

Review your print out for checklist items.

## Consent to disclose your information for the Credit Karma offer

To process your Credit Karma Money™ Spend account, we'll need to send your personal info to Credit Karma.

By signing this disclosure agreement, you'll allow us to share relevant info from your tax return with Credit Karma for this purpose.

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](mailto:complaints@tigta.treas.gov).

Do you agree to let TurboTax share your personal information with Credit Karma to open a new Credit Karma Money™ Spend account?

**I agree** x

Taxpayer First Name

Taxpayer Last Name

Today's Date

Spouse First Name

Spouse Last Name

Today's Date

**What information are you sharing?**

We'll share the following information with Credit Karma:

Personal and contact information for the primary filer: first and last name; Social Security number; date of birth; mailing address used to file taxes (street, apartment, city, state, zip code); email address.

Identity verification: confirmation that the Social Security number matches the name and date of birth on the account; ID check completion.

Refund information: federal and state refund amounts to be deposited in a Credit Karma Money™ Spend account.

We'll need to check your age, address, and tax refund info to make sure you're eligible to apply for a Credit Karma Money™ Spend account. Signing this agreement lets us use this info on your tax return.

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.

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Do you agree to let TurboTax review your tax information to determine if you're eligible to apply for a Credit Karma Money™ Spend account?

**I agree** ×

Taxpayer First Name Ashley

Taxpayer Last Name Richardson

Today's Date 10/29/2021

Spouse First Name

Spouse Last Name

Today's Date

**What are the eligibility requirements to apply for the Credit Karma offer?**

Here are some of the eligibility requirements to apply for a Credit Karma Money™ Spend account:

- You are 18 or older
- Your address must be located in one of the eligible states and can't be a PO Box or military address

Additionally, TurboTax requires you to have a federal refund of \$1 or more.

**Filing Status** ☐ Single ☐ Married filing jointly ☒ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ► **Adam A Boyer**

Your first name and middle initial <b>Ashley N</b>		Last name <b>Richardson</b>		Your social security number <b>634-05-3454</b>	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number <b>634-34-9195</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>1006 Grace Ave</b>				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Brady</b>			State <b>TX</b>		ZIP code <b>768256825</b>
Foreign country name		Foreign province/state/county		Foreign postal code	
<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

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

**Age/Blindness** **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ► <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .			<b>1</b>		
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>		<b>2b</b>	Taxable interest . . . . .	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>		<b>3b</b>	Ordinary dividends . . . . .	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>		<b>4b</b>	Taxable amount . . . . .	
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <b>Standard Deduction</b> , see instructions.	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>		<b>5b</b>	Taxable amount . . . . .	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>		<b>6b</b>	Taxable amount . . . . .	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ► <input type="checkbox"/>				<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .				<b>8</b>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ►				<b>9</b>	
	<b>10</b>	Adjustments to income:					
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>				
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>				
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ►				<b>10c</b>	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ►				<b>11</b>	
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .				<b>12</b>	<b>12,400.</b>
	<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .				<b>13</b>	
	<b>14</b>	Add lines 12 and 13 . . . . .				<b>14</b>	<b>12,400.</b>
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .				<b>15</b>	<b>0.</b>

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	0.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	0.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	0.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	0.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC)	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,800.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,800.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	1,800.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	1,800.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	1,800.
Direct deposit? See instructions.	<b>b</b> Routing number 1 1 1 9 0 0 6 5 9 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 3 5 4 1 6 7 7 4 4 3		
	<b>36</b> Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
For details on how to pay, see instructions.	<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes. Complete below.** ☒ **No**

Designee's  
name ▶

Phone  
no. ▶

Personal identification  
number (PIN) ▶

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**Sign Here**

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

Your signature

Date

Your occupation

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

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

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. (325) 240-0137

Email address

**Paid Preparer Use Only**

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶ Self-Prepared

Phone no.

Firm's address ▶

Firm's EIN ▶

## IMPORTANT DISCLOSURES

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

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$40.00 (the "RPS fee"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

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

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

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

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

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://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.

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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 <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your debit card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$40.00 <sup>3</sup>

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

<sup>2</sup>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, 2021.

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

Questions? Call 877-908-7228

**FORM 1040 or FORM 1040-SR WORKSHEET****NOTE:** Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.**2020**

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.

Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

**Form 1040 or Form 1040SR Worksheet Navigation QuickZooms****QuickZoom** to Schedule 1 — Additional Income and Adjustments to Income . . . . . ►**QuickZoom** to Schedule 2 — Additional Taxes . . . . . ►**QuickZoom** to Schedule 3 — Additional Credits and Payments . . . . . ►**Form 1040 or Form 1040-SR — Personal Info, Filing Status, Dependent Info**For the year January 1 - December 31, 2020, or other tax year  
beginning \_\_\_\_\_, 2020, ending \_\_\_\_\_, 20 \_\_\_\_.

Your First Name	MI	Last Name	Your Social Security No.
<u>Ashley</u>	<u>N</u>	<u>Richardson</u>	<u>634-05-3454</u>
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.
			<u>634-34-9195</u>
Home Address (No. and Street). If You Have a P.O. Box, See Instructions.			Apt. No.
<u>1006 Grace Ave</u>			
City, Town or Post Office. If you have a foreign address, also complete below.			ZIP Code
<u>Brady</u>			<u>TX</u> <u>76825-6825</u>
Foreign country name		Foreign province/state/county	Foreign postal code

**QuickZoom** to explanation statement for overseas extension . . . . . ►**Presidential Election Campaign**

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.

Checking a box will not change your tax or refund. . . . . ☐ You ☐ SpouseAt any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest  
in any virtual currency?. . . . . ☐ Yes ☒ No**Filing Status** Check only one box.

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

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

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

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for: under age 17 qualifying for child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

**Standard Deduction**
☐  
☐

Someone can claim you as a dependent

Someone can claim your spouse as a dependent

a Check if:

☐  
☐

You were born before January 2, 1956,

Spouse was born before January 2, 1956,

☐  
☐

Blind.

Blind.

Total boxes checked . . . . .

▶ a 

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

▶ b ☐**Form 1040 or Form 1040-SR, Lines 1 - 7**

1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	<input type="text"/>
2 a	Tax-exempt interest . . . . . 2a		<input type="text"/>
b	Taxable interest . . . . .	2b	<input type="text"/>
3 a	Qualified dividends . . . . . 3a		<input type="text"/>
b	Ordinary dividends . . . . .	3b	<input type="text"/>
4 a	IRA distributions . . . . . 4a		<input type="text"/>
b	Taxable amount . . . . .	4b	<input type="text"/>
5 a	Pensions and annuities . . . . . 5a		<input type="text"/>
b	Taxable amount . . . . .	5b	<input type="text"/>
6 a	Social security benefits . . . . . 6a		<input type="text"/>
b	Taxable amount . . . . .	6b	<input type="text"/>
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. . . . . ▶ <input type="checkbox"/>	7	<input type="text"/>

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income . . . . . ▶

**Form 1040 or Form 1040-SR, Lines 8 - 11**

8	Other income from Schedule 1, line 9 . . . . .	8	<input type="text"/>
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	9	<input type="text"/>
10	Adjustments to income:		
a	From Schedule 1, line 22 . . . . . 10 a		<input type="text"/>
	Enter the smaller of these cash contributions made or \$300 (\$150 if married filing separately) on line 10b below if you take the standard deduction . . . . .		<input type="text"/>
b	Charitable contributions if you take the standard deduction. . . . . 10 b		<input type="text"/>
c	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	10 c	<input type="text"/>
11	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	11	<input type="text"/>
	AGI including excludable Puerto Rico Income. . . . .		<input type="text"/>

**Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction**

12	<b>Standard deduction or itemized deductions</b> (from Schedule A) <b>Standard Deduction for —</b> <ul style="list-style-type: none"> <li>● People who checked blind or over 65 or who can be claimed as a dependent, see instructions.</li> <li>● All others: <ul style="list-style-type: none"> <li>● Single or Married filing separately: \$12,400</li> <li>● Married filing jointly or Qualifying widow(er): \$24,800</li> <li>● Head of household: \$18,650</li> </ul> </li> </ul> <b>QuickZoom</b> to the Standard Deduction Worksheet . . . . .		<input type="text"/>
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<b>Itemized deductions</b> (from Schedule A) <b>or</b> your <b>standard deduction</b> , see above . . . . .	<b>12</b>	<u>12,400.</u>
Subtract itemized or standard deduction from adjusted gross income amount . . . . .		<u>-12,400.</u>

Ashley N Richardson

634-05-3454

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<b>Form 1040 or Form 1040-SR, Lines 13 - 18</b>		
<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	
<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b>	<u>12,400.</u>
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	<u>0.</u>

<b>16</b> <b>Tax.</b> Check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/>		
		<u>0.</u>
<b>17</b> Amount from Schedule 2, line 3. . . . .	<b>17</b>	
<b>18</b> Add lines 16 and 17 . . . . .	<b>18</b>	<u>0.</u>
<b>QuickZoom</b> to Schedule 2 - Additional Tax section . . . . . ▶		

<b>Form 1040 or Form 1040-SR, Line 19 - 24</b>		
<b>19</b> Child tax credit/credit for other dependents . . . . .	<b>19</b>	
<b>20</b> Amount from Schedule 3, line 7. . . . .	<b>20</b>	
<b>21</b> Add lines 19 and 20 . . . . .	<b>21</b>	
<b>22</b> Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	<u>0.</u>
<b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 10. . . . .	<b>23</b>	<u>0.</u>
<b>24</b> Add lines 22 and 23. This is your <b>total tax</b> . . . . . ▶	<b>24</b>	<u>0.</u>
<b>QuickZoom</b> to Schedule 3 — Additional Credits and Payments . . . . . ▶		

<b>Form 1040 or Form 1040-SR, Lines 25 - 33</b>		
<b>25</b> Federal income tax withheld from: <b>a</b> Form(s) W-2 . . . . . <b>25 a</b> <u>                    </u> <b>b</b> Form(s) 1099 . . . . . <b>25 b</b> <u>                    </u> <b>c</b> Other forms . . . . . <b>25 c</b> <u>                    </u> <b>d</b> Add lines 25a through 25c. . . . . <b>25 d</b> <u>                    </u>		
<b>26</b> 2020 estimated tax payments and amount applied from 2019 return . . . . . <u>                    </u>	<b>26</b>	
<b>27</b> Other payments and refundable credits: Earned income credit (EIC) . . . . . <u>                    </u> Nontaxable combat pay election . . . . . <u>                    </u>		
<b>28</b> Additional child tax credit. Attach Schedule 8812 . . . . . <u>                    </u>		
<b>29</b> American opportunity credit from Form 8863, line 8. . . . . <u>                    </u>		
<b>30</b> Recovery rebate credit. . . . . <u>1,800.</u>		
<b>31</b> Amount from Schedule 3, line 13 . . . . . <u>                    </u>		
<b>32</b> Add lines 27 through 31. <b>These are your other payments and refundable credits</b> . . . . . ▶	<b>32</b>	<u>1,800.</u>
<b>33</b> Add Lines 25d, 26, and 32. <b>These are your total payments</b> . . . . . ▶	<b>33</b>	<u>1,800.</u>

**QuickZoom** to Schedule EIC Worksheet, pg. 2 if credit is not calculated. . . . . ▶ \_\_\_\_\_  
**QuickZoom** to "due diligence checklist" substitute for Form 8867. . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Schedule 3 — Additional Credits and Payments . . . . . ▶ \_\_\_\_\_

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### Form 1040 or Form 1040-SR, Lines 34 - 36

#### Refund:

<b>34</b>	If total Payments is more than total tax, subtract <b>total tax</b> from <b>payments</b> . This is the amount you <b>overpaid</b> . . . . .	<b>34</b>	1,800.
<b>35 a</b>	Amount of overpayment you want <b>refunded to you</b> . If Form 8888 is attached, check here. . . . . ▶ <input type="checkbox"/>	<b>35</b>	1,800.
Direct deposit? ▶ <b>b</b> Routing number . . . . . 111900659 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ <b>d</b> Account number . . . . . 3541677443			
<b>36</b>	Amount of overpayment on line 34 you want applied to your <b>2021 estimated tax</b> . . . . . ▶	<b>36</b>	

### Form 1040 or Form 1040SR, Lines 37 and 38

#### Amount You Owe:

<b>37</b>	Subtract total payments from total tax . . . . . ▶ <b>Note:</b> Schedule H and Schedule E SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	<b>37</b>	
<b>38</b>	Estimated tax penalty . . . . . ▶	<b>38</b>	

**QuickZoom** to Late Penalties and Interest Worksheet . . . . . ▶ **QuickZoom.** . . . . ▶ \_\_\_\_\_

## Schedule 1 — Additional Income and Adjustments to Income

### Part I Additional Income

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes. . . . .	<b>1</b>	
----------	---	----------	--

#### Alimony Received Smart Worksheet

<b>A</b>	Taxpayer	Spouse	Date of divorce/sep	*
<b>B</b>				

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

<b>2 a</b>	Alimony received. . . . Taxpayer _____ Spouse _____	<b>2 a</b>	
<b>b</b>	Date of original divorce or separation agreement . . . . . ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F. . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount: ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 8 . . . . .	<b>9</b>	
<b>Total Income.</b> Combine Form 1040 lines 1- 7 and			

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**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings. . . . .	<b>17</b>	

**Alimony Paid Smart Worksheet**

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

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

<b>18 a</b>	Alimony paid . . . . .	<b>18 a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement . . . . . ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21 . . . . . These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10a . . . . .	<b>22</b>	

**Schedule 2 — Additional Taxes****Part I Tax**

<b>1</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 17	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 Explain underreported tips . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7 a</b>	Household employment taxes from Schedule H . . . . .	<b>7 a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required . . . . .	<b>7 b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) . . . . .	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A. . . . .	<b>9</b>	

10	Add lines 4 through 8. These are your <b>total other taxes</b> Enter here and on Form 1040 or 1040-SR, line 23 . . . . .	10	0.
	<b>Total tax</b> (add line 10 and Schedule 3, line 7b) . . . . .		0.

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### Schedule 3 – Additional Credits and Payments

#### Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required . . . . .	1	
2	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	2	
3	Education credits from Form 8863, line 19 . . . . .	3	
4	Retirement savings contributions credit. Attach Form 8880 . . . . .	4	
5	Residential Energy Credit. Attach Form 5695 . . . . .	5	
6	Other credits from Form:		
a	3800		
b	8801		
c			
7	Add lines 1 through 6. . . . .	6	
	Enter here and on Form 1040 or 1040-SR, line 20 . . . . .	7	
a	Add line 7 plus child tax/other dep. credit on line 19 above . . . . .		
b	Subtract total credits on line 7a from tax on line 18 above. . . . .		0.

Quickzoom to 1040 Worksheet, line 24 – Total Tax . . . . . ▶ QuickZoom. . . . .

#### Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962 . . . . .	8	
9	Amount paid with request for extension to file . . . . .	9	
10	Excess social security and tier 1 RRTA tax withheld . . . . .	10	
11	Credit for federal tax on fuels. Attach Form 4136 . . . . .	11	
12	Other payments or refundable credits:		
a	Form 2439 . . . . .	12 a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202. . . . .	12 b	
c	Health coverage tax credit from Form 8885 . . . . .	12 c	
d	Other . . . . .	12 d	
e	Deferral for certain Schedule H or SE filers . . . . .	12 e	
f	Add lines 12a through 12e . . . . .	12 f	
13	<b>Total Payments:</b> Part II, lines 8 through 12f, <b>Withholding</b> (Form 1040, line 25d), . . . . .	13	
	<b>Estimated Tax Payments</b> (Form 1040, line 26) and Form 1040, lines 27-30 . . . . .		1,800.
	<b>Other Payments and Refundable Credits</b> (Form 1040, line 32) . . . . .		1,800.

#### Third Party Designee

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

Designee's Name . . . . . ▶ \_\_\_\_\_

Phone Number . . . . . ▶ \_\_\_\_\_ Personal Identification Number (PIN) . . . . . ▶ \_\_\_\_\_

#### Signature and Paid Preparer

##### Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature	Date	Your Occupation	If the IRS sent you an Identity Protection PIN, enter it here
Spouse's Signature. If joint, <b>both</b> must sign.	Date	Owner Spouse's Occupation	
Daytime Phone No. (325) 240-0137		Email Address	

#### Paid Preparer's Use Only

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

#### Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Name(s) Shown on Return Ashley N Richardson	Your SSN 634-05-3454
--	-------------------------

**Line 4b - Adjustment for trade or business income or loss**

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax . . . . .	

**Line 5b - Adjustment for gain or loss on dispositions**

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2019 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax . . . . .	

**Capital gain/loss not included in net investment income**

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax . . . . .	

**Calculation of line 5b adjustment due to capital loss carryforward**

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

**Line 7 - Other modifications to investment income**

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



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

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

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

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income . . . . .	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <div style="border: 1px solid black; height: 40px; width: 450px; margin-top: 5px;"></div>	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. . . . .	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12 . . . . .	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: . . . . .	6	
7	Subtract line 6 from line 5. . . . .	7	
8	Enter the lesser of line 7 or line 4 . . . . .	8	

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

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

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

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

**2) Former Passive Activity Suspended Losses - Schedule D**

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

**3) Former Passive Activity Suspended Losses - Form 4797**

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

## Federal Information Worksheet

► Keep for your records

2020

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

First name . . . . . Ashley  
 Middle initial . . . . . N Suffix . . . . .  
 Last name . . . . . Richardson  
 Social security no. . . . . 634-05-3454  
 Occupation . . . . . Owner  
 Date of birth . . . . . 08/18/1988 (mm/dd/yyyy)  
 Age as of 1-1-2021 . . . . . 32  
 Daytime phone . . . . . (325) 240-0137 Ext  
 Legally blind . . . . . ☐  
 Date of death . . . . .

**Dependent of Someone Else:**

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

**Credit for the Elderly or Disabled (Schedule R):**

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

**Presidential Election Campaign Fund:**

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

**Spouse:**

First name . . . . . Adam  
 Middle initial . . . . . A Suffix . . . . .  
 Last name . . . . . Boyer  
 Social security no. . . . . 634-34-9195  
 Occupation . . . . .  
 Date of birth . . . . . 12/25/1992 (mm/dd/yyyy)  
 Age as of 1-1-2021 . . . . . 28  
 Daytime phone . . . . . Ext  
 Legally blind . . . . . ☐  
 Date of death . . . . .

**Dependent of Someone Else:**

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

**Credit for the Elderly or Disabled (Schedule R):**

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

**Presidential Election Campaign Fund:**

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

**Part II – Address and Federal Filing Status** (enter information in this section)**US Address:**

Address . . . . . 1006 Grace Ave Apt no. . . . .  
 City . . . . . Brady State . . . . . TX ZIP code . . . . . 76825-6825

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

Address . . . . . Apt no. . . . .  
 City . . . . .  
 Foreign code . . . . . Foreign country . . . . .  
 Foreign province/county . . . . . Foreign postal code . . . . .

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

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

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

**Federal filing status:**

☐ 1 Single  
☐ 2 Married filing jointly  
☒ 3 Married filing separately  
 Check this box if you **did not** live with your spouse at any time during the year. . . . . ☒  
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help) . . . . . ☐  
☐ 4 Head of household  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's First name MI Last Name Suff  
 Child's social security number . . . . .  
☐ 5 Qualifying widow(er)  
 Check the appropriate box for the year your spouse died . . . . . 2018 ☐ 2019 ☐  
 Are you a dependent with a qualifying child . . . . . Yes ☐ No ☐  
 Enter qualifying person's name:  
 Child's First name MI Last Name Suff  
 Child's social security number . . . . .

**Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information**

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

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2020					

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

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

Is the taxpayer or spouse a qualifying child for EIC for another person? . . . . . ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States  
for more than half of 2020? . . . . . ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to  
get a federally funded benefit, such as Medicaid, and the Social Security card  
contains the legend **Not Valid for Employment**, check this box (see Help) . . . . . ☐

Check if you are filing head of household **and** your spouse is a nonresident alien  
**and** you lived with your spouse during the last six months of 2020 . . . . . ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2020 or  
if you are ineligible to claim the EIC in 2020 for any other reason . . . . . ☐

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

Do you want to elect **direct deposit** of any federal tax refund? . . . . . ▶ ☒ Yes ☐ No

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

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

Name of Financial Institution (optional) . . . . . ► Wells Fargo

Check the appropriate box . . . . . ►      Checking ☒      Savings ☐

Routing number . . . . . ▶ 111900659      Account number . . . . . ▶ 3541677443

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

Enter the payment date to withdraw from the account above . . . . . ▶

Balance-due amount from this return . . . . . ▶ \_\_\_\_\_

### Amended Returns:

Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? . . . ☐ Yes ☐ No

Enter the payment date to withdraw from the account above . . . . . ▶ \_\_\_\_\_

Balance-due amount from this **amended** return . . . . . ▶

## Part VI – Additional Information for Your Federal Return

**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction . . . . . ☐

Check this box if you are married filing separately and your spouse itemized deductions . . . . . ☐

Check this box to take the standard deduction even if less than itemized deductions . . . . . ☒ X

### Real Estate Professionals:

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

**Credit for Qualified Retirement Savings Contributions (Form 8880):**

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

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

## American Opportunity and Lifetime Learning Credit (Form 8863)

For 2020, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ▶ ☐ Yes ☐ No

**Foreign Tax Credit (Form 1116):**

Check this box to file Form 1116 even if you're not required to file Form 1116 . . . . . ☐

Resident country . . . . . ► USA

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

Excludable income of bona fide residents of American Samoa, Guam, or the

Commonwealth of the Northern Mariana Islands . . . . .

Excludable income from Puerto Rico . . . . .

### Dual Status Alien Return:

Check this box if you are a dual-status alien . . . . . ☐

Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040. . . . . ☐

**Third Party Designee:**

**Caution:** Review transferred information for accuracy.

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

If Yes, complete the following:

Third party designee name . . . . . ►

Third party designee phone number . . . ▶

Personal Identification number (enter any 5 numbers) . . ▶

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

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

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

If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

**Taxpayer:**

Enter the taxpayer's state of residence as of December 31, 2020 . . . . . ▶ TX

Check the appropriate box:

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

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

Date the taxpayer established residence in state above . . . . . ▶ \_\_\_\_\_

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

**Spouse:**

Enter the spouse's state of residence as of December 31, 2020 . . . . . ▶ TX

Check the appropriate box:

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

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

Date the spouse established residence in state above . . . . . ▶ \_\_\_\_\_

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

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

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

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

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

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

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

Taxpayer's Prior year PIN . . . \_\_\_\_\_

Spouse's Prior year PIN . . . . . \_\_\_\_\_

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

Taxpayer's PIN used to sign the return . . . . . 81888

Spouse's PIN used to sign the return . . . . . \_\_\_\_\_

**Taxpayer:**

Drivers license or state ID number \_\_\_\_\_

Issued by what state

License or ID      license . ▶ ☐      ID . ▶ ☐      neither . ▶ ☒      decline. ▶ ☐

**Spouse**

Drivers license or state ID number \_\_\_\_\_

Issued by what state

License or ID      license . ▶ ☐      ID . ▶ ☐      neither . ▶ ☐      decline. ▶ ☐

**Personal Information Worksheet  
For the Taxpayer**

**2020**

► Keep for your records

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

**Part I – Taxpayer's Personal Information**

First name . . . Ashley Middle initial . N Last name . . Richardson  
Suffix . . . . .

Social security no. . . 634-05-3454 Member of U.S. Armed Forces in 2020? . . ☐ Yes ☒ No

Date of birth . . . . . 08/18/1988 (mm/dd/yyyy) age as of 1-1-2021 . . . . . 32

Occupation . . . Owner Daytime phone . . . (325) 240-0137 Ext

Marital status . . . Married

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

After 2020 ► ☐ 2020 . ► ☐ 2019 . ► ☐ 2018 . ► ☐ Before 2018 . ► ☐

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

Check if this person is legally blind . . . . . ► ☐ Yes ☒ No

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

Were you under the age of 16 as of 1-1-2021 and this is the first year you  
are filing a tax return? . . . . . ► ☐ Yes ☐ No

Language in which you want the IRS to communicate with you . . . . . ►

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

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

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

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

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

**3** Were you a full-time student during any part of five months during 2020? . . . . . ► ☐ Yes ☐ No

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

**5** Was at least one of your parents alive on December 31, 2020? . . . . . ► ☐ Yes ☐ No

**Part III – Taxpayer's State Residency Information**

Enter this person's state of residence as of December 31, 2020 . . . . . TX

Check the appropriate box:

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

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

Date this person established residence in state above . . . . . ►

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

**Part IV – Dependent Care Expenses**

Qualified dependent care expenses incurred and paid for this person in 2020 . . . . .

Unreimbursed medical expenses paid for qualifying person in 2020 . . . . .

Employment taxes paid for dependent care providers in 2020 . . . . .

Full-time student for 5 calendar months during 2020? . . . . . ► ☐ Yes ☐ No

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

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

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**Personal Information Worksheet  
For the Spouse**

**2020**

► Keep for your records

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

**Part I – Spouse's Personal Information**

First name . . . Adam Middle initial . A Last name . . . Boyer  
Suffix . . . . .

Social security no. . . . 634-34-9195 Member of U.S. Armed Forces in 2020? . . ☐ Yes ☐ No

Date of birth . . . . . 12/25/1992 (mm/dd/yyyy) age as of 1-1-2021 . . . . . 28

Occupation . . . . . Daytime phone . . . . . Ext . . . . .

Marital status . . . . .

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

After 2020 ► ☐ 2020 . ► ☐ 2019 . ► ☐ 2018 . ► ☐ Before 2018 . ► ☐

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

Check if this person is legally blind . . . . . ► ☐ Yes ☒ No

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

Were you under the age of 16 as of 1-1-2021 and this is the first year you  
are filing a tax return? . . . . . ► ☐ Yes ☐ No

Language in which you want the IRS to communicate with you . . . . . ► \_\_\_\_\_

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

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

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

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

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

**3** Were you a full-time student during any part of five months during 2020? . . . . . ► ☐ Yes ☐ No

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

**5** Was at least one of your parents alive on December 31, 2020? . . . . . ► ☐ Yes ☐ No

**Part III – Spouse's State Residency Information**

Enter this person's state of residence as of December 31, 2020 . . . . . TX

Check the appropriate box:

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

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

Date this person established residence in state above . . . . . ► \_\_\_\_\_

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

**Part IV – Dependent Care Expenses**

Qualified dependent care expenses incurred and paid for this person in 2020 . . . . . \_\_\_\_\_

Unreimbursed medical expenses paid for qualifying person in 2020 . . . . . \_\_\_\_\_

Employment taxes paid for dependent care providers in 2020 . . . . . \_\_\_\_\_

Full-time student for 5 calendar months during 2020? . . . . . ► ☐ Yes ☐ No

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

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

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# Part-Year Resident State Allocation Worksheet

2020

► Keep for your records

Check the box to activate this worksheet . . . . . ☐

Name(s) Shown on Return <u>Ashley N Richardson</u>	Social Security Number <u>634-05-3454</u>
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INCOME	Federal Amount	Resident State	Source State	Allocated Amount
<b>1 T</b> Wages, salaries, tips . . . . .				
<b>S</b> Wages, salaries, tips . . . . .				

\* Enter state of source only if income is associated with a trade or a business ▼

	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
<b>2 T</b> Taxable interest . . . . .						
<b>S</b> Taxable interest . . . . .						
<b>3 T</b> Dividends . . . . .						
<b>S</b> Dividends . . . . .						
<b>4 T</b> State/local tax refund . . . . .						
<b>S</b> State/local tax refund . . . . .						
<b>5 T</b> Alimony received . . . . .						
<b>S</b> Alimony received . . . . .						

\* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
<b>6 T</b> Business inc or loss .							
<b>S</b> Business inc or loss .							
<b>7 T</b> Farm income or loss .							
<b>S</b> Farm income or loss .							
<b>8 Total Schedule E. T</b>		See Sch E Income Allocation Smart Worksheet					
<b>S</b>							

\* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
<b>9 T</b> Capital gain or loss . . . . .						
<b>S</b> Capital gain or loss . . . . .						
<b>10 T</b> Other gains/losses . . . . .						
<b>S</b> Other gains/losses . . . . .						
<b>11 T</b> Unemployment compensation .						
<b>S</b> Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
<b>12 T</b> Taxable IRA distributions . . . .					
<b>S</b> Taxable IRA distributions . . . .					
<b>13 T</b> Taxable pensions/annuities . . .					
<b>S</b> Taxable pensions/annuities . . .					
<b>14a T</b> Taxable social security benefits .					
<b>S</b> Taxable social security benefits .					
<b>b T</b> Taxable railroad retirements . .					
<b>S</b> Taxable railroad retirements . .					
<b>15</b> Total other income . . . . . <b>T</b>					
<b>S</b>					
<b>16</b> Total Income. . . . . <b>T</b>					
<b>S</b>					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
<b>17 T</b> Educator expenses . . . . .					
<b>S</b> Educator expenses . . . . .					
<b>18</b> Certain business expenses . . . . . <b>T</b>					
<b>S</b>					
<b>19 T</b> Health savings account deduction . . .					
<b>S</b> Health savings account deduction . . .					
<b>20 T</b> Moving expenses . . . . .					
<b>S</b> Moving expenses . . . . .					
<b>21 T</b> Penalty - early withdrawal of savings . .					
<b>S</b> Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
<b>22 T</b> Alimony paid . . . . .					
<b>S</b> Alimony paid . . . . .					
<b>23 T</b> IRA deduction . . . . .					
<b>S</b> IRA deduction . . . . .					
<b>24 T</b> Student loan interest deduction . . . . .					
<b>S</b> Student loan interest deduction . . . . .					
<b>25 T</b> Tuition and fees deduction . . . . .					
<b>S</b> Tuition and fees deduction . . . . .					

\* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
<b>26 T</b> Self-employment tax . . . . .						
<b>S</b> Self-employment tax . . . . .						
<b>27 T</b> SEP, SIMPLE and qualified plans .						
<b>S</b> SEP, SIMPLE and qualified plans .						
<b>28 T</b> Self-employed health insurance . .						
<b>S</b> Self-employed health insurance . .						
<b>29 T</b> Reserved . . . . .						
<b>S</b> Reserved . . . . .						
<b>30</b> Other adjustments . . . . . <b>T</b>						
<b>S</b>						
<b>31 T</b> Charitable contributions . . . . .						
<b>S</b> Charitable contributions . . . . .						
<b>32 Total adjustments</b> . . . . . <b>T</b>						
<b>S</b>						
<b>33 Adjusted gross income</b> . . . . . <b>T</b>						
<b>S</b>						



► Keep for your records

Name(s) Shown on Return

Ashley N Richardson

Social Security Number

634-05-3454

## Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .			
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .			
2	Total federal tax withheld . . . . .			
3 & 7	Total social security wages/tips . . . . .			
4	Total social security tax withheld . . . . .			
5	Total Medicare wages and tips . . . . .			
6	Total Medicare tax withheld . . . . .			
8	Total allocated tips . . . . .			
9	Not used . . . . .			
10 a	Total dependent care benefits . . . . .			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12 . . . . .			
b	Elective deferrals to qualified plans . . . . .			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans . . . . .			
e	Deferrals to non-government 457 plans . . . .			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax . . . . .			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2 . . . . .			
k	Income from nonstatutory stock options . . . .			
l	Non-taxable combat pay . . . . .			
m	QSEHRA benefits . . . . .			
n	Total other items from box 12 . . . . .			
14 a	Total deductible mandatory state tax . . . . .			
b	Total deductible charitable contributions . . . .			
c	This line does not apply to TurboTax . . . . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips. . . . .			
j	Total other items from box 14 . . . . .			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips . . . . .			
17	Total state tax withheld . . . . .			
19	Total local tax withheld. . . . .			

**Form 1099-R Summary**  
 ► Keep for your records

**2020**

Name(s) Shown on Return Ashley N Richardson	Social Security No. 634-05-3454
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Traditional IRA Distributions			Taxpayer	Spouse
<b>Gross</b>	<b>1</b>	Total gross distributions from box 1 of Form 1099-R . .		
	<b>a</b>	Less: Amounts rolled over . . . . .		
	<b>b</b>	Less: Inherited and treat as own . . . . .		
	<b>c</b>	Less: Other inherited IRA amount . . . . .		
	<b>d</b>	Less: Return of contributions . . . . .		
	<b>e</b>	Less: Qualified charitable distributions . . . . .		
	<b>f</b>	Less: HSA funding distributions . . . . .		
	<b>2</b>	Balance of gross traditional IRA distributions . . . . .		
	<b>a</b>	Gross distribution transferred to Form 8915E, 3(a) . . .		
	<b>b</b>	Gross distribution transferred to Form 8915E, 3(a) . . .		
	<b>c</b>	Gross distribution transferred to Form 8915D, 3(a) . . .		
	<b>d</b>	Gross distribution transferred to Form 8915C, 3(a) . . .		
	<b>e</b>	Qualified disaster distributions . . . . .		
	<b>f</b>	Less: Amount rolled over . . . . .		
	<b>g</b>	Gross distribution transferred to Form 8915E, 3(b) . . .		
	<b>h</b>	Gross distribution transferred to Form 8915E, 3(b) . . .		
	<b>i</b>	Gross distribution transferred to Form 8915D, 3(b) . . .		
<b>j</b>	Gross distribution transferred to Form 8915C, 3(b) . . .			
<b>k</b>	Less: Amount rolled over . . . . .			
<b>3</b>	Amount of line 2 converted to a Roth IRA . . . . .			
<b>4</b>	Net amount of line 2 converted to a Roth IRA . . . . .			
<b>5</b>	Amount of line 2 not converted to a Roth IRA . . . . .			
<b>Taxable</b>	<b>6</b>	Earnings on return of contributions . . . . .		
	<b>7</b>	Taxable amount of inherited IRAs on line 1c . . . . .		
	<b>8</b>	Taxable amount not converted to Roth IRA . . . . .		
	<b>9</b>	Taxable amount of Roth IRA conversions . . . . .		
	<b>10</b>	Taxable amount included on Form 1040, line 4b . . . .		
	<b>11</b>	If checked, taxable amount calculated on Form 8606 . .	<input type="checkbox"/>	<input type="checkbox"/>

**Roth IRA Distributions**

<b>Gross</b>	<b>12</b>	Total gross distributions from box 1 of Form 1099-R . .		
	<b>a</b>	Less: Rollover to another Roth IRA . . . . .		
	<b>b</b>	Less: Inherited and treat as own . . . . .		
	<b>c</b>	Less: Other inherited Roth IRA amount . . . . .		
	<b>d</b>	Less: Return of contributions . . . . .		
	<b>e</b>	Qualified disaster distribution . . . . .		
	<b>13</b>	Roth IRA distributions subject to distribution rules . . .		
<b>Qualified</b>	<b>14</b>	Total gross qualified distributions . . . . .		
	<b>a</b>	Less: Rollover to another Roth IRA . . . . .		
	<b>b</b>	Less: Inherited and treat as own . . . . .		
	<b>c</b>	Less: Other inherited Roth IRA amount . . . . .		
	<b>15</b>	Qualified distributions subject to distribution rules . . .		
<b>Taxable</b>	<b>16</b>	Net nonqualified distributions for Form 8606 . . . . .		
	<b>17</b>	Earnings on return of contributions . . . . .		
	<b>18</b>	Taxable amount of inherited Roth IRAs on line 12c . . .		
	<b>19</b>	Taxable earnings on nonqualified distributions . . . . .		
	<b>20</b>	Taxable amount included on Form 1040, line 4b . . . .		

**IRA Qualified Disaster Distributions From Forms 8915-B, C, D, E**

<b>Taxable</b>	<b>20 a</b>	Qualified distributions on Form 1040, line 4b . . . . .		
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**Recharacterizations** (See Help)

<b>Gross</b>	<b>21 a</b>	2020 form code N (included on Form 1040, line 4a) . . .		
	<b>b</b>	2021 form code R (not included on 1040, line 4a) . . .		

Pensions and Annuities			Taxpayer	Spouse
<b>Gross</b>	<b>22</b>	Total gross distributions from box 1 of Form 1099-R . . .		
	<b>a</b>	Less: Lump sum transferred to Form 4972 . . . . .		
	<b>b</b>	Less: Amount not reported on Form 1040, line 4c . . . . .		
	<b>c</b>	Designated Roth distribution allocated to an IRR . . . . .		
	<b>23</b>	Amount of line 22 converted to a Roth IRA . . . . .		
	<b>24</b>	Distributions from Canada RRP Wks, line 7a . . . . .		
	<b>25</b>	Gross distribution transferred to Form 1040, line 4c . . . . .		
	<b>a</b>	Less: Amount rolled over . . . . .		
	<b>b</b>	Amount attributable to an in-plan Roth rollover . . . . .		
	<b>c</b>	Gross distribution transferred to Form 8915E, 1(a) . . . . .		
	<b>d</b>	Gross distribution transferred to Form 8915E, 1(a) . . . . .		
	<b>e</b>	Gross distribution transferred to Form 8915D, 1(a) . . . . .		
	<b>f</b>	Gross distribution transferred to Form 8915C, 2(a) . . . . .		
	<b>g</b>	Qualified disaster distribution . . . . .		
	<b>h</b>	Less: Amount rolled over . . . . .		
	<b>i</b>	Gross distribution transferred to Form 8915E, 1(b) . . . . .		
	<b>j</b>	Gross distribution transferred to Form 8915E, 1(b) . . . . .		
<b>k</b>	Gross distribution transferred to Form 8915D, 1(b) . . . . .			
<b>l</b>	Gross distribution transferred to Form 8915C, 2(b) . . . . .			
<b>Taxable</b>	<b>26</b>	Taxable amount in box 2a, Form 1099-R . . . . .		
	<b>a</b>	Taxable amount rolled over . . . . .		
	<b>b</b>	Non-taxable amount rolled over . . . . .		
	<b>c</b>	Designated Roth contribution basis rolled to Roth IRA . . . . .		
	<b>d</b>	Insurance premiums for retired public safety officers . . . . .		
	<b>e</b>	Qualified disaster amount to Form 8915C, D, E . . . . .		
	<b>27</b>	Lump sum amount transferred to Form 4972 . . . . .		
	<b>28</b>	Amount transferred to Form 1040, line 1 . . . . .		
	<b>a</b>	Disability before minimum retirement age . . . . .		
	<b>b</b>	Return of contributions . . . . .		
	<b>c</b>	Insurance premiums for retired public safety officers . . . . .		
	<b>29</b>	Nontaxable amount from Simplified Method . . . . .		
	<b>30</b>	Capital gains from charitable gift annuities . . . . .		
	<b>a</b>	Capital gain subject to the 28% rate . . . . .		
	<b>b</b>	Unrecaptured section 1250 gain . . . . .		
	<b>31</b>	Taxable amount of Roth IRA conversions . . . . .		
	<b>a</b>	Taxable amount of in-plan Roth rollovers . . . . .		
<b>32 a</b>	Taxable amount of distributions . . . . .			
<b>b</b>	Taxable distributions from Canada RRP Wks, line 7b . . . . .			
<b>c</b>	Taxable disaster distributions from Form 8915C, D, E . . . . .			
<b>d</b>	Taxable amount transferred to Form 1040, line 4d . . . . .			

**Section 1035 Tax-free Exchange**

<b>Pensions IRAs</b>	<b>33</b>	Total gross distributions from box 1 of Form 1099-R . . .		
	<b>34</b>	Total gross distributions from box 1 of Form 1099-R . . .		

**Distributions on 2020 1099-Rs Not Reported on the 2020 Return**

<b>Code P</b>	<b>35</b>	Distribution reported on 2019 tax return . . . . .		
<b>Code R</b>	<b>36</b>	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return. . . . .		

**Tax Withholding**

<b>Box 4</b>	<b>37</b>	Total federal tax withheld . . . . .		
<b>Box 14</b>	<b>38</b>	Total state tax withheld . . . . .		
<b>Box 17</b>	<b>39</b>	Total local tax withheld . . . . .		

**Nontaxable Distributions for Sales Tax Deduction**

	<b>40</b>	Nontaxable IRA distributions . . . . .		
	<b>41</b>	Nontaxable pension distributions . . . . .		

**Health Insurance Premiums**

	<b>42</b>	Health insurance deductible on Schedule A . . . . .		
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**Taxable Distributions included in Net Investment Income**

	<b>43</b>	Annuity payments and other distributions that may be subject to the net investment income tax . . . . .		
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# Wages, Salaries, & Tips Worksheet

**2020**

► Keep for your records

Name(s) Shown on Return <u>Ashley N Richardson</u>	Social Security Number <u>634-05-3454</u>
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The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
<b>1</b> Wages, from Form W-2 . . . . .			
<b>2</b> Miscellaneous income, from Form 8919 . . . . .			
<b>3</b> Items from Form 1099-R:			
<b>a</b> Disability before minimum retirement age . . . . .			
<b>b</b> Return of contributions . . . . .			
<b>4</b> Excess reimbursement, from Form 2106 . . . . .			
<b>5 a</b> Taxable tips, from Form 4137 . . . . .			
<b>b</b> Noncash tips . . . . .			
<b>6</b> Excess moving expense reimbursement, from Form 3903 . . . . .			
<b>7</b> Wages earned as a household employee (if less than \$2,100 and without a Form W-2) . . . . .			
<b>8</b> Items not on Form W-2 or Form 1099-R:			
<b>a</b> Sick pay or disability payments . . . . .			
<b>b</b> Total foreign source income . . . . .			
<b>c</b> Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d</b> Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
<b>9</b> Other earned income:			
<b>a</b> Non-gov unemployment received/repaid 2020			
<b>b</b> _____			
_____			
_____			
<b>10 Subtotal.</b> <b>Add lines 1 through 9 . . . . .</b>			
<b>11</b> Taxable employer-provided dependent care benefits, from Form 2441 . . . . .			
<b>12</b> Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . . . . .			
<b>13</b> Scholarship/fellowship income not on Form W-2 . . . . .			
<b>14</b> Other non-earned income:			
_____			
_____			
_____			
<b>15 Total of lines 10 through 14 . . . . .</b>			

**Schedule D**  
**Line 19**

**Unrecaptured Section 1250 Gain Worksheet**

**2020**

► Keep for your records

Name(s) Shown on Return  
Ashley N Richardson

Social Security Number  
634-05-3454

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

**Schedule D**  
**Line 18**

**28% Rate Gain Worksheet**

► Keep for your records

**2020**

Name(s) Shown on Return  
Ashley N Richardson

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

Name(s) Shown on Return  
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1 a	Enter your taxable income from Form 1040, line 15 . . . . .	1 a	0.
b	Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht . . .	b	
c	Add lines 1a and 1b . . . . .	1 c	0.
2 a	Enter your qualified dividends from Form 1040, line 3a . . . . .	2 a	
b	Enter any capital gain excess attributable to qualified dividends . . . . .	b	
c	Subtract line 2b from line 2a . . . . .	2 c	
3	Amount from Form 4952, line 4g . . . . .	3	
4 a	Amount from Form 4952, line 4e . . . . .	4 a	
b	Amount from the dotted line next to Form 4952, line 4e . . . . .	b	
c	Line 4b, if applicable, 4a, if not . . . . .	c	
5	Subtract line 4c from line 3 . . . . .	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0- . . . . .	6	0.
7 a	Enter line 15 of Schedule D . . . . .	7 a	
b	Enter line 16 of Schedule D . . . . .	b	
c	Enter the <b>smaller</b> of line 7a or line 7b . . . . .	7 c	0.
8	Enter the <b>smaller</b> of line 3 or line 4c . . . . .	8	
9 a	Subtract line 8 from line 7 . . . . .	9 a	0.
b	Enter any capital gain excess attributable to capital gains . . . . .	b	
c	Subtract line 9b from line 9a . . . . .	9 c	0.
10	Add lines 6 and 9c . . . . .	10	0.
11 a	Enter the amount from Schedule D, line 18 . . . . .	11 a	0.
b	Enter the amount from Schedule D, line 19 . . . . .	b	
c	Add lines 11a and 11b . . . . .	11 c	0.
12	Enter the <b>smaller</b> of line 9c or line 11c . . . . .	12	0.
13	Subtract line 12 from line 10 . . . . .	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0- . . . . .	14	0.
15	Enter: • \$40,000 if single or married filing separately, • \$80,000 if married filing jointly or qualifying widow(er), or • \$53,600 if head of household.	15	40,000.
16	Enter the <b>smaller</b> of line 1c or line 15 . . . . .	16	0.
17	Enter the <b>smaller</b> of line 14 or line 16 . . . . .	17	0.
18	Subtr ln 10 from ln 1c. If zero or less, enter -0- . . . . .	18	0.
19	Enter the <b>smaller</b> of line 1c or: • \$163,300 if single or married filing sep, • \$326,600 if MFJ or qual widow(er), or • \$163,300 if head of household.	19	0.
20	Enter the <b>smaller</b> of line 14 or line 19 . . . . .	20	0.
21	Enter the <b>larger</b> of line 18 or line 20 . . . . .	21	0.
22	Subtract line 17 from line 16. This amount is taxed at 0% . . . . .	22	0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.			
23	Enter the <b>smaller</b> of line 1c or line 13 . . . . .	23	
24	Enter the amount from line 22 (if line 22 is blank, enter -0-) . . . . .	24	
25	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	25	
26	Enter: • \$441,450 if single, • \$248,300 if married filing separately, • \$496,600 if married filing jointly or qualifying widow(er), or • \$469,050 if head of household.	26	
27	Enter the smaller of line 1c or line 26 . . . . .	27	
28	Add lines 21 and 22 . . . . .	28	
29	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	29	
30	Enter the <b>smaller</b> of line 25 or line 29 . . . . .	30	
31	Multiply line 30 by 15% (0.15) . . . . .	31	
32	Add lines 24 and 30 . . . . .	32	
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33			
33	Subtract line 32 from line 23 . . . . .	33	
34	Multiply line 33 by 20% (0.20) . . . . .	34	
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.			
35	Enter the <b>smaller</b> of line 9c above or Schedule D, line 19 . . . . .	35	
36	Add lines 10 and 21 . . . . .	36	
37	Enter the amount from line 1c above . . . . .	37	

38	Subtract line 37 from line 36. If zero or less, enter -0- . . . . .	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0- . . . . .	39	_____
40	Multiply line 39 by <b>25%</b> (0.25) . . . . .	40	_____
<b>If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.</b>			
41	Add lines 21, 22, 30, 33, and 39 . . . . .	41	_____
42	Subtract line 41 from line 1c . . . . .	42	_____
43	Multiply line 42 by <b>28%</b> (0.28) . . . . .	43	_____
44	Figure the tax on the amount on <b>line 21</b> . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet . . . . .	44	_____
45	Add lines 31, 34, 40, 43, and 44 . . . . .	45	_____ 0 .
46	Figure the tax on the amount on <b>line 1c</b> . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet . . . . .	46	_____
47	<b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 45 or line 46. Also include this amount on Form 1040, line 16 . . . . .	47	_____

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# Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2020

Line 16

► Keep for your records

Name(s) Shown on Return

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1	Enter the amount from Form 1040 or 1040-SR, line 15. . . . .	1	_____
2	Enter the amount from Form 1040 or 1040-SR, line 3a . . . . .	2	_____
3	Are you filing Schedule D?		
	<input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	3	_____
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040 or 1040-SR, line 7.		
4	Add lines 2 and 3 . . . . .	4	_____
5	Subtract line 4 from line 1. If zero or less, enter -0- . . . . .	5	_____
6	Enter:		
	\$40,000 if single or married filing separately,		
	\$80,000 if married filing jointly or qualifying widow(er),	6	_____
	\$53,600 if head of household.		
7	Enter the smaller of line 1 or line 6 . . . . .	7	_____
8	Enter the smaller of line 5 or line 7 . . . . .	8	_____
9	Subtract line 8 from line 7 (this amount taxed at 0%) . . . . .	9	_____
10	Enter the smaller of line 1 or line 4 . . . . .	10	_____
11	Enter the amount from line 9 . . . . .	11	_____
12	Subtract line 11 from line 10. . . . .	12	_____
13	Enter:		
	\$441,450 if single,		
	\$248,300 if married filing separately,	13	_____
	\$496,600 if married filing jointly or qualifying widow(er),		
	\$469,050 if head of household.		
14	Enter the smaller of line 1 or line 13 . . . . .	14	_____
15	Add lines 5 and 9 . . . . .	15	_____
16	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16	_____
17	Enter the smaller of line 12 or line 16 . . . . .	17	_____
18	Multiply line 17 by 15% (0.15) . . . . .	18	_____
19	Add lines 9 and 17 . . . . .	19	_____
20	Subtract line 19 from line 10 . . . . .	20	_____
21	Multiply line 20 by 20% (0.20) . . . . .	21	_____
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	22	_____
23	Add lines 18, 21, and 22 . . . . .	23	_____
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	24	_____
25	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16. . . . .	25	_____

# IRA Contributions Worksheet

2020

► Keep for your records

Name(s) Shown on Return Ashley N Richardson	Social Security Number 634-05-3454
--	---------------------------------------

## Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter <b>traditional</b> IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan . . . . .		
2	Contributions recharacterized <b>from</b> a Roth IRA (from line 24) . . .		
3	<b>Traditional</b> IRA contributions, from Schedule(s) K-1 . . . . .		
4	Contributions recharacterized (not converted) <b>to</b> a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	<b>Traditional</b> IRA contributions. Combine lines 1 through 4 . . . . .		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
7	Excess traditional IRA contribution credit. . . . .		
8	Repayments of qualified reservist distributions . . . . .		
9	Total <b>traditional</b> IRA contributions. . . . .		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2021 to 5/17/2021 ( <i>See Help</i> ). . . . .		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
12	Deductible <b>traditional</b> IRA contributions from worksheet. . . . .		
13	Nondeductible <b>traditional</b> IRA contributions from worksheet. . . . .		
	<b>QuickZoom</b> to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet . . . . . ► <input type="checkbox"/> Worksheet for social security recipients . . . . . ►		
14	Amount on line 13 you elect to make nondeductible . . . . .		
15	Excess <b>traditional</b> IRA contributions, to Form 5329, line 15 . . . . . <b>Note:</b> You may avoid a penalty by withdrawing the amount on line 15 before due date of return, including extensions.		
16	Deductible <b>traditional</b> IRA contributions, to Schedule 1 (Form 1040), Line 19. . . . .		
17	Qualified reservist repayments . . . . .		
18	Nondeductible <b>traditional</b> IRA contributions, to Form 8606, ln 1. . .		

# IRA Contributions Worksheet

2020

► Keep for your records

Ashley N Richardson

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Page 2

## Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
19	Enter regular <b>Roth</b> IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan. . . . .		
20	Contributions recharacterized <b>from</b> a traditional IRA, (from In 4). . .		
21	<b>Roth</b> IRA contributions, from Schedule(s) K-1. . . . .		
22	Enter contributions recharacterized <b>to</b> a traditional IRA. . . . .		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
23	Disallowed <b>Roth</b> IRA conversions . . . . .		
24	<b>Roth</b> IRA contributions. Combine lines 20 through 23 . . . . .		
25	Enter any contribution included on line 24 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
26	Excess Roth IRA contribution credit . . . . .		
27	Total <b>Roth</b> IRA contributions . . . . .		
28	Repayments of qualified Roth reservist distributions . . . . .		

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

## Coverdell Education Savings Account (Education IRA) Contributions

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

**Schedule A**  
**Lines 5 - 12**

**Tax and Interest Deduction Worksheet**

**2020**

► Keep for your records

Name(s) Shown on Return  
Ashley N Richardson

Social Security Number  
634-05-3454

**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 7 . . . . .  
(2) Nontaxable income entered elsewhere on return . . . . .  
(3) Available income: 2019 refundable credits in excess of tax . . . . . 0.  
(4) Enter any additional nontaxable income . . . . .  
(5) Total available income . . . . . 0.

**b Sales Tax Per State of Residence:**

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

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

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

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

**c** Total general sales tax using tables . . . . .

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

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

**e** Total sales tax deduction on specific items . . . . .

**f** Total general sales tax per tables plus sales tax on specific items . . . . .

**g Actual State and Local General Sales Tax:**

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

**h State and Local Income Taxes:**

State and Local Income taxes . . . . .

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

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

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

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

**2 State and local real estate taxes:**

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

<b>b</b>	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	_____
<b>e</b>	Vacation home . . . . .	_____
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	_____
<b>g</b>	Foreign real property taxes included in lines 2a-2f above . . . . .	_____
<b>h</b>	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b) . . . . .	_____
<b>3</b>	<b>State and local personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2019 Amount                      Enter 2020 description:	
	_____	_____
	_____	_____
	_____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	_____
<b>c</b>	Other personal property taxes . . . . .	_____
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 5c) . . . . .	_____
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	_____
<b>b</b>	Foreign taxes from interest and dividends . . . . .	_____
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	_____
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit) . . . . .	_____
<b>e</b>	Other taxes.	
	2019 Amount                      Enter 2020 description:	
	_____	_____
	_____	_____
	_____	_____
<b>f</b>	Foreign real property taxes included in lines 4a-4e above . . . . .	_____
<b>g</b>	Add lines 4a through 4e, less line 4f (to Schedule A, line 6) . . . . .	_____

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## Interest Deductions

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

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**Schedule A**  
**Line 5**

**State and Local Tax Deduction Worksheet**

**2020**

► Keep for your records

Name(s) Shown on Return <u>Ashley N Richardson</u>	Social Security Number <u>634-05-3454</u>
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**State and Local Income Taxes**

<b>State income taxes:</b>		
1 State income tax withheld . . . . .	<b>1</b>	
2 2020 state estimated taxes paid in 2020 . . . . .	<b>2</b>	
3 2019 state estimated taxes paid in 2020 . . . . .	<b>3</b>	
4 Amount paid with 2019 state application for extension . . . . .	<b>4</b>	
5 Amount paid with 2019 state income tax return . . . . .	<b>5</b>	
6 Overpayment on 2019 state income tax return applied to 2020 tax . . . . .	<b>6</b>	
7 Other amounts paid in 2020 (amended returns, installment payments, etc.) . . . .	<b>7</b>	
8 State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	<b>8</b>	
<b>Local income taxes:</b>		
9 Local income tax withheld . . . . .	<b>9</b>	
10 2020 local estimated taxes paid in 2020 . . . . .	<b>10</b>	
11 2019 local estimated taxes paid in 2020 . . . . .	<b>11</b>	
12 Amount paid with 2019 local application for extension . . . . .	<b>12</b>	
13 Amount paid with 2019 local income tax return . . . . .	<b>13</b>	
14 Overpayment on 2019 local income tax return applied to 2020 tax . . . . .	<b>14</b>	
15 Other amounts paid in 2020 (amended returns, installment payments, etc.) . . . .	<b>15</b>	
16 Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	<b>16</b>	
<b>Other:</b>		
17	<b>17</b>	
18 <b>Total</b> Add lines 1 through 17 . . . . .	<b>18</b>	
19 State and local refund allocated to 2020 . . . . .	<b>19</b>	
20 Nondeductible state income tax from line 28 . . . . .	<b>20</b>	
21 <b>Total reductions</b> Add lines 19 and 20 . . . . .	<b>21</b>	
22 <b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	<b>22</b>	

**Nondeductible State Income Tax (Hawaii Only)**

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

# Charitable Deduction Limits Worksheet For Current Year Contributions

**2020**

► Keep for your records

Name(s) Shown on Return <u>Ashley N Richardson</u>	Social Security Number <u>634-05-3454</u>
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**Step 1 — Enter your other charitable contributions made during the year.**

1 Enter your cash contributions to 100% limit organizations . . . . .	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization . . . . .	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line . . . . .	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line . . . .	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line. . . . .	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line . . . . .	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line . . . . .	7	

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

8 Enter your adjusted gross income (AGI) . . . . .	8	
--	---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**F Qualified contributions subject to limit based on 100% of AGI**

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

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

**G Deduction for the year**

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

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



# Charitable Deduction Limits Worksheet For Carryover Contributions

2020

► Keep for your records

Name(s) Shown on Return Ashley N Richardson	Social Security Number 634-05-3454
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## Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions to 100% limit organizations . . . . .	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization . . . . .	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line . . . . .	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line . . . . .	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line . . . . .	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line . . . . .	6	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line . . . . .	7	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**G Deduction for the year**

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

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

► Keep for your records

Social Security Number  
634-05-3454

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Totals: _____				

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2020 contributions . . .							
2 2020 contributions allowed							
3 <b>Carryovers from:</b>							
a 2019 tax year . . .		N/A					
b 2018 tax year . . .		N/A					
c 2017 tax year . . .		N/A					
d 2016 tax year . . .		N/A					
e 2015 tax year . . .		N/A					
4 Carryovers allowed in 2020		N/A					
5 Carryovers disallowed in 2020		N/A					
6 <b>Carryovers to 2021:</b>							
a From 2020. . . . .							
b From 2019. . . . .		N/A					
c From 2018. . . . .		N/A					
d From 2017. . . . .		N/A					
e From 2016. . . . .		N/A					
f From 2015. . . . .		N/A					

1	Was the <b>entire interest</b> given for all property donated to all charities? . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were <b>restrictions</b> attached to any charities's right to use or dispose of any property donated to any charity? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 60%/50% charity? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Name(s) Shown on Return

Ashley N Richardson

Social Security Number

634-05-3454

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

<p><b>1</b> Is your <b>earned income*</b> more than \$750?</p> <p><input type="checkbox"/> <b>Yes.</b> Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> <b>No.</b> Enter \$1,100</p> <p><b>2</b> Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> <li>• Single or married filing separately — \$12,400</li> <li>• Married filing jointly — \$24,800</li> <li>• Head of household — \$18,650</li> </ul> <p><b>3</b> <b>Standard deduction.</b></p> <p><b>3 a</b> Enter the <b>smaller</b> of line 1 or line 2. If born after January 1, 1956, and not blind, <b>stop here</b> and enter this amount on Form 1040 or 1040-SR, line 12. Otherwise, go to line 3b . . . . .</p> <p><b>3 b</b> If born before January 2, 1956, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,300 (\$1,650 if single or head of household) . . . . .</p> <p><b>3 c</b> Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12 . . . .</p>	<p>_____</p> <p>_____ ► . . . . . <b>1</b> _____</p> <p>_____ ► . . . . . <b>2</b> <u>12,400.</u></p> <p>_____ <b>3 a</b> _____</p> <p>_____ <b>3 b</b> _____</p> <p>_____ <b>3 c</b> _____</p>
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***\*Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.*

**Earned Income Worksheet****2020**

► Keep for your records

Name(s) Shown on Return

Ashley N Richardson

Social Security Number

634-05-3454

**Part I – Earned Income Credit Worksheet Computation**

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

**Part II – Form 2441 and Standard Deduction Worksheet Computations**

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .			
<b>7 a</b> Taxable employer-provided adoption benefits . . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 18 and 19 . . . . .			
<b>9 a</b> Taxable dependent care benefits . . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .			
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .			

**Part III – IRA Deduction Worksheet Computation**

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

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

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

Name(s) Shown on Return Ashley N Richardson	Social Security Number 634-05-3454
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**QuickZoom** to Schedule EIC . . . . . ►

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

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

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

1	Enter the amount from Form 1040 line 1 less amounts considered <b>not</b> earned for EIC purposes . . . . .	1	
2	Adjustments to line 1 amount:		
a	Income reported as wages <b>and</b> as self-employment income. . . . .	2 a	
b	Other income entered as wages that is not considered earned income . . . . .	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2 . . . .	c	
3	Subtract lines 2a, 2b and 2c from line 1 . . . . .	3	
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election . . . . .	4 c	
5	If you were self-employed <b>or</b> used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 . . . . .	5	
6	Medicaid Waiver Payments reported as nontaxable . . . . .	6	
7	<b>Earned income.</b> Add lines 3, 4, 5, and 6 . . . . .	7	0.
8	Enter the credit, from the <b>EIC Table</b> , for the amount on line 7. Be sure to use the correct column for filing status and number of children . . . . .	8	
	If line 8 is zero, <b>stop</b> . You <b>cannot</b> take the credit. Enter "No" on the dotted line next to Form 1040, line 27.		
9	Enter your <b>AGI</b> from Form 1040, line 11 . . . . .	9	
10	If you have:		
	• No qualifying children, is the amount on line 9 less than \$8,800 (\$14,700 if married filing jointly)?		
	• 1 or more qualifying children, is the amount on line 9 less than \$19,350 (\$25,250 if married filing jointly)?		
	<input type="checkbox"/> <b>Yes.</b> Go to line 11 now.		
	<input type="checkbox"/> <b>No.</b> Enter the credit, from the <b>EIC Table</b> , for the amount on line 9. Be sure to use the correct column for filing status and number of children . . . .	10	
11	<b>Earned income credit.</b>		
	• If 'Yes' on line 10, enter the amount from line 8		
	• If 'No' on line 10, enter the <b>smaller</b> of line 8 or line 10 . . . . .	11	

Enter line 11 amount on Form 1040, line 27.

---

**If one or more of the boxes below are checked, the earned income credit is not allowed.**

---

- 1 The total taxable earned income (line 7 above) is equal to or more than:
- ☐ \$15,820 (\$21,710 if married filing jointly) without a qualifying child.
- ☐ \$41,756 (\$47,646 if married filing jointly) with one qualifying child.
- ☐ \$47,440 (\$53,330 if married filing jointly) with two qualifying children.
- ☐ \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 9 above) is equal to or more than:
- ☐ \$15,820 (\$21,710 if married filing jointly) without a qualifying child.
- ☐ \$41,756 (\$47,646 if married filing jointly) with one qualifying child.
- ☐ \$47,440 (\$53,330 if married filing jointly) with two qualifying children.
- ☐ \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children.
- 3 ☐ Investment income is more than \$3,650.  
(Investment Income Smart Worksheet, item H above)
- 4 ☒ The married filing separate return status is checked.  
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.  
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.  
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.  
(Information Worksheet, Part I)
- 8 ☐ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.  
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).  
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- a ☐ qualifying children of another person, or
- b ☐ invalid social security numbers for EIC purposes.  
(Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2020.  
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.  
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.  
(Information Worksheet, Part IV)

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2020?

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

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

Is this where you lived with your dependents the longest in 2020?

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2020.

Compliance and Due Diligence Indicator . . . . .☐ X

Disqualified from Earned Income Credit. . . . .☒ Yes ☐ No

Potential qualifying child count . . . . .▶ 0

Non dependent potential qualifying child count . . . . .▶ 0

Qualifying child count (max 3) . . . . .▶ 0



Use a separate worksheet for each casualty or theft event.

► Keep for your records

Name(s) shown on return

Ashley N Richardson

Social Security No.

634-05-3454

**Part I Casualty or Theft Event Information**

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

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

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

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

**2020**

► Keep for your records

Name(s) Shown on Return Ashley N Richardson		Social Security Number 634-05-3454	
	<b>(a)</b> Before Allocation of Capital Gain Excess *	<b>(b)</b> Allocation of Capital Gain Excess *	<b>(c)</b> After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . .			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c . . . . .		0.	0.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	0.		0.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . .	0.		
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	0.		0.
<b>A</b> Enter the amount from Form 6251, line 6. . . . .	0.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13. . . . .			0.

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

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Name(s) Shown on Return

Ashley N Richardson

Social Security Number

634-05-3454

**Taxable Income – Line 1**

<b>1</b>	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) . . . . .	<b>1</b>	<u>-12,400.</u>
<b>2</b>	Additions to income . . . . .	<b>2</b>	<u>                    </u>
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	<u>-12,400.</u>
<b>4</b>	Subtractions from income . . . . .	<b>4</b>	<u>                    </u>
<b>5</b>	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	<b>5</b>	<u>-12,400.</u>

**Taxes – Line 2a**

<b>1</b>	Generation skipping transfer taxes included on Schedule A, line 6 . . . . .	<b>1</b>	<u>                    </u>
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**Refund of Taxes – Line 2b**

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

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

<b>1</b>	Alternative minimum taxable income (AMTI) without ATNOLD . . . . .	<b>1</b>	<u>0.</u>
<b>2</b>	Enter adjustments . . . . .	<b>2</b>	<u>                    </u>
<b>3</b>	Adjustment for domestic production activities deduction . . . . .	<b>3</b>	<u>                    </u>
<b>4</b>	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	<b>4</b>	<u>0.</u>
<b>5</b>	ATNOLD limitation. Multiply line 4 by 90%. . . . .	<b>5</b>	<u>0.</u>
<b>6</b>	Enter ATNOL carried to 2019 from other year(s) . . . . .	<b>6</b>	<u>                    </u>
<b>7</b>	Enter ATNOL included above attributable to qualified disaster losses . . . . .	<b>7</b>	<u>                    </u>
<b>8</b>	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 . . . . .	<b>8</b>	<u>                    </u>
<b>9</b>	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 . . . . .	<b>9</b>	<u>                    </u>
<b>10</b>	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) . . . . .	<b>10</b>	<u>                    </u>
<b>11</b>	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg . . . . .	<b>11</b>	<u>                    </u>

**Incentive Stock Options – Line 2i**

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

**Alternative Minimum Taxable Income – Line 4**

If married filing separately and Form 6251, line 4, is more than \$745,200:		
1	Alternative minimum taxable income, Form 6251 . . . . .	1
2	Threshold amount . . . . .	2
3	Subtract line 2 from line 1 . . . . .	3
4	Multiply line 3 by 25% (.25) . . . . .	4
5	<b>Smaller</b> of line 4 or \$56,700 . . . . .	5
6	Add line 1 and line 5. Enter on Form 6251, line 4 . . . . .	6

**Exemption – Line 5**

1	Enter \$72,900 if single or head of household, \$113,400 if married filing jointly or qualifying widow(er), \$56,700 if married filing separately . . . . .	1	56,700.
2	Enter your alternative minimum taxable income from Form 6251, line 4 . . . . .	2	0.
3	Enter \$518,400 if single or head of household, \$1,036,800 if married filing jointly or qualifying widow(er), \$518,400 if married filing separately . . . . .	3	518,400.
4	Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	0.
5	Multiply line 4 by 25% (.25) . . . . .	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5 . . . . .	6	56,700.

**Form 6251**  
**Line 7**

**Foreign Earned Income**  
**Alternative Minimum Tax Worksheet**

**2020**

► Keep for your records

Name(s) Shown on Return Ashley N Richardson		Social Security Number 634-05-3454	
<b>1</b>	Enter the amount from Form 6251, line 6 . . . . .	<b>1</b>	
<b>2 a</b>	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50. . . . .	<b>2a</b>	
<b>b</b>	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income . . . . .	<b>2b</b>	
<b>c</b>	Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b>	
<b>3</b>	Add line 1 and line 2c . . . . .	<b>3</b>	
<b>4</b>	<b>Tax on the amount on line 3.</b> <ul style="list-style-type: none"> <li>• If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; <b>or</b> you reported qualified dividends on Form 1040 or 1040-SR, line 3a; <b>or</b> you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here.</li> <li>• <b>All Others:</b> If line 3 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result. . . . .</li> </ul>	<b>4</b>	
<b>5</b>	<b>Tax on amount on line 2c.</b> If line 2c is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result . . . . .	<b>5</b>	
<b>6</b>	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7. . . . .	<b>6</b>	

**Federal Carryover Worksheet****2020**

► Keep for your records

Name(s) Shown on Return

Ashley N Richardson

Social Security Number

634-05-3454

**2019 State and Local Income Tax Information**

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

**2019 State Extension Information**

(a) State	(b) Paid With Extension

**2019 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2019 State Estimates Information**

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

**2019 Locality Estimates Information**

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

**2019 State Taxes Due Information**

(a) State	(e) Paid With Return

**2019 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2019 State Refund Applied Information**

(a) State	(g) Applied Amount

**2019 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2019 State Tax Refund Information**

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

**2019 Locality Tax Refund Information**

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

Ashley N Richardson

634-05-3454

Other Tax and Income Information			2019	2020
1	Filing status . . . . .	1		3 MFS
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3		0.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5		
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6		0.
7	Alternative minimum tax . . . . .	7		
8	Federal overpayment applied to next year estimated tax . . . . .	8		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions			2019	2020
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b		

Loss and Expense Carryovers			2019	2020
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss . . . . .	12 a		
b	AMT Short-term capital loss . . . . .	b		
13 a	Long-term capital loss . . . . .	13 a		
b	AMT Long-term capital loss . . . . .	b		
14 a	Net operating loss available to carry forward . . . . .	14 a		
b	AMT Net operating loss available to carry forward . . . . .	b		
15 a	Investment interest expense disallowed . . . . .	15 a		
b	AMT Investment interest expense disallowed . . . . .	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2020 . . . . .	a		
	b 2019 . . . . .	b		
	c 2018 . . . . .	c		
	d 2017 . . . . .	d		
	e 2016 . . . . .	e		
	f 2015 . . . . .	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2020 . . . . .	a		
	b 2019 . . . . .	b		
	c 2018 . . . . .	c		
	d 2017 . . . . .	d		
	e 2016 . . . . .	e		
	f 2015 . . . . .	f		

**Form 8582**  
**Line 7**

**Modified Adjusted Gross Income Worksheet**

**2020**

► Keep for your records

Name(s) Shown on Return

Ashley N Richardson

Social Security Number

634-05-3454

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



**Tax Summary**  
► Keep for your records

**2020**

Name (s)

Ashley N Richardson

<b>Total income</b> .....	
<b>Adjustments to income</b> .....	
<b>Adjusted gross income</b> .....	
<b>Itemized/standard deduction</b> .....	12,400.
<b>Qualified business income deduction</b> .....	
<b>Taxable income</b> .....	0.
<b>Tentative tax</b> .....	0.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	
<b>Other taxes</b> .....	
<b>Total tax</b> .....	0.
<b>Total payments</b> .....	1,800.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	1,800.
<b>Refund</b> .....	1,800.
<b>Amount Applied to Estimate</b> .....	
<b>Balance due</b> .....	0.

# Recovery Rebate Credit Worksheet

2020

Name(s) Shown on Return  
Ashley N Richardson

Social Security No.  
634-05-3454

**This worksheet is used to compute the allowed recovery rebate credit for line 30 of Form 1040 or 1040-SR after accounting for any economic stimulus payment previously received.**

<p>1 Can you be claimed as a dependent on another person's 2020 return?</p> <p><input checked="" type="checkbox"/> <b>No.</b> Go to line 2</p> <p><input type="checkbox"/> <b>Yes. Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>2 Does your 2020 return include a valid social security number for you, and if filing a joint return, your spouse?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Skip lines 3 and 4 and go to line 5.</p> <p><input type="checkbox"/> <b>No.</b> If you are filing a joint return, go to line 3. If you aren't filing a joint return, <b>Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number?</p> <p><input type="checkbox"/> <b>Yes.</b> Your credit is not limited. Go to line 5.</p> <p><input type="checkbox"/> <b>No.</b> Go to line 4.</p> <p>4 Does one of you have a valid social security number?</p> <p><input type="checkbox"/> <b>Yes.</b> Your credit is limited. Go to line 5.</p> <p><input type="checkbox"/> <b>No. Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>5 Enter: • \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3. . . . .</p> <p>6 Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number . . . . .</p> <p>7 Add lines 5 and 6 . . . . .</p> <p>8 Enter: • \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3. . . . .</p> <p>9 Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number . . . . .</p> <p>10 Add lines 8 and 9 . . . . .</p> <p>11 Enter the amount from line 11 of Form 1040 or 1040-SR . . . . .</p> <p>12 Enter the amount shown below for your filing status :          • \$150,000 if married filing jointly or qualifying widow(er)          • \$112,500 if head of household          • \$75,000 if single or married filing separately</p> <p>13 Is the amount on line 11 more than the amount on line 12?</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.</p> <p><input type="checkbox"/> <b>Yes.</b> Subtract line 12 from line 11. . . . .</p> <p>14 Multiply line 13 by 5% (0.05) . . . . .</p> <p>15 Subtract line 14 from line 7. If zero or less, enter -0- . . . . .</p> <p>16 Enter the amount, if any, of the economic impact payment (EIP) 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here. . . . .</p> <p>17 Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15 you don't have to pay back the difference . . . . .</p> <p>18 Subtract line 14 from line 10. If zero or less, enter -0- . . . . .</p> <p>19 Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here. . . . .</p> <p>20 Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18 you don't have to pay back the difference . . . . .</p> <p>21 <b>Recovery rebate credit.</b> Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR. . . . .</p>	<p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p>	<p>1,200.</p> <p></p> <p>1,200.</p> <p>600.</p> <p></p> <p>600.</p> <p></p> <p>75,000.</p> <p></p> <p></p> <p>1,200.</p> <p>600.</p> <p></p> <p>0.</p> <p>1,200.</p> <p>600.</p> <p>0.</p> <p>600.</p> <p>1,800.</p>
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## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** Ashley N Richardson

**Primary SSN:** 634-05-3454

**Federal Return Submitted:** \_\_\_\_\_

**Federal Return Acceptance Date:** \_\_\_\_\_

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Your return has not been electronically transmitted yet

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The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight May 17, 2021. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on May 17, 2021, your Intuit electronic postmark will indicate May 17, 2021, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before May 17, 2021, and a corrected return is submitted and accepted before May 22, 2021. If your return is submitted after May 22, 2021, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2021. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2021, and the corrected return is submitted and accepted by October 20, 2021.

### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

**We need your consent - Early Access**

This is an IRS requirement

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.

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

## Read and accept this Disclosure Consent

This is an IRS requirement

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### 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](mailto:complaints@tigta.treas.gov).

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

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Sign this agreement by entering your name:

Please type the date below:

Date

## Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

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### 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](mailto:complaints@tigta.treas.gov).

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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 to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

## 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. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund 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, 2021.

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

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

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

This Agreement requires all disputes to be resolved by way of binding arbitration.  
The terms of the arbitration provision appear in Section 10.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://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.

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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 <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your debit card <sup>1</sup> .	Usually within 21 days <sup>3</sup>	Free option with your purchase of a Tax Product <sup>2</sup>

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

<sup>2</sup>This fee consists of a TurboTax Fee, the cost of the Tax Product, and any fees for additional products and services purchased. Note that the cost of the Tax Product may vary depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement on the next page for the cost of the service you have chosen.

<sup>3</sup>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, 2021.

Questions? Call 877-908-7228

# Pro Delegation Worksheet

2020

Check this box if you are preparing this return as a PRO preparer . . . . . ☐

## Preparer / Electronic Return Originator (ERO) Information

Preparer Name \_\_\_\_\_ Print name in signature area? ☐

Preparer Tax ID # (PTIN) \_\_\_\_\_

NY Tax Preparer Registration # \_\_\_\_\_ or NY Exclusion Code \_\_\_\_\_

For NM, OR Preparers Only: State ID# \_\_\_\_\_

Preparer E-mail \_\_\_\_\_ Print date on return? ☐

Preparer Phone \_\_\_\_\_ CAF # \_\_\_\_\_

**Electronic Filing Only:** ERO Practitioner PIN \_\_\_\_\_

## Electronic Filing and Printing of Tax Return Information

### Electronic Filing:

- ☐ File **federal** return electronically
- ☐ File **state** returns electronically
- ☐ File **other** returns electronically

Select state returns to file electronically:

State(s)

Select other returns to file electronically:

Other Return(s)

### Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS
- ☐ State return printed and mailed to state agency
- ☐ Other return printed and mailed

Select state returns to file by mail:

State(s)

Select other returns to file by mail:

Other Return(s)

## Electronic Filing and Printing of Amended Return Information

### Electronic Filing:

- ☐ File **federal** amended return(s) electronically
- ☐ File **state** amended return(s) electronically

Select state amended return(s) to file electronically:

State(s)

### Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal amended return printed and mailed
- ☐ State amended return printed and mailed

Select state amended return(s) to file by mail:

State(s)

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

☐ Sign return electronically using Practitioner PIN

- ☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
- ☐ Taxpayer(s) entered own PIN(s)
- ☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). . . . . \_\_\_\_\_

Spouse's PIN filing a joint return (enter any 5 numbers) . . . .

Date PIN entered. . . . .

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

	Driver's license
	State issued identification card
	Passport
	Account statement from financial institution
	Utility billing statement
	Credit card billing statement

☐ To indicate a client return download in FnF

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Attachment Description	Type	File Name	PDF Name	Entity Key	Version



## Smart Worksheets From 2020 Federal Tax Return

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

<b>Tax Smart Worksheet</b>		
<b>A</b>	Tax . . . . . 0.	
	Check if from:	
<b>1</b>	Tax table . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">X</td></tr></table>	X
X		
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
<b>3</b>	Schedule D Tax Worksheet . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
<b>5</b>	Schedule J . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
<b>6</b>	Form 8615 . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
<b>B</b>	Additional tax from Form 8814 . . . . . _____	
<b>C</b>	Additional tax from Form 4972 . . . . . _____	
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____	
<b>E</b>	Recapture tax from Form 8863 . . . . . _____	
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____	
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____	
<b>H</b>	Additional tax from Form 8621 . . . . . _____	
<b>I</b>	<b>Tax.</b> Add lines A through G. Enter the result here and include in tax below. . . . . 0.	
<b>J</b>	Form 8621 tax deferral from line 9c (to line 24) . . . . . _____	

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

<b>Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet</b>	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
<b>A</b>	Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . . . 0.

SMART WORKSHEET FOR: Federal Information Worksheet

<b>TurboTax for the Web Filing Status Smart Worksheet</b>	
Check this box to override the filing status selected thru Interview . . .	<input type="checkbox"/>
Marital Status . . . . .	_____
Filing Status Selected . . . . .	_____

## SMART WORKSHEET FOR: Part-Year State Allocation Worksheet

<b>Additional Other Income Allocation Smart Worksheet</b>						
<i>* Enter the state of source for this income (See Tax Help) ▼</i>						
	Federal Amount	Residency Info			*	Allocated Amount
		From mm/dd	To mm/dd	Res St	Src St	
<b>Y</b> Not-for-profit (hobby) income . . <b>T</b>						
Not-for-profit (hobby) income . . <b>S</b>						
<b>Z</b> Unemployment exclusion . . . . <b>T</b>						
Unemployment exclusion . . . . <b>S</b>						
<b>AA</b> Miscellaneous other income . . <b>T</b>						
Miscellaneous other income . . <b>S</b>						

## SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

**Mortgage Interest Limited Smart Worksheet**

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

**QuickZoom** to Deductible Home Mortgage Interest Worksheet . . . . . ►

**Does your mortgage interest need to be limited:**      Yes . . . ☐      No . . . ☒

**A    Home mortgage interest and points reported on Form 1098:**

- 1 Sum of lines 5a through 5d below . . . . . \_\_\_\_\_
- 2 Limited amount to report on Sch A, line 8a . . . . . \_\_\_\_\_

**B    Home mortgage interest not reported on Form 1098:**

- 1 Sum of lines 6a and 6b below . . . . . \_\_\_\_\_
- 2 Limited amount to report on Sch A, line 8b . . . . . \_\_\_\_\_

**C    Points not reported on Form 1098:**

- 1 Sum of lines 7a through 7c below . . . . . \_\_\_\_\_
- 2 Limited amount to report on Sch A, line 8c. . . . . \_\_\_\_\_

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

<b>Nontaxable Combat Pay Election Smart Worksheet</b>	
<b>QuickZoom</b> to enter nontaxable combat pay on Form W-2 . . . . . ►	
<b>A Taxpayer:</b>	
1 Taxpayer, nontaxable combat pay . . . . .	_____
1a Taxpayer, prior year nontaxable combat pay from 2019 . . . . .	_____
<b>2 Election for earned income credit (EIC):</b>	
Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . . .	► <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3 Election for dependent care benefits (DCB):</b>	
Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . . .	► <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4 Election for child and dependent care credit:</b>	
Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? . . . . .	► <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B Spouse:</b>	
1 Spouse, nontaxable combat pay . . . . .	_____
1a Spouse, prior year nontaxable combat pay from 2019 . . . . .	_____
<b>2 Election for earned income credit (EIC):</b>	
Elect spouse's nontaxable combat pay as earned income for EIC? . . . . .	► <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3 Election for dependent care benefits (DCB):</b>	
Elect spouse's nontaxable combat pay as earned income for DCB? . . . . .	► <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4 Election for child and dependent care credit:</b>	
Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? . . . . .	► <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C</b> You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:	
Overpayment _____	1,800. Amount due _____

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

<b>Prior Year Earned Income Election Smart Worksheet</b>	
Election to use 2019 earned income for Earned Income Credit	
The "Yes" box must be marked on Line A for 2019 earned income to be used for EIC calculations.	
<b>A Elect to use 2019 earned income for EIC . . . . .</b>	► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>B Earned income for EIC from your 2019 return . . . . .</b>	_____
<b>C Current year earned income for EIC . . . . .</b>	_____ 0.
If Line C is equal to or greater than Line B the taxpayer is not eligible to use 2019 earned income for EIC calculations.	
<b>D</b> You may compare the tax benefit of electing to use 2020 Earned Income by checking the boxes on line A	
Overpayment _____	1,800. Amount due _____



## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Investment Income Smart Worksheet**

<b>A</b>	Taxable and tax exempt interest . . . . .	_____
<b>B</b>	Dividend income . . . . .	_____
<b>C</b>	Capital gain net <b>income</b> . . . . .	_____
<b>D</b>	Royalty and rental of personal property net <b>income</b> . . . . .	_____
<b>E</b>	Passive activity net <b>income</b> :	
<b>1</b>	Rental real estate net income or loss . . . . .	_____
<b>2</b>	Farm rental net income or loss . . . . .	_____
<b>3</b>	Partnerships and S corporations net income or loss . . . . .	_____
<b>4</b>	Estates and trusts net income or loss . . . . .	_____
<b>5</b>	Total of lines 1 through 4 . . . . .	_____
<b>6</b>	Total passive activity net <b>income</b> , line 5 if greater than zero . . . . .	_____
<b>F</b>	Interest and dividends from Forms 8814 . . . . .	_____
<b>G</b>	Adjustments . . . . .	_____
<b>H</b>	<b>Total investment income</b> , add lines A through G . . . . .	_____ 0 .

Is line H, **total investment income** over \$3,650?

- ☒ **No.** You may take the credit.
- ☐ **Yes. Stop.** You **cannot** take the credit.