

Review your print out for checklist items.

Filing status: ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: CHRISTOPHER S Last name: RUACHO Your social security number: 445-08-3613

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

4 w etruria st seattle wa 98119

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and ✓ here ☐

seattle WA 98119

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			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"/>

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.

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

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 you an Identity Protection PIN, enter it here (see inst.)

Preparer's name Preparer's signature PTIN Firm's EIN Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ Self-Prepared Phone no.

Firm's address ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 31,832.
2a Tax-exempt interest	2b
3a Qualified dividends	3b
4a IRAs, pensions, and annuities	4b
5a Social security benefits	5b
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6 31,832.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7 31,832.
8 Standard deduction or itemized deductions (from Schedule A)	8 12,000.
9 Qualified business income deduction (see instructions)	9
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10 19,832.
11 a Tax (see inst.) <u>2,189.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11 2,189.
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12
13 Subtract line 12 from line 11. If zero or less, enter -0-	13 2,189.
14 Other taxes. Attach Schedule 4	14 0.
15 Total tax. Add lines 13 and 14	15 2,189.
16 Federal income tax withheld from Forms W-2 and 1099	16 2,386.
17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5	17
18 Add lines 16 and 17. These are your total payments	18 2,386.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19 197.
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a 197.
▶ b Routing number <u>1 2 2 1 0 0 0 2 4</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d Account number <u>8 7 3 7 2 8 8 1 5</u>	
21 Amount of line 19 you want applied to your 2019 estimated tax 21	
Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions 22	
23 Estimated tax penalty (see instructions) 23	

Health Coverage Exemptions

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form8965 for instructions and the latest information.

Name as shown on return

CHRISTOPHER S RUACHO

Your social security number

445-08-3613

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I **Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II **Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here ☐

Part III **Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	CHRISTOPHER RUACHO	445-08-3613	E		X	X	X	X	X	X	X	X	X	X	X	X
9																
10																
11																
12																
13																

Tax History Report

► Keep for your records

2018

Name(s) Shown on Return

CHRISTOPHER S RUACHO

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status					Single
Total income					31,832.
Adjustments to income					
Adjusted gross income					31,832.
Tax expense					36.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					19,832.
Tax					2,189.
Alternative min tax . .					
Total credits					
Other taxes					0.
Payments					2,386.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					197.
Effective tax rate % . .					6.88
**Tax bracket %					12.0

**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, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

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.

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 prepaid card ¹ .	Usually within 21 days ²	\$39.99

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid 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, 2019.

Questions? Call 1-877-908-7228

1040 WORKSHEET**2018****NOTE:** Form 1040 and new Schedules 1-6 are fully calculated.

Use the 1040 Worksheet to enter all data which will flow to the Form 1040 and Schedules 1- 6.
Use these QuickZooms to jump to the entry sections for Schedules 1- 6 on the 1040 Worksheet:

1040 Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 - Additional Income and Adjustments ▶ _____
QuickZoom to Schedule 2 - Tax section ▶ _____
QuickZoom to Schedule 3 - Nonrefundable credits ▶ _____
QuickZoom to Schedule 4 - Other Taxes ▶ _____
QuickZoom to Schedule 5 - Other Payments and Refundable Credits ▶ _____
QuickZoom to Schedule 6 - Foreign Address and Third Party Designee ▶ _____

Form 1040 - Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2018, or other tax year
beginning _____, 2018, ending _____, 20 ____.

Your First Name MI Last Name Your Social Security No.
 CHRISTOPHER S RUACHO 445-08-3613
 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.
 4 w etruria st seattle wa 98119
 City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
 seattle WA 98119

Schedule 6 - Foreign Address

Foreign country name Foreign province/state/county Foreign postal code

QuickZoom to explanation statement for overseas extension ▶

Form 1040 - Personal Info, Filing Status, Dependent Info (cont'd)**Presidential Election Campaign**

Checking a box below will not change your tax or refund.
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund . . . ▶ ☐ You . . ☐ Spouse

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 this child's name here. ▶ _____
☐ Qualifying widow(er) (See instructions)

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

Dependents: (1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifies for (see instr): under age 17 qualify- ing 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"/>

QuickZoom to the Federal Information Worksheet

QuickZoom to the Dependent and Nondependent Information Worksheet

Form 1040, Identifying Information (cont'd)

- ☐ Someone can claim you as a dependent
☐ Someone can claim your spouse as a dependent

- a** Check if: ☐ **You** were born before January 2, 1954, ☐ Blind.
☐ **Spouse** was born before January 2, 1954, ☐ 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 Lines 1-5

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	31,832.
2 a Tax-exempt interest		
b Taxable interest	2b	
3 a Qualified dividends (see instructions)		
b Ordinary dividends. Attach Schedule B if required	3b	
4 IRA distributions		
Taxable amount (see instructions)		
Pensions and annuities		
Taxable amount (see instructions)	4b	
5 a Social security benefits		
b Taxable amount (see instructions)	5b	
QuickZoom to Schedule 1 - Additional Income and Adjustments ►		

Form 1040, Lines 6 and 7

6 Total income. Add lines 1 through 5b and Schedule 1, line 22	6	31,832.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 ►	7	31,832.
AGI including excludable Puerto Rico Income		31,832.

Form 1040, Line 8 - Standard or Itemized Deduction

8 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: \$12,000 Married filing jointly or Qualifying widow(er): \$24,000 Head of household: \$18,000 QuickZoom to the Standard Deduction Worksheet Itemized deductions (from Schedule A) or your standard deduction , see above Subtract itemized or standard deduction from adjusted gross income amount	8	12,000. 19,832.
--	----------	--------------------

Form 1040, Lines 9-11

9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	19,832.

11	a Tax. (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>		
	b Total tax. Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	2,189.
	QuickZoom to Schedule 2 - Tax section <input type="checkbox"/>		

Form 1040, Line 12-15

12 a	Child tax credit/credit for other dependents 12a		
	b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	2,189.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14	15	2,189.
	QuickZoom to Schedule 3 - Nonrefundable credits <input type="checkbox"/>		
	QuickZoom to Schedule 4 - Other Taxes <input type="checkbox"/>		

Form 1040, Lines 16-17

16	Federal income tax withheld from Forms W-2 and 1099	16	2,386.
17 a	Earned income credit (EIC)		
	Nontaxable combat pay election		
b	Additional child tax credit. Attach Schedule 8812		
c	American opportunity credit from Form 8863, line 8		
	Add lines 17a,b,c and any amount from Schedule 5	17	
18	Add Lines 16 and 17. These are your total payments	18	2,386.
	QuickZoom to Schedule EIC Worksheet, pg 2 if credit is not calculated . . . QuickZoom. <input type="checkbox"/>		
	QuickZoom to "due diligence checklist" substitute for Form 8867 QuickZoom. <input type="checkbox"/>		
	QuickZoom to Schedule 5 - Other Payments and Refundable Credits . . QuickZoom. <input type="checkbox"/>		

Form 1040, Lines 19-21

Refund:			
19	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	19	197.
20 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20	197.
b	Routing number <input type="checkbox"/> 122100024		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="checkbox"/> 873728815		
21	Amount of overpayment on line 19 you want applied to your 2019 estimated tax <input type="checkbox"/>		

Form 1040, Lines 22-23

Amount You Owe:			
22	Subtract line total payments from total tax <input type="checkbox"/>	22	
23	Estimated tax penalty (see instructions) 23		

QuickZoom to Late Penalties and Interest Worksheet **QuickZoom.** ☐

Schedule 1 - Additional Income and Adjustments

1-9b	Reserved		
10	Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	10	
11	Alimony received. . . . Taxpayer _____ Spouse _____	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation (see instr.)	19	
21	Other income. List type and amount (see instructions). _____ _____	21	
22	Combine the amounts in the far right column for lines 10 through 21. Enter here and include on Form 1040, line 6 field to left of amount field. ▶ Total Income. Combine Form 1040 lines 1- 5b and Schedule 1, line 22 , enter on Form 1040, line 6. ▶ <u>31,832.</u>	22	
Quickzoom to 1040 Workseet, line 6 - Total Income ▶ QuickZoom. . ▶			

Schedule 1 - Adjustments to Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
25	Health savings account deduction. Attach Form 8889 . .	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings.	30	

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Alimony paid
A	_____	_____	_____
B	_____	_____	_____

31 a	Alimony paid		
b	Recipient's SSN ▶ _____	31 a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Reserved	35	
36	Add lines 23 through 35	36	

Schedule 2 - Tax

38-44	Reserved	38-44	
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add the amounts in the far right column. Enter here and include on Form 1040, line 11. ▶	47	

Schedule 3 - Nonrefundable Credits

48	Foreign tax credit. Attach Form 1116 if required	48		
49	Credit for child and dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Reserved	52		
53	Residential Energy Credit. Attach Form 5695	53		
54	Other credits from Form:	54		
a	<input type="checkbox"/> 3800			
b	<input type="checkbox"/> 8801			
c	<input type="checkbox"/>			
55	Add lines 12a, and 48 through 54. These are your total credits	55		
a	If amount on line 55 above includes Schedule 3 amount, check here. . . . ▶ <input type="checkbox"/>			
b	Total non-refundable credits			
c	Subtract total credits on line 55 from total tax above		2,189.	
Quickzoom to 1040 Worksheet, line 15 - Total Tax. ▶ QuickZoom. . . ▶				

Schedule 4 - Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form:		
a	<input type="checkbox"/> 4137	b	<input type="checkbox"/> 8919
	Explain underreported tips	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60 a	Household employment taxes from Schedule H	60 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	b	
61	Health care: Individual responsibility. Full-year coverage <input checked="" type="checkbox"/>	61	0.
62	Taxes from:		
a	<input type="checkbox"/> Form 8959		
b	<input type="checkbox"/> Form 8960		
c	<input type="checkbox"/> Instructions; enter code(s)	62	
63	Section 965 net tax liability installment from Form 965-A.	63	
64	Add lines 57 through 62. Total Other taxes amount. ▶	64	0.
	Tax after credits: Add lines 64 and line 55c		2,189.

Schedule 5 - Other Payments and Refundable Credits

65	Reserved for future use	65			
66	2018 estimated tax payments and amount applied from 2017 return	66			
67	Reserved for future use	67			
68	Reserved for future use	68			
69	Reserved for future use	69			
70	Net premium tax credit. Attach Form 8962	70			
71	Amount paid with request for extension to file	71			
72	Excess social security and tier 1 RRTA tax withheld	72			
73	Credit for federal tax on fuels. Attach Form 4136	73			
74	Credits from Form:	74			
a	<input type="checkbox"/> 2439				
b	<input type="checkbox"/> Reserved				
c	<input type="checkbox"/> 8885				
d	<input type="checkbox"/>				
75	Add lines 66, and 70 through 74. These are your total payments	75			2,386.
	Amount included above on line 75 from Schedule 5				
	Amount included above on line 75 from Form 1040, line 17				

Schedule 6 - 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 No. 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. (623) 418-3139			

Paid Preparer's Use Only

Print/Type Preparer's name	Preparer's PTIN	Check if:
Preparer's Signature		<input type="checkbox"/> 3rd Party Designee
Firm's Address (or yours if self-employed)	Firm's EIN.	Phone No.
Self-Prepared	State	ZIP Code

Filing Address Information

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

Date

Name(s) Shown on Return CHRISTOPHER S RUACHO	Your SSN 445-08-3613
---	-------------------------

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 2017 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<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 20.	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:		

	_____	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 8	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 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

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 2018? ☐ 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 2018 ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2018 or
if you are ineligible to claim the EIC in 2018 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) ► chase

Check the appropriate box	▶	Checking	<input checked="" type="checkbox"/>	Savings	<input type="checkbox"/>
-------------------------------------	---	----------	-------------------------------------	---------	--------------------------

Routing number ▶ 122100024 Account number ▶ 873728815

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 ►

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, and Tuition and Fees Deduction (Form 8863 and 8917)

For 2018, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

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

Resident country ▶ USA

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

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

Commonwealth of the Northern Mariana Islands

Excludable income from Puerto Rico	
--	--

Dual Status Alien Return:

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

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

Third Party Designee:

Caution: Review transferred information for accuracy.

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

If Yes, complete the following:

Third party designee name ▶

Third party designee phone number . . . ▶ _____

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

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

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

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

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2018 ▶ WA

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 ▶ 03/15/2018

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

Spouse:

Enter the spouse's state of residence as of December 31, 2018 ▶ _____

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 36363

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number D02878122

Issued by what state

AZ

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**

► Keep for your records

2018

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

Part I – Taxpayer's Personal Information

First name . . . CHRISTOPHER Middle initial . S Last name . . . RUACHO
Suffix
Social security no. . . . 445-08-3613 Member of U.S. Armed Forces in 2018? . . ☐ Yes ☒ No
Date of birth 06/01/1996 (mm/dd/yyyy) age as of 1-1-2019 22
Occupation deli manger Daytime phone (623) 418-3139 Ext _____
Marital status . . . Single
If widowed, check the appropriate box for the year your spouse died:
After 2018 ► ☐ 2018 . ► ☐ 2017 . ► ☐ 2016 . ► ☐ Before 2016 . ► ☐
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 1-1-2019 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No
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 2018? ► ☐ 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, 2018? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2018 WA
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 ► 03/15/2018
In which state (or foreign country) did this person reside before this change? ► AZ

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2018 _____
Unreimbursed medical expenses paid for qualifying person in 2018 _____
Employment taxes paid for dependent care providers in 2018 _____
Full-time student for 5 calendar months during 2018? ► ☐ 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

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.

Check if covered or exempt (other than short gap) for prior year November ☐
Check if covered or exempt (other than short gap) for prior year December ☐

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.

12 months ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec ☐

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type							Check Full Year or Months Exempt for Each Type						
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
E													
	X	X	X	X	X	X	X	X	X	X	X	X	

Healthcare coverage information has been completed for this person.. . . . ☐

Personal Information Worksheet For the Spouse

2018

► Keep for your records

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

Part I – Spouse's Personal Information

First name . . . _____ Middle initial . ____ Last name . . . _____
Suffix

Social security no. Member of U.S. Armed Forces in 2018? . . ☐ Yes ☐ No

Date of birth (mm/dd/yyyy) age as of 1-1-2019

Occupation Daytime phone Ext _____

Marital status

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

After 2018 ► ☐ 2018 . ► ☐ 2017 . ► ☐ 2016 . ► ☐ Before 2016 . ► ☐

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 1-1-2019 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

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 2018? ► ☐ 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, 2018? ► ☐ Yes ☐ No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2018 _____

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 2018 _____

Unreimbursed medical expenses paid for qualifying person in 2018 _____

Employment taxes paid for dependent care providers in 2018 _____

Full-time student for 5 calendar months during 2018? ► ☐ 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

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.

Check if covered or exempt (other than short gap) for prior year November ☐

Check if covered or exempt (other than short gap) for prior year December ☐

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.

12 months ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec ☐

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type										Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec									
							Full Year . . . ▶														
							Full Year . . . ▶														
							Full Year . . . ▶														

Healthcare coverage information has been completed for this person.. . . . ☐

► Keep for your records

Name(s) Shown on Return

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	31,832.		31,832.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	2,386.		2,386.
3 & 7	Total social security wages/tips	31,831.		31,831.
4	Total social security tax withheld	1,973.		1,973.
5	Total Medicare wages and tips	31,832.		31,832.
6	Total Medicare tax withheld	461.		461.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	9,259.		9,259.
17	Total state tax withheld	36.		36.
19	Total local tax withheld.			

Name

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

**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. 445-08-3613**b** Employer's ID number 93-0798201**c** Employer's name, address, and ZIP codeKROGER705Street 1014 VINE STREETCity CINCINNATIState OH ZIP Code 45202

Foreign Province _____

Foreign Postal Code _____

Foreign Country _____

d Control number _____**Transfer employee information from the Federal Information Worksheet****e** Employee's nameFirst CHRISTOPHER M.I. SAULLast RUACHO Suff. _____**f** Employee's address and ZIP codeStreet 4 W ETRURIA STCity SEATTLEState WA ZIP Code 98119

Foreign Province _____

Foreign Postal Code _____

Foreign Country _____

1 Wages, tips, other compensation7,263.86**3** Social security wages7,263.86**5** Medicare wages and tips7,263.86**7** Social security tips0.00

► Enter unreported tips in Part VII on Page 2 below.

9 Verification Code _____**11** Nonqualified plans _____**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.**2** Federal income tax withheld722.95**4** Social security tax withheld450.36**6** Medicare tax withheld105.33**8** Allocated tips _____**10** Dependent care benefits

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

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: ☐ Employer is **not** a state or local government**Box 15**

State

WA**Box 16**

Employer's state I.D. no.

WA**Box 16**

State wages, tips, etc.

7,263.86**Box 17**

State income tax

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).

Name

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

**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. 445-08-3613**b** Employer's ID number 46-2920220**c** Employer's name, address, and ZIP codeEMERALD CLEANING LLCStreet 159 DENNY WAY STE 104City SEATTLEState WA ZIP Code 98109-4990

Foreign Province _____

Foreign Postal Code _____

Foreign Country _____

d Control number 000045RR/YIU**Transfer employee information from the Federal Information Worksheet****e** Employee's nameFirst CHRISTOPHER M.I. SLast RUACHO Suff. _____**f** Employee's address and ZIP codeStreet 159 DENNY WAY STE 104City SEATTLEState WA ZIP Code 98109-4990

Foreign Province _____

Foreign Postal Code _____

Foreign Country _____

1 Wages, tips, other compensation3,131.74**3** Social security wages3,131.74**5** Medicare wages and tips3,131.74**7** Social security tips

► Enter unreported tips in Part VII on Page 2 below.

9 Verification Code**11** Nonqualified plans**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.**2** Federal income tax withheld**4** Social security tax withheld194.17**6** Medicare tax withheld45.41**8** Allocated tips**10** Dependent care benefits

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

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: ☐ Employer is **not** a state or local government**Box 15**

State

Box 16
Employer's state I.D. no.**Box 16**

State wages, tips, etc.

Box 17

State income tax

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).

Name

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

**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 . 445-08-3613**b** Employer's ID number 77-0184592**c** Employer's name, address, and ZIP code

FLAGSHIP FACILITY

SERVICES INC

Street 1050 N 5TH ST - SUITE 50

City SAN JOSE

State CA ZIP Code 95112-4400

Foreign Province

Foreign Postal Code

Foreign Country

d Control number 003950LOS2/QX4**Transfer employee information from the Federal Information Worksheet****e** Employee's name

First CHRISTOPHER M.I. S

Last RUACHO Suff.

f Employee's address and ZIP code

Street 858 W NICKERSON ST

City SEATTLE

State WA ZIP Code 98119-1424

Foreign Province

Foreign Postal Code

Foreign Country

1 Wages, tips, other compensation

19,441.07

3 Social security wages

19,441.07

5 Medicare wages and tips

19,441.07

7 Social security tips

► Enter unreported tips in Part VII on Page 2 below.

9 Verification Code

48A5-69C5-B75D-AD36

11 Nonqualified plans**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.**2** Federal income tax withheld

1,617.73

4 Social security tax withheld

1,205.35

6 Medicare tax withheld

281.90

8 Allocated tips**10** Dependent care benefits

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

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: ☐ Employer is **not** a state or local government**Box 15**

State

Box 16

Employer's state I.D. no.

Box 16

State wages, tips, etc.

Box 17

State income tax

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).

Name

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

**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 . 445-08-3613**b** Employer's ID number 84-1442568**c** Employer's name, address, and ZIP code

EMPEREON MARKETING LLC

Street 10400 NORTH 25TH AVENUE

City PHOENIX

State AZ ZIP Code 85021

Foreign Province

Foreign Postal Code

Foreign Country

d Control number 278780LOSA/5GN**Transfer employee information from the Federal Information Worksheet****e** Employee's name

First CHRISTOPHER M.I. SAUL

Last RUACHO Suff.

f Employee's address and ZIP code

Street 11813 W SIERRA ST

City EL MIRAGE

State AZ ZIP Code 85335

Foreign Province

Foreign Postal Code

Foreign Country

1 Wages, tips, other compensation

1,994.57

3 Social security wages

1,994.57

5 Medicare wages and tips

1,994.57

7 Social security tips

► Enter unreported tips in Part VII on Page 2 below.

9 Verification Code

4C87-5611-7963-4821

11 Nonqualified plans**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.**2** Federal income tax withheld

45.05

4 Social security tax withheld

123.66

6 Medicare tax withheld

28.92

8 Allocated tips**10** Dependent care benefits

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

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: ☐ Employer is **not** a state or local government**Box 15**

State

AZ

Box 16

Employer's state I.D. no.

841442568

Box 16

State wages, tips, etc.

1,994.57

Box 17

State income tax

35.90

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).

Healthcare Entry Sheet

► Keep for your records

2018

The forms associated with healthcare (8965, 8962, 1095-A, 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 and there was no Market Place coverage (Form 1095-A) 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 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

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

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS 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 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap
Eligible*
Yes No

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 CHRISTOPHER RUACHO	445-08-3613	06/01/96	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

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 8965. ►

Completion checkbox:

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

Wages, Salaries, & Tips Worksheet

2018

► Keep for your records

Name(s) Shown on Return CHRISTOPHER S RUACHO	Social Security Number 445-08-3613
---	---------------------------------------

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	31,832.		31,832.
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 2018			
b _____			

10 Subtotal. Add lines 1 through 9	31,832.		31,832.
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	31,832.		31,832.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2018

► Keep for your records

Name(s) Shown on Return
CHRISTOPHER S RUACHO

Social Security Number
445-08-3613

		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 C	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

2018

Name(s) Shown on Return

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

				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
CHRISTOPHER S RUACHOSocial Security Number
445-08-3613

1 a	Enter your taxable income from Form 1040, line 10	1 a	19,832.
b	Enter the amount from your (and your spouse's) Form 2555, lines 45 and 50	b	
c	Add lines 1a and 1b	1 c	19,832.
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	19,832.
15	Enter: • \$38,600 if single or married filing separately; • \$77,200 if married filing jointly or qualifying widow(er); or • \$51,700 if head of household.	15	38,600.
16	Enter the smaller of line 1c or line 15	16	19,832.
17	Enter the smaller of line 14 or line 16	17	19,832.
18 a	Subtr in 10 from ln 1c. If zero or less, enter -0-	18 a	19,832.
b	Enter the smaller of line 1c or \$157,500 (\$315,000 if married filing jointly or qualifying widow(er))	b	
c	Enter the smaller of line 14 or line 18b	c	
19	Enter the larger of line 18a or line 18c	19	19,832.
20	Subtract line 17 from line 16. This amount is taxed at 0%	20	0.
If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.			
21	Enter the smaller of line 1c or line 13	21	
22	Enter the amount from line 20 (if line 20 is blank, enter -0-)	22	
23	Subtract line 22 from line 21. If zero or less, enter -0-	23	
24	Enter: • \$425,800 if single, • \$239,500 if married filing separately, • \$479,000 if married filing jointly or qualifying widow(er), • \$452,400 if head of household.	24	
25	Enter the smaller of line 1c or line 24	25	
26	Add lines 19 and 20	26	
27	Subtract line 26 from line 25. If zero or less, enter -0-	27	
28	Enter the smaller of line 23 or line 27	28	
29	Multiply line 28 by 15% (0.15)	29	
30	Add lines 22 and 28	30	
31	Subtract line 30 from line 21	31	
32	Multiply line 31 by 20% (0.20)	32	

If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.

33	Enter the smaller of line 9c above or Schedule D, line 19	33	
34	Add lines 10 and 19	34	
35	Enter the amount from line 1c above	35	

36	Subtract line 35 from line 34. If zero or less, enter -0-	36	_____
37	Subtract line 36 from line 33. If zero or less, enter -0-	37	_____
38	Multiply line 37 by 25% (0.25)	38	_____
If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.			
39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (0.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	_____
43	Add lines 29, 32, 38, 41, and 42	43	<u>2,189.</u>
44	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	44	<u>2,189.</u>
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 11a	45	<u>2,189.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2018

Line 11a

► Keep for your records

Name(s) Shown on Return CHRISTOPHER S RUACHO	Social Security Number 445-08-3613
---	---------------------------------------

1	Enter the amount from Form 1040, line 10	1	_____
2	Enter the amount from Form 1040, 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-		
	<input type="checkbox"/> No. Enter the amount from Schedule 1, line 13.		
4	Add lines 2 and 3	4	_____
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	_____
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	_____
8	Enter: \$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household. }		
9	Enter the smaller of line 1 or line 8	9	_____
10	Enter the smaller of line 7 or line 9	10	_____
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	_____
12	Enter the smaller of line 1 or line 6	12	_____
13	Enter the amount from line 11	13	_____
14	Subtract line 13 from line 12.	14	_____
15	Enter: \$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household. }		
16	Enter the smaller of line 1 or line 15	16	_____
17	Add lines 7 and 11	17	_____
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	_____
19	Enter the smaller of line 14 or line 18	19	_____
20	Multiply line 19 by 15% (0.15)	20	_____
21	Add lines 11 and 19	21	_____
22	Subtract line 21 from line 12	22	_____
23	Multiply line 22 by 20% (0.20)	23	_____
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.		
25	Add lines 20, 23, and 24	25	_____
26	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.		
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 11a.		
		27	_____

- Keep for your records

2018

Name(s) Shown on Return CHRISTOPHER S RUACHO	Social Security Number 445-08-3613
---	---------------------------------------

Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/17/18		04/17/18			04/17/18		
2	06/15/18		06/15/18			06/15/18		
3	09/17/18		09/17/18			09/17/18		
4	01/15/19		01/15/19			01/15/19		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2018					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2018 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				2,386.	36.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-K and 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				2,386.	36.	
20	Total Tax Payments for 2018				2,386.	36.	

Prior Year Taxes Paid In 2018 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2017 extensions				
22	2017 estimated tax paid after 12/31/2017				
23	Balance due paid with 2017 return				
24	Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2018

► Keep for your records

Name(s) Shown on Return

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	31,832.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2017 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	31,832.

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) S t a t e	(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 36.00

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). 36.00

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.	
	2017 Amount Enter 2018 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.	
	2017 Amount Enter 2018 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

2018

► Keep for your records

Name(s) Shown on Return

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	36.
2	2018 state estimated taxes paid in 2018	
3	2017 state estimated taxes paid in 2018	
4	Amount paid with 2017 state application for extension	
5	Amount paid with 2017 state income tax return	
6	Overpayment on 2017 state income tax return applied to 2018 tax	
7	Other amounts paid in 2018 (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	2018 local estimated taxes paid in 2018	
11	2017 local estimated taxes paid in 2018	
12	Amount paid with 2017 local application for extension	
13	Amount paid with 2017 local income tax return	
14	Overpayment on 2017 local income tax return applied to 2018 tax	
15	Other amounts paid in 2018 (amended returns, installment payments, etc.)	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	
Other:		
17		
18	Total Add lines 1 through 17	36.
19	State and local refund allocated to 2018	
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	36.

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

2018

► Keep for your records

Name(s) Shown on Return CHRISTOPHER S RUACHO	Social Security Number 445-08-3613
---	---------------------------------------

Step 1. List your qualified charitable contributions made during the year.

- 1 Enter your cash contributions for qualified disaster relief. Do not include this amount on line 2 below

Step 2. List your other charitable contributions made during the year.

- 2 Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1.
- 3 Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value
- 4 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value
- 5 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations
- 6 Enter your contributions "for the use" of any qualified organization
- 7 Add lines 5 and 6
- 8 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3)

Step 3. Figure your deduction for the year and your carryover to the next year.

- 9 Enter your adjusted gross income 31,832.
- 10 a Multiply line 9 by 0.5. This is your 50% limit. 15,916.
- b Multiply line 9 by 0.6. This is your 60% limit. 19,099.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations							
11	Enter the smaller of line 2 or line 10b . .					0.	
12	Subtract line 11 from line 2						0.
13	Subtract line 11 from line 10b			19,099.			
Contributions to 50% limit organizations							
14	Subtract line 2 from line 10a		15,916.				
15	Enter the smallest of line 3, 10a or 14 . .					0.	
16	Subtract line 15 from line 3						0.
17	Subtract line 16 from line 15			15,916.			
Contributions not to 50% limit organizations							
18	Add lines 2, 3 and 4						
19	Multiply line 9 by 0.3. This is your 30% limit.		9,550.	9,550.			
20	Subtract line 18 from line 10a		15,916.				
21	Enter the smallest of line 7, 19, or 20 . .					0.	
22	Subtract line 21 from line 7						0.
23	Subtract line 21 from line 19				9,550.		
Capital gain property to 50% limit organizations							
24	Enter the smallest of line 4, 17, or 19 . .					0.	
25	Subtract line 24 from line 4						0.
26	Subtract line 21 from line 20			15,916.			
27	Subtract line 24 from line 19			9,550.			
Capital gain property not to 50% limit organizations							
28	Multiply line 9 by 0.2. This is your 20% limit.				6,366.		
29	Enter the smaller of line 8, 23, 26, 27, or 28					0.	
30	Subtract line 29 from line 8						0.
31	Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14					0.	

32	Subtract line 31 from line 9	31,832.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2018

► Keep for your records

Name(s) Shown on Return
CHRISTOPHER S RUACHO

Social Security Number
445-08-3613

Step 1. List your qualified charitable contributions made during the year.

1 Enter your cash contributions for qualified disaster relief. Do not include this amount on line 2 below

Step 2. List your other charitable contributions made during the year.

2 Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1.

3 Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value

4 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

5 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

6 Enter your contributions "for the use" of any qualified organization

7 Add lines 5 and 6

8 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3)

Step 3. Figure your deduction for the year and your carryover to the next year.

9 Enter your adjusted gross income 31,832.

10 a Multiply line 9 by 0.5. This is your 50% limit. 15,916. less. 0. 15,916.

b Multiply line 9 by 0.6. This is your 60% limit. 19,099. less. 0. 19,099.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations						
11 Enter the smaller of line 2 or line 10b . . .					0.	
12 Subtract line 11 from line 2						0.
13 Subtract line 11 from line 10b			19,099.			
Contributions to 50% limit organizations						
14 Subtract line 2 from line 10a		15,916.				
15 Enter the smallest of line 3, 10a or 14 . .					0.	
16 Subtract line 15 from line 3						0.
17 Subtract line 16 from line 15			15,916.			
Contributions not to 50% limit organizations						
18 Add lines 2, 3 and 4		0.				
19 Multiply line 9 by 0.3. This is your 30% limit.		9,550.	9,550.			
20 Subtract line 18 from line 10a		15,916.				
21 Enter the smallest of line 7, 19, or 20 . .					0.	
22 Subtract line 21 from line 7						0.
23 Subtract line 21 from line 19				9,550.		
Capital gain property to 50% limit organizations						
24 Enter the smallest of line 4, 17, or 19 . .					0.	
25 Subtract line 24 from line 4						0.
26 Subtract line 21 from line 20				15,916.		
27 Subtract line 24 from line 19				9,550.		
Capital gain property not to 50% limit organizations						
28 Multiply line 9 by 0.2. This is your 20% limit.				6,366.		
29 Enter the smaller of line 8, 23, 26, 27, or 28					0.	
30 Subtract line 29 from line 8						0.
31 Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14					0.	

32	Subtract line 31 from line 9	31,832.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

- Keep for your records

Name(s) Shown on Return
CHRISTOPHER S RUACHO

Social Security Number
445-08-3613

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 2018 contributions							
2 2018 contributions allowed	0.	0.	0.	0.	0.	0.	0.
3 Carryovers from:							
a 2017 tax year							
b 2016 tax year							
c 2015 tax year							
d 2014 tax year							
e 2013 tax year							
4 Carryovers allowed in 2018	0.			0.	0.	0.	0.
5 Carryovers disallowed in 2018	0.			0.	0.	0.	0.
6 Carryovers to 2019:							
a From 2018.	0.		0.	0.	0.	0.	0.
b From 2017.							
c From 2016.							
d From 2015.							
e From 2014.							
f From 2013.							

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

Schedule A
Lines 16

Miscellaneous Itemized Deductions Worksheet

2018

► Keep for your records

Name(s) Shown on Return
CHRISTOPHER S RUACHOSocial Security Number
445-08-3613**FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation**

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b).	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Tax preparation fees	7	
8	Entertainment expenses	8	
9	Other: _____ _____ _____	9	
10	Combine lines 1 through 9	10	

FOR STATE USE ONLY:
Miscellaneous Expenses – Subject to 2% Limitation
*Check the box in investment column if an investment expense*Investment
Expense ↓

11	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	11	
12	Casualty/theft losses of property used in services as an employee		12	
13	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	13	
14	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	14	
15	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	15	
16	Miscellaneous deductions, from Schedule(s) K-1		16	
17	Excess deductions on termination, from Schedule(s) K-1		17	
18	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	18	
19	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	19	
20	Safe deposit box rental fees	<input checked="" type="checkbox"/>	20	
21	IRA custodial fees	<input checked="" type="checkbox"/>	21	
22	Loss incurred from total distribution of all traditional IRAs		22	
23	Loss incurred from total distribution of all Roth IRAs		23	
24	Loss incurred from final distribution of a QTP investment		24	
25	Hobby expense (limited to hobby income)		25	
26	Other: a Prior year government unemployment benefits repaid in 2018 b _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26	
27	Combine lines 11 through 26		27	

FOR FEDERAL AND STATE USE:**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

28	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	28	
29	Federal estate tax paid on decedent's income reported on this return		29	
30	Impairment-related expenses of a handicapped employee, from Form 2106		30	
31	Amortizable bond premiums on bonds acquired before 10/23/86		31	
32	Gambling losses		32	
33	Deduction for repayment of amounts under claim of right if over \$3,000		33	
34	Casualty/theft losses of income-producing property		34	
35	Unrecovered investment in annuity		35	
36	Ordinary loss attributable to certain debt instruments		36	
37	Net Qualified Disaster Loss		37	
38	Combine lines 28 through 37 (to Schedule A, line 16)		38	

Name(s) Shown on Return

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

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

<p>1 Is your earned income* more than \$700?</p> <p><input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> No. Enter \$1,050</p>	<p>_____ ► . . .</p> <p>_____ ► . . .</p>	<p>1</p> <p>2</p>	<p>_____</p> <p>12,000.</p>
<p>2 Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> • Single or married filing separately — \$12,000 • Married filing jointly or Qualifying widow(er) — \$24,000 • Head of household — \$18,000 		<p>_____ ► . . .</p>	<p>2</p>
<p>3 Standard deduction.</p>			
<p>3 a Enter the smaller of line 1 or line 2. If born after January 1, 1954, and not blind, stop here and enter this amount on Form 1040, line 8. Otherwise go to line 3b</p>		<p>3 a</p>	<p>_____</p>
<p>3 b If born before January 2, 1954, or blind, multiply the number on Form 1040 Wks, line 39a, by \$1,300 (\$1,600 if single or head of household)</p>		<p>3 b</p>	<p>_____</p>
<p>3 c Add lines 3a and 3b. Enter the total here and on Form 1040, line 8.</p>		<p>3 c</p>	<p>_____</p>

***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, line 1, and Schedule 1, lines 12 and 18, minus the amount, if any, on Schedule 1, line 27..

Earned Income Worksheet**2018**

► Keep for your records

Name(s) Shown on Return

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

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 or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
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	31,832.		31,832.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	31,832.		31,832.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	31,832.		31,832.
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	31,832.		31,832.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	31,832.		31,832.
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.	31,832.		31,832.

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	31,832.		31,832.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	31,832.		31,832.

► Keep for your records

Name(s) Shown on Return
CHRISTOPHER S RUACHO

Social Security Number
445-08-3613

Investment Interest Expense (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	Total investment income. Add lines 5d through 9.	10	

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	
b	Less net gains from property not held for investment	b	
c	Net gains from property held for investment.	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	12 a	
b	Less net capital gains from property not held for investment	b	
c	Net capital gains from property held for investment.	c	

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses reported on schedule K-1 partnership or S-corp	14	
15	Expenses from nonpassive trade or business without material participation	15	
16	Other investment expenses:	16 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
17	Total investment expenses. Add lines 13 through 17.	17	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8	18	
19	Less amount deducted on other forms and schedules:	19	
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
20	Investment interest expense.	20	

Form 1040
Line 17a

Earned Income Credit Worksheet

2018

► Keep for your records

Name(s) Shown on Return CHRISTOPHER S RUACHO	Social Security Number 445-08-3613
---	---------------------------------------

- 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	31,832.
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	31,832.
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 or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	
6	Earned income. Add lines 3, 4, and 5.	6	31,832.
7	Enter the credit, from the EIC Table , for the amount on line 6. Be sure to use the correct column for filing status and number of children.	7	
	If line 7 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 17a.		
8	Enter your AGI from Form 1040, line 7	8	
9	If you have:		
	• No qualifying children, is the amount on line 8 less than \$8,500 (\$14,200 if married filing jointly)?		
	• 1 or more qualifying children, is the amount on line 8 less than \$18,700 (\$24,350 if married filing jointly)?		
	<input type="checkbox"/> Yes. Go to line 10 now.		
	<input type="checkbox"/> No. Enter the credit, from the EIC Table , for the amount on line 8. Be sure to use the correct column for filing status and number of children	9	
10	Earned income credit.		
	• If 'Yes' on line 9, enter the amount from line 7	10	
	• If 'No' on line 9, enter the smaller of line 7 or line 9		

Enter line 10 amount on Form 1040, line 17a.

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

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | \$15,270 (\$20,950 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$40,320 (\$46,010 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$45,802 (\$51,492 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$49,194 (\$54,884 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | \$15,270 (\$20,950 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$40,320 (\$46,010 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$45,802 (\$51,492 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$49,194 (\$54,884 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,500.
(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 2018.
(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 2018?

- ☐ 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 2018?

- 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 2018.

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

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2018

► Keep for your records

Name(s) Shown on Return CHRISTOPHER S RUACHO		Social Security Number 445-08-3613	
	(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

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

Taxable Income – Line 1

1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.) . . .	1	19,832.
2	Additions to income	2	
3	Add lines 1 and 2	3	19,832.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	19,832.

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 deducted after 1986	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	31,832.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	31,832.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	28,649.
6	Enter ATNOL carried to 2017 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 \$718,800:		
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 \$54,700	5 _____
6	Add line 1 and line 5. Enter on Form 6251, line 4	6 _____

Exemption – Line 5

1	Enter \$70,300 if single or head of household, \$109,400 if married filing jointly or qualifying widow(er), \$54,700 if married filing separately	1	70,300.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	31,832.
3	Enter \$500,000 if single or head of household, \$1,000,000 if married filing jointly or qualifying widow(er), \$500,000 if married filing separately	3	500,000.
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-	6	70,300.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	7	_____
8 a	Enter the child's earned income , if any	8 a	_____
b	Enter any adjustments.	b	_____
9	Add lines 7, 8a and 8b. If zero or less, enter -0-	9	_____
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 5.	10	_____

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2018

► Keep for your records

Name(s) Shown on Return CHRISTOPHER S RUACHO		Social Security Number 445-08-3613
1	Enter amount from Form 6251, line 6	1
2 a	Enter amount from Form(s) 2555, lines 45 and 50	2a
b	Enter the total amount of any itemized deductions or exclusions you could not 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. Enter the result here and on Form 6251 line 36	3
4	Tax on amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; or you reported qualified dividends on Form 1040, line 3a; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), 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 Form 2555 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 \$191,100 or less (\$95,550 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result. 	4
5	Tax on amount on line 2c. If line 2c is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	5
6	Subtract line 5 from line 4. Enter here and on Form 6251, line 7. If zero or less, enter 0	6

Federal Carryover Worksheet

2018

► Keep for your records

Name(s) Shown on Return

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

2017 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 . .						

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

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

2017 Locality Tax Refund Information

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

CHRISTOPHER S RUACHO

445-08-3613

Other Tax and Income Information			2017	2018
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		36.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		31,832.
6	Tax liability for Form 2210 or Form 2210-F	6		2,189.
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			2017	2018
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			2017	2018
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 2018	a		
	b 2017	b		
	c 2016	c		
	d 2015	d		
	e 2014	e		
	f 2013	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2018	a		
	b 2017	b		
	c 2016	c		
	d 2015	d		
	e 2014	e		
	f 2013	f		

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2018

► Keep for your records

Name(s) Shown on Return

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

Description	Amount
Income	
Wages	31,832.
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	31,832.
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	31,832.

Two-Year Comparison

2018

Name(s) Shown on Return

CHRISTOPHER S RUACHO

Social Security Number

Income	2017	2018	Difference	%
Wages, salaries, tips, etc		31,832.	31,832.	
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		31,832.	31,832.	
Adjustments to Income				
Adjusted Gross Income		31,832.	31,832.	
Itemized Deductions				
Medical and dental				
Income or sales tax		36.	36.	
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions		0.	0.	
Total Itemized Deductions		36.	36.	
Standard or Itemized Deduction		12,000.	12,000.	
Exemption Amount		0.	0.	
Qualified Business Income Deduction				
Taxable Income		19,832.	19,832.	
Income tax		2,189.	2,189.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		2,189.	2,189.	
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes		0.	0.	
Total Tax After Credits		2,189.	2,189.	
Withholding		2,386.	2,386.	
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments		2,386.	2,386.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		197.	197.	
Balance Due				

Current year effective tax rate 6.88 %

Tax Summary
► Keep for your records

2018

Name (s)

CHRISTOPHER S RUACHO

Total income	31,832.
Adjustments to income	
Adjusted gross income	31,832.
Itemized/standard deduction	12,000.
Qualified business income deduction	
Taxable income	19,832.
Tentative tax	2,189.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	0.
Total tax	2,189.
Total payments	2,386.
Estimated tax penalty	
Amount Overpaid	197.
Refund	197.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

► Keep for your records

2018

Name(s) Shown on Return CHRISTOPHER S RUACHO	Social Security No 445-08-3613
---	-----------------------------------

Your 2018 adjusted gross income (AGI) 31,832.
National adjusted gross income range used below from 30,000. to 49,999.

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	31,832.	38,192.
Taxable interest		821.
Tax-exempt interest		5,516.
Dividends		2,888.
Business net income		15,506.
Business net loss		7,714.
Net capital gain		4,429.
Net capital loss		2,283.
Taxable IRA		10,678.
Taxable pensions and annuities		19,125.
Rent and royalty net income		7,551.
Rent and royalty net loss		8,910.
Partnership and S corporation net income		16,342.
Partnership and S corporation net loss		10,682.
Taxable social security benefits		8,121.
Medical and dental expenses deduction		8,992.
Taxes paid deduction	36.	4,394.
Interest paid deduction		6,688.
Charitable contributions deduction		3,007.
Total itemized deductions	36.	17,098.
Child care credit		623.
Education tax credits		1,105.
Child tax credit		1,033.
Retirement savings contributions credit		204.
Earned income credit		1,750.
Other Information	Actual Per Return	National Average
Adjusted gross income	31,832.	41,005.
Taxable income	19,832.	22,702.
Income tax	2,189.	2,971.
Alternative minimum tax		1,092.
Total tax liability	2,189.	3,203.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: CHRISTOPHER S RUACHO

Primary SSN: 445-08-3613

Federal Return Submitted: February 26, 2019 06:13 PM PST

Federal Return Acceptance Date: 02/26/2019

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 April 15, 2019. 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 April 15, 2019, your Intuit electronic postmark will indicate April 15, 2019, 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 April 15, 2019, and a corrected return is submitted and accepted before April 20, 2019. If your return is submitted after April 20, 2019, 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, 2019. 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, 2019, and the corrected return is submitted and accepted by October 20, 2019.

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 the MAX 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 ID Notify's parent company, CSIdentity Corporation. 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, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

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.

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 prepaid card ¹ .	Usually within 21 days ³	Free option with your purchase of TurboTax Premium Services or TurboTax MAX ²

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

²The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing 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, 2019.

Questions? Call 1-877-908-7228

Pro Delegation Worksheet

2018

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

Select state returns to file electronically:

State(s)

New! State e-file disclosure consent:

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.

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

Select state returns to file by mail:

State(s)

Practitioner PIN Program:

- ☐ Sign return electronically using Practitioner PIN

Choose one:

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

Taxpayer's PIN (enter any 5 numbers). _____

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

Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

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.

Documents Used to Verify Primary Taxpayer Identity:

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

Finish and File Info:

- ☐ To indicate a client return download in FnF

[illegible]

SMART WORKSHEET FOR: Form 8965 Health Coverage Exemptions

Shared Responsibility Payment Worksheet													
Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
CHRISTOPHER													
1. Total Number of X's for month. If 5 or more, enter 5													
2. Total Number of X's for month for individuals 18 or over													
3. One-half the number of X's in a month for individuals under 18													
4. Add lines 2 and 3 for each month													
5. Multiply line 4 by \$695 for each month. If \$2,085 or more, enter \$2,085													
6. Sum of the number of X's on line 1 above for the year													
7. Enter your household income												31,832.	
8. Enter your filing threshold												12,000.	
9. Subtract line 8 from line 7												19,832.	
10. Multiply Line 9 by 2.5%(.025)												496.	
11. Is line 10 more than \$2,085? <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes. Multiply line 10 by the no. of months for which line 1 is more than zero. <input checked="" type="checkbox"/> No. Enter the amount of line 14 on the Flat Dollar Amount Worksheet. </div>													
12. Divide line 11 by 12.0													
13. Multiply line 6 by \$283													
14. Enter the smaller of line 12 or 13 here and on Form 1040, line 61. This is your shared responsibility payment												0.	

SMART WORKSHEET FOR: 1040 Wks: 1040 Worksheet

Tax Smart Worksheet	
A Tax	2,189.
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 Tax. Add lines A through G. Enter the result here and include in tax below.	2,189.

SMART WORKSHEET FOR: Federal Information Worksheet

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

SMART WORKSHEET FOR: Federal Information Worksheet

<p>2017 Tax Cuts & Jobs Act</p> <p>Apply 15-year recovery period to qualified improvement property</p> <p>(asset types J2, J3, J4 and J5)</p> <p>placed in service after December 31, 2017?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p style="text-align: center;">Refer to Tax Help</p> <p>IMPORTANT NOTE: The Coronavirus Aid, Relief, and Economic Security (CARES) Act signed into law on March 27, 2020 has retroactively made qualified improvement property 15-year property.</p> <p style="text-align: center;">Refer to Tax Help</p>
--

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Substitute Form W-2 Smart Worksheet	
A Treat as substitute W-2 and generate a form 4852	<input type="checkbox"/>
B Linked substitute W-2 Form 4852	▶ _____
C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"	
D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"	
E QuickZoom to completed Form 4852 for reference	▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Substitute Form W-2 Smart Worksheet	
A	Treat as substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 3)

Substitute Form W-2 Smart Worksheet	
A	Treat as substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 4)

Substitute Form W-2 Smart Worksheet	
A	Treat as substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____
E	QuickZoom to completed Form 4852 for reference ▶ _____

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: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

- A** Enter Section 179 carryover from prior year _____
- B** **QuickZoom** to the Asset Entry Worksheet ►
- C** **QuickZoom** to the Depreciation/Amortization Reports ►
- D** **QuickZoom** to Form 4562 for Schedule A. ►
- E** Treat all MACRS assets for activity as qualified Indian reservation property? . . . ☐ Yes ☒ No
- F** Treat all assets acquired after Aug. 27, 2005 as
qualified GO Zone property? ☐ Regular ☐ Extension ☒ No
- G** Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? ☐ Yes ☒ No
- H** Was this property located in a Qualified Disaster Area? ☐ Yes ☒ No

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 2017 _____**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 2017 _____**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 _____ 197 . Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Eligible Disaster Victims Smart Worksheet

Election to use 2017 earned income for EIC and Additional Child Tax Credit

The "Yes" box must be marked on Line A and Line B for 2017 earned income to be used
for EIC and Additional Child Tax Credit calculations.**A Elect to use 2017 earned income for EIC****and Additional Child Tax Credit.** ► ☐ Yes ☐ No**B Taxpayer is eligible to elect to use 2017 earned income**(see Publication 4492 for details) ► ☐ Yes ☐ No**C** Earned income for EIC from your 2017 return _____**D** Current year earned income for EIC _____If Line D is equal to or greater than Line C the taxpayer is not eligible
to use 2016 earned income for EIC and Additional Child Tax Credit
calculations.**E** You may compare the tax benefit of electing to use 2017 Earned Income
by checking the boxes on line A and B

Overpayment _____ 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 \$3,500?

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

Your First Name and Initial CHRISTOPHER S	Last Name RUACHO	Enter your SSN(s).	Your Social Security Number* 445 08 3613
Your Spouse's First Name and Initial (if filed joint)	Last Name		Spouse's Social Security No.*

PART 1 – PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

***Do Not Truncate**

PART 2 – TAX RETURN INFORMATION

1 Arizona Adjusted Gross Income	1,995	00
2 Balance Of Tax	0	00
3 Arizona Income Tax Withheld ...	36	00

Check box 4 or box 5:

- 4 ☒ **REFUND:** Enter the amount of refund..... 36 00
- 5 ☐ **AMOUNT YOU OWE:** Enter the amount owed..... 00

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

☐ Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT

ROUTING NUMBER

☒ Checking ☐ Savings

1 2 2 1 0 0 0 2 4

ACCOUNT NUMBER

8 7 3 7 2 8 8 1 5

DIRECT DEBIT REQUEST DATE

DIRECT DEBIT PAYMENT AMOUNT

MM/DD/YYYY

\$.00

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016.**

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2018 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c ☐ I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2019, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize Self-Prepared
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2018. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
	→	SPOUSE'S PEN AND INK SIGNATURE	DATE

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Arizona Form
140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR

2018

82F <input type="checkbox"/> Check box 82F if filing under extension		OR FISCAL YEAR BEGINNING <u>MM/DD/2018</u> AND ENDING <u>MM/DD/20YY</u> 66F																																																																																																																																			
Your First Name and Middle Initial 1 CHRISTOPHER S		Last Name RUACHO																																																																																																																																			
Spouse's First Name and Middle Initial (if box 4 or 6 checked) 1		Last Name																																																																																																																																			
Current Home Address - number and street, rural route 2 4 w etruria st seattle wa 98119		Apt. No.	Daytime Phone (with area code) 94 (623) 418-3139																																																																																																																																		
City, Town or Post Office 3 seattle		State WA	ZIP Code 98119																																																																																																																																		
Last Names Used in Last Four Prior Year(s) (if different) 97																																																																																																																																					
4 <input type="checkbox"/> Married filing joint return 4a <input type="checkbox"/> Injured Spouse Protection of Joint Overpayment		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.																																																																																																																																			
5 <input type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line: _____		88R																																																																																																																																			
6 <input type="checkbox"/> Married filing separate return: Enter spouse's name and Social Security Number above.																																																																																																																																					
7 <input checked="" type="checkbox"/> Single																																																																																																																																					
↓ Enter the number claimed. Do not put a check mark.																																																																																																																																					
8 <input type="checkbox"/> Age 65 or over (you and/or spouse)		81P PM																																																																																																																																			
9 <input type="checkbox"/> Blind (you and/or spouse)		80R RCVD																																																																																																																																			
10 <input type="checkbox"/> Dependents: <i>Do not include self or spouse.</i>																																																																																																																																					
11 <input type="checkbox"/> Qualifying parents and grandparents																																																																																																																																					
12-13 Residency Status (check one): 12 <input checked="" type="checkbox"/> Part-Year Resident Other than Active Military 13 <input type="checkbox"/> Part-Year Resident Active Military																																																																																																																																					
(Box 10): Dependent Information: Children and other dependents. For more space, (check) <input type="checkbox"/> and complete page 3.																																																																																																																																					
<table border="1" style="width:100%"><thead><tr><th></th><th>(a) FIRST AND LAST NAME (Do not list yourself or spouse.)</th><th>(b) SOCIAL SECURITY NO.</th><th>(c) RELATIONSHIP</th><th>(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018</th><th>(e) ✓ if this person did not qualify as a dependent on your federal return</th><th>(f) ✓ if you did not claim this person on your federal return due to educational credits</th></tr></thead><tbody><tr><td>10a</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>10b</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>					(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits	10a					<input type="checkbox"/>	<input type="checkbox"/>	10b					<input type="checkbox"/>	<input type="checkbox"/>																																																																																																													
	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits																																																																																																																															
10a					<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																															
10b					<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																															
(Box 11): Qualifying parents and grandparents. See instructions. For more space, (check) <input type="checkbox"/> and complete page 3.																																																																																																																																					
<table border="1" style="width:100%"><thead><tr><th></th><th>(a) FIRST AND LAST NAME (Do not list yourself or spouse.)</th><th>(b) SOCIAL SECURITY NO.</th><th>(c) RELATIONSHIP</th><th>(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018</th><th>(e) ✓ if age 65 or over</th><th>(f) ✓ if died in 2018</th></tr></thead><tbody><tr><td>11a</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>11b</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>					(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018	(e) ✓ if age 65 or over	(f) ✓ if died in 2018	11a					<input type="checkbox"/>	<input type="checkbox"/>	11b					<input type="checkbox"/>	<input type="checkbox"/>																																																																																																													
	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018	(e) ✓ if age 65 or over	(f) ✓ if died in 2018																																																																																																																															
11a					<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																															
11b					<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																															
14 Dates of Arizona residency: From <u>01/01/2018</u> to <u>03/14/2018</u> List other state(s) of residency: <u>WA</u>																																																																																																																																					
<table border="1" style="width:100%"><thead><tr><th></th><th colspan="2">2018 FEDERAL Amount from Federal Return</th><th colspan="2">2018 ARIZONA Amount Only</th></tr></thead><tbody><tr><td>15 Wages, salaries, tips, etc.</td><td>15</td><td>31,832 00</td><td></td><td>1,995 00</td></tr><tr><td>16 Interest.....</td><td>16</td><td>00</td><td></td><td>00</td></tr><tr><td>17 Dividends.....</td><td>17</td><td>00</td><td></td><td>00</td></tr><tr><td>18 Arizona income tax refunds.....</td><td>18</td><td>00</td><td></td><td>00</td></tr><tr><td>19 Business income (or loss) from federal Schedule C.....</td><td>19</td><td>00</td><td></td><td>00</td></tr><tr><td>20 Gains (or losses) from federal Schedule D. See instructions for ARIZONA column.....</td><td>20</td><td>00</td><td></td><td>00</td></tr><tr><td>21 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E.....</td><td>21</td><td>00</td><td></td><td>00</td></tr><tr><td>22 Other income reported on your federal return: Include your own schedule.....</td><td>22</td><td>00</td><td></td><td>00</td></tr><tr><td>23 Total income: Add lines 15 through 22.....</td><td>23</td><td>31,832 00</td><td></td><td>1,995 00</td></tr><tr><td>24 Other federal adjustments: Include your own schedule.....</td><td>24</td><td>0 00</td><td></td><td>00</td></tr><tr><td>25 Federal adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column.....</td><td>25</td><td>31,832 00</td><td></td><td></td></tr><tr><td>26 Arizona gross income: Subtract line 24 from line 23 in the ARIZONA column.....</td><td>26</td><td></td><td></td><td>1,995 00</td></tr><tr><td>27 Arizona income ratio: Divide line 26 by line 25, and enter the result (not over 1.000).....</td><td>27</td><td></td><td></td><td>0.063</td></tr><tr><td colspan="5">28 Total depreciation included in Arizona gross income .. 28 00</td></tr><tr><td colspan="5">29 Net capital loss from exchange of legal tender 29 00</td></tr><tr><td colspan="5">30 Other Additions to Income 30 00</td></tr><tr><td colspan="5">31 Subtotal: Add lines 26, 28, 29 and 30..... 31 1,995 00</td></tr><tr><td colspan="5">32 AZ sourced gain/loss 32 00</td></tr><tr><td colspan="5">33 Short-term gain/loss 33 00</td></tr><tr><td colspan="5">34 Long-term gain/loss. 34 00</td></tr><tr><td colspan="5">35 Net long-term gain... 35 0 00</td></tr><tr><td colspan="5">36 Multiply line 35 by 25% (.25) 36 00</td></tr><tr><td colspan="5">37 Net capital gain from qualified small business 37 00</td></tr><tr><td colspan="5">38 Net capital gain from exchange of legal tender ... 38 00</td></tr><tr><td colspan="5">39 Subtract line 31 - (lines 36, 37, and 38) 39 1,995 00</td></tr></tbody></table>					2018 FEDERAL Amount from Federal Return		2018 ARIZONA Amount Only		15 Wages, salaries, tips, etc.	15	31,832 00		1,995 00	16 Interest.....	16	00		00	17 Dividends.....	17	00		00	18 Arizona income tax refunds.....	18	00		00	19 Business income (or loss) from federal Schedule C.....	19	00		00	20 Gains (or losses) from federal Schedule D. See instructions for ARIZONA column.....	20	00		00	21 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E.....	21	00		00	22 Other income reported on your federal return: Include your own schedule.....	22	00		00	23 Total income: Add lines 15 through 22.....	23	31,832 00		1,995 00	24 Other federal adjustments: Include your own schedule.....	24	0 00		00	25 Federal adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column.....	25	31,832 00			26 Arizona gross income: Subtract line 24 from line 23 in the ARIZONA column.....	26			1,995 00	27 Arizona income ratio: Divide line 26 by line 25, and enter the result (not over 1.000).....	27			0.063	28 Total depreciation included in Arizona gross income .. 28 00					29 Net capital loss from exchange of legal tender 29 00					30 Other Additions to Income 30 00					31 Subtotal: Add lines 26, 28, 29 and 30..... 31 1,995 00					32 AZ sourced gain/loss 32 00					33 Short-term gain/loss 33 00					34 Long-term gain/loss. 34 00					35 Net long-term gain... 35 0 00					36 Multiply line 35 by 25% (.25) 36 00					37 Net capital gain from qualified small business 37 00					38 Net capital gain from exchange of legal tender ... 38 00					39 Subtract line 31 - (lines 36, 37, and 38) 39 1,995 00				
	2018 FEDERAL Amount from Federal Return		2018 ARIZONA Amount Only																																																																																																																																		
15 Wages, salaries, tips, etc.	15	31,832 00		1,995 00																																																																																																																																	
16 Interest.....	16	00		00																																																																																																																																	
17 Dividends.....	17	00		00																																																																																																																																	
18 Arizona income tax refunds.....	18	00		00																																																																																																																																	
19 Business income (or loss) from federal Schedule C.....	19	00		00																																																																																																																																	
20 Gains (or losses) from federal Schedule D. See instructions for ARIZONA column.....	20	00		00																																																																																																																																	
21 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E.....	21	00		00																																																																																																																																	
22 Other income reported on your federal return: Include your own schedule.....	22	00		00																																																																																																																																	
23 Total income: Add lines 15 through 22.....	23	31,832 00		1,995 00																																																																																																																																	
24 Other federal adjustments: Include your own schedule.....	24	0 00		00																																																																																																																																	
25 Federal adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column.....	25	31,832 00																																																																																																																																			
26 Arizona gross income: Subtract line 24 from line 23 in the ARIZONA column.....	26			1,995 00																																																																																																																																	
27 Arizona income ratio: Divide line 26 by line 25, and enter the result (not over 1.000).....	27			0.063																																																																																																																																	
28 Total depreciation included in Arizona gross income .. 28 00																																																																																																																																					
29 Net capital loss from exchange of legal tender 29 00																																																																																																																																					
30 Other Additions to Income 30 00																																																																																																																																					
31 Subtotal: Add lines 26, 28, 29 and 30..... 31 1,995 00																																																																																																																																					
32 AZ sourced gain/loss 32 00																																																																																																																																					
33 Short-term gain/loss 33 00																																																																																																																																					
34 Long-term gain/loss. 34 00																																																																																																																																					
35 Net long-term gain... 35 0 00																																																																																																																																					
36 Multiply line 35 by 25% (.25) 36 00																																																																																																																																					
37 Net capital gain from qualified small business 37 00																																																																																																																																					
38 Net capital gain from exchange of legal tender ... 38 00																																																																																																																																					
39 Subtract line 31 - (lines 36, 37, and 38) 39 1,995 00																																																																																																																																					
Subtractions - cont. on page 2																																																																																																																																					
Additions																																																																																																																																					

Your Name (as shown on page 1)		Your Social Security Number	
CHRISTOPHER S RUACHO			

Subtractions – cont. from page 1	40	Enter the amount from page 1, line 39	40	1,995	00
	41	Recalculated Arizona depreciation	41		00
	42	Contributions to 529 College Savings Plans	42		00
	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	43		00
	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	44		00
	45	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	45		00
	46	Other Subtractions from Income: See instructions and include your own schedule	46		00
Exemptions	47	Subtract lines 41 through 46 from line 40.....	47	1,995	00
	48	Age 65 or over: Multiply the number in box 8 by \$2,100.....	48		00
	49	Blind: Multiply the number in box 9 by \$1,500	49		00
	50	Dependents: Multiply the number in box 10 by \$2,300	50		00
	51	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000.....	51		00
	52	Add lines 48 through 51.....	52		00
	53	Multiply line 52 by the Arizona income ratio on line 27	53	0	00
Balance of Tax	54	Arizona adjusted gross income: Subtract line 53 from line 47.....	54	1,995	00
	55	Deductions: Check box and enter amount. See instructions55I <input type="checkbox"/> ITEMIZED 55S <input checked="" type="checkbox"/> STANDARD 55	55	5,312	00
	56	Personal exemptions: See instructions.....	56	139	00
	57	Arizona taxable income: Subtract lines 55 and 56 from line 54. If less than zero, enter "0"	57	0	00
	58	Compute the tax using amount from line 57 and Tax Table X or Y	58	0	00
	59	Tax from recapture of credits from Arizona Form 301, Part 2, line 36	59		00
	60	Subtotal of tax: Add lines 58 and 59 and enter the total	60	0	00
Total Payments and Refundable Credits	61	Family income tax credit (from the worksheet - see instructions)	61	40	00
	62	Nonrefundable credits from Arizona Form 301, Part 2, line 69.....	62		00
	63	Balance of tax: Subtract lines 61 and 62 from line 60. If the sum of lines 61 and 62 is more than line 60, enter "0"	63	0	00
	64	2018 AZ income tax withheld.....	64	36	00
	65	2018 AZ estimated tax payments. 65a 00 Claim of Right 65b 00 Add 65a and 65b . 65c	65		00
	66	2018 AZ extension payment (Form 204)	66		00
	67	Increased Excise Tax Credit (from the worksheet - see instructions)	67		00
Tax Due or Overpayment	68	Other refundable credits: Check the box(es) and enter the total amount..... 681 <input type="checkbox"/> 308-I 682 <input type="checkbox"/> 349 68	68		00
	69	Total payments and refundable credits: Add lines 64 through 68 and enter the total	69	36	00
	70	TAX DUE: If line 63 is larger than line 69, subtract line 69 from line 63, and enter amount of tax due. Skip lines 71, 72 and 73.....	70		00
	71	OVERPAYMENT: If line 69 is larger than line 63, subtract line 63 from line 69, and enter amount of overpayment	71	36	00
	72	Amount of line 71 to be applied to 2019 estimated tax.....	72	0	00
	73	Balance of overpayment: Subtract line 72 from line 71.....	73	36	00
	Voluntary Gifts	74 - 84 Voluntary Gifts to:			
Solutions Teams Assigned to Schools..... 74		00	Arizona Wildlife..... 75	00	
Child Abuse Prevention 76		00	Domestic Violence Shelter..... 77	00	Political Gift..... 78
Neighbors Helping Neighbors..... 79		00	Special Olympics..... 80	00	Veterans' Donations Fund..... 81
I Didn't Pay Enough Fund..... 82		00	Sustainable State Parks and Road Fund..... 83	00	Spay/Neuter of Animals..... 84
85 Political Party (if amount is entered on line 78 - check only one): 851 <input type="checkbox"/> Democratic 852 <input type="checkbox"/> Green Party 853 <input type="checkbox"/> Libertarian 854 <input type="checkbox"/> Republican					
Penalty		86	Estimated payment penalty	86	
	87	871 <input type="checkbox"/> Annualized/Other 872 <input type="checkbox"/> Farmer or Fisherman 873 <input type="checkbox"/> Form 221 included	87		00
	88	Add lines 74 through 84 and 86; enter the total.....	88		00
Refund or Amount Owed	89	REFUND: Subtract line 88 from line 73. If less than zero, enter amount owed on line 90	89	36	00
	Direct Deposit of Refund: Check box 89A if your deposit will be ultimately placed in a foreign account; see instructions. 89A <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div> C <input checked="" type="checkbox"/> Checking or S <input type="checkbox"/> Savings </div> <div> ROUTING NUMBER 122100024 </div> <div> ACCOUNT NUMBER 8773728815 </div> </div>				
	90	AMOUNT OWED: Add lines 70 and 88. Make check payable to Arizona Department of Revenue; write your SSN on payment. 90	90		00

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, 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

deli manger

SPOUSE'S SIGNATURE

DATE

SPOUSE'S OCCUPATION

Self Prepared

DATE

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S SIGNATURE

DATE

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S STREET ADDRESS

PAID PREPARER'S TIN

PAID PREPARER'S CITY

STATE

ZIP CODE

PAID PREPARER'S PHONE NUMBER

► Keep for your records

Name as Shown on Return

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

Family Income Tax Credit Worksheet

A	Number of dependents listed as type "D"	_____
B	Number of personal exemptions based upon filing status (MFJ = 2, otherwise = 1)	<u>1</u>
C	Add lines A and B	<u>1</u>
D	Multiply line C by \$40	<u>40.</u>
E	Enter \$240 if MFJ or HOH; enter \$120 if Single or MFS	<u>120.</u>
F	Lesser of line D or line E. Enter here and on Form 140PY, line 61	<u>40.</u>

Worksheet for Net Long-Term Capital Gain
Subtraction for Assets Acquired After
December 31, 2011

2018

► Keep for your records

Name as Shown on Return

CHRISTOPHER S RUACHO

Social Security Number

445-08-3613

☒ 2018 Original Return☐ 2018 Amended Return

		(a) Total net long-term capital gains or (losses) from all assets	(b) For amounts to enter, see the inst. for column (b)	(c) Net long-term capital gains or (losses) included in column (b) from assets acquired before 1/1/2012	(d) Net long-term capital gains or (losses) included in column (b) from assets acquired after 12/31/2011
	Long-Term Capital Gain or (loss) as reported on Federal Schedule D (or other form/schedule) and included in computation of federal adjusted gross income. Enter the total net long-term capital gains or (losses) from the following forms in each applicable column. See instructions.				
1	Form(s) 8949 Sales and Other Dispositions of Capital Assets; and Form(s) 1099-B, Proceed from Broker and Barter Exchange Transactions, for long-term transactions directly reported on Federal Schedule D.				
2	Form(s) 4797 Sales of Business Property				
3	Form(s) 2439 Notice to Shareholder of Undistributed Long-Term Capital Gains				
4	Form(s) 6252 Installment Sale Income				
5	Form(s) 4684 Casualties and Thefts				
6	Form(s) 6781 Gains and Losses from Sec. 1256 Contracts and Straddles				
7	Form(s) 8824 Like-Kind Exchanges				
8	Partnerships, S corporations, estates, and trusts - from AZ Form 120S Schedule K-1(NR); and AZ Form 141 Schedule K-1(NR)				
9	Form(s) 1099-DIV Dividends and Distributions				
10	Subtotal: for each column, combine the amounts and enter the total.				
11	Available long-term capital loss carryover. Enter the amount, if any, in each applicable column.				
12	Subtract line 11 from line 10 and enter the difference in each applicable column.				
13	For amounts to enter on line 13, column (d), see worksheet instructions				0.
13b	For amount to enter on line 13b, column (c), see the worksheet instructions				
13c	For amount to enter on line 13c, column (c), see the worksheet instructions				0.
14	Net long-term capital gain or (loss) included in computation of your federal adjusted gross income. For all amounts to enter on line 14, see worksheet instructions. <ul style="list-style-type: none"> Enter the amount from line 14, column (b) on Form 140PY, line 32. If the amount on line 14, column (d) is a net capital gain, enter the result on Form 140PY, line 35. If the amount on line 14, column (d) is a net capital (loss), you do not qualify to take the subtraction.				0.

Arizona Information Worksheet

2018

► Keep for your records

Part I - Personal Information

Taxpayer:

First Name CHRISTOPHER
 Middle Initial S Suffix
 Last Name RUACHO
 Social Security No 445-08-3613
 Date of Birth 06/01/1996
 Date of Death
 Daytime Phone (623) 418-3139
 Extension

Spouse:

First Name
 Middle Initial Suffix
 Last Name
 Social Security No
 Date of Birth
 Date of Death
 Daytime Phone
 Extension

Home Phone

Print this daytime phone on forms ☒ Taxpayer daytime ☐ Spouse daytime ☐ Home

Street Address . 4 w etruria st seattle wa 98119 Apt No. .

City seattle State WA ZIP Code 98119

Last name(s) in prior years if different from name(s) used in current year

Part II - Main Form

- ☐ Form **140**: Resident Tax Return (Long form) ►
- ☐ Form **140A**: Resident Tax Return (Short form) ►
- ☐ Form **140NR**: Nonresident Tax Return ►
- Enter Nonresident income allocations on Form 140NR ►
- ☒ Form **140PY**: Part-Year Resident Tax Return ►
- Dates of Residency: From: 01/01/2018 To: 03/14/2018
- Other states of residency: WA
- Enter Part-Year Resident income allocations on Form 140PY ►
- ☐ Form **140PTC**: Full-Year Resident Property Tax Refund (Credit Claim) Only ►

Military personnel and composite return filers:

- ☐ You were active duty in Arizona and are filing part-year or nonresident return (Form 140NR or 140PY)
- ☐ You are filing a composite return on Form 140NR

Part III - Filing Status

- ☐ Married filing joint return
- ☐ Injured spouse protection of joint overpayment (Form 203) ►
- ☐ Head of household
- Child's First name MI Last Name Suff
- ☐ Head of household and married in 2018
- ☐ Married filing separate return
- ☐ Spouse itemized deductions
- ☐ Married filing separate with one spouse claiming at least one dependent
- ☒ Single

Part IV - Other Information

- ☐ Your Arizona gross income for **2017** was in excess of \$75,000 (\$150,000 if MFJ)
- ☐ Someone (such as taxpayer's parent) can claim taxpayer as a dependent
- ☐ You qualify as a farmer or fisherman for federal tax purposes
- ☐ Itemize even if itemized deductions are less than standard deduction
- ☐ Take the standard deduction even if less than itemized deductions
- ☐ Check this box if you are a first time Arizona income tax filer

Increased Excise Tax Credit

- ☐ You were sentenced to 60 days or more in a county, state or federal prison during tax year 2018
- Credit claimed by another member of the household _____

Voluntary Gifts

- | | | | |
|----|--|----|-------|
| 1 | Solutions Teams Assigned to Schools Fund | 1 | _____ |
| 2 | Arizona Wildlife Fund | 2 | _____ |
| 3 | Child Abuse Prevention Fund | 3 | _____ |
| 4 | Domestic Violence Shelter Fund | 4 | _____ |
| 5 | I Didn't Pay Enough Fund | 5 | _____ |
| 6 | Neighbors Helping Neighbors Fund | 6 | _____ |
| 7 | Special Olympics Fund | 7 | _____ |
| 8 | Veterans' Donations Fund | 8 | _____ |
| 9 | Sustainable State Parks and Road Fund | 9 | _____ |
| 10 | Spay/Neuter of Animals | 10 | _____ |
| 11 | Political Gift - select party below | 11 | _____ |
- ☐ Democratic
- ☐ Green
- ☐ Libertarian
- ☐ Republican

Part V - Electronic Filing Information**Yes No**

☒ ☐ Federal PIN(s) will be used (See help)

Part VI - 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)?

Name of Financial Institution (optional) chase

Account type Checking ☒ Savings ☐

Routing number 122100024

Account number 873728815

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

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 VII – Extension Status

Yes No
☐ ☒ Has the tax return due date been extended by filing IRS Form 4868?
Extended due date

QuickZoom to Form 204: Application for Filing Extension ▶

Part VIII – Amended Return

☐ You are filing an Arizona amended return for 2018 (See Tax Help)

Current tax year you are amending _____
Payment with original return _____
Overpayment from original return _____
QuickZoom to Form 140X: Individual Amended Income Tax Return ► _____

► Keep for your records

Name(s) Shown on Return

CHRISTOPHER S RUACHO

Your Social Security Number

445-08-3613

Part I 2019 Estimated Tax Amount Options to be paid before January 15, 2020**1 Select One of Five Ways to Calculate the Required Annual Payment for 2019 Estimates:**

- a** 100% of **2018** taxes (default, see Tax Help) ☒ 0.
- b** 100% of tax on **2019** estimated taxable income ☐ 0.
- c** 90% of tax on **2019** estimated taxable income ☐ 0.
- d** Equal to 100% of overpayment (no vouchers) ☐ 36.
- e** Enter total amount you want to use for estimates and check box ☐ ►

Voluntary Payments:

Method 1: If federal Form 1040ES was filed, Arizona estimated payments can be calculated based on a percentage (10, 15 or 20%) of the federal estimated tax paid. To choose this option, enter the percentage to be used and the total amount of federal estimate tax on lines a and b below. Then check the box on line 1e.

- a** Enter percentage to calculate the estimated vouchers _____ %
- b** Enter total federal estimates due _____

Method 2: Installments may be filed on or before the due dates (April 15, June 15, September 15, and January 15). To choose this option, check the box and enter the total amount to be paid with estimates on line 1e. Then, on Part IV, line 2, check the box indicating the number of installments to be used.

Method 3: Estimated tax payments can be made as a single, lump-sum payment before January 15. To choose this option, check the box and enter the total to be paid with estimates on line 1e. Then check the box on Part IV, line 2, column 4 indicating the January payment is due next.

2 Selected estimated tax amount:

- a** 2019 Required Annual Payment based on your choice above 0.
- b** Estimated amount of 2019 state income tax withholding 36.
- c** **Total of estimated tax payments required for 2019** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a** Calculate estimates if Arizona gross income in 2018 and expected 2019 gross income exceeds \$75,000 (\$150,000 if MFJ) (default) ☒
- b** Calculate estimates if _____ (specify amount) or more ☐
- c** Calculate estimates regardless of amount ☐
- d** Do **not** calculate estimates ☐

Part II Overpayment Application Options

- 1** Amount of overpayment available (Arizona Form 140, 140NR, or 140PY) 36.

2 Select Overpayment Application Amount Option:

- a** Apply none (refund entire overpayment) ☒
- b** Apply all (increase estimate if required) ☐
- c** Apply to extent of total estimated tax and refund excess ☐
- d** Apply to extent of first quarter amount and refund excess ☐
- e** Enter amount you want to apply ☐ ►
- f** Amount applied to 2019 estimated tax 0.
- g** Overpayment to be refunded (line 1 less line 2f) 36.

3 Select Overpayment Application Sequence:

- a** ☒ ◀ Consecutively **b** ☐ ◀ Evenly

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a** ☒ ◀ Round up to next \$1 **b** ☐ ◀ Round up to next \$10 **c** ☐ ◀ Round up to next \$100 **d** ☐ ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a** ☐ ◀ Print (per Part I, lines 3a - c) **b** ☐ ◀ Print only name, etc. **c** ☒ ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2019	2 Jun 17, 2019	3 Sep 16, 2019	4 Jan 15, 2020	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now April 25, check col. 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Changes to Income, Deductions and Withholding for 2019

2018 income and deductions are shown in the '2018 Actual' column below.

***Caution:** For each line in the '2019 Estimated' column, enter the estimated 2019 amount **if different** from 2018. Otherwise, the '2018 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2018 Actual	*2019 Estimated
1 Use the estimated tax worksheet attached to IRS Form 1040ES and <i>enter here the amount shown as income on your federal worksheet</i>	1,995.	
Additions		
2 Non-Arizona municipal interest		
3 Partnership Income		
4 Total federal depreciation		
5 Other additions to income		
Subtractions		
6 Amounts received as annuities from certain federal, Arizona state or local government retirement and disability funds (up to \$2,500) that are subject to federal tax.		
7 Interest income on obligations of the United States (e.g. U.S. savings bonds, treasury bills, etc)		
8 Arizona state lottery winnings (up to \$5,000) included as income on federal return.		
9 U.S. Social Security benefits or railroad retirement act benefits included as income on federal return.		
10 Other exempt income		
Deductions		
11 If you plan to itemize deductions, <i>enter the estimated total of your deductions</i> . If you do not plan to itemize deductions, <i>see the instructions for the allowable 2018 standard deduction</i>	5,312.	
12 Arizona tax withholding	36.	
Credits		
13 Credits	40.	

Part VI Filing Status and Personal Exemptions for 2019**1** Choose 2019 filing status:☐ Married filing jointly☐ Head of householdCheck the box if head of household and married in 2019 ☐☐ Married filing separatelyCheck box if married filing separate with one spouse claiming at least one dependent ☐☒ Single**2 a** Number of exemptions for age 65 and over to be claimed in 2019 (taxpayer or spouse only) 0**b** Number of blind exemptions to be claimed in 2019 0**c** Number of dependents to be claimed in 2019 (do not include taxpayer or spouse) **d** Number of Arizona ONLY dependents to be claimed in 2019, included on line 2c above **e** Number of qualifying parents and ancestors of parents to be claimed in 2019 **3 Part-year and Nonresident Filers only:** Arizona percentage from Form 140NR orForm 140PY 6.30 %**Part VII 2019 Estimated Taxable Income and Tax**

1	Amount shown as income on your federal estimated tax worksheet	<u>1,995.</u>
2	Adjustments to income:	
a	Total additions	<u> </u>
b	Total subtractions	<u> </u>
c	Net adjustments	<u> </u>
3	Deductions	<u>5,312.</u>
4	Personal and dependent exemptions	<u>139.</u>
5	Total deductions and exemptions	<u>5,451.</u>
6	Estimated Arizona taxable income (line 1 plus line 2c minus line 5)	<u>-3,456.</u>
7	Tax on amount from line 6	<u>0.</u>
8	Credits	<u>40.</u>
9	Subtract line 8 from line 7. Enter the difference (no less than 0). This is your 2019 tax based on your estimate of 2019 income	<u>0.</u>

Tax Payments Worksheet

2018

► Keep for your records

Name CHRISTOPHER S RUACHO	Social Security Number 445-08-3613
------------------------------	---------------------------------------

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	36.
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-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	36.
15	Date return will be filed and balance paid	15	

Tax Summary
 ► Keep for your records

2018

Name(s) CHRISTOPHER S RUACHO	
Federal adjusted gross income	31,832.
Arizona adjusted gross income	1,995.
Itemized or standard deduction	5,312.
Personal exemptions	139.
Arizona taxable income	0.
Non-refundable Credits	40.
Balance of Tax	0.
Total payments and refundable credits	36.
Tax due	36.
Overpayment	0.
Amount applied to estimates	36.
Voluntary contributions	0.
Penalties	36.
Refund	36.
Amount owed	36.