Electronic Filing Instructions for your 2018 Federal Tax Return Important: Your taxes are not finished until all required steps are completed.



Ginette Tavarez 406E 161ST STREET, Apt. 4B Bronx, NY 10451

Balance Due/ Refund Your federal tax return (Form 1040) shows a refund due to you in to amount of \$1,105.00. Applicable fees were deducted from your original refund amount of \$1,105.00. Your refund is now \$985.03. Because you chose to have your TurboTax fees deducted from your refund, you will receive e-mail from Civista Bank, which handles this transaction. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 832057058 Routing Transit Number: 021000021.								
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2019. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com. If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.							
What You Need to Keep	Your Electronic Filing Instruct Printed copy of your federal re		orm)					
2018 Federal Tax Return Summary	Adjusted Gross Income Taxable Income Total Tax Total Payments/Credits Amount to be Refunded Effective Tax Rate	\$ \$ \$ \$ \$ \$	22,430.00 10,430.00 1,033.00 2,138.00 1,105.00 4.61%					



Hi Ginette,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2018 taxes:

Your federal refund is: \$ 1,105.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space. Married filing jointly | Married filing separately Single Qualifying widow(er) DONALD CASTILLO Head of household Last name Your first name and initial Your social security number Ginette 077-98-4815 Tavarez Someone can claim you as a dependent You are blind Your standard deduction: You were born before January 2, 1954 If joint return, spouse's first name and initial Spouse's social security number 957-98-6246 Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.) Spouse itemizes on a separate return or you were dual-status alien Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **Presidential Election Campaign** (see inst.) 406E 161ST STREET 4B You Spouse City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and \(\shear \) here \(\brace \) Bronx NY 10451 Dependents (see instructions): (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see inst.): Child tax credit Credit for other dependents (1) First name Last name 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, Sign correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge. Here Date If the IRS sent you an Identity Protection Your signature Your occupation Joint return? PIN, enter it Clerk here (see inst. See instructions. Spouse's signature. If a joint return, both must sign. If the IRS sent you an Identity Protection Date Spouse's occupation Keep a copy for PIN. enter it your records. here (see inst. Preparer's name PTIN Preparer's signature Firm's EIN Check if: **Paid** 3rd Party Designee **Preparer** Self-Prepared Self-employed Firm's name ▶ Phone no. **Use Only** Firm's address ▶ Form **1040** (2018) For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2018))						Page 2
	1	Wages, salaries, tips, etc. Attach	Form(s) W-2 .			. 1	22,430.
	2a	Tax-exempt interest	2a		b Taxable interest	. 2b	,
Attach Form(s) W-2. Also attach	За	Qualified dividends	3a		b Ordinary dividends .	. 3b	,
Form(s) W-2G and 1099-R if tax was	4a	IRAs, pensions, and annuities .	4a	·	b Taxable amount	. 4b	·
withheld.	5a	Social security benefits	5a		b Taxable amount	. 5b	
	6	Total income. Add lines 1 through 5. A	dd any amount fro	m Schedule 1, line 22	<u> </u>	. 6	22,430.
Standard	7	Adjusted gross income. If you h subtract Schedule 1, line 36, from	,	,	the amount from line 6; otherw	' I I	22,430.
Deduction for—	8	Standard deduction or itemized d	eductions (from	Schedule A)		. 8	12,000.
 Single or married filing separately, 	9	Qualified business income deduc	ion (see instruc	tions)		. 9	
\$12,000	10	Taxable income. Subtract lines 8	and 9 from line	7. If zero or less, enter	-0	. 10	10,430.
 Married filing jointly or Qualifying 	11	a Tax (see inst.) 1,061. (check)				
widow(er), \$24,000		b Add any amount from Schedule	2 and check he	ere		□ 11	1,061.
Head of	12	a Child tax credit/credit for other depen	dents	b Add any amo	unt from Schedule 3 and check here ▶	X 12	28.
household, \$18,000	13	Subtract line 12 from line 11. If ze	ro or less, enter	· -0		. 13	1,033.
If you checked	14	Other taxes. Attach Schedule 4.				. 14	0.
any box under Standard	15	Total tax. Add lines 13 and 14 .				. 15	1,033.
deduction, see instructions.	16	Federal income tax withheld from	Forms W-2 and	1 1099		. 16	2,138.
	J ₁₇	Refundable credits: a EIC (see inst.)		b Sch. 8812	c Form 8863		
		Add any amount from Schedule 5				. 17	
	18	Add lines 16 and 17. These are yo	ur total paymer	nts		. 18	2,138.
Refund	19	If line 18 is more than line 15, sub	tract line 15 from	m line 18. This is the ar	mount you overpaid	. 19	1,105.
riciana	20a	Amount of line 19 you want refun	ded to you. If F	form 8888 is attached,	check here	20a	1,105.
Direct deposit? See instructions.	▶b	Routing number 0 2 1	0 0 0	0 2 1 ▶ c Typ	pe: X Checking Saving	gs	
See instructions.	►d	Account number 8 3 2	0 5 7	0 5 8			
	21	Amount of line 19 you want applied	to your 2019 es	stimated tax	21		
Amount You Owe	22	Amount you owe. Subtract line 1	8 from line 15. I	For details on how to p	ay, see instructions	▶ 22	
	23	Estimated tax penalty (see instruc	tions)		23		
Go to www.irs.go	v/Forr	n1040 for instructions and the lates	information.		BAA	REV 01/17/19 T	TO Form 1040 (201

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Nonrefundable Credits

► Attach to Form 1040.

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

OMB No. 1545-0074

2018 Attachment Sequence No. 03

Name(s) shown on Fo	orm 104	10	Your so	cial security number
Ginette Ta	vare	Z	077-	98-4815
Nonrefundable	48	Foreign tax credit. Attach Form 1116 if required	48	
Credits	49	Credit for child and dependent care expenses. Attach Form 2441	49	
o o o o o o o o o o o o o o o o o o o	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	28.
	52	Reserved	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credits from Form a \square 3800 b \square 8801 c \square	54	
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	2 55	28.

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

REV 12/21/18 TTO

Schedule 3 (Form 1040) 2018

Form **8880**

Credit for Qualified Retirement Savings Contributions

Department of the Treasury Internal Revenue Service

► Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074

2018

Attachment
Sequence No. 54

Name(s) shown on return

Ginette Tavarez

Your social security number

077-98-4815



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

- The amount on Form 1040, line 7 or Form 1040NR, line 36 is more than \$31,500 (\$47,250 if head of household; \$63,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2001; (b) is claimed as a dependent on someone else's 2018 tax return; or (c) was a **student** (see instructions).

						(a) You		(b) Your spe	ouse
1	by the desig	nated benefic		not include rollover					
2		tributions, and		ployer plan, voluntary ontributions for 2018		27	5.		
3	Add lines 1 an	d2			3	27	5.		
4	(including ext married filing	ensions) of yo jointly, include	our 2018 tax return	pefore the due date (see instructions). If nts in both columns.					
5	Subtract line 4	from line 3. If a	zero or less, enter -0-		5	27	5.		
6	In each colum	n, enter the sm	naller of line 5 or \$2,00	00	6	27	5.		
7	Add the amou	nts on line 6. If	zero, stop; you can't	take this credit			. 7		275.
8	Enter the amo	unt from Form	1040, line 7^* or Form	1040NR, line 36	8	22,43	0.		
9	Enter the appl	icable decimal	amount shown below	'.					
							,		
	If line	8 is-	A	and your filing status	is-		1		
	Over—	But not over—	Married filing jointly	Head of household	S	Single, Married filing separately, or			
			Enter on		Qua	llifying widow(er)			
		\$19,000	0.5	0.5		0.5			
	\$19,000	\$20,500	0.5	0.5		0.2			
	\$20,500	\$28,500	0.5	0.5		0.1	9	×	<u>(.1</u>
	\$28,500	\$30,750	0.5	0.2		0.1			
	\$30,750	\$31,500	0.5	0.1		0.1			
	\$31,500	\$38,000	0.5	0.1		0.0			
	\$38,000	\$41,000	0.2	0.1		0.0			
	\$41,000	\$47,250	0.1	0.1		0.0			
	\$47,250	\$63,000	0.1	0.0		0.0			
	\$63,000		0.0	0.0	-194	0.0]		
10	Multiply line 7			ou can't take this cre			. 10)	28.
11			ability. Enter the am	ount from the Credi	t Limit	Worksheet in the	he . 11	1 1	1,061.
	inoti dotiono							• -	_,

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

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 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, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista 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, 2019.

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.

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.
Service	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks 2	
ELECTRONIC FILING (E-FILE)	IRS direct deposit to your personal bank account.	Usually within 21 days ₂	No additional cost.
No Refund Processing Service	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days 2	
ELECTRONIC FILING (E-FILE)	(a) Direct deposit to your personal bank account, or	Usually within 21 days 2	\$39.99
Refund Processing Service	(b) Load to your prepaid card 1.		

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

Questions? Call 1-877-908-7228

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, 2019.

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.

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.

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. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of 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 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 2018 return to determine whether a portion of the refund can be used to pay for tax preparation.

GINETTE TAVAREZ
First Name Last Name

Please type the date below: 02/18/2019
Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Civista Bank of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties 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. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of 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 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 disclose to BANK and SBTPG that portion of my 2018 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

GINETTE TAVAREZ

Please type the date below: 02/18/2019
Date

CUSTOMER SERVICE: 877-908-7228 Santa Barbara Tax Products Group, LLC

and Civista Bank Refund Processing Service Agreement ("Agreement")

NameGinette TavarezSocial Security No.077-98-4815

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2018 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we." "us" and "our" refer to Bank and Processor.

- 1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically. YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$39.99 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2018 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2019). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.
- 2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2018 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	1,105.00
Less Processor Refund Processing Fee	39.99
Less TurboTax Fees	79.98
Less Fees for Additional Products and Services Purchased	
Expected Proceeds*	985.03

^{*}These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2018 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If

Ginette Tavarez 077-98-4815 Page 2

the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

- 5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2018 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.
- 6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2018 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the 39.99 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at http://sbtpg.com.
- 7. <u>Disbursement Methods:</u> You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.
 - a Direct Deposit to Turbo(SM) Prepaid Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Green Dot Bank, which issues the Turbo(SM) Prepaid Visa Card ("Card") you have obtained or are obtaining, so that Green Dot Bank may deposit the balance of your refund into your Card account. Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with Green Dot Bank.
 - b X Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

V Chacking

Savings			
RTN #	 	 (021000021
· · · —	 	 <u> </u>	

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversions of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

Ginette Tavarez 077-98-4815 Page 3

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: Civista Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 days after the first deposit to the Deposit Account was made, (i) we may take up to 90 days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.
- **9.** <u>Compensation.</u> In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.
- **10. Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

- 11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but only by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.
- 12. <u>Customer Identity Validation Disclosure:</u> To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2018 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2018 TurboTaxfi User Agreement, (iii) You consent to the release of your 2018 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

077-98-4815 Ginette Tavarez

Rev. 02/2015

Civista Bank Tax Product Privacy Policy

FACTS What does Civista Bank do with your Personal Information? Why? Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. What? The types of personal information that we collect and share depend on the product or service you have with us. This can include: Social Security number and account balances payment history and transaction history overdraft history and account transactions When you are no longer our customer, we continue to share your information as described in this notice. How? All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.

Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	No	We don't share
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share

Questions? | Call Toll Free: 800-901-6663 or go to www.civistabank.com

Ginette Tavarez 077-98-4815 Page 2

An to the thin made of	Tarrich B. J.
Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	 Sharing for affiliates everyday business purposes — information about your creditworthiness, Affiliates from using your information to market to you, Sharing for non affiliates to market to you. State laws and individual companies may give you additional rights to limit sharing.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. Civista Bank does not share with our affiliates.
Non affiliates	Companies not related by common ownership or control. They can be financial or nonfinancial companies. Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.
	Civista Bank does not jointly market.

This Notice applies only to individuals who have applied for a tax-related bank product.

Electronic Filing Instructions for your 2018 New York Tax Return Important: Your taxes are not finished until all required steps are completed.



GINETTE TAVAREZ 406E 161ST STREET 4B Bronx, NY 10451

Balance Due/ Refund	Your New York state tax return (Form IT-201) shows a refund due to you in the amount of \$229.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 832057058 Routing Transit Number: 021000021.								
Where's My Refund?	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them 30 business days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at https://www.tax.ny.gov/.								
No Signature Document Needed	No signature form is required sinc electronically. 	No signature form is required since you signed your return electronically.							
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns								
2018 New York Tax Return Summary	Taxable Income Total Tax Total Payments/Credits Amount to be Refunded	\$ \$ \$ \$	14,430.00 1,066.00 1,295.00 229.00						

IT-201

Resident Income Tax Return
New York State • New York City • Yonkers • MCTMT

2018		For the full y	ear Ja	anuary 1, 2	018, thro	ugh Decer	nber	31, 2018, or fiscal	year	beginning		18
For help completing you	ır ro	turn soo tho i	netru	ctions Fo	orm IT-20	11_I			а	nd ending		
Your first name	MI	Your last name (for					/) Yo	ur date of birth (mmddyyyy	/)	Your social se	ecurity numbe	er
GINETTE		TAVAREZ					/	08051976			7798481	
Spouse's first name	MI	Spouse's last name	<u> </u>				Spi	ouse's date of birth (mmddy	vvv)		cial security nu	
- CP C C C C C C C C C C C C C C C C C C		opouco o luce name					- Op	ouco o unio oi oii ii (iiiii uu)	7777	•	5798624	
Mailing address (see instruction	ıs. pad	ne 14) (number and :	street or	PO box)				Apartment number			ate county of r	
406E 161ST STREE		, , , , , , , , , , , , , , , , , , , ,						4B		ALBANY		
City, village, or post office	Τ		State	ZIP code		Country (it	not U	nited States)		School distric	t name	
BRONX			NY	104	151					ALBANY		
Taxpayer's permanent home a	addre	ss (see instruction:	<u> </u>			r rural route)	Apa	rtment number		ALIDANI		
- annual of the second of the		oo (ooo mou douon	, pugo	7.7 (110111001		74,41,704,0)	7.00		- 1	School distric		005
City, village, or post office			State	ZIP code			Tax	payer's date of death (mr		code number y) Spouse'	s date of death	
ony, image, or processing			NY			Decedent information		`				
			14.1			IIIIOIIIIatioi	'					
A Filing () S	ingle							ave a financial acco			Vaa	Na X
status						foreig	gn co	untry? (see page 15)			Yes L	No L
		d filing joint retur				D2 Yonk	ers r	esidents and Yonk	ers p	art-year re	sidents onl	y:
X in one	enter s	pouse's social sec	ırity nur	mber above)		` '	•	ou receive a property	•			l [
box):	1arrie	d filing separate	return			(see pa	age 15)			Yes L	No L
(e	enter s	pouse's social sec	ırity nur	mber above)						00		
(4) H	lead o	of household (with	n qualify	vina nerson)		(2) E	Enter	the amount L		. 00		
□	icuu c	or modernoid (with	r quality	ing person)		D3 Were	you i	required to report, an	y non	gualified		
(S) Q)ualify	ving widow(er)				defer	red co	ompensation, as requ	ired b	y IRC § 457		No X
⊌	<i>t</i> uaiii y	ing widow(ci)				on yo	ur 20	18 federal return? (se	ee pag	e 15)	Yes L	No L
B Did you itemize your de your 2018 federal incom			Yes	No	×			ou or your spouse ma ers in NYC during 20			Yes	No
C Can you be claimed as on another taxpayer's fe			Ves	No	×			the number of days				
on another taxpayers is	sucia		163 L	140							<i>1ay</i>) ∟	
HIII RING DAG, HANA DAG RAKKANSK (DAG) (AC OBCLUOC)	.WGE	III						dents and NYC par only (see page 15):	t-yea	r		
	())							per of months you liv	ed in	NYC in 20	18	12
	(A)					(1) 1	•	or or mortale you in	vea iii	11410 111 20	10	
III MATAAA MAAAA MAA	118					(2) 1	lumb	er of months your s	pouse	e lived in NY	C in 2018	
						G Enter		· 2-character speci	al co	ndition		
						_	•	applicable (see pag				
H Dependent informati	ion (see page 16)					` '					
First name	М	l Last	name		Relati	onship		Social security n	umbe	er D	ate of birth	(mmddyyyy)
							+					
			r									
If more than 7 dependents	s, ma	ark an X in the	box.									
201001181555				For of	fice use o	nly						
	1181			1		-						

Your social security number 077984815

Fe	deral income and adjustments (see page 16)		Whole dollars only
1	Wages, salaries, tips, etc.	1	22430.00
2	Taxable interest income	2	.00
	Ordinary dividends	3	.00
	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
	Alimony received	5	.00
	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	.00
	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
	Other gains or losses (submit a copy of federal Form 4797)	8	.00
	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	.00
	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
40	Pontal real actate included in line 44	l	
	Rental real estate included in line 11	13	00
	Farm income or loss (submit a copy of federal Schedule F, Form 1040)		.00
	Unemployment compensation	14	.00
	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	22430.00
	Total federal adjustments to income (see page 16) Identify:	18	.00
	Federal adjusted gross income (subtract line 18 from line 17)	19	22430.00
Ne	w York additions (see page 17)		
	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	22430.00
Ne	w York subtractions (see page 18)		
25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25 .00		
26	Pensions of NYS and local governments and the federal government (see page 18) 26 .00		
	Taxable amount of social security benefits (from line 15) 27		RECEIPTED SIMBLE ARE DEPOSITED FOR
28	Interest income on U.S. government bonds		
	Pension and annuity income exclusion (see page 19) 29 .00		
	New York's 529 college savings program deduction/earnings 30 .00		
	Other (Form IT-225, line 18)		
	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	22430.00
_	andard deduction or itemized deduction (see page 21)		
34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box:	34	800.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	14430.00
	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	14430.00



.00

1066.00

IT-201 (2018) Page 3 of 4

Ivan	ne(s) as snown on page 1					Your soc	al security r	number		11-201 (2010) Fage 3 014
GI	NETTE TAVAREZ						07798	4815		REV 12/03/18 TTO
Tax	x computation, credits,	and	other taxes							
	-									
38	Taxable income (from lin	ne 37 (on page 2)						38	14430.00
39	NYS tax on line 38 amo	unt (s	ee page 22)						39	631.00
	NYS household credit (p				_			25.00		
	Resident credit (see page							. 00		
	Other NYS nonrefundable							.00	1	
	Add lines 40, 41, and 42				_				43	25.00
44	Culpture at line 40 from lin	- 20	((f. l/m - 40 i - m - m -	41 1:	00 /				44	606.00
	Subtract line 43 from line	,				,				00.00
45	Net other NYS taxes (Fo)/////////	201-A11, IIIIe 30)						45	.00
46	Total New York State to	axes	(add lines 44 and	45)					46	606.00
No	w York City and Yonker	e tav	as cradits and	leuro	harnos ai	nd MCTMT)			
(140	W TOTK OILY AND TOTIKET	3 taxt	es, creatts, and	Juic	ilaiges, ai		J		1	
	NYC taxable income (se		*			47		14430.00	1	See instructions on
	NYC resident tax on lin		, , -	,	_			460.00		pages 23 through 26 to
	NYC household credit (48		.00		compute New York City and
49	Subtract line 48 from lin		•			_			1	Yonkers taxes, credits, and
	line 47a, leave blank)					49		460.00		surcharges, and MCTMT.
	Part-year NYC resident					50		.00		
	Other NYC taxes (Form		,			51		.00		
	Add lines 49, 50, and 5					52		460.00	1	MILL MAY MAY MAY DAY MAK-MAK MAKAMAMANAN MAKAMAMAN MA
	NYC nonrefundable cre	•			0)	53		. 00		
54	Subtract line 53 from lin		•		Г.				1	THE RESERVE OF THE PROPERTY OF
	line 52, leave blank)					54		460.00	J	STATES PARTICIPATE AND THE STATES OF THE STA
54a	MCTMT net	1-			00					THE PART OF THE PARTY OF THE PA
F.4h	earnings base 54					16			1	
	MCTMT							.00	-	
	Yonkers resident incom		-		-	55 56		.00	1	
	Yonkers nonresident ea Part-year Yonkers residen	_				57		.00	1	
	Total New York City and		•	•	,		o E 1 and E		58	460.00
30	Total New Tork City and	IOIIK	ters taxes / surc	liarye	s allu IVIC I	IVII (auu iirie	S 54 and 54	+b tillough 57)	30	400:00
59	Sales or use tax (see p	ane 2	7: do not leave l	ino 50	hlank)				59	0.00
$\overline{}$					Diamy				- 00	
Vo	luntary contributions	(see _l	page 28)							
60a	Return a Gift to Wildlife	60a	.00	60o	Veterans' I	Homes	60o	.00		
	Missing/Exploited Children	60b	.00			Library Fund	60p	.00		
	Breast Cancer Research	60c	.00	_	Lupus Fun	-	60q	.00		
60d	Alzheimer's Fund	60d	.00	_	Military Fa		60r	.00		
60e	Olympic Fund (\$2 or \$4)	60e	.00		CUNY Fun	-	60s	.00		
	Prostate Cancer	60f	.00							
60g	9/11 Memorial	60g	.00							
60h	Volunteer Firefighting	60h	.00							
60i	Teen Health Education	60i	.00							
60j	Veterans Remembrance	60j	.00							
60k	Homeless Veterans	60k	.00							
601	Mental Illness Anti-Stigma	601	.00							
60m	Women's Cancers Fund	60m	.00							
00.	A satisfies Transit	00								

Your social security number



60n

.00

61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and

voluntary contributions (add lines 46, 58, 59, and 60)

60n Autism Fund

Name(s) as shown on page 1

гау	8 4 01 4 11-201 (2010) REV 12/03/18 110	Your social s	ecurity r	umber					
62	Enter amount from line 61	0,	77984	1815		6	2	1066.00	
_	/ments and refundable credits (see pages						_	1000100	
$\overline{}$	Empire State child credit					.00			
	NYS/NYC child and dependent care credit .					.00			
	NYS earned income credit (EIC)		65			.00			
	NYS noncustodial parent EIC					.00		MANNSONE (REF. 1935 PASSES NA. 1111)	
	Real property tax credit					.00			
	College tuition credit					.00	045 665 865		
	NYC school tax credit (fixed amount) (also complete)				63		WAZ PROF 0.46	ONE DESCRIPTION OF THE PROPERTY AND THE	
	NYC school tax credit (rate reduction amount				27				
	NYC earned income credit	· —	70			.00			
	NYC enhanced real property tax credit		_			.00			
	Other refundable credits (Form IT-201-ATT, lin					00	f!: - -	(-) IT 0	
	·	,				ء ا		complete Form(s) IT-2 9-R and submit them	
	Total New York State tax withheld				730	.00 v		n (see page 13).	
	Total New York City tax withheld				475		Do not send f	ederal Form W-2	
	Total Yonkers tax withheld						with your retu	ırn.	
	Total estimated tax payments and amount paid w					.00			
76	Total payments (add lines 63 through 75)					7	76	1295.00	
Yo	ur refund, amount you owe, and account i	nformation	(see p	ages 33 thro	ough 35)				
77	Amount overpaid (see instructions)					7	77	229.00	
78	Amount of line 77 available for refund (sub	tract line 79 fro	om line	77)		7	78	229 .00	
78a	Amount of line 78 that you want to deposit into a N	YS 529 accour	nt <i>(Form</i>	IT-195, line 4)	(also submit Form IT-1	95) 78	За	.00.	
78b	Total refund after NYS 529 account deposit	(subtract line	78a froi	m line 78)		78	Bb	229.00	
	Mark one refund choice: Amount of line 77 that you want applied to y estimated tax (see instructions) Amount you owe (if line 76 is less than line 62	our 2019	. 79			.00 r	easiest, fastes efund.	ct deposit is the t way to get your for payment options.	
	funds withdrawal, mark an X in the box						pee page 34 i	or payment options.	
	or money order you must complete Form	IT-201-V and	d mail	it with your	return	8	30	.00	
81	Estimated tax penalty (include this amount in lareduce the overpayment on line 77; see page 3		. 81				See page 37 fassembly of y	or the proper	
82	Other penalties and interest (see page 34)		. 82			.00	issembly of	your return.	
83	Account information for direct deposit or ele	ctronic funds	withd	rawal (see p	page 35).				
	If the funds for your payment (or refund) wou	ld come from	(or go	to) an acco	ount outside the U	.S., m	ark an X in th	nis box (see pg. 35)	
	83a Account type: X Personal checking -	or - Pe	ersonal	savings - c	or - Busines	s chec	king - or -	Business savings	
	83b Routing number 021000021		83c A	ccount numb	per	8	332057058		
84	Electronic funds withdrawal (see page 35)	Date	e		Am	ount		.00	
	Third-party Print designee's name			Des	ignee's phone numbe	er		Personal identification	
des	ignee? (see instr.)			()			number (PIN)	
Yes	E-mail:			'					
▼ F	Paid preparer must complete ▼ Preparer's NYT	PRIN N	NYTPRII	V	▼ Tax	navo	er(s) must si	nn here 🔻	
(see instructions)		excl. cod	e	Your signature	cpaye	il(s) illust si	gii iieie v	
Firm	s name (or yours, if self-employed)	Preparer's P	TIN or C	i i i	Your occupation				
	S hame (or yours, it seit-employed) LF-PREPARED	Freparer S P	TIN OF S	JOIN	CLERK				
Addı		Employer ide	entificati	on number	Spouse's signature	and oc	cupation (if joint	return)	
			Date		Date Daytime phone number (929) 233 2353				
E-ma	ail:		E-mail: TAVAPEZC			ZGTN			
		E-mail: TAVAREZGINETTE@GMAIL.COM							



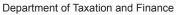
Summary of W-2 StatementsNew York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-7 Bocord 1		Employer's information									
W-2 Record 1	Employer's name										
Box a Employee's social security number or this W-2 Record											
	Employer's address (number and street)										
077984815	l	5 BROADWAY		04-4-	ZID	O					
Box b Employer identification number (EIN)	City			State	ZIP code	Country (if n	ot United States)				
134085785	NEW	YORK		NY	10023						
Box 1 Wages, tips, other compensation	Box 12a /	Amount	Code	Box	14a Amount		Description				
19085.00		275.00	D			27.00	NY PFL				
3ox 8 Allocated tips	Box 12b /	Amount	Code	Box	14b Amount		Description				
.00.		4376.00	D D			23.00	SDI				
3ox 10 Dependent care benefits	Box 12c /	Amount	Code	Box	14c Amount		Description				
.00		.00.				.00					
Box 11 Nonqualified plans	Box 12d A	Amount	Code	Box	14d Amount		Description				
.00		.00.				.00					
Retire NY State information: Box 15a NY State	ment plan	Third-party sick pay Box 16a NYS wages, tips, 6	etc. 085.00	1	7a NYS income tax with	held	Corrected (W-2c)				
Other state information - Boy 45h		Box 16b Other state wages	, tips, etc.	Box 1	7b Other state income tax	withheld					
Other state information: Box 15b other state			.00			.00					
NYC and Yonkers Information (see instr.): Locality a Locality b	18 Local w		cality a cality b	(19 Loca	income tax withheld 454.00	1					
Do not detach. W-2 Record 2		Employer's information yer's name									
Box a Employee's social security number	PRE										
		T A MANGER USA yer's address (number and stre									
or this W-2 Record	Emplo	yer's address (number and stre									
or this W-2 Record 077984815	Emplo 853			State	ZIP code	Country (if n	ot United States)				
or this W-2 Record 077984815 Box b Employer identification number (EIN)	Emplo 853 City	yer's address (number and stree		State	ZIP code	Country (if n	ot United States)				
or this W-2 Record 077984815 Box b Employer identification number (EIN) 522191416	Emplo 853 City NEW	yer's address (number and stre BROADWAY YORK	et)	NY	10003	Country (if n	·				
or this W-2 Record 077984815 Box b Employer identification number (EIN) 522191416 Box 1 Wages, tips, other compensation	Emplo 853 City	yer's address (number and street BROADWAY YORK Amount		NY			Description				
or this W-2 Record 077984815 Box b Employer identification number (EIN) 522191416 Box 1 Wages, tips, other compensation 1030.00	Emplo 853 City NEW Box 12a	yer's address (number and street BROADWAY YORK Amount .00	Code	NY Box	10003 14a Amount	Country (if n	Description NY FL				
or this W-2 Record 077984815 Box b Employer identification number (EIN) 522191416 Box 1 Wages, tips, other compensation 1030.00 Box 8 Allocated tips	Emplo 853 City NEW	yer's address (number and street BROADWAY YORK Amount .00	et)	NY Box	10003	1.00	Description				
or this W-2 Record 077984815 Box b Employer identification number (EIN) 522191416 Box 1 Wages, tips, other compensation 1030.00 Box 8 Allocated tips .00	Emplo 853 City NEW Box 12a A	yer's address (number and street BROADWAY YORK Amount .00 Amount .00	Code Code	Box Box	10003 14a Amount 14b Amount		Description NY FL Description				
or this W-2 Record 077984815 Box b Employer identification number (EIN) 522191416 Box 1 Wages, tips, other compensation 1030.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits	Emplo 853 City NEW Box 12a	yer's address (number and street BROADWAY YORK Amount .00 Amount .00	Code	Box Box	10003 14a Amount	1.00	Description NY FL				
077984815 30x b Employer identification number (EIN) 522191416 30x 1 Wages, tips, other compensation 1030.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits	Box 12b A	yer's address (number and street BROADWAY YORK Amount .00 Amount .00 Amount .00	Code Code Code	Box Box	10003 14a Amount 14b Amount	1.00	Description NY FL Description Description				
077984815 30x b Employer identification number (EIN) 522191416 30x 1 Wages, tips, other compensation 1030.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans	Emplo 853 City NEW Box 12a A	yer's address (number and street BROADWAY YORK Amount .00 Amount .00 Amount .00 Amount	Code Code	Box Box	10003 14a Amount 14b Amount	1.00	Description NY FL Description				
or this W-2 Record 077984815 Box b Employer identification number (EIN) 522191416 Box 1 Wages, tips, other compensation 1030.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00	Box 12b A	yer's address (number and street BROADWAY YORK Amount .00 Amount .00 Amount .00	Code Code Code	Box Box	10003 14a Amount 14b Amount	1.00	Description NY FL Description Description				
or this W-2 Record 077984815 Box b Employer identification number (EIN) 522191416 Box 1 Wages, tips, other compensation 1030.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00	Box 12b A	yer's address (number and street BROADWAY YORK Amount .00 Amount .00 Amount .00 Amount .00 Third-party sick pay	Code Code Code Code	Box Box	10003 14a Amount 14b Amount 14c Amount	1.00	Description NY FL Description Description				
077984815	Box 12b // Box 12c // Box 12d //	yer's address (number and street BROADWAY YORK Amount .00 Amount .00 Amount .00 Amount .00 Third-party sick pay Box 16a NYS wages, tips, 6	Code Code Code Code Code	Box Box	10003 14a Amount 14b Amount 14c Amount 14d Amount	1.00 .00 .00	Description NY FL Description Description Description				
077984815	Box 12b / Box 12c / Box 12d /	yer's address (number and street BROADWAY YORK Amount .00 Amount .00 Amount .00 Amount .00 Third-party sick pay Box 16a NYS wages, tips, 6	Code Code Code Code	Box Box	10003 14a Amount 14b Amount 14c Amount 14d Amount	1.00	Description NY FL Description Description Description				
077984815 Box b Employer identification number (EIN) 522191416 Box 1 Wages, tips, other compensation 1030.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State	Box 12b // Box 12c // Box 12d //	yer's address (number and street BROADWAY YORK Amount .00 Amount .00 Amount .00 Amount .00 Third-party sick pay Box 16a NYS wages, tips, 6	Code Code Code Code Code Code Code Code	Box 1	10003 14a Amount 14b Amount 14c Amount 14d Amount	1.00 .00 .00 .00	Description NY FL Description Description Description				
or this W-2 Record 077984815 Box b Employer identification number (EIN) 522191416 Box 1 Wages, tips, other compensation 1030.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state	Box 12b A Box 12d A Box 12d A Mement plan	yer's address (number and street BROADWAY YORK Amount .00 Amount .00 Amount .00 X Third-party sick pay Box 16a NYS wages, tips, 6 1 Box 16b Other state wages	Code Code Code Code Code Code Code Code	Box 1	10003 14a Amount 14b Amount 14c Amount 14d Amount	1.00 .00 .00 .00 .00 .00 .00 .00	Description NY FL Description Description Description				
or this W-2 Record 077984815 Box b Employer identification number (EIN) 522191416 Box 1 Wages, tips, other compensation 1030.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state NYC and Yonkers Information (see instr.):	Box 12b A Box 12d A Box 12d A Mement plan	yer's address (number and street BROADWAY I YORK Amount .00 Amount .00 Amount .00 X Third-party sick pay Box 16a NYS wages, tips, etc. Box 16b Other state wages	Code Code Code Code Code Code Code Code	Box 1	10003 14a Amount 14b Amount 14c Amount 14d Amount 7a NYS income tax with 7b Other state income tax	1.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Description NY FL Description Description Corrected (W-2c) Box 20 Locality name				
077984815 30x b Employer identification number (EIN) 522191416 30x 1 Wages, tips, other compensation 1030.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00 30x 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state NYC and Yonkers Box	Box 12b A Box 12d A Box 12d A Mement plan	yer's address (number and street BROADWAY YORK Amount .00 Amount .00 Amount .00 X Third-party sick pay Box 16a NYS wages, tips, etc. 1030.00 Local Local BROADWAY	Code Code Code Code Code Code Code Code	Box 1	10003 14a Amount 14b Amount 14c Amount 14d Amount 7a NYS income tax with	1.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Description NY FL Description Description Corrected (W-2c) Box 20 Locality name NYC				







Summary of W-2 StatementsNew York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

		Employer's information									
W-2 Record 1		Employer's name									
Box a Employee's social security numb		WALKER RESOURCES INC									
for this W-2 Record	Empl	Employer's address (number and street)									
077984815		1 43RD ST SUITE	2001								
Box b Employer identification number (E	IN) City			State	ZIP code	Country (if n	ot United States)				
133626077	NE	W YORK		NY	10017						
Box 1 Wages, tips, other compensation	Box 12a	Amount	Code	Bo	x 14a Amount		Description				
2315.00		.00				.00					
Box 8 Allocated tips	Box 12b	Amount	Code	Bo	x 14b Amount		Description				
.00		.00				.00					
Box 10 Dependent care benefits	Box 12c	Amount	Code	Во	x 14c Amount		Description				
.00		.00				.00					
Box 11 Nonqualified plans	Box 12d		Code	Bo	x 14d Amount		Description				
.00		.00				.00					
100											
Box 13 Statutory employee Re	tirement plan	Third-party sick pay					Corrected (W-2c)				
		Box 16a NYS wages, tips,	etc.	Box	17a NYS income tax wit	hheld	_				
NY State information: Box 15a NY State	NIY	2	315.00			65.00					
		Box 16b Other state wages	s, tips, etc.	Box	17b Other state income ta	ax withheld					
Other state information: Box 15b other state	e		.00			.00					
outer other											
NYC and Yonkers B	ox 18 Local v	vages, tips, etc.	Box	19 Loca	al income tax withheld		Box 20 Locality name				
nformation (see instr.):		.00 Lo	cality a		.0.	0 Locality a					
Locality b			cality b		.0.	⊣ '					
Box a Employee's social security numb for this W-2 Record		oyer's address (number and stre	eet)								
Box b Employer identification number (E	IN) City		:	State	ZIP code	Country (if n	ot United States)				
Box 1 Wages, tips, other compensation	Box 12a	Amount	Code	Во	x 14a Amount		Description				
.00		.00				.00					
Box 8 Allocated tips	Box 12b	Amount	Code	Bo	x 14b Amount	<u> </u>	Description				
.00		.00				.00					
Box 10 Dependent care benefits	Box 12c	Amount	Code	Во	x 14c Amount		Description				
.00.		.00				.00					
Box 11 Nonqualified plans	Box 12d	Amount	Code	Во	x 14d Amount		Description				
.00		.00				.00					
						-					
Box 13 Statutory employee Re	tirement plan	Third-party sick pay					Corrected (W-2c)				
		Box 16a NYS wages, tips,	etc.	Box	17a NYS income tax wit	hheld					
NY State information: Box 15a											
	NIY		.00			.00					
NY State	N Y	Box 16b Other state wages	.00 s, tips, etc.	Box '	17b Other state income to						
Other state information: Box 15b		Box 16b Other state wages	s, tips, etc.	Box '	17b Other state income to	ax withheld					
		Box 16b Other state wages		Box '	17b Other state income to						
Other state information: Box 15b other state NYC and Yonkers Box 15b	е	Box 16b Other state wages wages, tips, etc.	s, tips, etc.		17b Other state income to	ax withheld	Box 20 Locality name				
Other state information: Box 15b other state	е	wages, tips, etc.	s, tips, etc.			ax withheld .00					



NEW YORK STATE

