

Prepared For:
ALANA J. HARMON

04/15/2019

Today's Savings

- * You did yourself a favor by contributing to an IRA. Your IRA investment will continue to save tax dollars each year, because the earnings inside your account aren't taxed until you withdraw the money. Even better, because you deducted your eligible IRA contributions, your 2018 tax savings is: \$1,607.00
- * By deducting your home mortgage interest, you reduced your taxes by an estimated: \$550.00
- * By participating in a qualified retirement plan through your employer this year and making your contributions with pretax dollars, you reduced your taxes by: \$200.00
- * Because you could deduct your student loan interest, you reduced your taxes by: \$99.00
- * By itemizing your cash and/or non-cash contributions to charitable organizations this year, you saved an estimated: \$88.00
- * In simple terms, the Marginal Tax Rate is the tax rate that you pay on your last dollar of taxable income. It is the highest federal tax bracket that affects your tax calculation. The Effective Tax Rate is the percentage of your total income that you paid in taxes. For 2018, your Marginal Tax Rate is 22% and your Effective Tax Rate is 11%.

Total Savings. \$2,544.00

Filing, Refund and Balance Due Information

Tax Return	efile	Refund / (Balance Due)	Summary	Message
Federal	No	(\$850.00)	Balance Due	(\$850.00) See the Filing Checklist for instructions.
Missouri	No	(\$374.00)	Balance Due	(\$374.00) See the Filing Checklist for mailing instructions.

H&R Block ADVANTAGE[®]

2018 Tax Return Summary

Federal Year over Year Comparison

INCOME	Year 2018	Year 2017	Change(\$)
Wages, salaries, tips	\$70,327	\$0	\$70,327
Capital gain (loss)	(\$3,000)	\$0	(\$3,000)
Total income	\$67,327	\$0	\$67,327
ADJUSTMENTS			
IRA deduction	\$501	\$0	\$501
Student loan interest deduction	\$449	\$0	\$449
Total adjustments	\$950	\$0	\$950
ADJUSTED GROSS INCOME			
Total income less total adjustments	\$66,377	\$0	\$66,377
TAXABLE INCOME			
Taxes	\$5,355	\$0	\$5,355
Deductible interest	\$8,512	\$0	\$8,512
Contributions	\$312	\$0	\$312
Total itemized deductions	\$14,179	\$0	\$14,179
Standard deductions	\$12,000	\$0	\$12,000
Taxable income	\$52,198	\$0	\$52,198
TAX COMPUTATION			
Income tax	\$7,418	\$0	\$7,418
Tax before credits	\$7,418	\$0	\$7,418
OTHER TAXES			
Total tax	\$7,418	\$0	\$7,418
PAYMENTS			
Federal withholding	\$6,568	\$0	\$6,568
Total payments	\$6,568	\$0	\$6,568
AMOUNT DUE			
Amount owed with return	\$850	\$0	\$850
OTHER COMPUTATIONS			
Alternative minimum taxable income	\$57,553	\$0	\$57,553
Total tax preferences and adjustments	\$5,355	\$0	\$5,355
Marginal tax bracket	22%		
Effective tax bracket	11%		
Filing status	Single		

**Tax Return Signature/Consent to Disclosure
On-Line Self Select PIN without Direct Debit**

Perjury Statement

Under penalties for perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgement of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self Select PIN below.

Taxpayer's PIN:
Taxpayer's Date of Birth: 07/10/1983
Taxpayer's Prior Year Adjusted Gross Income: 0.
Taxpayer's Prior year PIN
Taxpayer's Electronic Filing PIN
Spouse's PIN:
Spouse's Date of Birth:
Spouse's Prior Year Adjusted Gross Income:
Spouse's Prior year PIN
Spouse's Electronic Filing PIN

Date: _____

Prepared for	ALANA J HARMON	
Tax Summary	Gross Income \$ 67,327 Adjusted Gross Income \$ 66,377 Total Deductions \$ 14,179 Total Taxable Income \$ 52,198 Total Tax \$ 7,418 Total Payments \$ 6,568 Refund Amount \$ 0 Amount You Owe \$ 850	
Make check payable to	United States Treasury	
Mailing Address	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008	

Instructions

STEP 1 - Sign and date Form 1040

STEP 2 - Assemble what you need to mail

Attach any schedules and forms behind Form 1040 in order of the Attachment Sequence Number shown in the upper right corner of the schedule or form. If there are supporting statements, arrange them in the same order as the schedules or forms they support and attach them last. Do not attach correspondence or other items unless required to do so. Attach a copy of each W-2, W-2G, and 2439 to the front of Form 1040. Also attach Form(s) 1099-R or 1099-G if tax was withheld.

STEP 3 - Pay balance due on your taxes

Make your check or money order for \$850 payable to the United States Treasury. Do not send cash and do not forget to sign it. Write your Social Security number(s) and daytime phone number on your check or money order (U.S. funds only).

STEP 4 - Mail Form(s)

Mail Form 1040 and associated documents to the address above.

Retain the proof of mailing to avoid a late filing penalty.

We recommend you use one of these methods to send your 1040:

- U.S. Postal Service certified mail.

If you are not mailing to an address with a post office box, you may also use certain private delivery services (PDS) designated by the IRS to meet the 'timely mailing as timely filing' rule

for tax returns. Go to [IRS.gov/PDS](https://www.irs.gov/PDS) for current list of designated services. For the IRS mailing addresses to use if you're using PDS, go to [IRS.gov/PDSstreetAddresses](https://www.irs.gov/PDSstreetAddresses).

CONTINUED ON NEXT PAGE

2018 Federal Filing Instructions Continued

Instructions

STEP 5 - Keep a copy

Print a copy of the return for your records.

Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

Filing status:

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

Your first name and initial

ALANA J

Last name

HARMON

Your social security number

499-98-1657

Your standard deduction:

☐ Someone can claim you as a dependent
 ☐ You were born before January 2, 1954
 ☐ You are blind

If joint return, spouse's first name and initial

Last name

Spouse's social security no.

Spouse standard deduction:

☐ Spouse is blind
 ☐ Someone can claim your spouse as a dependent
 ☐ Spouse was born before January 2, 1954

☐ Spouse itemizes on a separate return or you were dual- status alien

☒ Full- year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions.

1036 EDGEHILL DR

Apt. no.

Presidential Election Campaign (see inst.)

☐ You
 ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.

SAINT LOUIS, MO 63135

If more than four dependents, see inst. and ☒ here ☐

Dependents (see instructions):

(1) First name

Last name

(2) Social security no.

(3) Relationship to you

(4) ☒ if qualifies for (see inst.):

Child tax credit

Credit for other dependents

Sign Here

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

Your signature

Date

Your occupation

PROGRAMMER ANALY

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent you an ID Protection PIN, enter it here (see inst.)

If the IRS sent you an ID Protection PIN, enter it here (see inst.)

Paid Preparers Use Only

Preparer's name

Preparer's signature

PTIN

Firm's EIN

Check if:

☐ 3rd Party Designee
 ☐ self - employed

Firm's name ▶

Phone no.

Firm's address ▶

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

Form 1040 (2018)

DO NOT

FILE

1040 (2018)

FD1040S-1WV 1.25

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	2a	Tax-exempt interest	2b	Taxable interest	1	70,327.
3a	Qualified dividends	3a		3b	Ordinary dividends	3b	
4a	IRAs, pensions, and annuities	4a		4b	Taxable amount	4b	
5a	Social security benefits	5a		5b	Taxable amount	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	(3,000.)				6	67,327.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6					7	66,377.
8	Standard deduction or itemized deductions (from Schedule A)					8	14,179.
9	Qualified business income deduction (see instructions)					9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-					10	52,198.
11	a Tax (see inst) 7,418. (check if any from: <input type="checkbox"/> Form(s) 8814 <input type="checkbox"/> Form 4972 <input type="checkbox"/>)					11	7,418.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>					12	
13	a Child tax credit/credit for other dependents <input type="checkbox"/> b Add any amount from Schedule 3 and check here <input type="checkbox"/>					13	7,418.
14	Subtract line 12 from line 11. If zero or less, enter -0-					14	
15	Other taxes. Attach Schedule 4					15	7,418.
16	Total tax. Add lines 13 and 14					16	6,568.
17	Federal income tax withheld from Forms W-2 and 1099					17	
18	Refundable credits: a EIC (see inst.) <input type="checkbox"/> b Sch 8812 <input type="checkbox"/>					18	6,568.
19	c Form 8863 <input type="checkbox"/> Add any amount from Schedule 5 <input type="checkbox"/>					19	
20a	Add lines 16 and 17. These are your total payments					20a	
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid					21	
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>					22	850.
23	b Routing number XXXXXXXXXXXXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings					23	
24	d Account number XX					24	
25	Amount of line 19 you want applied to your 2019 estimated tax <input type="checkbox"/>					25	
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions <input type="checkbox"/>					26	
27	Estimated tax penalty (see instructions) <input type="checkbox"/>					27	

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

Form **1040** (2018)

***DO NOT
FILE***

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

ALANA J HARMON

Your social security number

499-98-1657

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here. <input type="checkbox"/>	13	(3,000 .)
	14	Other gains or (losses). Attach Form 4797.	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F.	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
	21	Other income. List type and amount ►	21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	(3,000 .)
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ►	31a	
	32	IRA deduction	32	501 .
	33	Student loan interest deduction	33	449 .
	34	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	950 .

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

Schedule 1 (Form 1040) 2018

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2018

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

ALANA J HARMON

Your social security number

499-98-1657

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions). SEE ATTACHMENT	1	4,465.		
2	Enter amount from Form 1040, line 7. 2 66,377.	2			
3	Multiply line 2 by 7.5% (0.075).	3	4,978.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.
Taxes You Paid					
5	State and local taxes.				
a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	1,985.		
b	State and local real estate taxes (see instructions)	5b	1,402.		
c	State and local personal property taxes	5c	1,968.		
d	Add lines 5a through 5c	5d	5,355.		
e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	5,355.		
6	Other taxes. List type and amount	6			
7	Add lines 5e and 6	7			5,355.
Interest You Paid					
8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>				
a	Home mortgage interest and points reported to you on Form 1098	8a			
b	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address SEE ATTACHMENT	8b	2,162.		
c	Points not reported to you on Form 1098. See instructions for special rules	8c	6,350.		
d	Reserved	8d			
e	Add lines 8a through 8c	8e	8,512.		
9	Investment interest. Attach Form 4952 if required. See instructions	9			
10	Add lines 8e and 9	10			8,512.
Gifts to Charity					
11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions VOLUNTEER MILES 29	11	4.		
12	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	12	308.		
13	Carryover from prior year	13			
14	Add lines 11 through 13	14			312.
Casualty and Theft Losses					
15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15			
Other Itemized Deductions					
16	Other - from list in instructions. List type and amount	16			
Total Itemized Deductions					
17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8	17			14,179.
18	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

KBA For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2018

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

- ▶ 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

2018Attachment
Sequence No. **12**Name(s) shown on return
ALANA J HARMONYour social security number
499-98-1657**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	61,547.	65,683.		(4,136.)
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	453.	504.	47.	(4.)
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.				()
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 page 2				(4,140.)

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				0.

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

Schedule D (Form 1040) 2018

Part III Summary

16 Combine lines 7 and 15 and enter the result	16 (4,140.)
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, 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 Schedule 1 (Form 1040), line 13, or Form 1040NR, 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 Form 1040, line 11a (or in the instructions for Form 1040NR, 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 Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21 (3,000.)
22 Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.	

Schedule D (Form 1040) 2018

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2018
Attachment
Sequence No. **12A**

Name(s) shown on return

ALANA J HARMON

SSN or taxpayer identification number

499-98-1657

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from insts.	(g) Amount of adjustment	
	125 APPLIANCE RECYC	07/12/2018	08/15/2018	89	96	W	4.	(3)
	1 ALIBABA GROUP H	06/25/2018	06/29/2018	186	196	W	10.	0.
	19 CARVER BANCORP I	05/17/2018	05/17/2018	178	212	W	33.	(1)
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				453	504		47	(4)

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

Supporting Schedules

2018

Name: ALANA J HARMON

SSN: 499-98-1657

Schedule A

Line 1 - Medical Expenses

Description	Amount
PRESCRIPTIONS	1,300
DOCTORS/DENTISTS	1,010
GLASSES/CONTACTS	233
MEDICAL SUPPLIES	76
HOSPITAL/LABS/X-RAY	1,830
MEDICAL MILES 89	16
Total	4,465

Schedule A

Line 8b - Home mortgage interest paid to an individual

NAME: CASTLEROCK REO	1,248
ADDRESS: 333 WESTCHESTER AVE SUITE W2100	
TENANTCITY, NY 10604	
SSN/EIN: 45-2106460	
NAME: ALLIED SERVICING COR	914
ADDRESS: PO BOX 13245	
SPOKANE VALLEY, WA 99213	
SSN/EIN: 45-2106460	

Total of Amounts Above (this may be limited on Schedule A)	2,162
--	-------

Schedule A

Line 12 - Gifts by Other Than Cash or Check

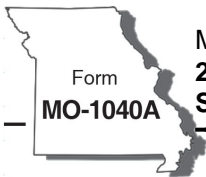
Description	Amount
VARIETY	308
Total	308

2018 STATE TAX RETURN FILING INSTRUCTIONS

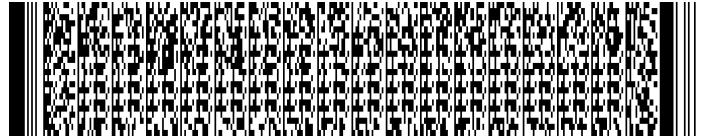
MISSOURI

FOR THE YEAR ENDING
 December 31, 2018

Prepared for	ALANA J HARMON																								
Tax Summary	<table> <tr> <td>Gross Income</td><td>\$</td><td>66,377</td></tr> <tr> <td>Adjusted Gross Income.....</td><td>\$</td><td>66,377</td></tr> <tr> <td>Total Deductions.....</td><td>\$</td><td>17,633</td></tr> <tr> <td>Total Taxable Income.....</td><td>\$</td><td>43,744</td></tr> <tr> <td>Total Tax</td><td>\$</td><td>2,359</td></tr> <tr> <td>Total Payments</td><td>\$</td><td>1,985</td></tr> <tr> <td>Refund Amount</td><td>\$</td><td>0</td></tr> <tr> <td>Amount You Owe</td><td>\$</td><td>374</td></tr> </table>	Gross Income	\$	66,377	Adjusted Gross Income.....	\$	66,377	Total Deductions.....	\$	17,633	Total Taxable Income.....	\$	43,744	Total Tax	\$	2,359	Total Payments	\$	1,985	Refund Amount	\$	0	Amount You Owe	\$	374
Gross Income	\$	66,377																							
Adjusted Gross Income.....	\$	66,377																							
Total Deductions.....	\$	17,633																							
Total Taxable Income.....	\$	43,744																							
Total Tax	\$	2,359																							
Total Payments	\$	1,985																							
Refund Amount	\$	0																							
Amount You Owe	\$	374																							
Make check payable to	Missouri Director of Revenue																								
Mailing Address	Department of Revenue P.O. Box 3370 Jefferson City, MO 65105-3370																								
Special Instructions	<p>SIGN AND DATE YOUR RETURN Please sign and date Form MO 1040A.</p> <p>ASSEMBLE WHAT YOU NEED TO MAIL Attach a copy of the federal return, each W-2, W-2G, 1099R and 1099G for which MO tax has been withheld. Attach any schedules and forms behind Form MO 1040A. If there are supporting statements, arrange them in the same order as the schedules and forms they support and attach them last.</p> <p>PAY BALANCE DUE ON YOUR TAXES Complete your check or money order for \$374. Do not send cash and do not forget to sign the check. Enclose MO-1040V with your check. Write your Social Security number(s), daytime phone number, 2018, and Form MO 1040A on your check or money order (U.S. funds only).</p> <p>MAIL FORM MO 1040A & OTHER DOCUMENTS TO: Mailing Address listed above. To retain the proof of mailing, we recommend using certified mail to send your form(s). When mailing to an address without a P.O. box, you may also use: Airborne Express, DHL Worldwide Express, FedEx, or UPS.</p> <p>KEEP A COPY Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.</p>																								



Missouri Department of Revenue
Form
2018 Individual Income Tax Return
Single/Married (One Income)



Print in BLACK ink only and DO NOT STAPLE.
For Privacy Notice, see Instructions.

Vendor Code

1 0 2 9

Department Use Only

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STATUS

☒ Single ☐ Claimed as a Dependent ☐ Married Filing Combined ☐ Married Filing Separately ☐ Head of Household ☐ Qualifying Widow(er)

Select the appropriate boxes that apply.

Age 65 or Older

Yourself ☐ Spouse ☐

Blind

Yourself ☐ Spouse ☐

100% Disabled

Yourself ☐ Spouse ☐

Non- Obligated Spouse

Yourself ☐ Spouse ☐

NAME

Social Security Number Deceased in 2018 Spouse's Social Security Number Deceased in 2018
499 - **98** - **1657** ☐ ☐ - ☐ - ☐ ☐

First Name M.I. Last Name Suffix
ALANA **J** **HARMON** ☐

Spouse's First Name M.I. Spouse's Last Name Suffix
☐ ☐ ☐ ☐

In Care Of Name (Attorney, Executor, Personal Representative, etc.) Attach form if applicable.

ADDRESS

Present Address (Include Apartment Number or Rural Route)

1036 EDGEHILL DR

City, Town, or Post Office State ZIP Code
SAINT LOUIS **MO** **63135** - ☐

County of Residence
STCO

You may contribute to any one or all of the trust funds on Line 15. See instructions for more trust fund information.

 Children's Trust Fund	 Veterans Trust Fund	 Elderly Home Delivered Meals Trust Fund	 Missouri National Guard Trust Fund	 Workers' Memorial Fund	 Childhood Lead Testing Fund	 Missouri Military Family Relief Fund	 General Revenue Fund	 Organ Donor Program Fund
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18334011029

INCOME

1. Federal adjusted gross income from federal return (see page 5 of the instructions) 1 66377 .00
2. Any state income tax refund included in federal adjusted gross income 2 .00
3. Total Missouri adjusted gross income - Subtract Line 2 from Line 1 3 66377 .00

DEDUCTIONS

4. Tax from federal return.
Do not enter federal income tax withheld 7418 .00 → Enter this amount on Line 4, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers 4 5000 .00
5. Missouri standard deduction or itemized deductions.
• Single or Married Filing Separate - \$12,000
• Head of Household - \$18,000
• Married Filing Combined or Qualifying Widow(er) - \$24,000
If age 65 or older, blind, or claimed as a dependent, see federal return or page 6.
If itemizing, see back of the form 5 17633 .00
6. Long-term care insurance deduction 6 .00
7. Total Deductions - Add Lines 4 through 6 7 22633 .00

TAX

8. Missouri Taxable Income - Subtract Line 7 from Line 3 8 43744 .00
9. Tax - Use the tax chart on page 9 to figure the tax 9 2359 .00

CREDITS

10. Missouri tax withheld from your Form(s) W-2 and 1099.
Attach copies of Form(s) W-2 and 1099. 10 1985 .00
11. Missouri estimated tax payments made for 2018.
Include overpayment from 2017 applied to 2018. 11 .00
12. Total Payments - Add Lines 10 and 11 12 1985 .00
13. If Line 12 is more than Line 9, enter the difference. This is your overpayment.
If Line 12 is less than Line 9, skip to Line 18. 13 0 .00
14. Amount from Line 13 that you want applied to your 2019 estimated tax 14 .00
15. Enter the amount of your donation in the trust fund boxes below (see instructions for trust fund codes.)
- | | | | | | |
|---|--|-----------------------------|--|--|--------------------------|
| 15a. Children's Trust Fund | <input type="text"/> .00 | 15b. Veterans Trust Fund | <input type="text"/> .00 | 15c. Elderly Home Delivered Meals Trust Fund | <input type="text"/> .00 |
| 15d. Missouri National Guard Trust Fund | <input type="text"/> .00 | 15e. Workers' Memorial Fund | <input type="text"/> .00 | 15f. Childhood Lead Testing Fund | <input type="text"/> .00 |
| 15g. Missouri Military Family Relief Fund | <input type="text"/> .00 | 15h. General Revenue Fund | <input type="text"/> .00 | 15i. Organ Donor Program Fund | <input type="text"/> .00 |
| 15j. Additional Fund Code | <input type="text"/> Additional Fund Amount <input type="text"/> .00 | 15k. Additional Fund Code | <input type="text"/> Additional Fund Amount <input type="text"/> .00 | | |

Total Donation - Add amounts from Boxes 15a through 15k and enter here 15 .00



REMITTANCE INFORMATION

16. Amount from Line 13 to be deposited into a Missouri 529 Education Savings Plan (MOST) account. Enter amount from Line E of Form 5632. 16 00
17. **REFUND** - Subtract Lines 14, 15, and 16 from Line 13 and enter here. 17 00
- If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below:
- a. Routing Number c. ☐ Checking ☐ Savings
- b. Account Number

AMOUNT DUE

18. **AMOUNT DUE** - If Line 12 is less than Line 9, enter the difference here 18 374 00

If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

SIGNATURE

Signature

Date (MM/DD/YY)

Spouse's Signature (If filing combined, BOTH must sign)

Date (MM/DD/YY)

E-mail Address

Daytime Telephone

ALANA . HARMON@YAHOO . COM

314 6510412

Preparer's Signature

Date (MM/DD/YY)

Preparer's FEIN, SSN, or PTIN

Preparer's Telephone

Preparer's Address

State ZIP Code

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm

☐ Yes ☒ No

Department Use Only

☐ A ☐ FA ☐ E10 ☐ DE ☐ F



18334031029

- Complete this section only if you itemized deductions on your federal return (see the information on page 6 and 8).
- Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.
- If you are subject to "additional Medicare tax", attach a copy of Federal Form 8959.

MISSOURI ITEMIZED DEDUCTIONS

1. Total federal itemized deductions (from Federal Form 1040, Line 8)	1	14179	00
2. 2018 Social security tax	2	4408	00
3. 2018 Railroad retirement tax (Tier I and Tier II)	3		00
4. 2018 Medicare tax (see instructions on page 8)	4	1031	00
5. 2018 Self-employment tax (see instructions on page 8)	5		00
6. Total - Add Lines 1 through 5	6	19618	00
7. State and local income taxes (from Federal Schedule A, Line 5a or see the worksheet below)	7	1985	00
8. Earnings taxes included in Line 7 (see instructions on page 8)	8	0	00
9. Net state income taxes - Subtract Line 8 from Line 7 or enter Line 7 from worksheet below	9	1985	00
10. Missouri Itemized Deductions - Subtract Line 9 from Line 6. Enter here and on Form MO- 1040A, Line 5	10	17633	00

Note: If Line 10 is less than your federal standard deduction, see information on page 6.

WORKSHEET FOR MISSOURI ITEMIZED DEDUCTIONS

Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate taxpayers).

1. Enter the sum of your state and local taxes on Federal Form 1040, Schedule A, Line 5d.	1		00
2. State and local income taxes from Federal Form 1040, Schedule A, Line 5a	2		00
3. Earnings taxes included on Federal Form 1040, Schedule A, Line 5a.	3		00
4. Subtract Line 3 from Line 2	4		00
5. Divide Line 4 by Line 1	5		%
6. Enter \$10,000 (\$5,000 if married filing separately)	6		00
7. Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 9, above	7		00

Mail To: Balance Due:
Missouri Department of Revenue
P.O. Box 3370
Jefferson City, MO 65105-3370

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 3222
Jefferson City, MO 65105-3222

Phone (Balance Due): (573) 751- 7200
Phone (Refund or No Amount Due): (573) 751-3505
Fax: (573) 526-1881
E-mail: income@dor.mo.gov

(Revised 12- 2018)

Visit <http://dor.mo.gov/personal/individual/> for additional information.



Schedule D Tax Worksheet

Name(s) **ALANA J HARMON**

Keep for Your Records

SSN **499-98-1657**Worksheet 4- 1. **Capital Loss Carryover Worksheet-Lines 6 and 14**

Keep for Your Records

Use this worksheet to figure your capital loss carryovers from 2018 to 2019 if your 2018 Schedule D, line 21, is a loss and (a) that loss is a smaller loss than the loss on your 2018 Schedule D, line 16, or (b) the amount on your 2018 Form 1040, line 10 (or your 2018 Form 1040NR, line 39, if applicable) is less than zero. Otherwise, you do not have any carryovers.

If you and your spouse once filed a joint return and are filing separate returns for 2019, any capital loss carryover from the joint return can be deducted only on the return of the spouse who actually had the loss.

If you excluded canceled debt from income in 2018, see Pub. 4681.

1. Enter the amount from your 2018 Form 1040, line 10, or your 2018 Form 1040NR, line 39. If a loss, enclose the amount in parentheses	1.	<u>52,198</u>
2. Enter the loss from your 2018 Schedule D, line 21, as a positive amount	2.	<u>3,000</u>
3. Combine lines 1 and 2. If zero or less, enter -0-	3.	<u>55,198</u>
4. Enter the smaller of line 2 or line 3	4.	<u>3,000</u>
If line 7 of your 2018 Schedule D is a loss, go to line 5; otherwise, enter - 0- on line 5 and go to line 9.		
5. Enter the loss from your 2018 Schedule D, line 7, as a positive amount	5.	<u>4,140</u>
6. Enter any gain from your 2018 Schedule D, line 15. If a loss, enter - 0-	6.	<u>0</u>
7. Add lines 4 and 6	7.	<u>3,000</u>
8. Short-term capital loss carryover to 2019. Subtract line 7 from line 5. If zero or less, enter - 0-. If more than zero, also enter this amount on Schedule D, line 6	8.	<u>1,140</u>
If line 15 of your 2018 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9. Enter the loss from your 2018 Schedule D, line 15, as a positive amount	9.	
10. Enter any gain from your 2018 Schedule D, line 7. If a loss, enter -0-	10.	
11. Subtract line 5 from line 4. If zero or less, enter - 0-	11.	
12. Add lines 10 and 11.	12.	
13. Long-term capital loss carryover to 2019. Subtract line 12 from line 9. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 14	13.	

FILE

TRADITIONAL IRA RECORD WORKSHEET

Name **ALANA J HARMON**

SSN **499-98-1657**

Important. Carry forward all Retirement Plan Account Record Worksheets as a permanent part of the taxpayer's file. A separate record of each separate retirement IRA plan should be maintained for each taxpayer (for each spouse for a married couple).

For Year	Fair Market Value on Dec. 31	Total Contributions	Excess Contributions	Federal Nondeductible Contributions	After-Tax Contributions Rollover	Distributions
2018	12,162	501				
	TOTALS	501				
	Basis:			0		

DO NOT FILE

ROTH IRA RECORD WORKSHEET

Name ALANA J HARMON

SSN 499-98-1657

Important. Carry forward all Retirement Plan Account Record Worksheets as a permanent part of the taxpayer's file. A separate record of each separate retirement plan account should be maintained for each taxpayer (for each spouse for a married couple).

For Year	Fair Market Value on Dec. 31	Contributions	Excess Contributions	Total Conversions ♦	Nontaxable Conversions	Distributions	Earnings Distributed	Amount Tentatively Subject to Penalty
2018	10,081	2,438						
	TOTALS	2,438						
	Basis:	2,438		0				

◆ Total conversions include taxable and nontaxable conversions. 1. Includes amounts from spouse's account 2. Includes excess contribution 3. Designated Roth rollover

Name **ALANA J HARMON**SSN **499-98-1657**Total interest paid from Form 1098-E. 511Total interest paid in 2018 on qualified student loans 5111. Enter the total interest you paid in 2018 on qualified student loans. **Do not enter more than \$2,500** 1. 5112. Enter your total income from Form 1040, line 6 2. 67,3273. Enter the total of amounts from Schedule 1, lines 23 - 32 3. 5014. Enter any amount you entered on the dotted line next to
Schedule 1, line 36 4. _____5. Add the amounts on lines 3 and 4 5. 5016. Subtract the amount on line 5 from the amount on line 2. 6. 66,8267. Enter any foreign earned income exclusion and/or
housing exclusion (Form 2555, line 45, or Form 2555-EZ, line 18) 7. _____

8. Enter any housing deduction (Form 2555, line 50) 8. _____

9. Enter the amount of income from Puerto Rico that you are excluding 9. _____

10. Enter the amount of income from American Samoa that you are
excluding (Form 4563, line 15) 10. _____11. Add the amounts on lines 6 through 10. This is your modified adjusted gross income 11. 66,82612. Enter the amount shown below for your filing status 12. 65,000

- Single, head of household, or qualifying widow(er) - \$65,000
- Married filing jointly - \$135,000

13. Is the amount on line 11 more than the amount on line 12?

☐ **No.** Skip line 14, enter - 0- on line 15, and go to line 16.☒ **Yes.** Subtract line 12 from line 11 13. 1,82614. Divide line 13 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal
(rounded to at least three places). If the result is 1.000 or more, enter 1.000 14. 0.121715. Multiply line 1 by line 14 15. 6216. **Student loan interest deduction.** Subtract line 15 from line 1. Enter the result here and on Schedule 1, line 33.**Do not** include this amount in figuring any other deduction on your return (such as
on Schedule A, C, E, etc.) 16. 449

IRA CONTRIBUTION AND DEDUCTION WORKSHEET (2018)

Taxpayer's Name ALANA J HARMON Date of Birth 7/10/1983 SSN 499-98-1657

Spouse's Name _____ Date of Birth _____ SSN _____

CONTRIBUTION LIMITS FOR 2018

	A. Taxpayer	B. Spouse
1a. For the taxpayer (and/or the spouse), check the appropriate box(es) if date of birth is before January 1, 1969	1a. <input type="checkbox"/>	<input type="checkbox"/>
1b. If the box on line 1a is checked, enter \$6,500. Otherwise, enter \$5,500 (less any section 501(c)(18) contributions)	1b. <u>5,500</u>	

ACTIVE PARTICIPATION IN AN EMPLOYER PLAN

1c. Check the appropriate box(es) if the taxpayer (and/or the spouse) was an active participant in an employer-maintained retirement plan at any time during 2018

1c. ☒ ☐

COMPENSATION

2a. Enter each spouse's share of the amount from line 1, Form 1040	2a. <u>70,327</u>
2b. Enter each spouse's share of the amount from line 11, Form 1040, Schedule 1	2b. <u>0</u>
2c. Enter each spouse's net earnings from self-employment, reduced by that spouse's share of the amounts on lines 27 and 28, Form 1040, Schedule 1. Do not enter less than -0-	2c. <u>0</u>
3. Add lines 2a - 2c	3. <u>70,327</u>
4. Enter any foreign earned income and/or housing exclusion from lines 45 and 50, Form 2555, or line 18, Form 2555-EZ	4. <u>0</u>
5. Subtract line 4 from line 3. This is total compensation for IRA purposes	5. <u>70,327</u>

MAXIMUM IRA CONTRIBUTION

6. For most taxpayers, enter the lesser of line 5 or line 1b.

Note: If MFJ, and, for either spouse, the line- 5 amount is less than the line- 1b amount, first complete line 6 for the higher- income spouse, lines 7- 15 using information from the return, and lines 16- 27 for the higher- income spouse. Then, for the lower-income spouse, enter on line 6 the lesser of:

- The combined line- 5 amounts above, reduced by the combined amounts from lines 22, 24, and 27 for the higher-income spouse; or
- The amount on line 1b.

This is the maximum allowable contribution to all IRAs 6. 5,500

If neither box on line 1c is checked and neither spouse has made or plans to make any Roth IRA contributions, skip lines 7 through 20 and enter the amount from line 6 on line 21. Otherwise, continue to line 7.

MODIFIED ADJUSTED GROSS INCOME

7. Enter the amount from line 6, Form 1040	7. <u>67,327</u>
8. Enter the sum of:	
• Lines 42 and 50, Form 2555 or line 18, Form 2555-EZ	
• Line 14, Form 8815	
• Line 27, Form 8839	
8.	8. <u>0</u>
9. Add lines 7 and 8.	9. <u>67,327</u>
10. Enter the sum of lines 23 through 31, Form 1040, Schedule 1 plus any write- in adjustments on line 36, Form 1040, Schedule 1	10. <u>0</u>
11. Subtract line 10 from line 9. This is modified adjusted gross income for traditional IRA purposes	11. <u>67,327</u>

If the taxpayer (and/or spouse) has made or may make 2018 contributions to a Roth IRA, continue to line 12. Otherwise, skip to "Deduction Limitation" on page 2.

12a. Enter the portion (if any) of line 4b, Form 1040, arising from the conversion of a traditional IRA to a Roth IRA	12a. _____
12b. Enter the portion (if any) of line 4b, Form 1040, arising from Roth IRA rollovers	12b. _____
13. Subtract 12a and 12b from line 11. This is modified adjusted gross income for Roth IRA purposes	13. <u>67,327</u>

ROTH IRA CONTRIBUTION LIMITATION

If the amount on line 13 does not exceed:

- \$121,000 (S, HH, or MFS and lived apart for the entire year);
- \$189,000 (MFJ or QW); or
- \$0 (MFS and spouses lived together at any time during 2018),

Skip lines 14 through 16 and enter the amount from line 6 on line 17. Otherwise, continue to line 14.

	A.	B.
	Taxpayer	Spouse

14. Enter:

- \$135,000 (S, HH, or MFS and lived apart for the entire year);
- \$199,000 (MFJ or QW); or
- \$10,000 (MFS and spouses lived together at any time during 2018) 14. _____

15. Subtract line 13 from line 14. If zero or less, no Roth IRA contribution is allowed; skip line 16 and enter -0- on line 17 15. _____

16. If the amount on line 14 is \$135,000:

- If the box on line 1a is checked, multiply line 15 by 43.33% (.4333)
- Otherwise, multiply line 15 by 36.67% (.3667)

Otherwise:

- If the box on line 1a is checked, multiply line 15 by 65% (.65).
- Otherwise multiply line 15 by 55% (.55).

If the result is not a multiple of \$10, round it up to the next multiple of \$10 (for example,

round \$490.30 to \$500). Enter the result or \$200, whichever is larger 16. _____

17. Enter the smaller of line 6 or line 16. **This is the maximum allowable contribution to a Roth IRA** 17. 5,500

DEDUCTION LIMITATION Note: For the taxpayer (and/or spouse), if date of birth is before July 1, 1948, no traditional IRA contribution is allowed; skip lines 18 - 20 and enter -0- on line 21.

If neither box on line 1c is checked, or if the amount on line 11 does not exceed:

- \$63,000 (S, HH, or MFS and lived apart for the entire year);
- \$101,000 (MFJ or QW); or
- \$0 (MFS and spouses lived together at any time during 2018),

Skip lines 18, 19, and 20 and enter the amount from line 6 on line 21. Otherwise, continue to line 18.

18. If the taxpayer is married filing jointly and only ONE box on line 1c is checked, enter \$121,000 for the active participant and \$199,000 for the nonparticipating spouse. Otherwise enter:

- \$73,000 (S, HH, or MFS and lived apart for the entire year);
- \$121,000 (MFJ or QW); or
- \$10,000 (MFS and spouses lived together at any time during 2018) 18. 73,000

19. Subtract line 11 from line 18. If the result exceeds:

- \$10,000 (S, HH, MFS, or MFJ and the box on line 1c is not checked);
- \$20,000 (QW or MFJ and the box line 1c is checked),

Make no entry on line 19 and enter the amount from line 6 on line 21. If zero or less, enter -0-, no IRA deduction is allowed; skip line 20 and enter -0- on line 21. Otherwise, enter the difference on line 19 19. 5,673

20. If the box on line 1a is checked, multiply line 19 by:

- 65% (.65) (S, HH, MFS or MFJ and the box on line 1c is not checked). If 1a is not checked, use 55% (.55)
- 32.5% (.325) (QW or MFJ and the box on line 1c is checked). If 1a is not checked, use 27.5% (.275)

If the result is not a multiple of \$10, round it to the next multiple of \$10 (for example round \$490.30

to \$500). Enter the result or \$200, whichever is larger 20. 3,130

21. Enter the smaller of line 6 or line 20. **This is the taxpayer's maximum IRA deduction** 21. 3,130

CONTRIBUTIONS AND DEDUCTIONS

22. **IRA Deduction.** Enter 2018 deductible IRA contributions that the taxpayer has made or plans to make by the filing deadline. **Do not include 2018 contributions that the taxpayer plans to withdraw or recharacterize before the filing deadline, and do not enter more than the amount on line 21.**

Enter this amount on line 32, Form 1040, Schedule 1 22. 501

23. If there is no entry on line 17, enter -0-. Otherwise, subtract line 22 from line 6. If the result is zero or less, no Roth IRA contribution is allowed; enter -0- here and on line 24 23. 4,999

24. **Roth IRA contribution.** Enter 2018 Roth IRA contributions that the taxpayer has made or plans to make by the filing deadline. **Do not include 2018 contributions that the taxpayer plans to withdraw or recharacterize before the filing deadline. Do not enter more than lesser of the amount on line 17 or the amount on line 23** 24. 2,438

25. Add lines 22 and 24 25. 2,939

26. Subtract line 25 from line 6 26. 2,561

27. **Nondeductible contributions to a traditional IRA.** Enter 2018 nondeductible IRA contributions that the taxpayer has made or plans to make by the filing deadline. **Do not include 2018 contributions that the taxpayer plans to withdraw or recharacterize before the filing deadline, and do not enter more than the amount on line 26.** Enter this amount on line 1, Form 8606. 27. 0

**Detach Coupon Below
Before Mailing**

Make your check payable to the 'United States Treasury'.
Include in the check's memo section '2018 FORM 1040' and your SSN.

Mail payment voucher to:

INTERNAL REVENUE SERVICE
P. O. BOX 37008
HARTFORD, CT 06176-7008



▼ Detach Here and Mail With Your Payment and Return ▼

KBA Form 1040-V (2018)



Department of the Treasury
Internal Revenue Service

2018

OMB No. 1545-0074

Form 1040-V Payment Voucher

- ▶ Use Form 1040-V when paying the balance due on Form 1040, Form 1040A, 1040EZ, or 1040NR.
- ▶ Enter your SSN on your check or money order
- ▶ If your name, address, or SSN is incorrect, see instructions.

**Amount you are paying by check or
or money order. Make your check or
money order payable to "United States Treasury"**

Dollars

850.

1029



ALANA J HARMON
1036 EDGEHILL DR
SAINT LOUIS MO 63135

INTERNAL REVENUE SERVICE
P O BOX 37008
HARTFORD CT 06176-7008

Detach Coupon Below
Before Mailing



Missouri Department of Revenue
**2018 Individual Income Tax
Payment Voucher (Form MO- 1040V)**

Please print. Make check payable to Missouri Department of Revenue.
Mail Form MO- 1040V and payment to the Missouri Department of
Revenue, P.O. Box 371, Jefferson City, MO 65105- 0371.

Name HARMON, ALANA J		
Spouse's Name		
Street Address 1036 EDGEHILL DR		
City SAINT LOUIS	State MO	ZIP Code 63135
Full payment of taxes must be submitted by April 15, 2019 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.		

Social Security Number **499** - **98** - **1657**

Name Control **HARM**

Spouse's Social Security Number

Spouse's Name Control

Amount of Payment
(U.S. funds only) \$ **374** . **00**



18347011029

Department Use Only

Department Use Only

Form MO- 1040V (Revised 12- 2018)

055 029 000000 4999816578 080118138 0000000000 18 000037400 9