

## 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.

<b>1040</b>	Department of the Treasury—Internal Revenue S U.S. Individual Income T		(99) <b>Return</b>	20'	19 OMB No. 1	545-007	4 RS Use Only—E	o not wi	rite or staple in this space.	
Filing Status Check only one box.	S Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)  If you checked the MFS box, enter the name of 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			Last name						Your social security number	
If joint return, spouse's first name and middle initial			Last name					Spouse's social security number		
	(number and street). If you have a P.O. box, so ost office, state, and ZIP code. If you have a f			o complete s	paces below (see in:	struction	Ch join s).	eck here ntly, wan	ntial Election Campaign if you, or your spouse if filing t \$3 to go to this fund. box below will not change you d. You Spouse	
Foreign country	y name		Foreign province/state/county F						han four dependents, uctions and ✓ here ►	
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, 19	55	Are blind	Spouse	: Was born be	efore Jan	uary 2, 1955	ls blir	nd	
Dependents (see instructions): (1) First name  Last name			(2) Social sec	curity number	(3) Relationship to you		(4) ✓ if qualifies for Child tax credit		(see instructions): Credit for other dependents	
	1 Wages, salaries, tips, etc. Attach Fo	1 ` ′	V-2 	<sub>i</sub>				1		
	2a Tax-exempt interest	2a	3a		<ul><li>b Taxable interest. Attac</li><li>b Ordinary dividends. Atta</li></ul>		•	2b		
Standard	3a Qualified dividends						•	3b		
Deduction for—	4a IRA distributions	4a			b Taxable amou	nt .		4b		

## Deduction for-

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er),
- \$24,400 Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.

С

5a

6

7a b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your  ${\color{blue}total\ income}$ 8a Adjustments to income from Schedule 1, line 22 . . . . . .

Pensions and annuities . . .

Social security benefits . . .

- b Subtract line 8a from line 7b. This is your adjusted gross income Standard deduction or itemized deductions (from Schedule A) . 9
  - 10
  - Qualified business income deduction. Attach Form 8995 or Form 8995-A  $\,$  . 11a
- Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0b For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

4c

Capital gain or (loss). Attach Schedule D if required. If not required, check here

Cat. No. 11320B

9

10

d Taxable amount

**b** Taxable amount

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4d

5b

6

7a

7b

8a 8b

11a

11b

Form 1040 (2019	9)								Page <b>2</b>	
	12a	Tax (see inst.) Check if any from F	orm(s): <b>1</b> 8814	4972 <b>2</b> 4972	з 🗌	12a				
	b	Add Schedule 2, line 3, and line 12a and enter the total								
	13a	Child tax credit or credit for other dependents								
	b									
	14	Subtract line 13b from line 12b.	If zero or less, ente	er -0				. 14		
	15	Other taxes, including self-emple	. 15							
	16	Add lines 14 and 15. This is your <b>total tax</b>								
	17	Federal income tax withheld from	m Forms W-2 and	1099				. 17		
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	3		18c				
combat pay, see instructions.	d	Schedule 3, line 14				18d				
	е	Add lines 18a through 18d. Thes	se are your <b>total o</b> t	ther payments a	and refundable cred	its		▶ 18e		
	19	Add lines 17 and 18e. These are	your <b>total payme</b>	nts				▶ 19		
Refund	20	If line 19 is more than line 16, su	btract line 16 from	line 19. This is t	he amount you <b>over</b>	paid		. 20		
Herana	21a	Amount of line 20 you want refu	nded to you. If Fo	rm 8888 is attac	hed, check here .		•	☐ 21a		
Direct deposit?	►b	Routing number			<b>▶ c</b> Type:	Checking	Savir	ngs		
See instructions.	►d	Account number								
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	•	22				
Amount	23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions								
You Owe	24	Estimated tax penalty (see instructions)								
Third Party Designee	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 paid preparer)		signee's	Phone		Personal ider					
<del></del>		name ► no. ► number (PIN) ►								
Sign		der penalties of perjury, I declare that I rect, and complete. Declaration of prepare						of my knowled	ge and belief, they are true,	
Here	Yo	Your signature		Date	Your occupation			If the IRS se	ne IRS sent you an Identity	
		. Sur Signature						Protection PIN, enter it here		
Joint return?	<b>L</b>							(see inst.)	see inst.)	
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation		on			If the IRS sent your spouse an Identity Protection PIN, enter it here	
									(see inst.)	
	Ph	Phone no.		Email address						
Paid Preparer Use Only	Pre	eparer's name	ture		Date PT		IN	Check if:		
									3rd Party Designee	
	Fir	Firm's name ▶					Phone no.		Self-employed	
	Firm's address ▶ Firm						Firm's EIN I	<u> </u>		
Go to www.irs.gov/Form1040 for instructions and the latest information.										