

Review your print out for checklist items.

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 ▶

Your first name and middle initial Kathryn A		Last name Vincent		Your social security number 621-98-6118	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 6419 Monteverde Ln				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Citrus Hts			State CA	ZIP code 956214316	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

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.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	19,821.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
Standard Deduction for— <ul style="list-style-type: none">• 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 Standard Deduction, see instructions.	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	19,821.
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	19,821.
12	Standard deduction or itemized deductions (from Schedule A)	12	12,400.	
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13		
14	Add lines 12 and 13	14	12,400.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	7,421.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	743.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	743.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	743.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	743.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	1,126.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,126.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	1,126.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	383.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	383.
Direct deposit? See instructions.	b Routing number 3 2 1 1 7 3 7 4 2 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 8 1 2 7 3 4 9 2		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	
For details on how to pay, see instructions.	Note: 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.		
	38 Estimated tax penalty (see instructions)	38	

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) ▶

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. (916) 220-7934

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 ▶

Tax History Report

► Keep for your records

2020

Name(s) Shown on Return
Kathryn A Vincent

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status					Single
Total income					19,821.
Adjustments to income					
Adjusted gross income					19,821.
Tax expense					530.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,400.
Exemption amount . .					0.
QBI deduction					
Taxable income					7,421.
Tax					743.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					1,126.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					383.
Effective tax rate % . .					3.75
**Tax bracket %					10.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

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

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

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$0.00 (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 Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 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.

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

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ²	\$0.00 ³

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

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

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

Questions? Call 877-908-7228

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.
Kathryn A Vincent 621-98-6118
If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.

Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.
6419 Monteverde Ln
City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
Citrus Hts CA 95621-4316
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 ☐ Spouse

At 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.
☐ 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	19,821.
2 a	Tax-exempt interest 2a		
b	Taxable interest	2b	
3 a	Qualified dividends 3a		
b	Ordinary dividends	3b	
4 a	IRA distributions 4a		
b	Taxable amount	4b	
5 a	Pensions and annuities 5a		
b	Taxable amount	5b	
6 a	Social security benefits 6a		
b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ► <input type="checkbox"/>	7	
QuickZoom to Schedule 1 — Additional Income and Adjustments to Income			► <input type="text"/>

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

8	Other income from Schedule 1, line 9	8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ►	9	19,821.
10	Adjustments to income:		
a	From Schedule 1, line 22 10 a		
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			
b	Charitable contributions if you take the standard deduction. 10 b		
c	Add lines 10a and 10b. These are your total adjustments to income ►	10 c	
11	Subtract line 10c from line 9. This is your adjusted gross income ►	11	19,821.
AGI including excludable Puerto Rico Income			19,821.

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

12	Standard deduction or itemized deductions (from Schedule A) Standard Deduction for — <ul style="list-style-type: none"> ● People who checked blind or over 65 or who can be claimed as a dependent, see instructions. ● All others: <ul style="list-style-type: none"> ● Single or Married filing separately: \$12,400 ● Married filing jointly or Qualifying widow(er): \$24,800 ● Head of household: \$18,650 QuickZoom to the Standard Deduction Worksheet		
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Itemized deductions (from Schedule A) or your standard deduction , see above	12	<u>12,400.</u>
Subtract itemized or standard deduction from adjusted gross income amount		<u>7,421.</u>

Kathryn A Vincent

621-98-6118

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Form 1040 or Form 1040-SR, Lines 13 - 18		
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14	<u>12,400.</u>
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	<u>7,421.</u>

16 Tax. Check if any from:		
1 <input type="checkbox"/> Form(s) 8814		
2 <input type="checkbox"/> Form 4972		
3 <input type="checkbox"/>		
		<u>743.</u>
17 Amount from Schedule 2, line 3.	17	
18 Add lines 16 and 17	18	<u>743.</u>
QuickZoom to Schedule 2 - Additional Tax section ▶		

Form 1040 or Form 1040-SR, Line 19 - 24		
19 Child tax credit/credit for other dependents	19	
20 Amount from Schedule 3, line 7.	20	
21 Add lines 19 and 20	21	
22 Subtract line 21 from line 18. If zero or less, enter -0-	22	<u>743.</u>
23 Other taxes, including self-employment tax, from Schedule 2, line 10.	23	<u>0.</u>
24 Add lines 22 and 23. This is your total tax ▶	24	<u>743.</u>
QuickZoom to Schedule 3 — Additional Credits and Payments ▶		

Form 1040 or Form 1040-SR, Lines 25 - 33		
25 Federal income tax withheld from:		
a Form(s) W-2	25 a	<u>1,126.</u>
b Form(s) 1099	25 b	
c Other forms	25 c	
d Add lines 25a through 25c.	25 d	<u>1,126.</u>
26 2020 estimated tax payments and amount applied from 2019 return	26	
27 Other payments and refundable credits:		
Earned income credit (EIC)		
Nontaxable combat pay election		
28 Additional child tax credit. Attach Schedule 8812		
29 American opportunity credit from Form 8863, line 8.		
30 Recovery rebate credit.		
31 Amount from Schedule 3, line 13		
32 Add lines 27 through 31. These are your other payments and refundable credits ▶	32	
33 Add Lines 25d, 26, and 32. These are your total payments ▶	33	<u>1,126.</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 ▶ _____

Kathryn A Vincent

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

Refund:

34	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	34	383.
35 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	35	383.
Direct deposit? ▶ b Routing number 321173742 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ d Account number 81273492			
36	Amount of overpayment on line 34 you want applied to your 2021 estimated tax ▶	36	

Form 1040 or Form 1040SR, Lines 37 and 38

Amount You Owe:

37	Subtract total payments from total tax ▶ Note: 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.	37	
38	Estimated tax penalty ▶	38	

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

Schedule 1 — Additional Income and Adjustments to Income

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes.	1	
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Alimony Received Smart Worksheet

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

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

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

Schedule 1, line 9, enter on Form 1040, line 9 ▶ 19,821.

Quickzoom to 1040 Worksheet, line 9 — Total Income ▶ QuickZoom. . ▶

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Part II Adjustments to Income

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

Alimony Paid Smart Worksheet

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

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

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

Schedule 2 — Additional Taxes

Part I Tax

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

Part II Other Taxes

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

10 Add lines 4 through 8. These are your **total other taxes**
Enter here and on Form 1040 or 1040-SR, line 23 ▶ 10 0.
Total tax (add line 10 and Schedule 3, line 7b) 743.

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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. 743.		

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	Total Payments: Part II, lines 8 through 12f, Withholding (Form 1040, line 25d),	13	
	Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30		1,126.
	Other Payments and Refundable Credits (Form 1040, line 32)		

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, both must sign.	Date	Spouse's Occupation	
Daytime Phone No. (916) 220-7934		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 Kathryn A Vincent	Your SSN 621-98-6118
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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-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px;"></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:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

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

(a) Activity name	(b) Suspended 12/31/2019	(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 Kathryn
Middle initial A Suffix
Last name Vincent
Social security no. 621-98-6118
Occupation Student
Date of birth 08/13/1997 (mm/dd/yyyy)
Age as of 1-1-2021 23
Daytime phone (916) 220-7934 Ext
Legally blind
Date of death

Spouse:

First name
Middle initial Suffix
Last name
Social security no.
Occupation
Date of birth (mm/dd/yyyy)
Age as of 1-1-2021
Daytime phone 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 ☒

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 taxpayer retired on total and permanent disability? . . . 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 taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . . 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 6419 Monteverde Ln Apt no.
City Citrus Hts State CA ZIP code 95621-4316

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) Safe Credit Union

Check the appropriate box ► Checking ☒ Savings ☐

Routing number ▶ 321173742 Account number ▶ 81273492

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

Enter the payment date to withdraw from the account above ► _____

Balance-due amount from this return ▶ _____

Amended Returns:

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

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

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

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

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

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

Check this box to take the standard deduction even if less than itemized deductions ☐

Real Estate Professionals:

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

Credit for Qualified Retirement Savings Contributions (Form 8880):

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

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

American Opportunity and Lifetime Learning Credit (Form 8863)

For 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

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 ▶ CA

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 ▶ _____

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 11220

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number Y2581176

Issued by what state CA

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 . . . Kathryn Middle initial . A Last name . . Vincent
Suffix

Social security no. . . 621-98-6118 Member of U.S. Armed Forces in 2020? . . ☐ Yes ☒ No

Date of birth 08/13/1997 (mm/dd/yyyy) age as of 1-1-2021 23

Occupation Student Daytime phone (916) 220-7934 Ext

Marital status . . . Single

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 CA

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

► Keep for your records

Name(s) Shown on Return
Kathryn A Vincent

Social Security Number
621-98-6118

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	19,821.		19,821.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	1,126.		1,126.
3 & 7	Total social security wages/tips	19,822.		19,822.
4	Total social security tax withheld	1,229.		1,229.
5	Total Medicare wages and tips	19,821.		19,821.
6	Total Medicare tax withheld	288.		288.
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	198.		198.
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	19,821.		19,821.
17	Total state tax withheld	332.		332.
19	Total local tax withheld.			

Name
Kathryn A VincentSocial Security Number
621-98-6118**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . 621-98-6118
b Employer ID number (EIN). . . 68-0319504
c Employer's name, address, and ZIP code
 BEVERAGES & MORE INC
 Street 1401 WILLOW PASS RD
 City CONCORD
 State CA ZIP Code 94520
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 9,937.06
3 Social security wages 9,937.06
5 Medicare wages and tips 9,937.06
7 Social security tips

2 Federal income tax withheld 441.47
4 Social security tax withheld 616.10
6 Medicare tax withheld 144.09
8 Allocated tips

► Enter unreported tips in **Part VII** on Page 2 below.**d** Control number . 028608LOS2/XL3**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First KATHRYN M.I. A
 Last VINCENT Suff. _____
f Employee's address and ZIP code
 Street 6750 EL COLEGIO RD #251
 City GOLETA
 State CA ZIP Code 93117
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9**10** Dependent care benefits**11** Nonqualified plans

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

12 Enter box 12 below

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

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax . _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax . _____
_____	_____	P: Double-click to link to Form 3903, line 4 . . . _____
_____	_____	R: Enter MSA contribution for Taxpayer _____
_____	_____	Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer _____
_____	_____	Spouse _____
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	402-6485 5	9,937.06	115.55
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
SDI	99.37	California SDI tax
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name
Kathryn A VincentSocial Security Number
621-98-6118**Spouse's W-2**
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . . 621-98-6118
b Employer ID number (EIN). . . 13-3357362
c Employer's name, address, and ZIP code
 KOHLS DEPARTMENT STORES INC
 Street N56 W17000 RIDGEWOOD DRIVE
 City MENOMONEE FALLS
 State WI ZIP Code 53051
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 106.34
3 Social security wages 106.34
5 Medicare wages and tips 106.34
7 Social security tips

2 Federal income tax withheld
4 Social security tax withheld 6.59
6 Medicare tax withheld 1.54
8 Allocated tips

► Enter unreported tips in **Part VII** on Page 2 below.**d** Control number .**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Kathryn M.I. A
 Last Vincent Suff. _____
f Employee's address and ZIP code
 Street 6419 Monteverde Ln
 City Citrus Hts
 State CA ZIP Code 95621-4316
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 _____
11 Nonqualified plans
12 Enter box 12 below

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans (Important, see Help)

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

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	P: Double-click to link to Form 3903, line 4 . . . _____
_____	_____	R: Enter MSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	47385422	106.34	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
CASDI	1.06	California SDI tax
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name
Kathryn A VincentSocial Security Number
621-98-6118**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . . 621-98-6118
b Employer ID number (EIN). . . 73-1032203
c Employer's name, address, and ZIP code
 HOBBY LOBBY STORES INC
 Street 7707 SW 44TH
 City OKLAHOMA CITY
 State OK ZIP Code 73179
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
9,778.25
3 Social security wages
9,778.25
5 Medicare wages and tips
9,778.25
7 Social security tips

2 Federal income tax withheld
684.98
4 Social security tax withheld
606.25
6 Medicare tax withheld
141.78
8 Allocated tips

► Enter unreported tips in **Part VII** on Page 2 below.**d** Control number . . .**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Kathryn M.I. A
 Last Vincent Suff. _____
f Employee's address and ZIP code
 Street 6419 Monteverde Ln
 City Citrus Hts
 State CA ZIP Code 95621-4316
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 _____
11 Nonqualified plans
12 Enter box 12 below

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans (Important, see Help)

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

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax . . .
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax . . .
_____	_____	P: Double-click to link to Form 3903, line 4 . . .
_____	_____	R: Enter MSA contribution for Taxpayer . . .
_____	_____	Spouse
_____	_____	W: Enter HSA contribution for Taxpayer . . .
_____	_____	Spouse
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	31385628	9,778.25	216.33
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
CA SDI TAX	97.78	California SDI tax
_____	_____	_____
_____	_____	_____
_____	_____	_____

Wages, Salaries, & Tips Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Kathryn A Vincent

Social Security Number
621-98-6118

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

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	19,821.		19,821.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ►	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2020			
b _____			

10 Subtotal.			
Add lines 1 through 9	19,821.		19,821.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	19,821.		19,821.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Kathryn A Vincent

Social Security Number
621-98-6118

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

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2020

Name(s) Shown on Return
Kathryn A Vincent

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

Name(s) Shown on Return
Kathryn A VincentSocial Security Number
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1 a	Enter your taxable income from Form 1040, line 15	1 a	7,421.
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	7,421.
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 smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	0.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	7,421.
15	Enter: <ul style="list-style-type: none">• \$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 smaller of line 1c or line 15	16	7,421.
17	Enter the smaller of line 14 or line 16	17	7,421.
18	Subtr ln 10 from ln 1c. If zero or less, enter -0-	18	7,421.
19	Enter the smaller of line 1c or: <ul style="list-style-type: none">• \$163,300 if single or married filing sep,• \$326,600 if MFJ or qual widow(er), or• \$163,300 if head of household.	19	7,421.
20	Enter the smaller of line 14 or line 19	20	7,421.
21	Enter the larger of line 18 or line 20	21	7,421.
22	Subtract line 17 from line 16. This amount is taxed at 0%	22	0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.			
23	Enter the smaller of line 1c or line 13	23	
24	Enter the amount from line 22 (if line 22 is blank, enter -0-)	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter: <ul style="list-style-type: none">• \$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 smaller of line 25 or line 29	30	
31	Multiply line 30 by 15% (0.15)	31	
32	Add lines 24 and 30	32	
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33			
33	Subtract line 32 from line 23	33	
34	Multiply line 33 by 20% (0.20)	34	
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.			
35	Enter the smaller of line 9c above or Schedule D, line 19	35	
36	Add lines 10 and 21	36	
37	Enter the amount from line 1c above	37	

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	_____ <u>743.</u>
45	Add lines 31, 34, 40, 43, and 44	45	_____ <u>743.</u>
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	_____ <u>743.</u>
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 16	47	_____ <u>743.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2020

Line 16

► Keep for your records

Name(s) Shown on Return
Kathryn A Vincent

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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"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 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),		
	\$53,600 if head of household.	6	_____
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,		
	\$496,600 if married filing jointly or qualifying widow(er),		
	\$469,050 if head of household.	13	_____
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	Tax on all taxable income. Enter the smaller 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 Kathryn A Vincent	Social Security Number 621-98-6118
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Traditional IRA Contributions

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

IRA Contributions Worksheet

2020

► Keep for your records

Kathryn A Vincent

621-98-6118

Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
19	Enter regular Roth 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 from a traditional IRA, (from In 4). .		
21	Roth IRA contributions, from Schedule(s) K-1		
22	Enter contributions recharacterized to a traditional IRA.		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
23	Disallowed Roth IRA conversions		
24	Roth 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 Roth IRA contributions		
28	Repayments of qualified Roth reservist distributions		

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

Coverdell Education Savings Account (Education IRA) Contributions

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

2020

Name(s) Shown on Return
Kathryn A Vincent

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621-98-6118

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	<u>07/15/20</u>		<u>07/15/20</u>			<u>07/15/20</u>		
2	<u>07/15/20</u>		<u>07/15/20</u>			<u>07/15/20</u>		
3	<u>09/15/20</u>		<u>09/15/20</u>			<u>09/15/20</u>		
4	<u>01/15/21</u>		<u>01/15/21</u>			<u>01/15/21</u>		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2020					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2020 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				1,126.	332.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G .						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax.						
19	Total Withholding Lines 10 through 18f				1,126.	332.	
20	Total Tax Payments for 2020				1,126.	332.	

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2019 extensions				
22	2019 estimated tax paid after 12/31/2019				
23	Balance due paid with 2019 return				
24	Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Kathryn A Vincent

Social Security Number
621-98-6118

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	19,821.
(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	19,821.

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 530.00

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). 530.00

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

Interest Deductions

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

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Kathryn A Vincent

Social Security Number
621-98-6118

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	332.
2	2020 state estimated taxes paid in 2020	
3	2019 state estimated taxes paid in 2020	
4	Amount paid with 2019 state application for extension	
5	Amount paid with 2019 state income tax return	
6	Overpayment on 2019 state income tax return applied to 2020 tax	
7	Other amounts paid in 2020 (amended returns, installment payments, etc.)	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	
Local income taxes:		
9	Local income tax withheld	
10	2020 local estimated taxes paid in 2020	
11	2019 local estimated taxes paid in 2020	
12	Amount paid with 2019 local application for extension	
13	Amount paid with 2019 local income tax return	
14	Overpayment on 2019 local income tax return applied to 2020 tax	
15	Other amounts paid in 2020 (amended returns, installment payments, etc.)	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	
Other:		
17	State mandatory taxes	198.
18	Total Add lines 1 through 17	530.
19	State and local refund allocated to 2020	
20	Nondeductible state income tax from line 28	
21	Total reductions Add lines 19 and 20	
22	Total state and local income tax deduction Line 18 less line 21	530.

Nondeductible State Income Tax (Hawaii Only)

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

Charitable Deduction Limits Worksheet For Current Year Contributions

2020

► Keep for your records

Name(s) Shown on Return <u>Kathryn A Vincent</u>	Social Security Number <u>621-98-6118</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	<u>19,821.</u>
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A Cash contributions subject to the limit based on 60% of AGI

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

F Qualified contributions 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	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

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

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

Charitable Deduction Limits Worksheet For Carryover Contributions

2020

► Keep for your records

Name(s) Shown on Return
Kathryn A Vincent

Social Security Number
621-98-6118

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	19,821.
	Percentage of line 8	Used in Current Year	
a 60% AGI limit to line 9	11,893.	Less 0.	a 11,893.
b 50% AGI limit to line 12	9,911.	Less 0.	b 9,911.
c 30% AGI limit, Section C to line 19	5,946.	Less 0.	c 5,946.
d 30% AGI limit, Section D to line 26	5,946.	Less 0.	d 5,946.
e 20% AGI limit to line 35	3,964.	Less 0.	e 3,964.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

G Deduction for the year

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

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

- Keep for your records

Social Security Number
621-98-6118

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 Carryovers from:							
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 Carryovers to 2021:							
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 entire interest given for all property donated to all charities?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were restrictions 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 Kathryn A Vincent	Social Security Number 621-98-6118
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Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$750? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,100		1	
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$12,400 • Married filing jointly — \$24,800 • Head of household — \$18,650		2	12,400.
3	Standard deduction.			
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1956, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 12. Otherwise, go to line 3b		3 a	
3 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)		3 b	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12		3 c	

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

Earned Income Worksheet**2020**

► Keep for your records

Name(s) Shown on Return
Kathryn A VincentSocial Security Number
621-98-6118**Part I – Earned Income Credit Worksheet Computation**

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	19,821.		19,821.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	19,821.		19,821.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	19,821.		19,821.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	19,821.		19,821.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	19,821.		19,821.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	19,821.		19,821.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	19,821.		19,821.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	19,821.		19,821.

Name(s) Shown on Return Kathryn A Vincent	Social Security Number 621-98-6118
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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 not earned for EIC purposes	1	19,821.
2	Adjustments to line 1 amount:		
a	Income reported as wages and 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	19,821.
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 or 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	Earned income. Add lines 3, 4, 5, and 6	7	19,821.
8	Enter the credit, from the EIC Table , for the amount on line 7. Be sure to use the correct column for filing status and number of children	8	
If line 8 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.			
9	Enter your AGI 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"/> Yes. Go to line 11 now.		
	<input type="checkbox"/> No. Enter the credit, from the EIC Table , for the amount on line 9. Be sure to use the correct column for filing status and number of children	10	
11	Earned income credit.		
	• If 'Yes' on line 10, enter the amount from line 8		
	• If 'No' on line 10, enter the smaller of line 8 or line 10	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:
- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | \$15,820 (\$21,710 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$41,756 (\$47,646 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$47,440 (\$53,330 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$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:
- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | \$15,820 (\$21,710 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$41,756 (\$47,646 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$47,440 (\$53,330 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$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 | <input type="checkbox"/> | qualifying children of another person, or |
| b | <input type="checkbox"/> | 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
Kathryn A VincentSocial Security No.
621-98-6118**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 Kathryn A Vincent		Social Security Number 621-98-6118	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

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

► Keep for your records

Name(s) Shown on Return
Kathryn A VincentSocial Security Number
621-98-6118**Taxable Income – Line 1**

1	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.)	1	7,421.
2	Additions to income	2	
3	Add lines 1 and 2	3	7,421.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	7,421.

Taxes – Line 2a

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

Refund of Taxes – Line 2b

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

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

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	19,821.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	19,821.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	17,839.
6	Enter ATNOL carried to 2019 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

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

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 Smaller 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	72,900.
2 Enter your alternative minimum taxable income from Form 6251, line 4	2	19,821.
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	72,900.

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2020

► Keep for your records

Name(s) Shown on Return Kathryn A Vincent		Social Security Number 621-98-6118	
1	Enter the amount from Form 6251, line 6	1	
2 a	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a	
b	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c	3	
4	Tax on the amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. • All Others: If line 3 is \$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. 	4	
5	Tax on amount on line 2c. 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	5	
6	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6	

Federal Carryover Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Kathryn A Vincent

Social Security Number
621-98-6118

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

Kathryn A Vincent

621-98-6118

Other Tax and Income Information			2019	2020
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		530.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		19,821.
6	Tax liability for Form 2210 or Form 2210-F	6		743.
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 Kathryn A Vincent	Social Security Number 621-98-6118
--	---------------------------------------

Description	Amount
Income	
Wages	19,821.
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	19,821.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	19,821.

Two-Year Comparison

2020

Name(s) Shown on Return
Kathryn A Vincent

Social Security Number

Income	2019	2020	Difference	%
Wages, salaries, tips, etc		19,821.	19,821.	
Interest and dividend income				
State tax refund				
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income		19,821.	19,821.	
Adjustments to Income				
Adjusted Gross Income		19,821.	19,821.	
Itemized Deductions				
Medical and dental				
Income or sales tax		530.	530.	
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	0.	530.	530.	
Standard or Itemized Deduction		12,400.	12,400.	
Qualified Business Income Deduction				
Taxable Income		7,421.	7,421.	
Income tax		743.	743.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		743.	743.	
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits		743.	743.	
Withholding		1,126.	1,126.	
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments		1,126.	1,126.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		383.	383.	
Balance Due				

Current year effective tax rate 3.75 %

Tax Summary
► Keep for your records

2020

Name (s)

Kathryn A Vincent

Total income	19,821.
Adjustments to income	
Adjusted gross income	19,821.
Itemized/standard deduction	12,400.
Qualified business income deduction	
Taxable income	7,421.
Tentative tax	743.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	743.
Total payments	1,126.
Estimated tax penalty	
Amount Overpaid	383.
Refund	383.
Amount Applied to Estimate	
Balance due	0.

Recovery Rebate Credit Worksheet

2020

Name(s) Shown on Return
Kathryn A Vincent

Social Security No.
621-98-6118

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"/> No. Go to line 2</p> <p><input type="checkbox"/> Yes. Stop. 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"/> Yes. Skip lines 3 and 4 and go to line 5.</p> <p><input type="checkbox"/> No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, Stop. 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"/> Yes. Your credit is not limited. Go to line 5.</p> <p><input type="checkbox"/> No. Go to line 4.</p> <p>4 Does one of you have a valid social security number?</p> <p><input type="checkbox"/> Yes. Your credit is limited. Go to line 5.</p> <p><input type="checkbox"/> No. Stop. 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"/> No. 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"/> Yes. 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 Recovery rebate credit. 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></p> <p>600.</p> <p></p> <p>600.</p> <p>19,821.</p> <p>75,000.</p> <p></p> <p></p> <p>1,200.</p> <p>0.</p> <p>600.</p> <p>600.</p> <p>0.</p> <p>0.</p>
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Compare to U. S. Averages

► Keep for your records

2020

Name(s) Shown on Return Kathryn A Vincent	Social Security No 621-98-6118
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Your 2020 adjusted gross income (AGI) 19,821.
National adjusted gross income range used below from 15,000. to 29,999.

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

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	19,821.	22,601.
Taxable interest		748.
Tax-exempt interest		4,031.
Dividends		2,533.
Business net income		13,751.
Business net loss		9,956.
Net capital gain		3,960.
Net capital loss		2,289.
Taxable IRA		8,963.
Taxable pensions and annuities		13,133.
Rent and royalty net income		6,899.
Rent and royalty net loss		7,343.
Partnership and S corporation net income		12,174.
Partnership and S corporation net loss		11,729.
Taxable social security benefits		2,632.
Medical and dental expenses deduction		9,639.
Taxes paid deduction	530.	3,620.
Interest paid deduction		6,814.
Charitable contributions deduction		2,610.
Total itemized deductions	530.	16,864.
Child care credit		439.
Education tax credits		780.
Child tax credit		484.
Retirement savings contributions credit		182.
Earned income credit		4,052.
Other Information	Actual Per Return	National Average
Adjusted gross income	19,821.	23,220.
Taxable income	7,421.	9,917.
Income tax	743.	1,221.
Alternative minimum tax		2,128.
Total tax liability	743.	1,424.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Kathryn A Vincent

Primary SSN: 621-98-6118

Federal Return Submitted: March 04, 2021 10:51 PM PST

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 03/05/2021

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.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

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 disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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

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

--

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.

IRS regulations require the following statements:

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

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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

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

I authorize Intuit 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 Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund 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.

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

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

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

²This 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.

³However, 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)

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

[illegible]

Smart Worksheets from your 2020 Federal Tax Return

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

Tax Smart Worksheet	
A	Tax 743.
	Check if from:
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814
C	Additional tax from Form 4972
D	Tax from additional Form(s) 4972
E	Recapture tax from Form 8863
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative
H	Additional tax from Form 8621
I	Tax. Add lines A through G. Enter the result here and include in tax below. 743.
J	Form 8621 tax deferral from line 9c (to line 24)

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

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet	
<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>	
A	Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . 0.

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

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ►

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

1a Taxpayer, prior year nontaxable combat pay from 2019 _____

2 Election for earned income credit (EIC):

Elect taxpayer's nontaxable combat pay as earned income for EIC? ► ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect taxpayer's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ No

B Spouse:

1 Spouse, nontaxable combat pay _____

1a Spouse, prior year nontaxable combat pay from 2019 _____

2 Election for earned income credit (EIC):

Elect spouse's nontaxable combat pay as earned income for EIC? ► ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect spouse's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ No

C 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 383. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Prior Year Earned Income Election Smart Worksheet

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.

A Elect to use 2019 earned income for EIC ► ☐ Yes ☒ No

B Earned income for EIC from your 2019 return _____

C Current year earned income for EIC 19,821.

If Line C is equal to or greater than Line B the taxpayer is not eligible to use 2019 earned income for EIC calculations.

D You may compare the tax benefit of electing to use 2020 Earned Income by checking the boxes on line A

Overpayment 383. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

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

TAXABLE YEAR	California Online e-file Return Authorization for Individuals	FORM
2020		8453-OL

Your first name and initial KATHRYN A		Last name VINCENT	Suffix	Your SSN or ITIN 621-98-6118
If filing jointly, spouse's/RDP's first name		Last name	Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 6419 MONTEVERDE LN		Apt. no./ste. no.	PMB/private mailbox	Daytime telephone number (916) 220-7934
City CITRUS HTS			State CA	ZIP code 95621-4316
Foreign country name		Foreign province/state/county		Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions	1	19,821.
2 Refund or no amount due. See instructions	2	322.
3 Amount you owe. See instructions	3	

Part II Settle Your Account Electronically for Taxable Year 2020 (Payment due 4/15/2021)

4 ☒ Direct deposit of refund

5 ☐ Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2021 These are NOT installment payments for the current amount you owe.

	First Payment Due 4/15/2021	Second Payment Due 6/15/2021	Third Payment Due 9/15/2021	Fourth Payment Due 1/15/2022
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below _____ 322. 9 Routing number 321173742 10 Account number 81273492 11 Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	12 The remaining amount of my refund for direct deposit _____ 13 Routing number _____ 14 Account number _____ 15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
--	---

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2020 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature _____

Date _____

Spouse's/RDP's signature. If filing jointly, both must sign.
It is unlawful to forge a spouse's/RDP's signature.

Date _____

2020 California Resident Income Tax Return**540**

APE

DO NOT ATTACH FEDERAL RETURN

621-98-6118 VINC
KATHRYN A VINCENT

20

6419 MONTEVERDE LN
CITRUS HTS CA 95621-4316

08-13-1997

Principal Residence

Enter your county at time of filing (see instructions)

☒ SACRAMENTOIf your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ☒ ☐

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒ ☐

City

State

ZIP code

☒ ☐ ☐If your California filing status is different from your federal filing status, check the box here ☐

Filing Status

1 ☒ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly. See inst.5 ☐ Qualifying widow(er). Enter year spouse/RDP died. See instructions. 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst ☒ 6 ☐

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 1 X \$124 = ☒ \$ 1248 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ☒ 8 X \$124 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☒ 9 X \$124 = ☒ \$

Your name: VINCENT

Your SSN or ITIN: 621-98-6118

10 Dependents: Do not include yourself or your spouse/RDP.

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
Last Name	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
SSN. See instructions.	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
Dependent's relationship to you	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

Total dependent exemptions ● 10 X \$383 = ● \$ **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$ 124

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	● 12	<input type="text"/> 19821	<input type="text"/> .00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	● 13	<input type="text"/> 19821	<input type="text"/> .00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B.	● 14	<input type="text"/>	<input type="text"/> .00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	<input type="text"/> 19821	<input type="text"/> .00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C.	● 16	<input type="text"/>	<input type="text"/> .00
17	California adjusted gross income. Combine line 15 and line 16	● 17	<input type="text"/> 19821	<input type="text"/> .00
18	Enter the larger of <div><div>Your California itemized deductions from Schedule CA (540), Part II, line 30; OR</div><div>Your California standard deduction shown below for your filing status:<ul style="list-style-type: none">• Single or Married/RDP filing separately. \$4,601• Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202</div>If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions</div>	● 18	<input type="text"/> 4601	<input type="text"/> .00
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	● 19	<input type="text"/> 15220	<input type="text"/> .00

Tax

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule			
	● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803	● 31	<input type="text"/> 215	<input type="text"/> .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions.	● 32	<input type="text"/> 124	<input type="text"/> .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	● 33	<input type="text"/> 91	<input type="text"/> .00
34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A. .	● 34	<input type="text"/>	<input type="text"/> .00
35	Add line 33 and line 34.	● 35	<input type="text"/> 91	<input type="text"/> .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	● 40	<input type="text"/>	<input type="text"/> .00
43	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . .	● 43	<input type="text"/>	<input type="text"/> .00
44	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . .	● 44	<input type="text"/>	<input type="text"/> .00

Your name:

VINCENT

Your SSN or ITIN:

621-98-6118

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable Renter's Credit. See instructions ● 46 .00
- 47 Add line 40 through line 46. These are your total credits ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 91 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions ● 62 .00
- 63 Other taxes and credit recapture. See instructions ● 63 .00
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. ● 64 .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax ● 65 91 .00

Payments

- 71 California income tax withheld. See instructions ● 71 332 .00
- 72 2020 CA estimated tax and other payments. See instructions ● 72 .00
- 73 Withholding (Form 592-B and/or 593). See instructions ● 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions ● 74 .00
- 75 Earned Income Tax Credit (EITC) ● 75 81 .00
- 76 Young Child Tax Credit (YCTC). See instructions ● 76 .00
- 77 Net Premium Assistance Subsidy (PAS). See instructions ● 77 .00
- 78 Add line 71 through line 77. These are your total payments. See instructions ● 78 413 .00

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions. ● 91 0 .00
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00
- ☒ Full-year health care coverage.

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ● 93 413 .00
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 ● 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. ● 95 413 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. ● 96 .00

Your name:

VINCENT

Your SSN or ITIN:

621-98-6118

Overpaid Tax/Tax Due

- 97** Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. ☒ **97**
- 98** Amount of line 97 you want applied to your **2021** estimated tax ☐ **98**
- 99** Overpaid tax available this year. Subtract line 98 from line 97 ☐ **99**
- 100** Tax due. If line 95 is less than line 65, subtract line 95 from line 65 ☒ **100**

Contributions

- | | Code | Amount |
|---|------------|---|
| California Seniors Special Fund. See instructions. <input type="radio"/> | 400 | <input type="text"/> <input type="text" value=".00"/> |
| Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund <input type="radio"/> | 401 | <input type="text"/> <input type="text" value=".00"/> |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program <input type="radio"/> | 403 | <input type="text"/> <input type="text" value=".00"/> |
| California Breast Cancer Research Voluntary Tax Contribution Fund <input type="radio"/> | 405 | <input type="text"/> <input type="text" value=".00"/> |
| California Firefighters' Memorial Voluntary Tax Contribution Fund <input type="radio"/> | 406 | <input type="text"/> <input type="text" value=".00"/> |
| Emergency Food for Families Voluntary Tax Contribution Fund <input type="radio"/> | 407 | <input type="text"/> <input type="text" value=".00"/> |
| California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund <input type="radio"/> | 408 | <input type="text"/> <input type="text" value=".00"/> |
| California Sea Otter Voluntary Tax Contribution Fund <input type="radio"/> | 410 | <input type="text"/> <input type="text" value=".00"/> |
| California Cancer Research Voluntary Tax Contribution Fund <input type="radio"/> | 413 | <input type="text"/> <input type="text" value=".00"/> |
| School Supplies for Homeless Children Fund <input type="radio"/> | 422 | <input type="text"/> <input type="text" value=".00"/> |
| State Parks Protection Fund/Parks Pass Purchase <input type="radio"/> | 423 | <input type="text"/> <input type="text" value=".00"/> |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund <input type="radio"/> | 424 | <input type="text"/> <input type="text" value=".00"/> |
| Keep Arts in Schools Voluntary Tax Contribution Fund <input type="radio"/> | 425 | <input type="text"/> <input type="text" value=".00"/> |
| Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund <input type="radio"/> | 431 | <input type="text"/> <input type="text" value=".00"/> |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund <input type="radio"/> | 438 | <input type="text"/> <input type="text" value=".00"/> |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund <input type="radio"/> | 439 | <input type="text"/> <input type="text" value=".00"/> |
| Rape Kit Backlog Voluntary Tax Contribution Fund <input type="radio"/> | 440 | <input type="text"/> <input type="text" value=".00"/> |
| Schools Not Prisons Voluntary Tax Contribution Fund <input type="radio"/> | 443 | <input type="text"/> <input type="text" value=".00"/> |
| Suicide Prevention Voluntary Tax Contribution Fund <input type="radio"/> | 444 | <input type="text"/> <input type="text" value=".00"/> |
| 110 Add code 400 through code 444. This is your total contribution <input type="radio"/> | 110 | <input type="text"/> <input type="text" value=".00"/> |

Your name:

VINCENT

Your SSN or ITIN:

621-98-6118

Amount
You Owe**111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111**Pay Online – Go to **ftb.ca.gov/pay** for more information.

.00

Interest and
Penalties**112** Interest, late return penalties, and late payment penalties **112****113** Underpayment of estimated tax.Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113****114** Total amount due. See instructions. Enclose, but **do not** staple, any payment **114**

.00

.00

.00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115**

322

.00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number

● Type



Checking

● Account number

● **116** Direct deposit amount

321173742



Savings

81273492

322

.00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number

● Type



Checking

● Account number

● **117** Direct deposit amount

Savings

.00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

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

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address.

● Preferred phone number

**Sign
Here**It is unlawful
to forge a
spouse's/
RDP's
signature.Joint tax
return?
(See
instructions)

9162207934

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

SELF-PREPARED

Firm's name (or yours, if self-employed)

● PTIN

Firm's address

● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. ● ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

2020 California Earned Income Tax Credit**3514**

Attach to your California Form 540, Form 540 2EZ or Form 540NR.

Name(s) as shown on tax return

Your SSN or ITIN

KATHRYN A VINCENT

621986118

Before you begin:

If you claim the California Earned Income Tax Credit (EITC) even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/ Registered Domestic Partner's (RDP's) DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Form 540NR.

If you qualify for the California EITC you may also qualify for the Young Child Tax Credit (YCTC). See instructions for additional information.

Follow Step 1 through Step 9 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information See Specific Instructions.

- 1 a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☒ ☐ Yes ☒ No
- b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ☒ ☐ Yes ☒ No
- 2** Federal AGI (federal Form 1040 or 1040-SR, line 11) **2**
- 3** Federal EIC (federal Form 1040 or 1040-SR, line 27) **3**

Part II Investment Income Information

- 4** Investment Income. See instructions for Step 2 – Investment Income **4**

Part III Qualifying Child Information

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information	Child 1	Child 2	Child 3
5 First name <input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
6 Last name <input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
7 SSN or ITIN. See instructions. <input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
8 Date of birth (mm/dd/yyyy). If born after 2001 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. <input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
9 a Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions. <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
b Was the child permanently and totally disabled during any part of 2020? If yes, go to line 10. If no, stop here. The child is not a qualifying child. <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
10 Child's relationship to you. See instructions. <input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
11 Number of days child lived with you in California during 2020. Do not enter more than 366 days. See instructions. <input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>

	Child 1	Child 2	Child 3
12 a Child's physical address during 2020 (number, street, and apt. no./ste. no.). See instructions. . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>
b City.	<input type="text"/>	<input type="text"/>	<input type="text"/>
c State.	<input type="text"/>	<input type="text"/>	<input type="text"/>
d ZIP code.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part IV California Earned Income

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions. . . .	● 13	<input type="text" value="19821"/>	<input type="text" value="00"/>
14 IHSS payments. See instructions.	● 14	<input type="text"/>	<input type="text" value="00"/>
15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	● 15	<input type="text"/>	<input type="text" value="00"/>
16 Subtract line 14 and line 15 from line 13.	● 16	<input type="text" value="19821"/>	<input type="text" value="00"/>
17 Nontaxable combat pay. See instructions.	● 17	<input type="text"/>	<input type="text" value="00"/>
18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions.	● 18	<input type="text"/>	<input type="text" value="00"/>
a Business name. <input type="text"/>			
b Business address. <input type="text"/>			
City, state, and ZIP code. <input type="text"/>			
c Business license number <input type="text"/>			
d SEIN. <input type="text"/>			
e Business code <input type="text"/>			
19 California Earned Income. Add line 16, line 17, and line 18.	● 19	<input type="text" value="19821"/>	<input type="text" value="00"/>

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23.	● 20	<input type="text" value="81"/>	<input type="text" value="00"/>
--	-------------	---------------------------------	---------------------------------

21 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions. . . . **21**

22 **Nonresident or Part-Year Resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85. . . . **22** .00

23 California Earned Income. Enter the amount from form FTB 3514, line 19. **23** .00

24 Available Young Child Tax Credit.....	24	1,000	00
---	-----------	-------	----

- If the amount on line 23 is \$25,000 or less, skip lines 25 through 27 and enter \$1,000 on line 28. If applicable, complete lines 29 and 30.
- If the amount on line 23 is greater than \$25,000, complete lines 25 through 28. If applicable, complete lines 29 and 30.

25 Excess Earned Income over threshold. Subtract \$25,000 from line 23..... **25** .00

26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. **26**

27 Reduction amount. Multiply line 26 by \$20. Enter the result as a decimal out to two decimal places, **do not** round. 27

28 Young Child Tax Credit.

- If you did not need to complete lines 25 through 27, your credit is the \$1,000 from line 24.
- If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is between \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 24. ● 28 .00

29 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions . . . **29**

30 Nonresident or Part-Year Resident YCTC. Multiply line 28 by line 29.

This amount should also be entered on Form 540NR, line 86. ● 30 00



Taxable Year

2020

Date Accepted _____

**California e-file Return Authorization
for Limited Liability Companies**

Form

8453-LLC

Limited liability company name _____

CA SOS file No. or FEIN _____

Part I Tax Return Information (whole dollars only)

- | | | |
|----------|--|-------|
| 1 | Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs) | _____ |
| 2 | Ordinary income (Form 568, Schedule B, line 23 or Form 568, Line 1 for Single Member LLCs) | _____ |
| 3 | Tax and fee due (Form 568, line 14) | _____ |
| 4 | Overpayment (Form 568, line 15) | _____ |
| 5 | Total amount due (Form 568, line 19) | _____ |

Part II Settle Your Account Electronically for Taxable Year 2020.

- | | | |
|------------|--|--------------------------|
| 6 | Electronic funds withdrawal | <input type="checkbox"/> |
| 6 a | Amount | _____ |
| 6 b | Withdrawal date (mm/dd/yyyy) | _____ |

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2021This is **NOT** an installment payment for the current amount the LLC owes.

- | | | |
|----------|---------------------------|-----------------------|
| | Annual Tax Payment | Estimated Fee Payment |
| 7 | Amount | _____ |
| 8 | Withdrawal date | _____ |

Part IV Banking Information

(Have you verified the LLC's banking information?)

- | | | | | |
|-----------|--------------------------|--|-----------|---|
| 9 | Routing number | | 11 | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 10 | Account number | | | |

Part V Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Parts II, III, and IV. If I check Box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2021 annual tax or estimated fee payment amount listed on line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2020 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not

receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider, the reason(s) for the delay or the date when the refund was sent.**

Sign Here

Signature of authorized member or manager

Date

Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature

Date

Check if also
paid preparer ☐

ERO's PTIN

Firm's name (or yours, if self-employed) and address

FEIN.

Check if self-
employed. ☐

Paid Preparer Must Sign

Under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid preparer's signature

Date

Check if self-
employed. ☐

Paid preparer's PTIN

Firm's name (or yours if self-employed) and address

FEIN

Healthcare Entry Sheet

2020

► Keep for your records

The forms associated with healthcare (3853, 3849, 3895, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes **No/Partial**

☒☐

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 3895, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 3895 information **must** be entered on Form 3895 in order to correctly calculate any Premium Assistance Subsidy. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 3895, California Health Insurance Marketplace Statement

Note: The FTB is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 3853

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1 Kathryn A Vincent	621-98-6118	08/13/97	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 3853. ►

Completion checkbox:

☐

Check this box once you are finished with all the healthcare related entries.

Name Kathryn A Vincent		Social Security Number 621-98-6118		
	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
I Schedule P/P(540NR), Part III, Section A, line 5, column (c)			91.	
II Credits that reduce excess tax and have carryover provisions.				
Code Credit Name				
205 Disabled Access			91.	
204 Donated Agricultural Products Transportation			91.	
190 Employer Childcare Contribution . . .			91.	
189 Employer Child Care Program			91.	
203 Enhanced Oil Recovery			91.	
207 Farmworker Housing			91.	
198 Local Agency Military Base Recovery Area Hiring			91.	
198 Local Agency Military Base Recovery Area Sales or Use Tax			91.	
220 New Jobs			91.	
237 New Motion Picture & Television			91.	
238 New Donated Fresh Fruits or Vegetables			91.	
239 Program 3.0 Motion Picture & Television			91.	
240 Main Street Small Business Credit . .			91.	
234 New Employment			91.	
175 Agricultural Products			91.	
223 Motion Picture and Television Production			91.	
209 Community Development Financial Institution Deposits Credit			91.	
224 Donated Fresh Fruits or Vegetables Credit			91.	
194 Employee Ridesharing			91.	
191 Employer Ridesharing (Large)			91.	
192 Employer Ridesharing (Small)			91.	
193 Employer Ridesharing (Transit Passes)			91.	
182 Energy Conservation			91.	
218 Environmental Tax			91.	
160 Low Emission Vehicles			91.	
211 Manufacturing Enhancement Area Hiring			91.	
184 Political Contributions			91.	
174 Recycling Equipment			91.	
186 Residential Rental and Farm Sales . .			91.	
206 Rice Straw			91.	
171 Ridesharing			91.	
200 Salmon and Steelhead Trout Habitat Restoration			91.	
179 Solar Pump			91.	
178 Water Conservation			91.	

161 Young Infant			91.	
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	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
III Schedule P/P(540NR), Part III, Section B, line 15, column (c)			91.	
IV Credits that reduce net tax and have carryover provisions.				
Code Credit Name				
233 California Competes			91.	
235 College Access			91.	
197 Child Adoption			91.	
176 Enterprise Zone Hiring			91.	
176 Enterprise Zone Sales or Use Tax . .			91.	
172 Low-Income Housing			91.	
213 Natural Heritage Preservation			91.	
183 Research			91.	
210 Targeted Tax Area Hiring			91.	
210 Targeted Tax Area Sales or Use Tax .			91.	
196 Commercial Solar Electric System . .			91.	
181 Commercial Solar Energy			91.	
185 Orphan Drug			91.	
180 Solar Energy			91.	

California Information Worksheet

► Keep for your records

2020

Part I — Personal Information

Taxpayer:

First Name Kathryn
 Middle Initial A Suffix
 Last Name Vincent
 Social Security No. 621-98-6118
 Date of Birth 08/13/1997 (mm/dd/yyyy)
 or age as of 1-1-2021 23
 Date of Death (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone (916) 220-7934 Ext
 Home phone
 Your email address to print on Form 540, 540NR or 540X (optional)
 Check to print phone number on Form 540. ☒ Taxpayer daytime ☐ Spouse/RDP day ☐ Home

Spouse/RDP:

First Name
 Middle Initial Suffix.
 Last Name
 Social Security No.
 Date of Birth (mm/dd/yyyy)
 or age as of 1-1-2021
 Date of Death (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone Ext

c/o Address
 Street Address 6419 Monteverde Ln
 Unit Description Unit Number Private Mailbox (PMB)
 City Citrus Hts State CA ZIP Code 95621-4316
 Foreign province/country Foreign postal code
 Foreign country

Principal Residence (California Resident filers only):

County in California Sacramento
 or check if County outside California ☐
 Is your address above the same as your principal/physical residence address? Yes ☒ No ☐
 If not, enter your principal/physical residence address below:
 Street address (number and street) or PO box
 Apartment number or suite number
 City State ZIP code

Military Filers:

☐ APO ☐ FPO
 For Military Extension:
 Military indicator ► Taxpayer Spouse/RDP

Part II — Main Form

☒ Form 540: Resident Income Tax Return ►
☐ Form 540NR: Nonresident or Part-Year Resident Income Tax Return ►
 Enter your state of residence as of December 31, 2020 CA
☒ Resident entire year
☐ Resident part of year
 Date you established residence in state above
 In which state (or foreign country) did you reside before this change?
QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) ►

Part III — Filing Status

☒ Single
☐ Married/RDP filing joint return
☐ Married/RDP filing separate return
☐ You **did not** live with spouse at any time during the year
Yes No
☐ If filing electronically, is spouse a CA Nonresident?
☐ If filing electronically, is spouse Active Duty Military?
☐ Head of household (with qualifying person) **Stop.** See instructions.
 If the 'qualifying person' is your child but **not** your dependent:
 Child's name
 Child's social security number
☐ Qualifying widow(er)
 Year spouse/RDP died ☐ 2018 ☐ 2019
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name Last Name
☐ Check the box if your California filing status is different from your federal filing status.

Part IV — Dependent Information

First Name	I	Last Name	*	**	Social Security No.	Relationship	DOB	DOD

* Check this box if this dependent was ineligible for an SSN or ITIN and **was a resident of Canada or Mexico** (see Form 3568)

** Select resident of either Mexico or Canada if ineligible for SSN or ITIN

Part V – Standard Deduction/Itemized Deductions

- ☐ Calculate California itemized deductions even if itemized deductions are less than the standard deduction
- ☐ You are married filing separately and your spouse itemized deductions
- ☐ Take the standard deduction even if less than itemized deductions

Part VI – Other Information**Prior Name:**

If you filed your 2019 return under a different last name, enter the last name **only** from the 2019 return ▶ Taxpayer . _____ Spouse/RDP _____

Dependent of Someone Else:

Taxpayer **Spouse**

- ☐ ☐ Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties _____

Farmers and Fishermen:

- ☐ At least two-thirds of your 2019 or 2020 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2021

Mandatory Electronic Payments

- ☐ You are required to make California tax payments electronically
- ☐ A waiver is or will be in effect for the current year
- ☐ Force print all payment vouchers even if required to pay electronically

Schedule W-2:

- ☐ You do **not** want to complete Schedule W-2

Executor/Guardian Information:

First Name

MI

Last Name

Suf.

Executor/Guardian _____

Surviving Spouse Indicator ☐ Check this box instead of entering the Spouse/RDP name above

Executor type (if filing electronically) . _____

Third Party Designee:

Yes **No**

- ☐ ☐ Do you want to allow another person to discuss your return with the Franchise Tax Board?

If yes, enter the person's name _____ Telephone . . _____

First . _____ Middle init . _____ Last Name _____ Suffix _____

Disasters:

- ☐ Claiming a disaster loss (see FTB Publication 1034)

QuickZoom to enter disaster explanation ▶ _____

Outside of the USA:

- ☐ You were living or traveling outside the United States on May 17, 2021

Special Condition Text (prints at the top of Form 540 or 540NR)

Part VII – Direct Deposit Information or Direct Debit Information

Yes No
☒ ☐ Do you want to elect direct deposit of state tax refund?
☐ ☐ Do you want direct debit of state tax payment (Electronic Filing Only)?

Bank Information:

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:

Name of Financial Institution (optional) Safe Credit Union
Account type Checking ☒ Savings ☐
Routing number 321173742
Account number 81273492

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

Enter the payment date to debit the account above
State balance-due amount from this return

Kathryn A Vincent

621-98-6118

Page 3

International ACH Transactions

Yes No
☐ ☒ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VIII – California Contributions

1	California Seniors Special Fund (Taxpayer)	1	
2	California Seniors Special Fund (Spouse/RDP)	2	
3	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	3	
4	Rare and Endangered Species Preservation Voluntary Tax Contribution Program . .	4	
5	California Breast Cancer Research Voluntary Tax Contribution Fund	5	
6	California Firefighters' Memorial Voluntary Tax Contribution Fund	6	
7	Emergency Food For Families Voluntary Tax Contribution Fund	7	
8	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . .	8	
9	California Sea Otter Voluntary Tax Contribution Fund	9	
10	California Cancer Research Voluntary Tax Contribution Fund	10	
11	School Supplies for Homeless Children Fund	11	
12	State Parks Protection Fund/Parks Pass Purchase	12	
13	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	13	
14	Keep Arts in Schools Voluntary Tax Contribution Fund	14	
15	Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund . .	15	
16	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	16	
17	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	17	
18	Rape Kit Backlog Voluntary Tax Contribution Fund	18	
19	Schools Not Prisons Voluntary Tax Contribution Fund	19	
20	Suicide Prevention Voluntary Tax Contribution Fund	20	

Part IX – Extension Status

Yes No
☐ ☒ Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

If Yes, enter the extended due date

QuickZoom to Form 3519: Payment voucher for automatic extension ►

Automatic extension information for military filers (Electronic Filing Only):

	Taxpayer	Spouse
Beginning Military Date		
Ending Military Date		
Combat zone/QHDA Operation or Area Served		

Part X – Amended Return

☐ Are you filing a California amended return?

Enter the tax year you are amending

Previous California payment made

Previous California refund received

QuickZoom here to Schedule X ►

QuickZoom to Form 540 ►

QuickZoom to Form 540NR ►

Part XI – Mortgage Interest Adjustment

☐ Reviewed Mortgage and Interest Adjustments

Interest and Dividend Adjustments Worksheet

2020

Name as Shown on Return
Kathryn A Vincent

Social Security Number
621-98-6118

Interest Income Adjustments

	(B) Subtractions	(C) Additions
1 Bonds or obligations of the United States or any of its territories*		
2 Loans made in an enterprise zone		
3 Interest on obligations of District of Columbia issued after December 27, 1973		
4 Additional interest on state, county, city, town or other local government bonds issued by or in a state other than California		
5 California interest adjustments from K-1's		
6 Interest earned from Health Savings Account		
7 Interest from Ottoman Turkish Empire Settlement Payments		
8 Other interest income subtraction		
9 Tax exempt interest from other states or that do not meet 50% rule		
10 a Canadian RRSP undistributed interest income from Form 8891		
b RRSP total interest income for the year		
11 Interest from Build America Bond		
12 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
Total adjustments from taxable interest income. Enter here and on Schedule CA (540/540NR), line 2.		

Dividend Income Adjustments

	(B) Subtractions	(C) Additions
13 Controlled foreign corporation dividends		
14 Regulated investment company (RIC) capital gains		
15 Distributions of pre-1987 earnings from S Corporations		
16 U.S. obligations dividends adjustment		
17 California dividend adjustments from K-1's		
18 a Canadian RRSP undistributed dividend income from Form 8891		
b RRSP total interest dividend for the year		
19 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
e Dividend earned from Health Savings Account		
Total adjustments from taxable dividend income. Enter here and on Schedule CA (540/540NR), line 3.		

* Do not make adjustments in either column B or column C for the amount of interest you earned on Federal National Mortgage Association (Fannie Mae) Bonds, Government National Mortgage Association (Ginnie Mae) Bonds, and Federal Home Loan Mortgage Corporations (FHLMC) securities. California law is the same as federal law for these types of interest income.

Schedule CA
Section B Line 8f

California Other Income Statement

► Attach to return (after all other FTB forms)

2020

Name as Shown on Return
Kathryn A Vincent

Social Security Number
621-98-6118

	(B) Subtractions	(C) Additions
1 IRC Section 965 deferred foreign income		
2 Global intangible low-taxed income (GILTI) under IRC Sec 951A . . .		
3 Olympic medals and prize money		
4 Native American income, Form 3504		
5 Reward from a crime hotline		
6 Federal foreign earned income or housing exclusion, from Form 2555		
7 Combat zone foreign earned income exclusion		
8 Beverage container recycling income		
9 Rebates or vouchers from a local water agency, energy agency or energy supplier		
10 Excess Business Loss.		
11 Financial incentive for seismic improvement		
12 Original issue discount (OID) for debt instruments issued in 1985 and 1986		
13 Foreign income of nonresident aliens		
14 Cost-share payments received by forest landowners		
15 Coverdell (ESA) distributions		
16 HSA distributions for unqualified medical expense		
17 Distributions rolled over from MSA to HSA account (Form 3805P) . .		
18 Grants paid to low-income individuals		
19 California National Guard Surviving Spouse & Children Relief Act of 2004		
20 Ottoman Turkish Empire Settlement Payments		
21 Qualified equity grants.		
22 Expanded use of 529 account funds		
23 Federal form 8814/California form 3803 adjustment		
24 Other income, from Schedule(s) K-1		
25 Mortgage Forgiveness Debt Relief		
26 a Canadian RRSP undistributed other income from Form 8891		
b RRSP total other income for the year		
27 Certain employer payments of student loans		
Other taxable income:		
28 a		
b		
c		
d		
e		
f		
g		
29 Total. Add lines 1 through 28 Enter here and on Schedule CA or Schedule CA(NR),Section B line 8f		

► Keep for your records

Name(s) Shown on Return
Kathryn A VincentSocial Security Number
621-98-6118**Part 1 - Home Mortgage Loan Information**

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
Interest paid in 2020					
Points paid in 2020					
Months loan outstanding	12	12	12	12	12
Principal paid on loan in 2020					
Mortgage origination date					
Amortized points allow. in 2020 . . .					
Is this a home equity loan?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Mortgage interest was reported to you on Form 1098?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Points were reported to you on Form 1098?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Was all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>

Home Debt Originating on or after December 15, 2017

Beginning of year balance					
Borrowed in 2020					
Principal applied					
Ending balance					

Home Debt Originating after October 13, 1987 and Before December 15, 2017

Beginning of year balance					
Principal applied					
Ending balance					

Home Debt Originating before October 14, 1987 (Grandfathered Debt)

Beginning of year balance					
Principal applied					
Ending balance					

Above Debt Categorized for pre Tax Cuts and Jobs Act of 2017 rules below:**Home Acquisition Debt**

Beginning of year balance					
Borrowed in 2020					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Home Equity Debt (if not all used to buy, build or improve the home)

Beginning of year balance					
Borrowed in 2020					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Grandfathered Debt

Beginning of year balance					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Additional Information - Home Acquisition Debt exceeding limit or Home Equity Debt

Fair market value of homes on date debt was last secured by home ►

Home acquisition debt and grandfathered debt on date debt was last secured by home ►

Deductible Home Mortgage Interest Worksheet

2020

► Keep for your records

Kathryn A Vincent

621-98-6118

Page 2

Part 2 – Qualified Loan Limit

1	Average balance of all grandfathered debt	1	
2	Average balance of all home acquisition debt	2	
3	Enter \$1,000,000 (\$500,000 if married filing separately)	3	1,000,000.
4	Enter the larger of line 1 or line 3	4	1,000,000.
5	Add the amounts on lines 1 and 2	5	
6	Enter the smaller of line 4 or line 5	6	0.
7	For home equity debt, smaller of \$100,000 (\$50,000 if married filing separately) or limited amount	7	0.
8	Qualified loan limit (add lines 6 and 7)	8	0.

Part 3 – Deductible Home Mortgage Interest

9	Average balances of all mortgages on all qualified homes	9	
10	Total amount of interest paid	10	
11	Divide line 8 by line 9	11	
12	Multiply line 10 by line 11. This is deductible home mortgage interest	12	
13	Subtract line 12 from line 10. This is not home mortgage interest	13	

Was the mortgage interest limited on federal return?

Yes . . .

☐

No . . .

☒

Does your mortgage interest need to be limited/adjusted for state:

Yes . . .

☐

No . . .

☒

Total interest above reported on 1098 x line 11 _____
Total points above reported on 1098 x line 11 _____
Qualified mortgage interest (reported on Form 1098) from Schedule E Worksheet
Less home mortgage interest/points (reported on Form 1098) deducted on form 8829
Less home mortgage interest (reported on Form 1098) from Form 8396, line 3
Adjusted total interest/points reported on Form 1098

Total interest above **not** reported on 1098 x line 11 _____
Less home mortgage interest (**not** reported on Form 1098) deducted on Form 8829
Adjusted total interest **not** reported on Form 1098
Total points above **not** reported on 1098 x line 11 _____
Less points (**not** reported on Form 1098) deducted on Form 8829
Adjusted total points **not** reported on Form 1098

Tax Payments Worksheet

2020

► Keep for your records

Name <u>Kathryn A Vincent</u>	Social Security Number <u>621-98-6118</u>
----------------------------------	--

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	332.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-NEC	b	
c	State withholding on Forms 1099-G	c	
d	State withholding on Forms 1099-K	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	332.
15	Date return will be filed and balance paid	15	

Use Tax Worksheet

2020

► Keep for your records

Name as Shown on Return
Kathryn A Vincent

Social Security Number
621-98-6118

Use the Use Tax Worksheet to calculate use tax liability if any of the following apply:

- You prefer to calculate the amount of use tax due based upon actual purchases subject to use tax.
- Owe use tax on non-business purchases of individual items of property with a sale price \$1,000 or more.
- Owe use tax on any item purchased for use in a trade or business not registered with the California Department of Tax and Fee Administration.

If you have a combination of individual items purchased for \$1,000 or more and individual, non-business items purchased for less than \$1,000 you may either:

- Use the Use Tax Worksheet to compute use tax due on all purchases, or
- Use the Use Tax Worksheet to compute use tax due on all individual items purchases for \$1,000 or more and use the Estimated Use Tax Table to estimate the use tax due on individual, non-business items purchased for less than \$1,000.

Round all amounts to the nearest whole dollar.

Use Tax Worksheet

(a) Purchases from out-of-state	(b) Sales and use tax rate	(c) Sales and use tax rate	(d) (a) x (c)	(e) Use tax paid to other state	(f) Use tax due
		%			
		%			
		%			
		%			

A. Use tax amount based on table above.

Estimated Use Tax Table

Use the Estimated Use Tax Table below to estimate and report the use tax due on individual non-business items you purchased for less than \$1,000 each, instead of reporting your use tax liability determined using the Use Tax Worksheet above.

Adjusted Gross Income AGI Range	Use Tax
Less than \$10,000	\$0
\$10,000 - \$19,999	\$1
\$20,000 - \$29,999	\$2
\$30,000 - \$39,999	\$3
\$40,000 - \$49,999	\$4
\$50,000 - \$59,999	\$4
\$60,000 - \$69,999	\$5
\$70,000 - \$79,999	\$6
\$80,000 - \$89,999	\$7
\$90,000 - \$99,999	\$8
\$100,000 - \$124,999	\$9
\$125,000 - \$149,999	\$11
\$150,000 - \$174,999	\$13
\$175,000 - \$199,999	\$15
More than \$199,999	Multiply AGI by 0.008% (0.00008)

To use the Estimated Use Tax Table to calculate Use Tax, check here ☐

B. Use tax based on California adjusted gross income

1	Sum of Use Tax Worksheet, line A and Estimated Use Tax Table, line B This is the total use tax due. If the amount is less than zero, enter -0-	1	
---	---	---	--

California Carryover Worksheet

2020

Use this worksheet to enter information from your 2019 tax return
which will be used on your 2020 tax return

► Keep for your records

Name as Shown on Return Kathryn A Vincent	Social Security Number 621-98-6118
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2019 Tax and Income Information

1	Filing status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate
		<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)	
2	Tax liability (Form 540, lines 48, 61, 62; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72; plus any IRC Section 453A interest from Form 540 line 63 or Form 540NR line 73)	2		
3	Tax on lump-sum distributions (Schedule G-1)	3		
4	California income tax withheld (Form 540, lines 71 and 73; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83)	4		
5	Excess California SDI withheld (Form 540, line 74; or Form 540NR, line 84)	5		
6	California adjusted gross income (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32)	6		
7	Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125)	7		
8	Balance Due (Form 540, line 114; Form 540 2EZ, line 27; or Form 540NR, line 124)	8		

Loss Carryovers (Non-passive)

		Regular Tax	AMT
9 a	Capital loss carryover	9 a	
b	Capital loss carryover (nonresidents)	b	
10	Schedule D-1 - Nonrecaptured net section 1231 losses from:		
a	2019	10 a	
b	2018	b	
c	2017	c	
d	2016	d	
e	2015	e	

Other Carryovers

11	Disallowed investment interest expense carryforward (Form 3526, line 7)	11	
12	Disallowed alternative minimum tax investment interest expense carryforward (Form 3526-AMT, line 7)	12	
13	Net operating loss carryforward from Form 3805V	13	
14	Disaster loss carryforward from Form 3805V	14	

Form 3510 (Credit for Prior Year Alternative Minimum Tax)

15 Form 3510 information - 2019 Resident filers		
a Schedule P, Part I, line 15 through line 18	15 a	_____
b Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions on a line other than those listed	b	_____
c Schedule P, Part II, line 25	c	_____
d Schedule P, Part II, line 26	d	_____
e Schedule P, Part III, Section C, lines 22 and 23, column b	e	_____
16 Form 3510 information - 2019 Nonresident or Part-year residents		
a Schedule P(NR), Part I, line 15 through line 18	16 a	_____
b Schedule P(NR), Part I, line 1 through line 7, 13b, 13i and any other exclusions on a line other than those listed	b	_____
c Schedule P(NR), Part II, line 35	c	_____
d Schedule P(NR), Part II, line 28	d	_____
e Schedule P(NR), Part II, line 29a and 29h	e	_____
f Schedule P(NR), Part II, line 44	f	_____
g Schedule P(NR), Part II, line 45	g	_____
h Schedule P(NR), Part III, Section C, lines 22 and 23, column b	h	_____

Charitable Contribution Carryforward

17 Schedule CA/CA(NR) - Charitable Contribution Carryforward		
a 2020	17 a	_____
b 2019	b	_____
c 2018	c	_____
d 2017	d	_____
e 2016	e	_____

California Depreciation Options

2020

Name as Shown on Return
Kathryn A Vincent

Social Security Number
621-98-6118

MACRS Convention

The program uses the half-year convention for all MACRS personal property assets placed in service in 2020 unless you check 'Mid-quarter convention' below.

- 1 ☒ Half-year convention
2 ☐ Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Section 179 Limitation

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of the Section 179 Worksheet. This is the copy that appears on the menu as Form 3885A:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Section 179 Worksheet for that activity.

Section 179 Information

1 a	Calculated "Total cost of Section 179 property placed in service"	1 a	_____
b	Additions or subtractions to calculated value	b	_____
2	If Married Filing Separately, enter:		
a	Total cost of eligible property placed in service this year by spouse.	2 a	_____
b	Allocation percentage elected for your return, if other than 50%.	b	_____ %
3	Taxable Income for the Section 179 Limitation		
a	Federal taxable income for the Section 179 limitation	3 a	_____
b	California Adjustments (calculated)	b	_____
c	Other additions or subtractions to taxable income	c	_____
d	California Taxable Income for the Section 179 Limitation	d	_____

Two-Year Comparison

2020

Kathryn A Vincent

Income	2019	2020	Difference	%
Federal AGI and California Adjustments:				
Federal adjusted gross income		19,821.	19,821.	
California adjustments				
Adjusted Gross Income		19,821.	19,821.	
Standard or Itemized Deduction . . .		4,601.	4,601.	
Taxable Income		15,220.	15,220.	
Tax		215.	215.	
Exemption credits		124.	124.	
Tax less exemption credits		91.	91.	
Schedule G-1 and Form 5870A tax . . .				
Tax before credits		91.	91.	
Credits				
Tax after credits		91.	91.	
Alternative minimum tax				
Other taxes and IRC interest				
Total Tax After Credits		91.	91.	
Withholding		332.	332.	
Estimated payments				
Other payments		81.	81.	
Total Payments		413.	413.	
Use tax		0.	0.	
Contributions				
Form 5805/5805F penalty				
Other penalties and interest				
Applied to next year's estimated tax . .				
Amount Refund		322.	322.	
Amount Due				
Current year effective tax rate				0.46 %

Tax Summary
 ► Keep for your records

2020

Name(s) Kathryn A Vincent	
Federal adjusted gross income	19,821.
Net California adjustments	
California adjusted gross income	19,821.
Itemized/standard deduction	4,601.
California taxable income	15,220.
Tax	215.
Exemption credits	124.
Tax less exemptions	91.
Tax from Schedule G-1/FTB 5870A	
Credits	
Other taxes	
Total tax (including ISR penalty, if applicable)	91.
Total payments	413.
Use tax	0.
Contributions	
Underpayment penalty	
Interest, late filing and late payment penalties	
Refund	322.
Balance due	
Tax bracket	2.0 %

California Electronic Filing Information Worksheet

2020

► Keep for your records

Name as Shown on Return <u>Kathryn A Vincent</u>	Social Security Number <u>621-98-6118</u>
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Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name			Social Security Number/Preparer Tax ID Number	
Name			Phone Number	Fax Number
Address			Employer Identification Number	
City	State	Zip Code	EFIN	
Country	E-mail Address			

Paid Preparer Information

Firm Name			Social Security Number/Preparer Tax ID Number	
Name			Employer Identification Number	
Address			Phone Number	Fax Number
City	State	Zip Code		
Country	E-mail Address			

Electronic Filing Review Check

If any of the questions below are checked yes, the return may not be filed electronically		Yes	No
1	Are there more than fifty W-2s, or twenty 1099-Rs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Are there more than ten copies of Form 3803 or ten copies of Form 3805E?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Are there more than twenty five copies of Schedule S?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Is this an amended return, or is there an amended Form 3805P attached?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Are any invalid entries made on Form 3805V page 3, part III? (See help)	<input type="checkbox"/>	<input type="checkbox"/>
8	Are there more than 97 detail lines on forms to be filed? (See help)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Is this a fiscal year filer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Is the Federal filing status married filing joint and the California filing status married filing separate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Is Federal Form 4852 (substitute W2) being used?	<input type="checkbox"/>	<input type="checkbox"/>
13	Check that you have the correct selections for the RDP return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	On the 3506, are there any foreign care providers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Is Direct Debit selected and no balance due on the return?	<input type="checkbox"/>	<input type="checkbox"/>

Smart Worksheets from your 2020 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

Form 540 California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>332.</u>
B	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A _____ Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.
C	California income tax withheld for line 71. Subtract line B from line A <u>332.</u>

SMART WORKSHEET FOR: Form 3514: California Earned Income Tax Credit

Earned Income Tax Credit Smart Worksheet	
Part I - All Filers	
1	Enter your California earned income from Form 3514, line 19 1 <u>19,821.</u>
2	Credit in the EIC Table from the amount on line 1. 2 <u>81.</u> If the amount on line 2 is zero, stop here. You cannot take the credit.
3	Enter your federal adjusted gross income from Form 1040 or 1040SR 8b . . 3 <u>19,821.</u>
4	Are the amounts on lines 1 and 3 the same? Yes Skip line 5 and enter the amount on line 2 on line 6. No Go to line 5.
Part II - Filers Who Answered "No" on Line 4	
5	If you have: <ul style="list-style-type: none"> • No qualifying children, is the amount on line 3 less than \$3,757? • 1 qualifying child, is the amount on line 3 less than \$5,642? • 2 qualifying children, is the amount on line 3 less than \$7,920? • 3 or more qualifying children, is the amount on line 3 less than \$7,920? Yes Leave line 5 blank; enter the amount from line 2 on line 6. No Enter the credit in the EIC Table from the amount on line 3 5 _____ Enter the smaller of line 2 or line 5 on line 6
Part III - Your Earned Income Tax Credit	
6	This is your California earned income tax credit. Enter this amount on Form 3514, line 20. 6 <u>81.</u>