74.28
10/05/2020		\$90.00
10/05/2020		
10/05/2020		\$91.93
10/05/2020		\$93.31
10/05/2020		\$100.00
10/05/2020		\$121.43
10/05/2020		\$188.97
10/06/2020		\$190.74
10/06/2020		\$12.27
10/06/2020		\$25.04
10/06/2020		\$44.90
10/06/2020		\$70.58
10/07/2020		\$100.00
10/07/2020		\$12.09
10/07/2020		\$45.94
10/07/2020		\$56.26
10/07/2020		\$99.09
10/07/2020		\$289.50
10/08/2020		\$2,279.39
10/08/2020		\$8.69
10/08/2020		\$16.00
10/08/2020		\$17.03
10/08/2020		\$21.29
10/08/2020		\$43.00
10/08/2020		\$45.98
10/08/2020		\$75.70
10/08/2020		\$83.73
10/08/2020		\$89.53
10/09/2020		
10/09/2020		\$2.99
10/09/2020		\$17.55
10/09/2020		\$18.92
10/09/2020		\$19.94
10/09/2020		\$40.01
10/09/2020		\$43.00
10/09/2020		\$52.73
10/09/2020		\$122.50
10/09/2020		\$143.90
10/09/2020		
10/09/2020		\$1,000.00
10/09/2020		\$2,321.96
10/09/2020		\$1.00
10/13/2020		\$3.38
10/13/2020		\$3.98
10/13/2020		\$6.77
10/13/2020		\$11.24
10/13/2020		\$12.20
10/13/2020		\$12.41
10/13/2020		\$14.81
10/13/2020		\$15.17
10/13/2020		\$17.10
10/13/2020		\$19.54
10/13/2020		\$20.28
10/13/2020		\$25.13
10/13/2020		\$26.63
10/13/2020		\$31.53
10/13/2020		\$31.54
10/13/2020		
10/13/2020		\$36.58
10/13/2020		\$37.65
10/13/2020		\$39.99
10/13/2020		\$45.33
10/13/2020		\$46.31

BUSINESS CHECKING

(continued)

Other Debits (continued)

Date	Description	Amount
10/13/2020		\$50.00
10/13/2020		\$81.23
10/13/2020		\$100.00
10/13/2020		\$102.52
10/13/2020		\$104.44
10/13/2020		\$110.48
10/13/2020		\$119.84
10/13/2020		\$155.26
10/13/2020		\$162.02
10/13/2020		\$164.46
10/13/2020		\$207.88
10/13/2020		\$523.47
10/14/2020		\$7.90
10/14/2020		\$73.06
10/14/2020		\$198.46
10/15/2020		\$23.06
10/15/2020		\$59.12
10/15/2020		\$59.21
10/15/2020		\$167.50
10/16/2020		\$10.63
10/16/2020		\$55.38
10/16/2020		\$99.00
10/16/2020		\$100.00
10/19/2020		\$4.51
10/19/2020		\$4.51
10/19/2020		\$6.77
10/19/2020		\$16.93
10/19/2020		\$20.02
10/19/2020		\$21.59
10/19/2020		\$21.91
10/19/2020		\$32.08
10/19/2020		\$32.95
10/19/2020		\$32.96
10/19/2020		\$38.28
10/19/2020		\$38.65
10/19/2020		\$73.50
10/19/2020		\$85.33
10/19/2020		\$160.00
10/20/2020		\$203.00
10/20/2020		\$59.68
10/20/2020		\$73.96
10/22/2020		\$2,229.14
10/22/2020		\$21.91
10/22/2020		\$36.99
10/22/2020		\$55.91
10/22/2020		\$69.24
10/22/2020		\$197.44
10/23/2020		\$816.48
10/23/2020		\$5.64
10/23/2020		\$11.28
10/23/2020		\$21.98
10/23/2020		\$36.19
10/26/2020		\$105.64
10/26/2020		\$1.99
10/26/2020		\$3.93
10/26/2020		\$9.56
10/26/2020		\$10.78
10/26/2020		
10/26/2020		\$28.09
10/26/2020		\$29.69
10/26/2020		\$35.47

BUSINESS CHECKING-

(continued)

Other Debits (continued)

Date	Description	Amount
10/26/2020		\$36.21
10/26/2020		\$40.00
10/26/2020		\$56.54
10/26/2020		\$63.17
10/26/2020		\$149.05
10/27/2020		\$7.72
10/27/2020		\$11.68
10/27/2020		\$13.70
10/27/2020		\$44.00
10/27/2020		\$58.51
10/28/2020		\$122.87
10/28/2020		\$8.00
10/28/2020		\$9.03
10/28/2020		\$12.33
10/28/2020		\$24.99
10/28/2020		\$38.00
10/28/2020		\$73.24
10/29/2020		\$102.13
10/29/2020		\$5.64
10/29/2020		\$10.68
10/29/2020		\$18.94
10/29/2020		\$19.96
10/29/2020		\$22.00
10/29/2020		\$49.76
10/29/2020		\$62.66
10/29/2020		\$101.39
10/29/2020		\$474.84
10/30/2020		\$9.99
10/30/2020		\$15.77
10/30/2020		\$15.96
10/30/2020		\$43.97
10/30/2020		\$47.81
10/30/2020		\$55.50
10/30/2020		\$61.75
10/30/2020		\$66.46
10/30/2020		\$100.32
10/30/2020		\$275.89

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount
1247	10/06/2020	\$810.00	1253	10/20/2020	\$880.00
1248	10/06/2020	\$221.33	1255*	10/27/2020	\$725.00
1249	10/23/2020	\$1,997.15	1256	10/28/2020	\$80.00
1250	10/09/2020	\$380.00	1257	10/30/2020	\$80.00
1251	10/14/2020	\$590.00	2034*	10/05/2020	\$60.00
1252	10/16/2020	\$300.00			

* Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount	Date	Amount
10/01/2020	\$2,021.78	10/13/2020	\$1,992.68	10/22/2020	\$2,599.36
10/02/2020	\$4,915.41	10/14/2020	\$1,123.26	10/23/2020	\$2,489.59
10/05/2020	\$5,947.24	10/15/2020	\$861.51	10/26/2020	\$3,263.04
10/06/2020	\$4,946.78	10/16/2020	\$2,189.76	10/27/2020	\$2,492.43
10/07/2020	\$2,338.79	10/19/2020	\$740.84	10/28/2020	\$1,966.43
10/08/2020	\$6,391.90	10/20/2020	-\$680.00	10/29/2020	\$1,721.24
10/09/2020	\$4,708.31	10/21/2020	\$3,688.60	10/30/2020	\$4,345.48

Account Number:

BUSINESS CHECKING. (continued)

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

PAY TO ORDER
J&B
CO
MEMO

#12

1248
63-1528470
221.33
DOLLARS

\$221.33

PAY TO ORDER
J&B
CO
MEMO

#12

1250
63-1528470
380.00
DOLLARS

\$380.00

PAY TO ORDER
J&B
CO
MEMO

#12

1252
63-1528470
300.00
DOLLARS

\$300.00

PAY TO ORDER
J&B
CO
MEMO

#12

1255
63-1528470
725.00
DOLLARS

\$725.00

PAY TO ORDER
J&B
CO
MEMO

#12

1257
63-1528470
80.00
DOLLARS

\$80.00

Account Number:

TRANSACTIONAL SERVICE STATEMENT

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ADDRESS SERVICE REQUESTED

Statement Ending 11/30/2020

Page 1 of 10

Account Number:

Managing Your Accounts

	Branch Name	Home Office
	Phone Number	(239) 472-6100
	Mailing Address	2475 Library Way Sanibel, FL 33957
	Website	www.sancapbank.com

SanCap Bank GIVES BACK

We're here for you.

This year, we've donated more than 1,000 volunteer hours and nearly \$300,000 to local causes. But it's about more than numbers to us. There is no greater reward for us than giving back and making a difference in the lives of our neighbors and friends. Thank you for your trust, support and business.

Sanibel Captiva
COMMUNITY BANK



Let's get social! We're ready to connect with you on Facebook, Twitter and LinkedIn.

Summary of Accounts

As a nonconventional bank, our foundation is built on people and relationships. We empower and support our neighbors, team and community through local decision-making. Thank you for choosing Sanibel Captiva Community Bank to be your banking partner.

Account Type	Account Number	Ending Balance
BUSINESS CHECKING		\$2,142.02

MEMBER
FDIC



BUSINESS CHECKING**Account Summary**

Date	Description	Amount
10/31/2020	Beginning Balance	\$4,345.48
	32 Credit(s) This Period	\$32,595.76
	262 Debit(s) This Period	\$34,799.22
11/30/2020	Ending Balance	\$2,142.02

Electronic Credits

Date	Description	Amount
11/02/2020		\$90.00
11/02/2020		\$545.00
11/03/2020		\$220.00
11/04/2020		\$1,100.00
11/05/2020		\$2,150.00
11/09/2020		\$1,055.00
11/09/2020		\$1,055.00
11/10/2020		\$100.00
11/12/2020		\$205.00
11/13/2020		\$85.00
11/16/2020		\$90.00
11/16/2020		\$2,690.00
11/16/2020		\$5,085.00
11/17/2020		\$170.00
11/18/2020		\$280.00
11/19/2020		\$290.00
11/20/2020		\$450.00
11/23/2020		\$90.00
11/23/2020		\$250.00
11/23/2020		\$3,948.76
11/24/2020		\$1,135.00
11/25/2020		\$880.00
11/27/2020		\$90.00
11/27/2020		\$160.00
11/30/2020		\$80.00
11/30/2020		\$3,830.00

Other Credits

Date	Description	Amount
11/06/2020	DEPOSIT	\$2,015.00
11/13/2020		\$97.00
11/13/2020	11/13/20 DEPOSIT	\$1,460.00
11/20/2020	DEPOSIT	\$800.00
11/20/2020	DEPOSIT	\$1,910.00
11/23/2020	DEPOSIT	\$190.00

Electronic Debits

Date	Description	Amount
11/02/2020		\$2.86
11/02/2020		\$16.81
11/02/2020		\$150.00
11/03/2020		\$4.57
11/03/2020		\$116.25
11/04/2020		\$221.69
11/04/2020		\$32.15
11/04/2020		\$47.88
11/05/2020		\$296.00
11/05/2020		\$62.60
11/05/2020		\$500.00
11/06/2020		\$3.72
11/06/2020		\$150.00
11/09/2020		\$22.97
11/09/2020		\$29.17
11/09/2020		\$31.10
11/09/2020		\$250.00

Account Number:

BUSINESS CHECKING-

(continued)

Electronic Debits (continued)

Date	Description	Amount
11/09/2020		\$2.99
11/10/2020		\$3.15
11/10/2020		\$302.58
11/10/2020		\$20.00
11/12/2020		\$6.45
11/12/2020		\$40.00
11/12/2020		\$76.00
11/12/2020		\$20.00
11/13/2020		\$2.72
11/13/2020		\$150.00
11/16/2020		\$6.84
11/16/2020		\$2.86
11/16/2020		\$78.52
11/16/2020		\$145.50
11/16/2020		\$15.98
11/17/2020		\$40.00
11/17/2020		\$5.43
11/17/2020		\$164.94
11/18/2020		\$200.00
11/18/2020		\$8.87
11/19/2020		\$70.00
11/19/2020		\$8.91
11/19/2020		\$5.99
11/20/2020		\$16.58
11/20/2020		\$13.80
11/20/2020		\$85.00
11/23/2020		\$150.00
11/23/2020		\$2.86
11/23/2020		\$8.00
11/23/2020		\$109.97
11/24/2020		\$115.01
11/25/2020		\$38.77
11/25/2020		\$10.85
11/25/2020		\$26.02
11/25/2020		\$71.62
11/25/2020		\$1,466.65
11/27/2020		\$139.77
11/27/2020		\$2.86
11/30/2020		\$5.14
11/30/2020		\$2.57
11/30/2020		\$102.02
11/30/2020		\$108.08
11/30/2020		\$113.52
11/30/2020		\$150.00
11/30/2020		\$223.13
11/30/2020		\$238.00

Other Debits

Date	Description	Amount
11/02/2020		\$6.15
11/02/2020		\$8.69
11/02/2020		\$10.16
11/02/2020		\$11.28
11/02/2020		\$11.91
11/02/2020		\$11.97
11/02/2020		\$16.93
11/02/2020		\$20.00
11/02/2020		\$28.97
11/02/2020		\$48.92

BUSINESS CHECKING-

(continued)

Other Debits (continued)

Date	Description	Amount
11/02/2020		\$49.64
11/02/2020		\$50.00
11/02/2020		\$55.61
11/02/2020		\$63.88
11/02/2020		\$116.00
11/02/2020		\$157.33
11/02/2020		\$225.50
11/03/2020		\$21.91
11/03/2020		\$23.29
11/03/2020		\$25.00
11/03/2020		\$30.13
11/03/2020		\$32.78
11/03/2020		\$73.50
11/03/2020		\$85.95
11/03/2020		\$150.44
11/03/2020		\$358.48
11/04/2020		\$1.99
11/04/2020		\$4.26
11/04/2020		\$203.09
11/05/2020		\$33.63
11/05/2020		\$43.12
11/05/2020		\$93.81
11/05/2020		\$134.48
11/05/2020		\$1,500.00
11/06/2020		\$4.68
11/06/2020		\$27.90
11/06/2020		\$93.49
11/06/2020		\$104.98
11/06/2020		\$1,217.27
11/09/2020		\$10.00
11/09/2020		\$12.03
11/09/2020		\$12.41
11/09/2020		\$13.06
11/09/2020		\$14.98
11/09/2020		\$17.99
11/09/2020		\$19.53
11/09/2020		\$22.46
11/09/2020		\$25.35
11/09/2020		\$28.81
11/09/2020		\$31.58
11/09/2020		\$42.49
11/09/2020		\$49.91
11/09/2020		\$60.00
11/09/2020		\$65.95
11/09/2020		\$70.86
11/09/2020		\$77.88
11/09/2020		\$84.04
11/09/2020		\$200.27
11/10/2020		\$5.54
11/10/2020		\$6.48
11/10/2020		\$6.77
11/10/2020		\$9.49
11/10/2020		\$9.49
11/10/2020		\$14.54
11/10/2020		\$21.59
11/10/2020		\$22.74
11/10/2020		\$36.97
11/10/2020		\$57.22
11/12/2020		\$3.00
11/12/2020		\$4.99
11/12/2020		\$6.77
11/12/2020		\$26.08
11/12/2020		\$28.25

BUSINESS CHECKING-

(continued)

Other Debits (continued)

Date	Description	Amount
11/12/2020		\$43.00
11/12/2020		\$49.77
11/12/2020		\$58.57
11/12/2020		\$88.61
11/12/2020		\$218.28
11/13/2020		\$1.00
11/13/2020		\$36.05
11/13/2020		\$36.58
11/13/2020		\$40.27
11/13/2020		\$40.97
11/13/2020		\$41.75
11/16/2020		\$100.34
11/16/2020		\$1.99
11/16/2020		\$8.95
11/16/2020		\$10.31
11/16/2020		\$13.52
11/16/2020		\$17.43
11/16/2020		\$19.86
11/16/2020		\$23.41
11/16/2020		\$45.35
11/16/2020		\$55.17
11/16/2020		\$71.58
11/16/2020		\$93.49
11/16/2020		\$95.10
11/16/2020		\$96.61
11/16/2020		\$108.17
11/16/2020		\$120.85
11/16/2020		\$145.66
11/16/2020		\$194.28
11/17/2020		\$250.00
11/17/2020		\$17.95
11/17/2020		\$19.83
11/17/2020		\$31.03
11/17/2020		\$34.60
11/17/2020		\$49.20
11/17/2020		\$50.65
11/17/2020		\$73.50
11/17/2020		\$99.00
11/17/2020		\$220.31
11/18/2020		\$625.21
11/18/2020		\$76.92
11/18/2020		\$83.04
11/19/2020		\$1,630.30
11/19/2020		\$5.32
11/19/2020		\$9.77
11/19/2020		\$11.89
11/19/2020		\$18.08
11/19/2020		\$27.68
11/19/2020		\$119.35
11/20/2020		\$120.28
11/20/2020		\$6.77
11/20/2020		\$9.02
11/20/2020		\$15.57
11/20/2020		\$16.19
11/20/2020		\$21.24
11/20/2020		\$54.30
11/20/2020		\$54.47
11/20/2020		\$69.69
11/20/2020		\$85.72
11/20/2020		\$87.28
11/20/2020		\$178.08

BUSINESS CHECKING

(continued)

Other Debits (continued)

Date	Description	Amount
11/23/2020		\$3.76
11/23/2020		\$5.64
11/23/2020		\$11.28
11/23/2020		\$11.97
11/23/2020		\$12.10
11/23/2020		\$15.24
11/23/2020		\$21.91
11/23/2020		\$24.74
11/23/2020		\$27.09
11/23/2020		\$28.97
11/23/2020		\$29.35
11/23/2020		\$37.94
11/23/2020		\$45.50
11/23/2020		\$45.71
11/23/2020		\$46.89
11/23/2020		\$47.75
11/23/2020		\$62.74
11/23/2020		\$68.00
11/23/2020		\$100.00
11/23/2020		\$128.14
11/23/2020		\$165.08
11/23/2020		\$596.79
11/23/2020		\$732.00
11/23/2020		\$1,164.45
11/24/2020		\$16.81
11/24/2020		\$23.20
11/24/2020		\$29.56
11/24/2020		\$31.94
11/24/2020		\$36.21
11/24/2020		\$37.08
11/24/2020		\$49.96
11/24/2020		\$53.48
11/24/2020		\$58.65
11/24/2020		\$89.50
11/24/2020		\$101.23
11/24/2020		\$212.50
11/24/2020		\$288.03
11/24/2020		\$1,000.00
11/25/2020		\$0.99
11/25/2020		\$1.99
11/25/2020		\$3.38
11/25/2020		\$3.38
11/25/2020		\$4.00
11/25/2020		\$22.99
11/25/2020		\$45.93
11/25/2020		\$83.62
11/25/2020		\$136.05
11/25/2020		\$1,000.00
11/30/2020		\$24.22
11/30/2020		\$49.53

Checks Cleared

Check Nbr	Date	Amount
1258	11/02/2020	\$500.00
1259	11/03/2020	\$725.00
1260	11/04/2020	\$150.00
1261	11/10/2020	\$1,156.13
1262	11/10/2020	\$800.00
1263	11/13/2020	\$80.00
1264	11/17/2020	\$700.00
1265	11/16/2020	\$500.00

Check Nbr	Date	Amount
1266	11/20/2020	\$565.00
1267	11/17/2020	\$1,300.00
1268	11/19/2020	\$160.00
1269	11/24/2020	\$650.00
1270	11/24/2020	\$1,474.30
1271	11/25/2020	\$300.00
2035*	11/04/2020	\$60.00

* Indicates skipped check number

Account Number:

BUSINESS CHECKING-

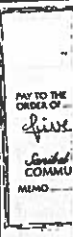
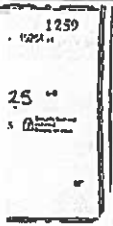

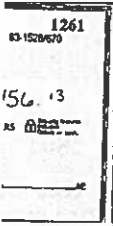
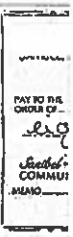
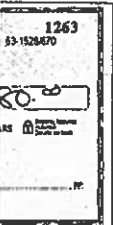

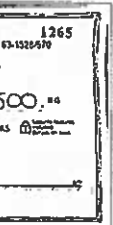

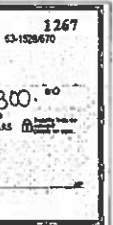
(continued)

Daily Balances

<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
11/02/2020	\$3,417.87	11/12/2020	\$344.54	11/23/2020	\$4,494.55
11/03/2020	\$1,990.57	11/13/2020	\$1,451.02	11/24/2020	\$1,438.33
11/04/2020	\$2,073.51	11/16/2020	\$7,161.43	11/25/2020	-\$998.91
11/05/2020	\$1,852.15	11/17/2020	\$3,739.78	11/27/2020	-\$756.91
11/06/2020	\$2,245.86	11/18/2020	\$2,150.65	11/30/2020	\$2,142.02
11/09/2020	\$3,183.00	11/19/2020	\$1,936.80		
11/10/2020	\$810.31	11/20/2020	\$3,684.67		

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

 <p>PAY TO THE ORDER OF <i>P. J. [Signature]</i> Sanibel COMMUNITY MEMO</p>	 <p>1259 63-1528470 25 \$</p>
#1258	\$725.00
 <p>PAY TO THE ORDER OF <i>[Signature]</i> Sanibel COMMUNITY MEMO</p>	 <p>1261 63-1528470 156 \$</p>
#1260	1,156.13
 <p>PAY TO THE ORDER OF <i>[Signature]</i> Sanibel COMMUNITY MEMO</p>	 <p>1263 63-1528470 \$80 \$</p>
#1262	\$80.00
 <p>PAY TO THE ORDER OF <i>[Signature]</i> Sanibel COMMUNITY MEMO</p>	 <p>1265 63-1528470 500 \$</p>
#1264	\$500.00
 <p>PAY TO THE ORDER OF <i>[Signature]</i> Sanibel COMMUNITY MEMO</p>	 <p>1267 63-1528470 300 \$</p>
#1266	\$1,300.00

Statement Ending 11/30/2020

Page 9 of 10

Account Number: \

1269
63-1528470
11/30/2020
\$ 650.⁰⁰
650/100 DOLLARS

\$650.00

1271
63-1528470
11/30/2020
\$ 300.⁰⁰
300/100 DOLLARS

\$300.00

#1

#20

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RESTRICTIONS:

ENDORSEMENTS:

CLASS: E - Any non-commercial vehicle with a GVWR less than 26,001 lbs. or any RV

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE.
The State of Florida retains all property rights herein.



Terry L. Rhodes *Terry L. Rhodes*
Executive Director
Clayton Boyd Valden *Clayton Boyd Valden*
Director of Motorist Services
N761604230074
Rev Date 08-01-14

www.flhsmv.gov



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