

Note: The form, instructions, or publication you are looking for begins after this coversheet.

Please review the updated information below.

Reporting Excess Deductions on Termination of an Estate or Trust on Forms 1040, 1040-SR, and 1040-NR for Tax Year 2018 and Tax Year 2019

Under <u>Proposed Regulations 113295-18</u>, an excess deduction on termination of an estate or trust allowed in arriving at adjusted gross income (Internal Revenue Code (IRC) section 67(e) expenses) is reported as an adjustment to income on Forms 1040, 1040-SR, and 1040-NR; non-miscellaneous itemized deductions are reported, as applicable, on Schedule A (Form 1040 or 1040-SR) or Schedule A (Form 1040-NR); and miscellaneous itemized deductions are not deductible. Taxpayers may rely on the proposed regulations for tax years of beneficiaries beginning after 2017 and before the final regulations are published.

For tax year 2019, an excess deduction for IRC section 67(e) expenses is reported as a write-in on Schedule 1 (Form 1040 or 1040-SR), Part II, line 22, or Form 1040-NR, line 34. On the dotted line next to line 22 or line 34 (depending on which form is filed), enter the amount of the adjustment and identify it using the code "ED67(e)". Include the amount of the adjustment in the total amount reported on line 22 or line 34.

For tax year 2018, an excess deduction for IRC section 67(e) expenses is reported as a write-in on Schedule 1 (Form 1040), line 36, or Form 1040-NR, line 34. On the dotted line next to line 36 or line 34, (depending on which form is filed), enter the amount of the adjustment and identify it using the code "ED67(e)". Include the amount of the adjustment in the total amount reported on line 36 or line 34.

1040		artment of the Treasury-Internal Revenue Se S. Individual Income Ta		etu	(99) rn	20	19	OMB No. 1545	5-0074	IRS Use Only	—Do not wi	ite or s	taple in this space.			
Filing Status Check only one box.	If yo	Single	_		•	parately (MFS u checked th	_	Head of househo	•	· —	ifying wide	, ,				
Your first name and middle initial La				Last name						Your social security number						
If joint return, spouse's first name and middle initial Las				_ast name						Spouse's	socia	l security number				
Home address (number and street). If you have a P.O. box, see instru				structions. Apt. no.						Apt. no.	Presidential Election Campa Check here if you, or your spouse if jointly, want \$3 to go to this fund.		or your spouse if filing			
City, town or po	ost offic	ce, state, and ZIP code. If you have a fo	oreign a	addres	ss, also	o complete s	spaces	s below (see instruc	ctions)			box belo	go to this fund. ow will not change your You Spouse			
Foreign country name				Foreign province/state/county Fo				Forei			more than four dependents, e instructions and ✓ here ►					
Standard Deduction		eone can claim: You as a dependance of the contract of the You as a dependance of the Contract		vere a		spouse as a	depe	endent			·					
Age/Blindness	You:	Were born before January 2, 198	55	Are	blind	Spouse	: [Was born before	e Janu	ary 2, 1955	Is blir	nd				
Dependents (see instructions): (1) First name Last name				(2) Social security number				(3) Relationship to you		(4) ✓ if qualifies Child tax credit		s for (see instructions): Credit for other dependents				
	1	Wages, salaries, tips, etc. Attach For	m(s) W	'-2 .	<u> </u>		٠.				. 1					
	2a	Tax-exempt interest	2a				b	Taxable interest. A	Attach (Sch. B if require	ed 2b					
Ot d d	3a	4a IRA distributions		3a 4a				b Ordinary dividends. Attac		ach Sch. B if required						
Standard Deduction for— • Single or Married filing separately, \$12,200	4a						b	b Taxable amount			. 4b					
	С			4c			d Taxable amount .									
	5a	5a Social security benefits 5			b Taxable amount					. 5b						
 Married filing jointly or Qualifying 	6	6 Capital gain or (loss). Attach Schedule D if required. If not required, check here									6					
widow(er), \$24,400	7a	7a Other income from Schedule 1, line 9														
• Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	d 7a. T	his is y	your t o	otal income				•	▶ 7b					

8a

8b

11a

11b

Form **1040** (2019)

9

10

8a Adjustments to income from Schedule 1, line 22

Standard deduction or itemized deductions (from Schedule A)

Qualified business income deduction. Attach Form 8995 or Form 8995-A . . .

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

Cat. No. 11320B

Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-

Subtract line 8a from line 7b. This is your adjusted gross income

household, \$18,350

 If you checked any box under Standard

see instructions.

Deduction,

b

9

10

11a

b

Form 1040 (2019	9)							Page 2			
	12a	Tax (see inst.) Check if any from F	orm(s): 1 8814	4 2 4972	з 🗌	12a					
	b	Add Schedule 2, line 3, and line	. ▶ 12	b							
	13a	Child tax credit or credit for other									
	b	Add Schedule 3, line 7, and line	. ▶ 13	b							
	14	Subtract line 13b from line 12b.	Subtract line 13b from line 12b. If zero or less, enter -0-								
	15	Other taxes, including self-emple	15	5							
	16	Add lines 14 and 15. This is you	. ▶ 16	6							
	17	Federal income tax withheld from	m Forms W-2 and	1099			17	7			
If you have a	18	Other payments and refundable									
qualifying child,	а	Earned income credit (EIC) .				18a					
attach Sch. EIC. If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b					
nontaxable	С	American opportunity credit from	n Form 8863, line 8	8		18c					
combat pay, see instructions.	d	Schedule 3, line 14				18d					
	е	Add lines 18a through 18d. Thes	se are your total o t	ther payments a	and refundable cred	lits	. 🕨 18	е			
	19	Add lines 17 and 18e. These are		. 🕨 19)						
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid									
Horana	21a	Amount of line 20 you want refu	nded to you. If Fo	hed, check here .		▶ 🗌 21	а				
Direct deposit?	►b	Routing number	avings								
See instructions.	►d	Account number									
	22	Amount of line 20 you want app									
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on hov	v to pay, see instructi	ons	. ▶ 23	3			
You Owe	24	Estimated tax penalty (see instru	uctions)			24					
Third Party Designee	Do	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No									
(Other than	De	esignee's	Phone		Personal	identification					
paid preparer)	na	me 🕨	no. ►		number (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.										
	Yo	our signature	Date	Your occupation			the IRS sent you an Identity				
Joint return? See instructions. Keep a copy for your records.						Protection (see inst.)	rotection PIN, enter it here ee inst.)				
	Sp	pouse's signature. If a joint return,	Date	Spouse's occupation	on		If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)				
	Pł	none no.	Email address	•		•					
Paid Preparer Use Only	Pr	eparer's name	Preparer's signat	ture		Date	PTIN	Check if:			
							3rd Party Designee				
	Fi	rm's name ▶				Phone no.		Self-employed			
	Firm's address ▶							Firm's EIN ▶			
Go to www.irs.gov/Form1040 for instructions and the latest information.											

