

Form 1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2018

OMB No. 1545-0074

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

Filing status:		<input type="checkbox"/> Single	<input type="checkbox"/> Married filing jointly	<input type="checkbox"/> Married filing separately	<input checked="" type="checkbox"/> Head of household	<input type="checkbox"/> Qualifying widow(er)
Your first name and initial Gemanna				Last name Gomez		Your social security number 111-22-3333
Your standard deduction:		<input type="checkbox"/> Someone can claim you as a dependent	<input type="checkbox"/> You were born before January 2, 1954	<input type="checkbox"/> You are blind		
If joint return, spouse's first name and initial				Last name		Spouse's social security number
Spouse standard deduction:		<input type="checkbox"/> Someone can claim your spouse as a dependent	<input type="checkbox"/> Spouse was born before January 2, 1954	<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see instr.)		
<input type="checkbox"/> Spouse is blind		<input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien				
Home address (number and street). If you have a P.O. box, see instructions. 13434 Doe Street					Apt. no.	Presidential Election Campaign (see instr.) <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. San Francisco CA 92694					If more than four dependents, see instr. and u here u <input type="checkbox"/>	
Dependents (see instructions):			(2) Social security number	(3) Relationship to you	(4) u if qualifies for (see instr.)	
(1) First name	Last name				Child tax credit	Credit for other dependents
Lisa	Gomez		444-55-6666	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Sign Here

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

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

Your signature

Date

Your occupation

PSYCHOLOGIST

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

Date

Spouse's occupation

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

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Preparer's name		Preparer's signature		PTIN	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Paid Andre Drummond				P00711659	
Preparer Use Only		Firm's name u Drummond Co.		Firm's EIN 20-2447550	
		Firm's address 444 GOLDEN BEAR DR. #110		Phone no. 909-777-0000	
		DIAMOND BAR CA 91765			

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

Form 1040 (2018)

DAA

1		Wages, salaries, tips, etc. Attach Form(s) W-2		1	30,262
2a		Tax-exempt interest		2a	
3a		Qualified dividends		3a	
4a		IRAs, pensions, and annuities		4a	
5a		Social security benefits		5a	
6		Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	44,682
7		Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise subtract Schedule 1, line 36, from line 6		7	74,944
8		Standard deduction or itemized deductions (from Schedule A)		8	20,398
9		Qualified business income deduction (see instructions)		9	8,532
10		Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	46,014
11		a Tax (see instr.) 5,251 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	8,635
		b Add any amount from Schedule 2 and check here u <input checked="" type="checkbox"/>		12	2,000
12		a Child tax credit/credit for other dependents 2,000		12	2,000
13		Subtract line 12 from line 11. If zero or less, enter -0-		13	6,635
14		Other taxes. Attach Schedule 4		14	
15		Total tax. Add lines 13 and 14		15	6,635
16		Federal income tax withheld from Forms W-2 and 1099		16	4,972
17		Refundable credits: a EIC (see instr.) b Sch 8812 c Form 8863		17	
		Add any amount from Schedule 5		18	4,972
18		Add lines 16 and 17. These are your total payments		18	4,972
19		If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		19	
20a		Amount of line 19 you want refunded to you. If Form 8888 is attached, check here u <input type="checkbox"/>		20a	
u b		Routing number		u c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
u d		Account number			
21		Amount of line 19 you want applied to your 2019 estimated tax		21	
Amount You Owe		22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions u		22	1,663
23		Estimated tax penalty (see instructions) u		23	