

Filing Status: [] Single [x] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial: LUCAS V Last name: SARITA PENA Your social security number: 114-96-1685

If joint return, spouse's first name and middle initial: JUNIARKY Y Last name: SARITA Spouse's social security number: 801-71-5960

Home address (number and street). If you have a P.O. box, see instructions. 1146 EXCALIBUR WAY Apt. no. Presidential Election Campaign

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Ogden, UT 84401 Checking a box below will not change your tax or refund. [] You [] Spouse

Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see inst. & check here ▶ []

Standard Deduction: Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness: You: [] Were born before January 2, 1955 [] Are blind Spouse: [] Was born before January 2, 1955 [] Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
JOY	SARITA	740-55-6078	Daughter	[x]	[]
				[]	[]
				[]	[]
				[]	[]

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	74,401
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
c	Pensions and annuities	4c	
5a	Social security benefits	5a	
b	Taxable interest	2b	
b	Ordinary dividends.	3b	
b	Taxable amount	4b	
d	Taxable amount	4d	
b	Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ []	6	
7a	Other income from Schedule 1, line 9	7a	(10,567)
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	63,834
8a	Adjustments to income from Schedule 1, line 22	8a	5,213
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	58,621
9	Standard deduction or itemized deductions (from Schedule A)	9	24,400
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A. . .	10	
11a	Add lines 9 and 10	11a	24,400
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	34,221

12a Tax (see instructions). Check if any from:1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ **12a** 3,719**b** Add Schedule 2, line 3, and line 12a and enter the total **12b** 3,719**13a** Child tax credit or credit for other dependents **13a** 2,000**b** Add Schedule 3, line 7, and line 13a and enter the total **13b** 2,000**14** Subtract line 13b from line 12b. If zero or less, enter -0- **14** 1,719**15** Other taxes, including self-employment tax, from Schedule 2, line 10 **15****16** Add lines 14 and 15. This is your **total tax** **16** 1,719**17** Federal income tax withheld from Forms W-2 and 1099 **17** 5,178**18** Other payments and refundable credits:**a** Earned income credit (EIC) **18a****b** Additional child tax credit. Attach Schedule 8812 **18b****c** American opportunity credit from Form 8863, line 8 **18c****d** Schedule 3, line 14. **18d****e** Add lines 18a through 18d. These are your **total other payments and refundable credits** **18e****19** Add lines 17 and 18e. These are your **total payments** **19** 5,178**Refund****20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** **20** 3,459**21 a** Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ☐ **21a** 3,459Direct deposit?
See
instructions.**b** Routing number 04411191 **c** Type: ☒ Checking ☐ Savings**d** Account number 9819050114961685**22** Amount of line 20 you want **applied to your 2020 estimated tax** **22****Amount
You Owe****23** **Amount you owe**. Subtract line 19 from line 16. For details on how to pay, see instructions **23** 0**24** Estimated tax penalty (see instructions) **24****Third Party
Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.

☐ Yes. Complete below.☒ No(Other than
paid preparer)Designee's
name ▶Phone
no. ▶Personal identification
number (PIN) ▶**Sign
Here**

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

Your signature

Date

Your occupation

If the IRS sent you an Identity
Protection PIN, enter it here
(see inst.)Joint return?
See instructions.
Keep a copy for
your records.

06940

01-30-2020

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

Date

Spouse's occupation

If the IRS sent your spouse an
Identity Protection PIN, enter it here
(see inst.)

82482

01-30-2020

Phone no. 646-400-2504

Email address

**Paid
Preparer
Use Only**

Preparer's signature

Date

PTIN

Check if:

01-30-2020

P01843812

☐ 3rd Party DesigneePreparer's name **GLENNY VARGAS**

Phone no.

☒ Self-employedFirm's name ▶ **Golden Business Solutions**Firm's address ▶ **1411 Bronx River Ave****Bronx, NY 10472**Firm's EIN ▶ **82-2457165**

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► Go to **www.irs.gov/ScheduleC** for instructions and the latest information.
► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

Name of proprietor LUCAS V SARITA PENA		Social security number (SSN) 114-96-1685
A Principal business or profession, including product or service (see instructions)		B Enter code from instructions ►
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ► 1146 EXCALIBUR WAY City, town or post office, state, and ZIP code Ogden, UT 84401		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2019, check here.		<input type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income	
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1 8,106
2 Returns and allowances	2 0
3 Subtract line 2 from line 1	3 8,106
4 Cost of goods sold (from line 42)	4
5 Gross profit. Subtract line 4 from line 3.	5 8,106
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6
7 Gross income. Add lines 5 and 6	7 8,106
Part II Expenses. Enter expenses for business use of your home only on line 30.	
8 Advertising	8
9 Car and truck expenses (see instructions)	9 5,106
10 Commissions and fees	10
11 Contract labor (see instructions)	11
12 Depletion	12
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13
14 Employee benefit programs (other than on line 19)	14
15 Insurance (other than health)	15
16 Interest (see instructions):	
a Mortgage (paid to banks, etc.)	16a
b Other	16b
17 Legal and professional services	17
18 Office expense (see instructions)	18
19 Pension and profit-sharing plans	19
20 Rent or lease (see instructions):	
a Vehicles, machinery, and equipment	20a
b Other business property	20b
21 Repairs and maintenance	21
22 Supplies (not included in Part III)	22
23 Taxes and licenses	23
24 Travel and meals:	
a Travel	24a
b Deductible meals (see instructions)	24b
25 Utilities	25
26 Wages (less employment credits)	26
27a Other expenses (from line 48)	27a 13,567
b Reserved for future use	27b
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28 18,673
29 Tentative profit or (loss). Subtract line 28 from line 7	29 (10,567)
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31 (10,567)
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 , (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

Name(s) LUCAS V SARITA PENA	SSN 114-96-1685
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Part III **Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ <u>01-01-2019</u>	
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for: a Business <u>8,251</u> b Commuting (see instructions) _____ c Other _____	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part V **Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

UNIFORM	2,403
CLEANER	2,103
REPAIR/MAINT	3,256
GASONE	1,452
INSURECE	2,413
LICENSEN	1,940
48 Total other expenses. Enter here and on line 27a	48 13,567

Form **8867**Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist***Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*► **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
► **Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

2019Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

LUCAS V SARITA PENA & JUNIARKY SARITA

Taxpayer identification number

114-96-1685

Enter preparer's name and PTIN

GLENNY VARGAS**P01843812****Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V

for the benefit(s) claimed (check all that apply).

☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) List those documents, if any, that you relied on. Medical Records _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.Form **8867** (2019)

EEA

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
 - Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - Submit Form 8867 in the manner required; **and**
 - Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or, HOH filing status and to compute the amount(s) of the credit(s).
- **If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

IRS e-file Signature Authorization

OMB No. 1545-0074

2019

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) 

Taxpayer's name LUCAS V SARITA PENA	Social security number 114-96-1685
Spouse's name JUNIARKY Y SARITA	Spouse's social security number 801-71-5960

Part I Tax Return Information - Tax Year Ending December 31, 2019 (Whole dollars only)

1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	58,621
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	1,719
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	5,178
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	3,459
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury 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 federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. 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. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only Refund will be deposited to: RTN=044111191 Acct=9819050114961685

☒ I authorize Golden Business Solutions to enter or generate my PIN 06940 as my
ERO firm name
signature on my tax year 2019 electronically filed income tax return. Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☒ I authorize Golden Business Solutions to enter or generate my PIN 82482 as my
ERO firm name
signature on my tax year 2019 electronically filed income tax return. Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 266134-10472
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub.1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 01-30-2020

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (2019)

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

LUCAS V SARITA PENA & JUNIARKY SARI

Taxpayer address (optional)

1146 EXCALIBUR WAY

Ogden, UT 84401

1. ☐ Your federal income tax return for **2019** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **Golden Business Solutions**.
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0123

2019Department of the Treasury
Internal Revenue Service▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

LUCAS V SARITA PENA & JUNIARKY SARITA**114-96-1685**

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C # 1		(10,567)
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	(10,567)	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income, Combine lines 2 and 3. If zero or less, enter -0-	4	0	
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10
11	Taxable income before qualified business income deduction	11	34,221	
12	Net capital gain (see instructions)	12	0	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	34,221	
14	Income limitation. Multiply line 13 by 20% (0.20)			14
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			15
16	Total qualified business (loss) carryforward Combine lines 2 and 3. If greater than zero, enter -0-	16	(10,567)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0)	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8995** (2019)

EEA

Amount from Form 1040, line 8b..... 58,621

Amount from Form 1040, line 9..... 24,400

Line 11 above is the difference between these amounts 34,221

CONSENT TO USE OF TAX RETURN INFORMATION

GLENNY VARGAS

("we," "us" and "our")

Printed name of Tax Preparer

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 do not consent, then you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we have entered into arrangements with a third party to provide qualifying taxpayers with the opportunity to apply for financial products (Loan, Electronic Refund Check, or Electronic Refund Deposit). To determine whether these products may be available to you, we will need to use your tax return information by analyzing it and calculating the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provide to us during the preparation of your 2019 tax return to determine whether to present you with the opportunity to apply for these products and services.

Printed Name of Taxpayer: LUCAS V SARITA PENA

Taxpayer Signature: _____ Date: 01-30-2020

Printed Name of Joint Taxpayer: JUNIARKY Y SARITA

Joint Taxpayer Signature: _____ Date: _____

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.

Consent to Disclosure of Tax Return Information

GLENNY VARGAS ("we," "us" and "our")

Printed name of tax preparer

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). 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.

You have indicated that you are interested in applying for a Refund Transfer ("RT") product from Santa Barbara Tax Products Group, LLC ("Processor") using banking services of Civista Bank ("Bank"). In order to have your refund processed by and through Processor, we must disclose all of your 2019 tax return information to Processor and Bank.

If you would like us to disclose your 2019 tax return information to Processor and Bank for this purpose, please sign and date your consent to the disclosure of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to disclose to Processor and Bank all of your 2019 tax return information so that Processor can evaluate and process your application and Bank can provide banking services for the RT product. You understand that if you are not willing to authorize us to share your tax information with Processor and Bank, you will not be able to obtain an RT product from Processor, but you can still choose to pay us directly to have your tax return prepared and filed.

Printed Name of Taxpayer: LUCAS V SARITA PENA

Taxpayer Signature: _____ Date: 01-30-2020

Printed Name of Joint Taxpayer: JUNIARKY Y SARITA

Joint Taxpayer Signature: _____ Date: _____

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.

2019 UT40 Filing Instructions
LUCAS V SARITA PENÄ & JUNIARKY SARITA

Form filed:

UT40 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

04-15-2020

Refund:

\$391.00

40901

1024

Utah State Tax Commission
Utah Individual Income Tax Return
 All State Income Tax Dollars Fund Education

2019
TC-40

• Amended Return - enter code: (see instructions)

Full-yr Resident?

Your Social Security No.

114961685

Your first name

LUCAS

Your last name

SARITA PENA

Y/N

Y

Spouse's Soc. Sec. No.

801715960

Spouse's first name

JUNIARKY

Spouse's last name

SARITA

Y

Address

1146 EXCALIBUR WAY

Telephone number

6464002504

If deceased, complete

page 3, Part 1

City

Ogden

State

UT

ZIP+4

84401

Foreign country (if not U.S.)

1 Filing Status - enter code	2 Qualifying Dependents	3 Election Campaign Fund		
1 = Single	a 1 Dependents age 16 and under	Does not increase your tax or reduce your refund.		
2 = Married filing jointly	b Other dependents	Enter the code for the party of your choice.		
3 = Married filing separately	c 1 Total (add lines a and b)	<table border="0"> <tr> <td>• N</td> <td>• N</td> </tr> </table>	• N	• N
• N	• N			
4 = Head of household	Dependents must be claimed for the child tax credit on your federal return. See instructions.	See instructions for code letters or go to incometax.utah.gov/elect .		
5 = Qualifying widow(er)		If no contribution, enter N.		
If using code 2 or 3, enter spouse's name and SSN above				
4 Federal adjusted gross income from federal return	•4	58621		
5 Additions to income from TC-40A, Part 1 (attach TC-40A, page 1)	•5			
6 Total income - add line 4 and line 5	6	58621		
7 State tax refund included on federal form 1040, Schedule 1, line 10 (if any)	•7			
8 Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1)	•8			
9 Utah taxable income (loss) - subtract the sum of lines 7 and 8 from line 6	•9	58621		
10 Utah tax - multiply line 9 by 4.95% (.0495) (not less than zero)	•10	2902		
11 Utah personal exemption (multiply line 2c by \$579)	•11	579		
12 Federal standard or itemized deductions	•12	24400		
13 Add line 11 and line 12	13	24979		
14 State income tax deducted on federal Schedule A, line 5a (if any)	•14			
15 Subtract line 14 from line 13	15	24979		
16 Initial credit before phase-out - multiply line 15 by 6% (.06)	•16	1499		
17 Enter: \$14,601 (if single or married filing separately); \$21,902 (if head of household); or \$29,202 (if married filing jointly or qualifying widower)	•17	29202		
18 Income subject to phase-out - subtract line 17 from line 9 (not less than zero)	18	29419		
19 Phase-out amount - multiply line 18 by 1.3% (.013)	•19	382		
20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero)	•20	1117		
21 If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.)	•21			
22 Utah income tax - subtract line 20 from line 10 (not less than zero)	•22	1785		

**Electronic filing
 is quick, easy and
 free, and will
 speed up your refund.**

**To learn more,
 go to
tap.utah.gov**

Utah Individual Income Tax Return (continued)

40902 SSN 114961685 Last name SARITA PENA

DRAKE SOFTWARE

TC-40
2019

Pg. 2

23	Enter tax from TC-40, page 1, line 22	23	1785
24	Apportionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1)	• 24	
25	Full-year resident, subtract line 24 from line 23 (not less than zero) Non or Part-year resident, complete and enter the UTAH TAX from TC-40B, line 37	• 25	1785
26	Nonapportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1)	• 26	
27	Subtract line 26 from line 25 (not less than zero)	27	1785
28	Voluntary contributions from TC-40, page 3, Part 4 (attach TC-40, page 3)	• 28	
29	AMENDED RETURN ONLY - previous refund	• 29	
30	Recapture of low-income housing credit	• 30	
31	Utah use tax	• 31	
32	Total tax, use tax and additions to tax (add lines 27 through 31)	32	1785
33	Utah income tax withheld shown on TC-40W, Part 1 (attach TC-40W, page 1)	• 33	2176
34	Credit for Utah income taxes prepaid from TC-546 and 2018 refund applied to 2019	• 34	
35	Pass-through entity withholding tax shown on TC-40W, Part 3 (attach TC-40W, page 2)	• 35	
36	Mineral production withholding tax shown on TC-40W, Part 2 (attach TC-40W, page 2)	• 36	
37	AMENDED RETURN ONLY - previous payments	• 37	
38	Refundable credits from TC-40A, Part 5 (attach TC-40A, page 2)	• 38	
39	Total withholding and refundable credits - add lines 33 through 38	39	2176
40	TAX DUE - subtract line 39 from line 32 (not less than zero)	• 40	
41	Penalty and interest (see instructions)	41	
42	TOTAL DUE - PAY THIS AMOUNT - add line 40 and line 41	• 42	
43	REFUND - subtract line 32 from line 39 (not less than zero)	• 43	391
44	Voluntary subtractions from refund (not greater than line 43) Enter the total from page 3, Part 5	• 44	
45	DIRECT DEPOSIT YOUR REMAINING REFUND - provide account information (see instructions for foreign accounts)		
	• Routing number	• Account number	Account type: • checking • savings

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

SIGN Your signature	06940	Date	01-30-2020	Spouse's signature (if filing jointly)	82482	Date	01-30-2020
HERE							

Third Party Designee	Name of designee (if any) you authorize to discuss this return	Designee's telephone number	Designee PIN •
Paid	Preparer's signature	Date	Preparer's PTIN
Preparer's Section	Firm's name and address	Preparer's telephone number	Preparer's EIN
	Golden Business Solutions 1411 Bronx River Ave Bronx NY 10472		P01843812 822457165

Attach TC-40 page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making voluntary contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, want to direct deposit to a foreign account, or no longer qualify for a homeowner's exemption.

Utah Individual Income Tax Return (continued)

40903 SSN 114961685

Last name SARITA PENA

DRAKE SOFTWARE

TC-40
2019

Pg. 3

Part 1 - Deceased Taxpayer Information

If the taxpayer shown on page 1 is deceased, enter the date of death here:

mm/dd/yy

If the spouse shown on page 1 is deceased, enter the date of death here:

mm/dd/yy

If you are claiming a refund for a deceased taxpayer and are not the surviving spouse, enter "X":

You must complete and attach form TC-131 to the return.

Part 2 - Fiscal Year Filer

If filing a fiscal year return (a year other than January 1 through December 31), enter the fiscal year end (mm/yy)

mm/yy

See instructions.

Part 3 - Federal Form 8886 filed

If you filed federal form 8886, *Reportable Transaction Disclosure Statement*, enter "X":

Get form and instructions at [irs.gov](https://www.irs.gov).

Part 4 - Voluntary Contributions (write the code and amount of each voluntary contribution)

See explanation of each contribution at [incometax.utah.gov/contributions](https://www.incometax.utah.gov/contributions) and/or the TC-40 instructions

02 Pamela Atkinson Homeless Account

Code

Amount

Sch Dist
Code

03 Kurt Oscarson Children's Organ Transplant Account

05 School District and Nonprofit School District Foundation - enter school district code

See instructions for school district codes, or get codes at

[incometax.utah.gov/contributions/school-districts](https://www.incometax.utah.gov/contributions/school-districts)

15 Clean Air Fund

16 Governor's Suicide Prevention Fund

Total voluntary contributions (enter the total here and on TC-40, page 2, line 28):

Part 5 - Voluntary Subtractions from Refund

1. Enter the amount of your refund you want deposited into your **my529 account(s)**:

See instructions. Also see [my529.org](https://www.my529.org) or call 1-800-418-2551.

2. Enter the amount of your refund you want applied to your **2020 taxes**:

Total voluntary subtractions (enter the total here and on TC-40, page 2, line 44):

May not be greater than the amount on line 43.

Part 6 - Direct Deposit to Foreign Account

If you choose to direct deposit your refund to an account outside the United States and its territories, enter "X":

The Tax Commission cannot transfer a refund to an account outside the United States and its territories.

By checking this box, your refund will not be direct deposited but will be sent to you by check.


Part 7 - Property Owner's Residential Exemption Termination Declaration

If you are a Utah residential property owner and declare you no longer qualify to receive a residential exemption authorized under UC § 59-2-103 for your primary residence, enter "X" and enter the county code where the

residence is located (see instructions for county codes and additional information).

Enter "X"

Enter code

Mail
RETURNS WITH 
PAYMENTS to: Utah State Tax Commission
210 N 1950 W
Salt Lake City, UT 84134-0266

Mail
ALL OTHER 
RETURNS to: Utah State Tax Commission
210 N 1950 W
Salt Lake City, UT 84134-0260

Submit page ONLY if data entered.

Attach completed schedule to your Utah Income Tax return.

Part 1 - Utah Withholding Tax Schedule

40909 SSN 114-96-1685

Last name SARITA PENA

DRAKE SOFTWARE

TC-40W
2019

Pg. 1

Line Explanations	IMPORTANT
1 Employer/payer ID number from W-2 box "b" or 1099 2 Utah withholding ID number from W-2 box "15" or 1099 (14 characters, ending in WTH, no hyphens) 3 Employer/payer name and address from W-2 box "c" or 1099 4 Enter "X" if reporting Utah withholding from form 1099 5 Employee's Social Security number from W-2 box "a" or 1099 6 Utah wages or income from W-2 box "16" or 1099 7 Utah withholding tax from W-2 box "17" or 1099	Do not send your W-2s or 1099s with your return. Instead enter W-2 or 1099 information below, but only if there is Utah withholding on the form. Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax. Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W.
First W-2 or 1099 1 870628925 2 12955796002WTH (14 characters, no hyphens) 3 NUTRABANDS INC 17777 SUN PEAK DRIVE Park City UT 84098 4 5 114961685 6 29020. 7 183.	Second W-2 or 1099 1 870628925 2 12955796002WTH (14 characters, no hyphens) 3 NUTRABANDS INC 17777 SUN PEAK DRIVE Park City UT 84098 4 5 114961685 6 45381. 7 1993.
Third W-2 or 1099 1 2 (14 characters, no hyphens) 3 4 5 6 7	Fourth W-2 or 1099 1 2 (14 characters, no hyphens) 3 4 5 6 7

Enter total Utah withholding tax from all lines 7 here and on TC-40, page 2, line 33:

2176.

Submit page ONLY if data entered.
Attach completed schedule to your Utah Income Tax Return.
Do not attach W-2s or 1099s to your Utah return.

Utah Qualified Exempt Taxpayer Worksheet for Line 21

2019

Taxpayer's last name

SARITA PENA

Social Security No.

114-96-1685

1. Enter the federal adjusted gross income from: 1 58,621
1040, line 8b **1040NR**, line 35
 1040NR-EZ, line 10
2. Enter your standard deduction. 2 24,400
Note: If your standard deduction was limited, enter the amount allowed on your federal return. Federal 1040NR and 1040NR-EZ filers, enter "0". Otherwise, see the following for your filing status:
- a. **Single:** Enter \$12,200
- b. **Head of Household:** Enter \$18,350
- c. **Married filing joint:** Enter \$24,400
- d. **Married filing separate:** If your spouse did not itemize, enter \$12,200. If your spouse itemized, enter "0."
- e. **Qualifying widow(er):** Enter \$24,400
3. Subtract line 2 from line 1. If the amount is less than zero, enter "0." 3 34,221

If the amount on line 3 of this worksheet is **more than zero**, leave the box on TC-40, line 21 blank and go to line 22.

If the amount on line 3 of this worksheet is **zero**, you are exempt from Utah income tax. Enter "X" in the box on TC-40, line 21 and enter "0" on line 22. Then complete the rest of the return.

DO NOT MAIL THIS FORM TO THE STATE OF UTAH. KEEP FOR YOUR RECORDS.

UT-COMP	Three-year State Tax Return Comparison			2019
Name(s) as shown on return LUCAS V SARITA PENA & JUNIARKY SARITA			Taxpayer ID Number 114-96-1685	
[State] Income Tax Return	2017	2018	2019	Difference 2018-2019
Filing Status			MFJ	
Gross Income			58,621	58,621
Deductions			24,400	24,400
Taxable Income			58,621	58,621
Actual State Income				
State Income Tax			1,785	1,785
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld			2,176	2,176
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund			391	391
Balance Due				
Marginal tax rate			5.000000	5.000000
Effective tax rate			3.040000	3.040000