

Review your print out for checklist items.

Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of 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 Mary E		Last name McManamon	Your social security number 383-68-6449
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 4226 23rd St			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). San Francisco CA 94114-3139			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	Foreign postal code
			If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>

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) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Maeve E	McManamon	613-35-4025	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Aisling F	McManamon	658-84-6537	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	103,114.
2a	Tax-exempt interest	2a	b Taxable interest. Attach Sch. B if required	2b 66.
3a	Qualified dividends	3a	b Ordinary dividends. Attach Sch. B if required	3b
4a	IRA distributions	4a	b Taxable amount	4b
c	Pensions and annuities	4c	d Taxable amount	4d
5a	Social security benefits	5a	b Taxable amount	5b
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			6
7a	Other income from Schedule 1, line 9			7a 0.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶			7b 103,180.
8a	Adjustments to income from Schedule 1, line 22			8a
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶			8b 103,180.
9	Standard deduction or itemized deductions (from Schedule A)	9 18,350.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a	Add lines 9 and 10			11a 18,350.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b 84,830.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	13,112.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	13,112.	
13a	Child tax credit or credit for other dependents	13a	2,500.	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	2,500.	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	10,612.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax	16	10,612.	
17	Federal income tax withheld from Forms W-2 and 1099	17	18,657.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC) No	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	18,657.	

RefundDirect deposit?
See instructions.

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	8,045.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	8,045.
b	Routing number 1 2 1 0 0 0 3 5 8 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 0 0 0 0 3 3 1 3 2 3 4 1 ▶		
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	
24	Estimated tax penalty (see instructions)	24	

Third Party Designee(Other than
paid preparer)

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**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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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 Senior Programmer/Analyst	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ Self-Prepared	Phone no.		Firm's EIN ▶	
Firm's address ▶				

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA

REV 08/20/20 Intuit.cq.cfp.sp

Form **1040** (2019)

Name(s) Shown on Return <u>Mary E McManamon</u>	Social Security Number <u>383-68-6449</u>
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Part I State and Local Income Tax Refunds from 2018 Tax Returns

1	(a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2018	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
	CA	1,679.			4,496.		
	Totals .	1,679.			4,496.		

2	Total state and local refunds. Total line 1 column (b).	1,679.
3	Refund allocated to tax paid after 12/31/2018. Total line 1 columns (f) and (g). (Include net tax paid after 12/31/2018 on Schedule A, line 5a.)	
4	Net refund. Line 2 less line 3.	1,679.

Part II Recovery Amount

The **recovery amount** is the state and local income tax deducted in 2018 refunded in 2019.

5	Total state and local income tax deduction from line 5a of your 2018 Schedule A	5,539.
6	Recovery amount. Lesser of line 4 or line 5.	1,679.

Part III Recovery Exclusion

The **recovery exclusion** is the part of the recovery amount which did **not** reduce tax in 2018.

7 Recovery exclusion from sales tax deduction, SALT limitation and standard deduction:

a	Allowable itemized deductions, from 2018 Schedule A, line 17	19,740.
b	Allowable itemized deductions, refigured by excluding recovery amount:	
(1)	Refigured state and local tax deduction (Schedule A, line 5a):	
(a)	Refigured state income tax deduction	3,860.
(b)	Sales tax deduction	
(c)	Refigured deduction. Larger of (a) or (b)	3,860.
(2)	Refigured total itemized deductions	19,740.
(3)	Refigured allowable itemized deductions from line 7b(2)	19,740.
c	2018 standard deduction based on 2018 filing status and deductions.	18,000.
d	Larger of lines 7b(3) or 7c.	19,740.
e	Subtract line 7d from line 7a	0.
f	Subtract line 7e from line 6	1,679.
8	Recovery exclusion from negative taxable income. If 2018 taxable income was negative, enter here as a positive number, else enter zero.	0.
9	Recovery exclusion from alternative minimum tax. If no alternative minimum tax (AMT) in 2018 enter zero. If did pay AMT in 2018, enter amt from line 24	0.
10	Recovery exclusion from unused tax credits. If no unused credits in 2018, enter zero. If there were unused credits in 2018, enter amount from line 35.	0.
11	Total recovery exclusion. Add lines 7f, 8, 9, and 10.	1,679.

Part IV Taxable Refund

The **recovery amount** less the **recovery exclusion** is a **taxable refund**.

12	Taxable refund from 2018. Line 6 less line 11.	0.
13	Total taxable refunds from 2017 or prior tax returns. Total line 36 column (d).	
14	Total taxable refunds. Add lines 12 and 13. Enter here and on Schedule 1, line 1	0.

Tax History Report

► Keep for your records

2019

Name(s) Shown on Return

Mary E McManamon

	Five Year Tax History:				
	2015	2016	2017	2018	2019
Filing status		HH	HH	HH	HH
Total income		93,553.	98,324.	103,195.	103,180.
Adjustments to income					
Adjusted gross income		93,553.	98,324.	103,195.	103,180.
Tax expense		10,799.	11,175.	10,000.	10,000.
Interest expense . . .		6,153.	6,052.	9,740.	6,315.
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .		16,952.	17,227.	19,740.	18,350.
Exemption amount . .		12,150.	12,150.	0.	0.
QBI deduction					
Taxable income		64,451.	68,947.	83,455.	84,830.
Tax		10,416.	11,484.	12,932.	13,112.
Alternative min tax . .					
Total credits		1,138.	90.	2,500.	2,500.
Other taxes		0.	0.	0.	
Payments		18,689.	19,556.	18,151.	18,657.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund		9,411.	8,162.	7,719.	8,045.
Effective tax rate % . .		9.92	11.59	10.11	10.28
**Tax bracket %		25.0	25.0	24.0	24.0

**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, 2020.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$40.00 (the "RPS fee"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

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

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ²	\$40.00 ³

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

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

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

Questions? Call 877-908-7228

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2019

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ► _____
QuickZoom to Schedule 2 — Additional Taxes ► _____
QuickZoom to Schedule 3 — Additional Credits and Payments ► _____

Form 1040 or Form 1040-SR - Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2019, or other tax year
beginning _____, 2019, ending _____, 20 ____.

Your First Name _____ MI _____ Last Name _____ Your Social Security No. _____
Mary E McManamon 383-68-6449
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. _____
4226 23rd St _____
City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code _____
San Francisco CA 94114-3139
Foreign country name Foreign province/state/county Foreign postal code _____

QuickZoom to explanation statement for overseas extension ►

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	
Maeve E	McManamon	613-35-4025	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Aisling F	McManamon	658-84-6537	Daughter	<input checked="" 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

<input type="checkbox"/>	Someone can claim you as a dependent
<input type="checkbox"/>	Someone can claim your spouse as a dependent

a Check if: ☐ **You** were born before January 2, 1955, ☐ Blind.
☐ **Spouse** was born before January 2, 1955, ☐ Blind.
Total boxes checked ▶ **a**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **b** ☐

Form 1040 or Form 1040-SR, Lines 1 - 6

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	<u>103,114.</u>
2 a	Tax-exempt interest 2a <u> </u>		
b	Taxable interest	2b	<u>66.</u>
3 a	Qualified dividends (see instructions) 3a <u> </u>		
b	Ordinary dividends. Attach Schedule B if required	3b	<u> </u>
4	IRA distributions 4a <u> </u>		
	Taxable amount (see instructions)	4b	<u> </u>
	Pensions and annuities 4c <u> </u>		
	Taxable amount (see instructions)	4d	<u> </u>
5 a	Social security benefits 5a <u> </u>		
b	Taxable amount (see instructions)	5b	<u> </u>
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	6	<u> </u>

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income. ▶

Form 1040 or Form 1040-SR, Lines 7 and 8

7 a	Other income from Schedule 1, line 9	7a	<u>0.</u>
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6 and 7a. This is your total income	7b	<u>103,180.</u>
8 a	Adjustments to income from Schedule 1, line 22	8a	<u> </u>
b	Subtract line 8a from line 7b. This is your adjusted gross income . AGI including excludable Puerto Rico Income.	8b	<u>103,180.</u>
			<u>103,180.</u>

Form 1040 or Form 1040-SR, Line 9 — Standard or Itemized Deduction

9	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: \$12,200 ● Married filing jointly or Qualifying widow(er): \$24,400 ● Head of household: \$18,350 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	9	<u>18,350.</u>
			<u>84,830.</u>

Form 1040 or Form 1040-SR, Lines 10 - 12

10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11 a	Add lines 9 and 10	11a	18,350.
b	Taxable Income. Subtract line 11a from line 8b	11b	84,830.

12 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"/>		
			13,112.
b	Add Schedule 2, line 3 and line 12a and enter total	12b	13,112.
QuickZoom to Schedule 2 - Additional Tax section			

Form 1040 or Form 1040-SR, Line 13 - 16

13 a	Child tax credit/credit for other dependents	13a	2,500.	
b	Add Schedule 3, line 7 and line 13a and enter the total.	13b	2,500.	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	10,612.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10.	15	0.	
16	Add lines 14 and 15. This is your total tax	16	10,612.	
QuickZoom to Schedule 3 — Additional Credits and Payments				

Form 1040 or Form 1040-SR, Lines 17 - 19

17	Federal income tax withheld from Forms W-2 and 1099	17	18,657.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC) No			
	Nontaxable combat pay election			
b	Add'l child tax credit. Attach Schedule 8812			
c	American opportunity credit from Form 8863, line 8.			
d	Schedule 3, line 14.			
e	Add lines 18a through 18d.			
	These are your other payments and refundable credits	18e		
19	Add Lines 17 and 18e.			
	These are your total payments	19	18,657.	
QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated				
QuickZoom to "due diligence checklist" substitute for Form 8867				
QuickZoom to Schedule 3 — Additional Credits and Payments				

Form 1040 or Form 1040-SR, Lines 20 - 22

Refund:				
20	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	20	8,045.	
21 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here.	21	8,045.	
b	Routing number		121000358	
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number		000033132341	
22	Amount of overpayment on line 20 you want applied to your 2020 estimated tax			

Form 1040 or Form 1040SR, Lines 23 - 24

Amount You Owe:				
23	Subtract line total payments from total tax	23		
24	Estimated tax penalty (see instructions)	24		
QuickZoom to Late Penalties and Interest Worksheet				
QuickZoom.				

Schedule 1 - Additional Income and Adjustments

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? (Entry is required when Schedule 1 is part of the return). . . . ☐ Yes ☒ No

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	1	0.
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Alimony Received Smart Worksheet			
	Taxpayer	Spouse	Date of divorce/sep
A	_____	_____	_____
B	_____	_____	_____

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

2 a Alimony received. . . . Taxpayer _____ Spouse _____	2a	
b Date of original divorce or separation agreement ▶ _____		
3 Business income or (loss). Attach Schedule C	3	
4 Other gains or (losses). Attach Form 4797	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6 Farm income or (loss). Attach Schedule F	6	
7 Unemployment compensation (see instr.)	7	
8 Other income. List type and amount (see instructions). _____ _____	8	
9 Combine lines 1 through 8. Enter here and include on Form 1040 or 1040SR, line 7a ▶ Total Income. Combine Form 1040 lines 1- 6 and Schedule 1, line 9 , enter on Form 1040, line 7b ▶ 103,180.	9	0.

Quickzoom to 1040 Worksheet, line 7b — Total Income. ▶ **QuickZoom.** . . ▶ _____

Part II Adjustments to Income

10 Educator expenses 11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 12 Health savings account deduction. Attach Form 8889 13 Moving expenses. Attach Form 3903 14 Deductible part of self-employment tax. Attach Schedule SE 15 Self-employed SEP, SIMPLE, and qualified plans 16 Self-employed health insurance deduction 17 Penalty on early withdrawal of savings.	10 11 12 13 14 15 16 17	
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Alimony Paid Smart Worksheet			
	Recipient's name	Recipient's SSN	Date of divorce/sep
A	_____	_____	_____
B	_____	_____	_____

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

18 a Alimony paid b Recipient's SSN ▶ _____ c Date of original divorce or separation agreement ▶ _____	18 a 18 b 18 c	
19 IRA deduction	19	
20 Student loan interest deduction	20	
21 Tuition and fees. Attach Form 8917	21	
22 Add lines 10 through 21 These are your adjustments to income. Enter on Form 1040 or 1040-SR, line 8a	22	

Schedule 2 - Additional Taxes**Part I Tax**

1	Alternative minimum tax (see instructions). Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or Form 1040SR, line 12b ▶	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 Explain underreported tips	5	
6	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	6	
7 a	Household employment taxes from Schedule H	7 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) . . ▶ _____ _____	8	
9	Section 965 net tax liability installment from Form 965-A. 9 _____		
10	Add lines 4 through 8. These are your total other taxes Enter here and on Form 1040 or 1040-SR, line 15 ▶	10	0.
	Total tax (add line 10 and Schedule 3, line 7b)		10,612.

Schedule 3 - Additional Credits and Payments**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential Energy Credit. Attach Form 5695	5	
6	Other credits from Form:		
a	<input type="checkbox"/> 3800		
b	<input type="checkbox"/> 8801		
c	<input type="checkbox"/>	6	
7	Add lines 1 through 6 plus child tax credit/credit for other dependents line 13a Enter here and include on Form 1040 or 1040-SR, line 13b	7	2,500.
a	Total non-refundable credits		
b	Subtract total credits on line 7 from tax on line 12b above		10,612.
Quickzoom to 1040 Worksheet, line 16 — Total Tax		QuickZoom. . .	

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form:		
a	<input type="checkbox"/> 2439		
b	<input type="checkbox"/> Reserved		
c	<input type="checkbox"/> 8885		
d	<input type="checkbox"/>	13	
14	Total Payments (Part II, lines 8-13) and Withholding (Form 1040, line 17). Other Payments and Refundable Credits (Form 1040, line 18e) ▶	14	18,657.

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	Senior Programmer/Analyst Spouse's Occupation	
Daytime Phone No. (415) 603-0723			

Paid Preparer's Use Only

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

Filing Address Information

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

Name(s) Shown on Return Mary E McManamon	Your SSN 383-68-6449
---	-------------------------

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 2018 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0 .
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0 .

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	
5	State and local income taxes allocable to investment income	5	
6	State and local taxes (Schedule A, line 5e)	6	
7	Lesser of line 5 or line 6.	7	
8	Foreign income taxes	8	
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px;"></div>	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 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 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

Paid Preparer's Due Diligence Worksheet
HOH

► Keep for your records

2019

Name as Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

Automatically calculate this worksheet

- ☐ Fill in this checklist automatically, according to information entered elsewhere in the return.
☐ Do not fill in this checklist automatically. It will be completed manually.

QuickZoom to Form 8867 ► _____

NOTE: This checklist is not a comprehensive or complete list, the paid preparer should refer to the IRS instructions or website.

- 1 Did the preparer who is signing this return also determine the taxpayer's eligibility for EIC? ☐ Yes ☐ No
2 Preparer who determined eligibility
3 Preparer PTIN

As a paid tax return preparer, you must exercise due diligence to determine whether a taxpayer meets all requirements to qualify for HOH filing status. Although line 14 of Form 8867 only asks about substantiation that the taxpayer was unmarried (or considered unmarried) and provided more than half of the cost of keeping up a home for the year for a qualifying person, your client must meet all of the eligibility requirements for claiming HOH filing status. Your client may not claim HOH filing status unless all of the eligibility requirements for HOH filing status are satisfied, even if you answer "Yes" to the question on line 14 of Form 8867.

Head of Household Status Information

- 4 Marital Status (check all that apply):
☐ Never married
☐ Widow/Widower (spouse died before 01/01/2019)
☐ Received final decree of divorce, legal separation, dissolution, or termination of marriage by 12/31/2019. Check next to the following you can provide to the IRS:
☐ Divorce decree
☐ Separation agreement
☐ Married, but lived apart for the last 6 months of the year. Check next to any of the following you can provide to the IRS to verify that you lived apart:
☐ Not applicable ☐ Letter from clergy member
☐ Lease agreement ☐ Letter from social services
☐ Utility bills
☐ Other (write in) _____
- 5 Qualifying person:
☐ Check if child is a nondependent qualifier
First Name _____
Middle Initial _____
Last Name _____
SSN _____
Relationship _____
- 6 Check next to any of the following you can provide to the IRS in order to substantiate maintaining more than half the cost of the home.
☐ Utility bills ☐ Grocery receipts
☐ Property tax bills ☐ Rent receipts or mortgage interest
☐ Other household bills
- 7 Check next to any of the following to indicate any non-taxable support or income you received:
☐ Family support ☐ Housing assistance
☐ Food stamps ☐ Childcare assistance
☐ Other (write in type) _____

- Not a required statement - Use for import purposes
► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Your Social Security No.
383-68-6449

Ownership

Owned by (check one):

☒ Taxpayer ☐ Spouse ☐ Joint

Statement Information

RECIPIENT'S/LENDER'S Name

1 Mortgage interest received from payer(s)

Street address

2 Outstanding mortgage principal

City State ZIP code

3 Mortgage origination date

Telephone number

4 Refund of overpaid interest

RECIPIENT'S federal
identification number

PAYER'S social
security number

5 Mortgage insurance premiums

PAYER'S/BORROWER'S name

6 Points paid on purchase of principal residence

Street address

City State ZIP code

8 Address of the property securing this mortgage
(if different than your mailing address shown)
Street address

7 The address above is the same as the address of
the property securing the mortgage ☐
(If not, enter the property address in box 8)

City State ZIP code

9 If the property securing the mortgage has no address, provide a description of the property below

Account number

10 Property tax

11 Mortgage Acquisition Date

Mortgage Use

1 Mortgage was used to finance (check one):

a ☐ Main home b ☐ Second home c ☐ Business activity
d ☐ Rental activity e ☐ Farm activity f ☐ Farm rental activity
g ☐ Royalty activity h ☐ Other

2 If mortgage used to finance main home or second home,
double-click to link to home mortgage interest worksheet. ►

3 If mortgage used to finance a business, farm, rental
activity, royalty activity, or farm rental, **double-click** to link
to the activity

a Schedule C, Business
b Schedule F, Farm
c Schedule E, Rental or Royalty
d Form 4835, Farm Rental

Rental of Owner-Occupied or Vacation Home

1 If mortgage was used to finance a rental activity, was the rental an
owner-occupied or a vacation home? ☐ Yes ☐ No ☒ NA

2 If yes, complete lines 2a and 2b:

a Mortgage interest qualifying for main or second home treatment
b Mortgage interest **not** qualifying for main or second home treatment

Mortgage Insurance Premiums Information

1 Did your home loan close after December 31, 2006? ☐ Yes ☐ No

Federal Information Worksheet

► Keep for your records

2019

Part I – Personal InformationInformation in Part I is **completely calculated** from entries on Personal Information Worksheets.**Taxpayer:**

First name Mary
 Middle initial E Suffix
 Last name McManamon
 Social security no. 383-68-6449
 Occupation Senior Programmer/Analyst
 Date of birth 07/09/1955 (mm/dd/yyyy)
 Age as of 1-1-2020 64
 Daytime phone (415) 603-0723 Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
 If yes, **was** taxpayer claimed as dependent on that person's return? . . . ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

Spouse:

First name
 Middle initial Suffix
 Last name
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2020
 Daytime phone Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☐ No
 If yes, **was** spouse claimed as dependent on that person's return? . . . ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)**US Address:**

Address 4226 23rd St Apt no.
 City San Francisco State CA ZIP code 94114-3139

Foreign Address: Check this box to use foreign address . . ☐

Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone

Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Print Form 1040-SR instead of Form 1040 . . . ☐ Yes ☒ No

Federal filing status:

☐ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year. ☐
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help). ☐
☒ 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name MI Last Name Suff
 Child's social security number
☐ 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2017 ☐ 2018 ☐
 Are you a dependent with a qualifying child Yes ☐ No ☐
 Enter qualifying person's name:
 Child's First name MI Last Name Suff
 Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	Qualified child/dep care exps incurred and paid 2019	E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr						
Maeve McManamon	E	613-35-4025 Daughter	09/05/2000 19	L	<input checked="" type="checkbox"/>			S	12		Yes
Aisling McManamon	F	658-84-6537 Daughter	12/28/2004 15	L				E	12		Yes

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States
for more than half of 2019? ☐ 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 2019 ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2019 or
if you are ineligible to claim the EIC in 2019 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) ▶BankOfAmerica

Check the appropriate box ► Checking ☒ Savings ☐

Routing number ▶ 121000358 Account number ▶ 000033132341

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

Enter the payment date to withdraw from the account above ►

Balance-due amount from this return ▶ _____

Amended Returns:

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

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

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

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

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

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

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

Real Estate Professionals:

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

Credit for Qualified Retirement Savings Contributions (Form 8880):

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

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

American Opportunity and Lifetime Learning Credit (Form 8863)

For 2019, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ▶ ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

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

Resident country ► USA

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

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

Commonwealth of the Northern Mariana Islands

Dual Status Alien Return:

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

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

Third Party Designee:

Caution: Review transferred information for accuracy.

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

If Yes, complete the following:

Third party designee name ►

Third party designee phone number . . . ▶

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

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

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

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

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

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

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2019 ▶ CA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

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

Spouse:

Enter the spouse's state of residence as of December 31, 2019 ▶ _____

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 71955

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number N7762682

Issued by what state

CA

License or ID

license . ▶

☒

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

Spouse

Drivers license or state ID number _____

Issued by what state

License or ID

license . ▶

☐

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

**Personal Information Worksheet
For the Taxpayer**

2019

► Keep for your records

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

Part I – Taxpayer's Personal Information

First name . . . Mary Middle initial . E Last name . . . McManamon
Suffix

Social security no. . . 383-68-6449 Member of U.S. Armed Forces in 2019? . . ☐ Yes ☒ No

Date of birth 07/09/1955 (mm/dd/yyyy) age as of 1-1-2020 64

Occupation . . . Senior Programmer/Analyst Daytime phone . . . (415) 603-0723 Ext _____

Marital status . . . Single

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

After 2019 ► ☐ 2019 . ► ☐ 2018 . ► ☐ 2017 . ► ☐ Before 2017 . ► ☐

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 1-1-2020 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 2019? ► ☐ 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, 2019? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2019 CA

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ► _____

In which state (or foreign country) did this person reside before this change? ► _____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2019 _____

Unreimbursed medical expenses paid for qualifying person in 2019 _____

Employment taxes paid for dependent care providers in 2019 _____

Full-time student for 5 calendar months during 2019? ► ☐ 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

Dependent and Nondependent Information Worksheet

2019

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Maeve Middle initial . E Last name . . McManamon
Suffix

Social security no. . . 613-35-4025

Date of birth 09/05/2000 (mm/dd/yyyy) age as of 12-31-2019 19
Did this person pass away in 2019 (deceased)? . . ☐ Yes ☒ No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. 1 — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,200 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2019? ☐ Yes ☐ No

Was the person placed with you for adoption after 2019, or was the adoption final in 2019 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . S — Student age 19 to 23 and younger than you (or your spouse)

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☒
Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2019
Unreimbursed medical expenses paid for qualifying person in 2019
Employment taxes paid for dependent care providers in 2019
Child or dependent is a qualifying person for the child and dependent care credit ☐ Yes ☒ No
Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent’s State Residency Information

Enter this person’s state of residence as of December 31, 2019
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 VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here

Dependent and Nondependent Information Worksheet

2019

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Aisling Middle initial . F Last name . . McManamon
Suffix

Social security no. . . 658-84-6537

Date of birth 12/28/2004 (mm/dd/yyyy) age as of 12-31-2019 15
Did this person pass away in 2019 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. 1 — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,200 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2019? ☐ Yes ☐ No

Was the person placed with you for adoption after 2019, or was the adoption final in 2019 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2019 _____
Unreimbursed medical expenses paid for qualifying person in 2019 _____
Employment taxes paid for dependent care providers in 2019 _____
Child or dependent is a qualifying person for the child and dependent care credit ☐ Yes ☒ No
Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2019 _____
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 VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	103,114.		103,114.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	18,657.		18,657.
3 & 7	Total social security wages/tips	106,919.		106,919.
4	Total social security tax withheld	6,629.		6,629.
5	Total Medicare wages and tips	106,919.		106,919.
6	Total Medicare tax withheld	1,550.		1,550.
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	19,471.		19,471.
b	Elective deferrals to qualified plans	3,805.		3,805.
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	15,666.		15,666.
14 a	Total deductible mandatory state tax	1,061.		1,061.
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.	103,114.		103,114.
17	Total state tax withheld	4,509.		4,509.
19	Total local tax withheld.			


Name
Mary E McManamonSocial Security Number
383-68-6449**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. . . 383-68-6449
b Employer ID number (EIN). . . 94-1105628
c Employer's name, address, and ZIP code
 KAISER FOUNDATION HOSPITALS
 Street ONE KAISER PLAZA
 City OAKLAND
 State CA ZIP Code 94612
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
103,114.01
3 Social security wages
106,918.89
5 Medicare wages and tips
106,918.89
7 Social security tips

2 Federal income tax withheld
18,656.88
4 Social security tax withheld
6,628.97
6 Medicare tax withheld
1,550.32
8 Allocated tips

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

e Employee's name
 First MARY M.I. 
 Last MCMANAMON Suff. _____
f Employee's address and ZIP code
 Street 5214F DIAMOND HTS BLVD
 City SAN FRANCISCO
 State CA ZIP Code 94131
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 _____
11 Nonqualified plans
12 Enter box 12 below

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

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

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

Box 12 Code	Box 12 Amount	If Box 12 code is:	
E	3,804.88	A:	Enter amount attributable to RRTA Tier 2 tax
C	792.00	M:	Enter amount attributable to RRTA Tier 2 tax
DD	14,873.76	P:	Double click to link to Form 3903, line 4. . .
		R:	Enter MSA contribution for Taxpayer . . .
			Spouse . . .
		W:	Enter HSA contribution for Taxpayer . . .
			Spouse . . .
		G:	<input type="checkbox"/> Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	91000448	103,114.01	4,509.40

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

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

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
CASDI	1,061.27	California SDI tax

Wages, Salaries, & Tips Worksheet

2019

► Keep for your records

Name(s) Shown on Return	Social Security Number
Mary E McManamon	383-68-6449

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	103,114.		103,114.
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 2019			
b _____			

10 Subtotal.			
Add lines 1 through 9	103,114.		103,114.
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	103,114.		103,114.

Name as Shown on Return
Mary E McManamonSocial Security No.
383-68-6449

- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2019 and meet the other requirements listed in the instructions for Form 1040.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children under age 17 with the required social security number: <u>1</u> X \$2,000. Enter the result.	1	<u>2,000.</u>		
2	Number of other dependents, including qualifying children without the required social security number: <u>1</u> X \$500. Enter the result	2	<u>500.</u>		
3	Add lines 1 and 2			3	<u>2,500.</u>
4	Enter the amount from Form 1040 or 1040-SR, line 8b	4	<u>103,180.</u>		
5	1040 filers: enter the total of any — • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.	5	<u>0.</u>		
6	1040NR filers: Enter -0-.	6	<u>103,180.</u>		
7	Add lines 4 and 5. Enter the total Enter the amount shown below for your filing status. • Married filing jointly — \$400,000 • All other filing statuses — \$200,000	7	<u>200,000.</u>		
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	8			
9	Multiply the amount on line 8 by 5% (.05). Enter the result.	9			<u>0.</u>
10	Is the amount on line 3 more than the amount on line 9? <input type="checkbox"/> No. Stop. You cannot take the child tax credit or credit for other dependents on Form 1040 or 1040-SR, line 13a. You also cannot take the additional child tax credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i>	10			<u>2,500.</u>

Part 2

11	Enter the amount from Form 1040 or 1040-SR, line 12b	11	<u>13,112.</u>		
12	Add the amounts from — Schedule 3, line 1 Schedule 3, line 2 Schedule 3, line 3 Schedule 3, line 4 Form 5695, line 30 Form 8910, line 15 Form 8936, line 23 Schedule R, line 22 Enter the total	12	<u>0.</u>		
13	Subtract line 12 from line 11	13	<u>13,112.</u>		
14	Are you claiming any of the following credits? • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter -0- <input type="checkbox"/> Yes. If you are filing Form 2555, enter -0-. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here.	14	<u>0.</u>		
15	Subtract line 14 from line 13. Enter the result	15	<u>13,112.</u>		
16	Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> No. Enter the amount from line 10 <input type="checkbox"/> Yes. Enter the amount from line 15. See the TIP below.	16	<u>2,500.</u>		

**This is your child
tax credit and credit for
other dependents**Enter this amount on
Form 1040, line 13a
Form 1040-SR, line 13a
Form 1040NR, line 49

- TIP:** You may be able to take the **additional child tax credit** on Form 1040 or 1040-SR, line 18b, only if you answered 'Yes' on line 16 and line 1 is more than zero.
- First, complete your Form 1040 or 1040-SR through line 18a (also complete Schedule 3, line 11)
 - Then, use Schedule 8812 to figure any additional child tax credit.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

		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

2019

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

				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
Mary E McManamonSocial Security Number
383-68-6449

1 a	Enter your taxable income from Form 1040, line 11b	1 a	84,830.
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	84,830.
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	84,830.
15	Enter: • \$39,375 if single or married filing separately, • \$78,750 if married filing jointly or qualifying widow(er), or • \$52,750 if head of household.	15	52,750.
16	Enter the smaller of line 1c or line 15	16	52,750.
17	Enter the smaller of line 14 or line 16	17	52,750.
18	Subtr ln 10 from ln 1c. If zero or less, enter -0-	18	84,830.
19	Enter the smaller of line 1c or: • \$160,725 if single or married filing sep, • \$321,450 if MFJ or qual widow(er), or • \$160,700 if head of household.	19	84,830.
20	Enter the smaller of line 14 or line 19	20	84,830.
21	Enter the larger of line 18 or line 20	21	84,830.
22	Subtract line 17 from line 16. This amount is taxed at 0%	22	0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.			
23	Enter the smaller of line 1c or line 13	23	0.
24	Enter the amount from line 22 (if line 22 is blank, enter -0-)	24	0.
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	0.
26	Enter: • \$434,550 if single, • \$244,425 if married filing separately, • \$488,850 if married filing jointly or qualifying widow(er), or • \$461,700 if head of household.	26	461,700.
27	Enter the smaller of line 1c or line 26	27	84,830.
28	Add lines 21 and 22	28	84,830.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0.
30	Enter the smaller of line 25 or line 29	30	0.
31	Multiply line 30 by 15% (0.15)	31	0.
32	Add lines 24 and 30	32	0.
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33			
33	Subtract line 32 from line 23	33	0.
34	Multiply line 33 by 20% (0.20)	34	0.
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.			
35	Enter the smaller of line 9c above or Schedule D, line 19	35	
36	Add lines 10 and 21	36	
37	Enter the amount from line 1c above	37	

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	<u>13,112.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>13,112.</u>
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	<u>13,112.</u>
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 12a	47	<u>13,112.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2019

Line 12a

► Keep for your records

Name(s) Shown on Return Mary E McManamon	Social Security Number 383-68-6449
---	---------------------------------------

1	Enter the amount from Form 1040 or 1040-SR, line 11b	1	_____
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	_____
3	Are you filing Schedule D?		
	<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 6.		
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-	5	_____
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:		
	\$39,375 if single or married filing separately,		
	\$78,750 if married filing jointly or qualifying widow(er),	8	_____
	\$52,750 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:		
	\$434,550 if single,		
	\$244,425 if married filing separately,	15	_____
	\$488,850 if married filing jointly or qualifying widow(er),		
	\$461,700 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.	24	_____
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.	26	_____
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040 or 1040-SR, line 12a.	27	_____

IRA Contributions Worksheet

2019

► Keep for your records

Name(s) Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2019, including any made between 1/1/2020 and 7/15/2020, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2020 to 7/15/2020 (<i>See Help</i>).		
12	Age 70-1/2 or older in tax year		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible traditional IRA contributions from worksheet.		
14	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: _____ IRA deduction worksheet ► _____ Worksheet for social security recipients ►		
15	Amount on line 13 you elect to make nondeductible		
16	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
17	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
18	Qualified reservist repayments		
19	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2019

► Keep for your records

Mary E McManamon

383-68-6449

Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular Roth IRA contributions made for 2019, including any made between 1/1/2020 and 7/15/2020, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.		
21	Contributions recharacterized from a traditional IRA, (from In 4). . .		
22	Roth IRA contributions, from Schedule(s) K-1		
23	Enter contributions recharacterized to a traditional IRA.		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed Roth IRA conversions		
25	Roth IRA contributions. Combine lines 20 through 24		
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i>		
27	Excess Roth IRA contribution credit		
28	Total Roth IRA contributions		
29	Repayments of qualified Roth reservist distributions		

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

Coverdell Education Savings Account (Education IRA) Contributions

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

Schedule A
Line 1

Medical Expenses Worksheet

► Keep for your records

2019

Name(s) Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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1	Prescription medications	1	
2	Health insurance premiums:		
a	Premiums other than self-employed health insurance or reported on a 1095-A . . .	2 a	
b	From Form(s) 1095-A - net of adjustments	b	
	Taxpayer's portion of 1095-A premiums (total less spouse) . . .		
	Spouse's portion of 1095-A premiums, enter the amount		
	for the spouse, the remaining goes to the taxpayer		
c	Medicare premiums	c	
d	From Form(s) 1099-R	d	
	NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, not on lines 2e - 2j below.		
e	Taxpayer's gross long-term care premiums	2 e	
f	Taxpayer's allowable long-term care premiums	f	
g	Spouse's gross long-term care premiums	g	
h	Spouse's allowable long-term care premiums	h	
i	Dep or child under 27 gross long-term care premiums . .	i	
j	Dep or child under 27 allowable long-term care prem. . .	j	
k	Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j	k	
l	Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	l	
m	Spouse's long-term care premiums not deducted as an adjustment to income. . .	m	
n	Dependent's long-term care premiums not deducted as an adj to income	n	
o	Other self-employed health insurance not deducted as an adj to income	o	
3	Fees for doctors, dentists, etc	3	
4	Fees for hospitals, clinics, etc.	4	
5	Lab and x-ray fees	5	
6	Expenses for qualified long-term care	6	
7	Eyeglasses and contact lenses	7	
8	Medical equipment and supplies	8	
9	Medical transportation expenses:		
a	Medical miles driven	9 a	
b	Multiply the number of miles on line 9a by 20 cents per mile	b	
c	Other medical transportation costs not included above for example: ambulance fees	c	
d	Total medical transportation expenses (add lines 9b and 9c)	9 d	
10	Lodging for medical purposes (up to \$50 per night per person)	10	
11	Other medical and dental expenses:		
a		11 a	
b		b	
c		c	
d		d	
e		e	
f		f	
g		g	
h		h	
i		i	
j		j	
12	Total of medical and dental expenses (add lines 1 through 11j)	12	
13 a	Less: insurance reimbursement for any expenses listed	13 a	
b	Less: medical savings account (MSA) or health savings account (HSA) distributions	b	
14	Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1)	14	0.

2019

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/19		04/15/19			04/15/19		
2	06/17/19		06/17/19			06/17/19		
3	09/16/19		09/16/19			09/16/19		
4	01/15/20		01/15/20			01/15/20		
5								
Tot Estimated Payments . . .								

ID

9 2019 extensions

Local

ID

24 Other (amended returns, installment payments, etc) . .

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	103,180.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2018 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	103,180.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 5,570.00

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). 5,570.00

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 . . .	6,500.64
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)	6,501.00
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2018 Amount	Enter 2019 description:
	212.00	toyota scion xb
		302.00
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)	302.00
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.	
	2018 Amount	Enter 2019 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	6,314.91
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	6,314.91
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

2019

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	4,509.
2 2019 state estimated taxes paid in 2019	2	
3 2018 state estimated taxes paid in 2019	3	
4 Amount paid with 2018 state application for extension	4	
5 Amount paid with 2018 state income tax return	5	
6 Overpayment on 2018 state income tax return applied to 2019 tax	6	
7 Other amounts paid in 2019 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	
10 2019 local estimated taxes paid in 2019	10	
11 2018 local estimated taxes paid in 2019	11	
12 Amount paid with 2018 local application for extension	12	
13 Amount paid with 2018 local income tax return	13	
14 Overpayment on 2018 local income tax return applied to 2019 tax	14	
15 Other amounts paid in 2019 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17 <u>State mandatory taxes</u>	17	1,061.
18 Total Add lines 1 through 17	18	5,570.
19 State and local refund allocated to 2019	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20	21	
22 Total state and local income tax deduction Line 18 less line 21	22	5,570.

Nondeductible State Income Tax (Hawaii Only)

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

Name(s) Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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Note: Use this worksheet to report home mortgage interest you paid on your main home or second home. Enter mortgage interest you paid for business property other than a home office on the appropriate schedule or form for the business activity (Schedule C, Schedule E, etc.).

Mortgage Lender Info:

1	Recipient's/lender's name	BANK OF AMERICA	
2 a	Was the mortgage interest reported to you on Form 1098?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b	Mortgage interest paid on your main home or second home in 2019		6,314.91
c	Check this box if Box 7 is checked on Form 1098	<input type="checkbox"/>	
d	Is this loan secured by a residence of yours?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3	Outstanding mortgage principal		114,853.17
4	Mortgage origination date		05/22/2014
5 a	Did your home loan close after December 31, 2006?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b	Mortgage insurance premiums		
6	Mortgage acquisition date		
7 a	Points paid to buy or improve your main home in 2019		
b	Check if points were reported to you on Form 1098	<input type="checkbox"/>	
c	Check if points were reported on the HUD-1 loan closing statement, or my name is not listed first on Form 1098	<input type="checkbox"/>	
	Computed points reported on Form 1098	<input type="checkbox"/>	
	Computed points not reported on Form 1098	<input type="checkbox"/>	
8	Property taxes		6,500.64
9	Check this box if you refinanced your loan with a different lender, paid off this loan, or sold the property	<input type="checkbox"/>	
10	Did you pay points to this lender which must be spread over the life of the loan, for example: points you paid on your second home, on a home equity loan, or when you refinanced, enter the following	Yes <input type="checkbox"/> No <input type="checkbox"/>	
a	Total points originally paid on a loan for which the points must be amortized		
b	Length of loan (years)		
c	Points deducted in prior years for this loan		
d	Amortized points allowable this year		
e	Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a)*		

* As adjusted by the Home Mortgage Interest Limitation Smart Worksheet below, if applicable

Uncommon Situations:

11 Were you and someone else liable for this mortgage and the **other person** received the Form 1098, enter the other person's name and address **Yes** ☐ **No** ☒
Name _____
Address _____
City _____ State _____ ZIP _____

12 Did you buy your home from the recipient and did **NOT** receive a Form 1098, enter the recipient's identifying number and address **Yes** ☐ **No** ☒
Recipient's SSN _____ **-OR-** Recipient's EIN _____
Recipient's address _____
City _____ State _____ ZIP _____

13 Did you pay more mortgage interest than what is shown on Form 1098 **Yes** ☐ **No** ☐
QuickZoom to attach a statement to your return explaining the difference.

Charitable Deduction Limits Worksheet For Current Year Contributions

2019

► Keep for your records

Name(s) Shown on Return <u>Mary E McManamon</u>	Social Security Number <u>383-68-6449</u>
--	--

Step 1 — Enter your other charitable contributions made during the year.

1 Enter your cash contributions for qualified disaster relief	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	103,180.
--	---	----------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

F Qualified contributions for certain disaster relief efforts

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

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

G Deduction for the year

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

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

Charitable Deduction Limits Worksheet For Carryover Contributions

2019

► Keep for your records

Name(s) Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions for qualified disaster relief	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	0.
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	0.

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI)	8	103,180.
	Percentage of line 8	Used in Current Year	
a	60% AGI limit to line 9	61,908. Less 0.	a 61,908.
b	50% AGI limit to line 12	51,590. Less 0.	b 51,590.
c	30% AGI limit, Section C to line 19	30,954. Less 0.	c 30,954.
d	30% AGI limit, Section D to line 26	30,954. Less 0.	d 30,954.
e	20% AGI limit to line 35	20,636. Less 0.	e 20,636.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

G Deduction for the year

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

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

- Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

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 2019 contributions							
2 2019 contributions allowed							
3 Carryovers from:							
a 2018 tax year	0.	N/A	0.	0.			
b 2017 tax year		N/A					
c 2016 tax year		N/A					
d 2015 tax year		N/A					
e 2014 tax year		N/A					
4 Carryovers allowed in 2019		N/A					
5 Carryovers disallowed in 2019		N/A					
6 Carryovers to 2020:							
a From 2019.							
b From 2018.		N/A					
c From 2017.		N/A					
d From 2016.		N/A					
e From 2015.		N/A					
f From 2014.		N/A					

1	Was the entire interest given for all property donated to all charities?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were restrictions attached to any charities's right to use or dispose of any property donated to any charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 60%/50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Schedule A
Lines 16

Miscellaneous Itemized Deductions Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Mary E McManamonSocial Security Number
383-68-6449**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 2019 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
Mary E McManamon

Social Security Number
383-68-6449

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

1	Is your earned income* more than \$750?				
	<input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total		► . . .	1	
	<input type="checkbox"/> No. Enter \$1,100				
2	Enter the amount shown below for your filing status.				
	• Single or married filing separately — \$12,200				
	• Married filing jointly — \$24,400		► . . .	2	18,350.
	• Head of household — \$18,350				
3	Standard deduction.				
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1955, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 9. Otherwise, go to line 3b			3 a	
3 b	If born before January 2, 1955, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,300 (\$1,650 if single or head of household)			3 b	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, ln 9			3 c	

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

Earned Income Worksheet**2019**

► Keep for your records

Name(s) Shown on Return
Mary E McManamonSocial Security Number
383-68-6449**Part I – Earned Income Credit Worksheet Computation**

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	103,114.		103,114.
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	103,114.		103,114.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	103,114.		103,114.
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	103,114.		103,114.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	103,114.		103,114.
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.	103,114.		103,114.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	103,114.		103,114.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	103,114.		103,114.

► Keep for your records

Name(s) Shown on Return
Mary E McManamonSocial Security Number
383-68-6449**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	66.
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	66.
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	66.

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	

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 type="checkbox"/> | \$15,570 (\$21,370 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$41,094 (\$46,884 if married filing jointly) with one qualifying child. |
| <input checked="" type="checkbox"/> | \$46,703 (\$52,493 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$50,162 (\$55,952 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 type="checkbox"/> | \$15,570 (\$21,370 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$41,094 (\$46,884 if married filing jointly) with one qualifying child. |
| <input checked="" type="checkbox"/> | \$46,703 (\$52,493 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$50,162 (\$55,952 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,600.
(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 2019.
(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 2019?

- ☐ 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 2019?

- 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 2019.

Compliance and Due Diligence Indicator☒

Disqualified from Earned Income Credit.☒ Yes ☐ No

Potential qualifying child count▶ 2

Non dependent potential qualifying child count▶ 0

Qualifying child count (max 3)▶ 2

Schedule SE Adjustments Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ►	<input type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ►	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self- employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AH		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c.		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Use a separate worksheet for each casualty or theft event.

► Keep for your records

Name(s) shown on return

Mary E McManamon

Social Security No.

383-68-6449

Part I Casualty or Theft Event Information

- 1 Description of this casualty or theft event► _____
- 2 Date of casualty or theft event ► _____
- 3 Use of property, check one if not a Ponzi loss (line 5c):
- a Personal (includes home office deducted under simplified method, see tax help)► ☐
- b Business, employment, or income-producing► ☐
- 4 If box 3a is checked, check one:
- a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster► ☐
- b This event qualifies as a Hurricane Irma Disaster► ☐
- c This event qualifies as a Hurricane Maria Disaster► ☐
- d This event qualifies as a **2017** California Wildfire Disaster (01/01/2017-01/18/2018)► ☐
- e This event is a qualified federally declared major disaster► ☐
- f This event is a federally declared disaster (not "qualified")► ☐
- g This event qualifies as a **2016** federally declared disaster area► ☐
- h This event **does not** qualify as a federally declared disaster► ☐
- i Enter the FEMA disaster decl. number if any line 4a-g is checked (ex. DR-1234)► _____
- 5 If box 3b is checked, check one:
- a Check if the property was used in a passive activity► ☐
- b Check if the property was **not** used in a passive activity► ☐
- c Check if this is a Rev Proc 2009-20 Ponzi-Type loss► ☐
- 6 Worksheet Copy Number 1

Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event

- a **Description** including type of property . . .► _____
- b For personal use property, enter the address, city, state and ZIP code

- c Date acquired► _____ d Cost or other basis . . .► _____
- e Insurance or other reimbursement► _____
- f FMV before event► _____ g FMV after event . . .► _____
- h Was this a total loss ? Yes . . .► ☐ No . . .► ☐
- i If **personal** use, is this a collectible ? Yes . . .► ☐ No . . .► ☐
- j If **business** use, check one: Business► ☐ Employ► ☐ Income . . .► ☐
- k If **home office** (standard method) enter: Sch C . . .► ☐ No Sch C► ☐ Ln 27

- a **Description** including type of property . . .► _____
- b For personal use property, enter the address, city, state and ZIP code

- c Date acquired► _____ d Cost or other basis . . .► _____
- e Insurance or other reimbursement► _____
- f FMV before event► _____ g FMV after event . . .► _____
- h Was this a total loss ? Yes . . .► ☐ No . . .► ☐
- i If **personal** use, is this a collectible ? Yes . . .► ☐ No . . .► ☐
- j If **business** use, check one: Business► ☐ Employ► ☐ Income . . .► ☐
- k If **home office** (standard method) enter: Sch C . . .► ☐ No Sch C► ☐ Ln 27

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2019

► Keep for your records

Name(s) Shown on Return Mary E McManamon		Social Security Number 383-68-6449	
	(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.	31,480.		
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
Mary E McManamonSocial Security Number
383-68-6449**Taxable Income – Line 1**

1	Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	84,830.
2	Additions to income	2	
3	Add lines 1 and 2	3	84,830.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	84,830.

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	0.
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	0.

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

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	103,180.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	103,180.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	92,862.
6	Enter ATNOL carried to 2018 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 \$733,700:		
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 \$55,850	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$71,700 if single or head of household, \$111,700 if married filing jointly or qualifying widow(er), \$55,850 if married filing separately	1	71,700.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	103,180.
3	Enter \$510,300 if single or head of household, \$1,020,600 if married filing jointly or qualifying widow(er), \$510,300 if married filing separately	3	510,300.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	71,700.

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2019

► Keep for your records

Name(s) Shown on Return Mary E McManamon		Social Security Number 383-68-6449	
1	Enter the amount from Form 6251, line 6	1	
2 a	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a	
b	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c	3	
4	Tax on the amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. • All Others: If line 3 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result. 	4	
5	Tax on amount on line 2c. If line 2c is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result	5	
6	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6	

Federal Carryover Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

2018 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
CA			4,496.		1,679.	
Totals . .			4,496.		1,679.	

2018 State Extension Information

(a) State	(b) Paid With Extension

2018 Locality Extension Information

(a) Locality	(b) Paid With Extension

2018 State Estimates Information

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

2018 Locality Estimates Information

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

2018 State Taxes Due Information

(a) State	(e) Paid With Return

2018 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2018 State Refund Applied Information

(a) State	(g) Applied Amount

2018 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2018 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
CA	4,496.	1,679.

2018 Locality Tax Refund Information

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

Mary E McManamon

383-68-6449

Other Tax and Income Information			2018	2019
1	Filing status	1	4 HH	4 HH
2	Number of exemptions for blind or over 65 (0 - 4).	2		
3	Itemized deductions	3	19,740.	16,315.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	103,195.	103,180.
6	Tax liability for Form 2210 or Form 2210-F	6	10,432.	10,612.
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			2018	2019
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			2018	2019
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 2019. . .	a		
	b 2018. . .	b		
	c 2017. . .	c		
	d 2016. . .	d		
	e 2015. . .	e		
	f 2014. . .	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2019. . .	a		
	b 2018. . .	b		
	c 2017. . .	c		
	d 2016. . .	d		
	e 2015. . .	e		
	f 2014. . .	f		

Credit Carryovers				2018	2019
18	General business credit			18	
19	Adoption credit from:	a	2019	19 a	
		b	2018	b	
		c	2017	c	
		d	2016	d	
		e	2015	e	
		f	2014	f	
20	Mortgage interest credit from:	a	2019	20 a	
		b	2018	b	
		c	2017	c	
		d	2016	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	

Other Carryovers				2018	2019
24	Section 179 expense deduction disallowed			24	
25	Excess	a	Taxpayer (Form 2555, line 46)	25 a	
	foreign	b	Taxpayer (Form 2555, line 48)	b	
	housing	c	Spouse (Form 2555, line 46)	c	
	deduction:	d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2018 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	Qualified
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	(f) 100%
a	2018	0.					0.
b	2017						
c	2016						
d	2015						
e	2014						

27	2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	
a	2019						
b	2018						
c	2017						
d	2016						
e	2015						

28 Amount overpaid less earned income credit 7,719.

Qualified Business Income Deduction (Section 199A) carryovers				2018	2019
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	

2018 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

Description	Amount
Income	
Wages	103,114.
Interest income before Series EE bond exclusion	66.
Dividend income	
Tax refund	0.
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	103,180.
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	103,180.

Two-Year Comparison

2019

Name(s) Shown on Return Mary E McManamon			Social Security Number	
Income	2018	2019	Difference	%
Wages, salaries, tips, etc	101,938.	103,114.	1,176.	1.15
Interest and dividend income		66.	66.	
State tax refund	1,257.	0.	-1,257.	-100.00
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	103,195.	103,180.	-15.	-0.01
Adjustments to Income				
Adjusted Gross Income	103,195.	103,180.	-15.	-0.01
Itemized Deductions				
Medical and dental				
Income or sales tax	5,539.	5,570.	31.	0.56
Real estate taxes	6,202.	6,501.	299.	4.82
Personal property and other taxes	212.	302.	90.	42.45
Interest paid	9,740.	6,315.	-3,425.	-35.16
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	19,740.	16,315.	-3,425.	-17.35
Standard or Itemized Deduction	19,740.	18,350.	-1,390.	-7.04
Qualified Business Income Deduction				
Taxable Income	83,455.	84,830.	1,375.	1.65
Income tax	12,932.	13,112.	180.	1.39
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	12,932.	13,112.	180.	1.39
Nonbusiness credits	2,500.	2,500.	0.	0.00
Business credits				
Total Credits	2,500.	2,500.	0.	0.00
Self-employment tax				
Other taxes	0.		0.	
Total Tax After Credits	10,432.	10,612.	180.	1.73
Withholding	18,151.	18,657.	506.	2.79
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	18,151.	18,657.	506.	2.79
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	7,719.	8,045.	326.	4.22
Balance Due				

Current year effective tax rate 10.28 %

Tax Summary
► Keep for your records

2019

Name (s)

Mary E McManamon

Total income	103,180.
Adjustments to income	
Adjusted gross income	103,180.
Itemized/standard deduction	18,350.
Qualified business income deduction	
Taxable income	84,830.
Tentative tax	13,112.
Additional taxes	
Alternative minimum tax	
Total credits	2,500.
Other taxes	
Total tax	10,612.
Total payments	18,657.
Estimated tax penalty	
Amount Overpaid	8,045.
Refund	8,045.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

► Keep for your records

2019

Name(s) Shown on Return Mary E McManamon	Social Security No 383-68-6449
---	-----------------------------------

Your 2019 adjusted gross income (AGI) 103,180.
National adjusted gross income range used below from 100,000. to 199,999.

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	103,114.	121,430.
Taxable interest	66.	1,276.
Tax-exempt interest		7,537.
Dividends		6,419.
Business net income		27,576.
Business net loss		7,552.
Net capital gain		14,441.
Net capital loss		2,348.
Taxable IRA		28,656.
Taxable pensions and annuities		43,741.
Rent and royalty net income		14,020.
Rent and royalty net loss		9,066.
Partnership and S corporation net income		42,600.
Partnership and S corporation net loss		13,512.
Taxable social security benefits		24,734.
Medical and dental expenses deduction		11,992.
Taxes paid deduction	10,000.	12,003.
Interest paid deduction	6,315.	9,172.
Charitable contributions deduction		4,581.
Total itemized deductions	16,315.	27,269.
Child care credit		624.
Education tax credits		1,459.
Child tax credit	2,500.	1,414.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	103,180.	142,091.
Taxable income	84,830.	107,423.
Income tax	13,112.	18,038.
Alternative minimum tax		2,438.
Total tax liability	10,612.	18,780.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Mary E McManamon

Primary SSN: 383-68-6449

Federal Return Submitted: July 15, 2020 11:21 PM PDT

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 07/16/2020

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 July 15, 2020. 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 July 15, 2020, your Intuit electronic postmark will indicate July 15, 2020, 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 July 15, 2020, and a corrected return is submitted and accepted before July 20, 2020. If your return is submitted after July 20, 2020, 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, 2020. 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, 2020, and the corrected return is submitted and accepted by October 20, 2020.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

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

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

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

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

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

--

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

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

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

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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:

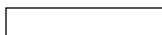
Mary

McManamon

Please type the date below:

07/15/2020

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, 2020.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in section 10.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

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

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

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

²This fee consists of a TurboTax Fee, the cost of TurboTax Premium Services or TurboTax MAX and any fees for additional products and services purchased. Note that the cost of TurboTax Premium Services or TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement on the next page for the cost of the service you have chosen.

³However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

Questions? Call 877-908-7228

Pro Delegation Worksheet

2019

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

Original Returns:

- ☐ File **federal** return electronically
☐ File **state** returns electronically

Select state returns to file electronically:

State(s)

Amended Returns:

- ☐ File **federal** amended return(s) electronically
☐ File **state** amended return(s) electronically

Select state amended return(s) 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

Please fill out the survey at the link below to help us better understand your experience working with the tax optimization features.

<https://forms.gle/ugi2CxnyuAXNW2Kb7>

Suggestions For Customer

Suggestion ID	Suggestion
0000	No pilot project expert suggestion was determined for this customer

[illegible]

Pro Notes About Suggestions

Suggestion ID	Suggestion
---------------	------------

[illegible]

Smart Worksheets From 2019 Federal Tax Return

SMART WORKSHEET FOR: State and Local Income Tax Refund Worksheet

2018 Federal Form 1040 Information Smart Worksheet

Use this worksheet to compute taxable refund amount? ☒ Yes ☐ No
If no, skip this Smart Worksheet. Total refunds from Line 1 column (b) will be reported as income.

A Did you itemize deductions in 2018? ☒ Yes ☐ No
If no, none of your refund from 2018 is reportable as income. Do not complete the remainder of this worksheet.

B Enter the amount from your 2018 Schedule A, line 5a, State and local tax. 5,539.
If none, enter zero, and do not complete the remainder of this worksheet.

C Which type of taxes were deducted on your 2018 Schedule A, line 5a?

- | | |
|---|-------------------------------------|
| 1 Income taxes | <input checked="" type="checkbox"/> |
| 2 General sales taxes (2018 Schedule A, box 5a, was checked) | <input type="checkbox"/> |
| 3 Not applicable | <input type="checkbox"/> |

If general sales taxes were deducted, none of the refund from 2018 is reportable as income. Do not complete the remainder of this worksheet.

D Enter the deduction for general sales taxes that could have been taken in 2018 if you know that amount. _____

E What was your filing status for 2018?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Single |
| <input type="checkbox"/> | Married filing jointly |
| <input type="checkbox"/> | Married filing separately |
| <input type="checkbox"/> | Married filing separately and your spouse itemized deductions |
| <input checked="" type="checkbox"/> | Head of household |
| <input type="checkbox"/> | Qualifying widow(er) |

F Could be claimed as a dependent by someone else in 2018? . . . ☐ Yes ☒ No

G If yes, enter your earned income for 2018. _____

Enter the following amounts from your 2018 Form 1040:

H Line 7, Adjusted gross income 103,195.

I Line 8, Itemized deductions or standard deduction 19,740.

J Total number of boxes checked under Standard deduction for age and blindness _____

K Line 10, Taxable income. Line K less line L (if less than zero, enter as negative). 83,455.

L Line 11, Tax 12,932.

M Sch 2, Line 45, Alternative minimum tax. _____

N Sch 2, Line 46, Excess advance premium tax credit repayment. _____

O Line 11, Total tax before credits 12,932.

P Line 13, Total tax after credits 10,432.

Enter the following amounts from your 2018 Schedule A, Itemized Deductions:

Q Line 7, Taxes 10,000.

1 Line 5b, State and local real estate taxes 6,202.

2 Line 5c, State and local personal property taxes 212.

3 Line 5e, State and local taxes after limitation 10,000.

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

Tax Smart Worksheet	
A	Tax 13,112.
Check if from:	
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814
C	Additional tax from Form 4972
D	Tax from additional Form(s) 4972
E	Recapture tax from Form 8863
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative
H	Additional tax from Form 8621
I	Tax. Add lines A through G. Enter the result here and include in tax below. 13,112.

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

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
A	Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . 0.

SMART WORKSHEET FOR: 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 style="text-align: center;">2017 Tax Cuts & Jobs Act Apply 15-year recovery period to qualified improvement property (asset types J2, J3, J4 and J5) placed in service after December 31, 2017? Yes <input checked="checked" type="checkbox"/> No <input type="checkbox"/></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. Refer to Tax Help</p>
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SMART WORKSHEET FOR: Dependent Information Worksheet (Maeve)

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse	<input type="checkbox"/>
Taxpayer	<input checked="" type="checkbox"/>
Spouse	<input type="checkbox"/>

C Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No

D Was this person married on December 31, 2019 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☒ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2019	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
- If married, filed a joint return for the year	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments.	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately	<input type="checkbox"/> Yes <input type="checkbox"/> No

E Is this person a Full time student? ☒ Yes ☐ No

F Is this person's gross income less than \$4,200? ☐ Yes ☐ No

1 Did you provide over 1/2 the support for this person?
or
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☒ No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the other parent waived their legal right so you can claim this dependent on your tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents
- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return?	<input checked="" type="checkbox"/>
Other parent in different return?	<input type="checkbox"/>
Someone else in different return?	<input type="checkbox"/>

SMART WORKSHEET FOR: Dependent Information Worksheet (Maeve)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

- * They received gross income greater than \$4,200 or more or
- * They filed a joint return

☐

SMART WORKSHEET FOR: Dependent Information Worksheet (Aisling)

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse	<input type="checkbox"/>
Taxpayer	<input checked="" type="checkbox"/>
Spouse	<input type="checkbox"/>

C Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No

D Was this person married on December 31, 2019 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☒ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2019	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If married, filed a joint return for the year	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments.	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately	<input type="checkbox"/> Yes <input type="checkbox"/> No

E Is this person a Full time student? ☐ Yes ☐ No

F Is this person's gross income less than \$4,200? ☐ Yes ☐ No

1 Did you provide over 1/2 the support for this person?
or
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☒ No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the other parent waived their legal right so you can claim this dependent on your tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents
- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return?	<input checked="" type="checkbox"/>
Other parent in different return?	<input type="checkbox"/>
Someone else in different return?	<input type="checkbox"/>

SMART WORKSHEET FOR: Dependent Information Worksheet (Aisling)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,200 or more or

* They filed a joint return

☐

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

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III line 3).

- | | | |
|---|--------------------------|--------------------------|
| A Is this activity a qualified trade or business under Section 199A? | <input type="checkbox"/> | <input type="checkbox"/> |
| B QBI worksheet to report. | ▶ | |
| C Specified Service Trade or Business (SSTB)? | <input type="checkbox"/> | <input type="checkbox"/> |
| D I am not a statutory employee | <input type="checkbox"/> | |

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: Child Tax Cr and Cr for Other Depend Wks

Line 7 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A Enter the social security tax withheld (Form(s) W-2, box 4)	6,629.
B Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld.	1,550.
C Enter any amount from Form 8959, line 7	0.
D Add line A, B, and C	8,179.
E Enter the Additional Medicare Tax withheld (Form 8959 line 22)	0.
F Subtract line E from line D.	8,179.
Additional Medicare Tax on Self-Employment Income.	
G Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13)	
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H Enter the Tier 1 tax (Form(s) W-2, box 14).	0.
I Enter the Medicare Tax (Form(s) W-2, box 14)	0.
J Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N.	
K Add lines H, I, and J	0.
L Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2019).	
M Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2019).	
N Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line and line J	
O Add line L, M, and N	
Line 7 Amount	
P Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7.	8,179.

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 6,314.91
- 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: Home Mortgage Interest Worksheet (BANK OF AMERICA)

Home Mortgage Interest Limitation Smart Worksheet

- A** Is this the original loan used to purchase this home? Yes ☐ No ☒
- B** Is this a **home equity** loan or **refinance** of a purchase loan? Home Equity ☐ Refi ☒
 Was cash ever taken out as part of a refinance? Yes ☐ No ☒
- C** Were all loan proceeds used to purchase, build, or improve the home secured by this loan?
(see help if this loan is a refinance loan) Yes ☒ No ☐
 If no, amount used to purchase, build, or improve this home *(see help)*
- D** Date loan was paid off, if paid off in 2019
- E** Outstanding mortgage principal as of 12/31/2019 (or pay-off date, if applicable)
 Check if you had only one 1098 ☐

F	Total	Post-12/15/17 Home Debt	10/14/87 - 12/15/17 Home Debt	Pre-10/14/87 Home Debt
1 Interest paid in 2019 . .	6,314.91			
2 Total points				
3 Beginning balance . . .	114,853.17			
4 Borrowed in 2019 . . .				
5 Principal applied . . .				
6 Ending balance				
7 Average loan balance .	57,426.59			
8 Acquisition debt	114,853.17			
9 Acquisition interest . .	6,314.91			
10 Deductible points				

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? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F	Treat all assets acquired after Aug. 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No
G	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H	Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2018 _____
2	Election for earned income credit (EIC): Elect taxpayer's nontaxable combat pay as earned income for EIC? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Election for dependent care benefits (DCB): Elect taxpayer's nontaxable combat pay as earned income for DCB? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Election for child and dependent care credit: Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
B Spouse:	
1	Spouse, nontaxable combat pay _____
1a	Spouse, prior year nontaxable combat pay from 2018 _____
2	Election for earned income credit (EIC): Elect spouse's nontaxable combat pay as earned income for EIC? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Election for dependent care benefits (DCB): Elect spouse's nontaxable combat pay as earned income for DCB? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Election for child and dependent care credit: Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? ► <input type="checkbox"/> Yes <input type="checkbox"/> 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	_____ 8,045 . _____ Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Eligible Hurricane and Wildfire Victims Smart Worksheet Election to use 2018 earned income for EIC and Additional Child Tax Credit	
<p>The "Yes" box must be marked on Line A and Line B for 2018 earned income to be used for EIC and Additional Child Tax Credit calculations.</p>	
A Elect to use 2018 earned income for EIC and Additional Child Tax Credit.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Taxpayer is eligible to elect to use 2018 earned income (see Publication 4492 for details)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
C Earned income for EIC from your 2018 return	<u>101,938.</u>
D Current year earned income for EIC	<u>103,114.</u>
If Line D is equal to or greater than Line C the taxpayer is not eligible to use 2018 earned income for EIC and Additional Child Tax Credit calculations.	
E You may compare the tax benefit of electing to use 2019 Earned Income by checking the boxes on line A and B	
Overpayment	<u>8,045.</u>
Amount due	

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A Taxable and tax exempt interest	<u>66.</u>
B Dividend income	<u> </u>
C Capital gain net income	<u> </u>
D Royalty and rental of personal property net income	<u> </u>
E Passive activity net income :	
1 Rental real estate net income or loss	<u> </u>
2 Farm rental net income or loss	<u> </u>
3 Partnerships and S corporations net income or loss	<u> </u>
4 Estates and trusts net income or loss	<u> </u>
5 Total of lines 1 through 4	<u> </u>
6 Total passive activity net income , line 5 if greater than zero	<u> </u>
F Interest and dividends from Forms 8814	<u> </u>
G Adjustments	<u> </u>
H Total investment income , add lines A through G	<u>66.</u>
Is line H, total investment income over \$3,600?	
<input checked="" type="checkbox"/> No. You may take the credit.	
<input type="checkbox"/> Yes. Stop. You cannot take the credit.	

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Qualifying Children Smart Worksheet									
First name Last name	MI Suff	Social security number Relationship	Year of birth		Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?		Was the child permanently and totally disabled during any part of 2019?		Lived with taxpayer in the U.S.
Maeve McManamon	E	613-35-4025 Daughter	2000		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	12
Aisling McManamon	F	658-84-6537 Daughter	2004		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	12
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

TAXABLE YEAR

2019**California Online e-file Return Authorization
for Individuals**

FORM

8453-OL

Your first name and initial MARY E		Last name MCMANAMON		Suffix	Your SSN or ITIN 383-68-6449
If filing jointly, spouse's/RDP's first name		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 4226 23RD ST		Apt. no.	PMB/private mailbox		Daytime telephone number (415) 603-0723
City SAN FRANCISCO				State CA	ZIP code 94114-3139
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions **1** 103,180.

2 Refund or no amount due. See instructions. **2** 1,452.

3 Amount you owe. See instructions. **3**

Part II Settle Your Account Electronically for Taxable Year 2019 (Payment due 4/15/2020)

4 ☒ Direct deposit of refund

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

Part III Make Estimated Tax Payments for Taxable Year 2020 These are not installment payments for the current amount you owe.

	First Payment Due 4/15/2020	Second Payment Due 6/15/2020	Third Payment Due 9/15/2020	Fourth Payment Due 1/15/2021
6 Amount				
7 Withdrawal date				

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

8 Amount of refund to be directly deposited to account below 1,452. 12 The remaining amount of my refund for direct deposit _____

9 Routing number 121000358 13 Routing number _____

10 Account number 000033132341 14 Account number _____

11 Type of account: ☒ Checking ☐ Savings 15 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

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

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2019 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.

Date

It is unlawful to forge a spouse's/RDP's signature.

2019 California Resident Income Tax Return**540**

APE

DO NOT ATTACH FEDERAL RETURN

383-68-6449 MCMA
MARY E MCMANAMON

19

4226 23RD ST
SAN FRANCISCO CA 94114-3139

07-09-1955

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

Filing Status

1 ☐ Single 4 ☒ Head of household (with qualifying person). See instructions.

2 ☐ Married/RDP filing jointly. See inst. 5 ☐ Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☒ 6 ☐

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

Exemptions

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 1 X \$122 = ☒ \$ 122

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ☒ 8 X \$122 = ☒ \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. ☒ 9 X \$122 = ☒ \$

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

	Dependent 1	Dependent 2	Dependent 3
First Name <input checked="" type="radio"/>	MAEVE E	AISLING F	
Last Name <input checked="" type="radio"/>	MCMANAMON	MCMANAMON	
SSN <input checked="" type="radio"/>	613354025	658846537	
Dependent's relationship to you <input checked="" type="radio"/>	DAUGHTER	DAUGHTER	

Total dependent exemptions ☒ 10 2 X \$378 = ☒ \$ 756

Your name:

MCMANAMON

Your SSN or ITIN:

383-68-6449

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32● **11 \$**

878

Taxable Income

12 State wages from your federal Form(s) W-2, box 16● **12**

103114

.00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b● **13**

103180

.00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B.● **14**

0

.00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions**15**

103180

.00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C.● **16**

.00

17 California adjusted gross income. Combine line 15 and line 16● **17**

103180

.00

18 Enter the **larger of** { Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status:

• Single or Married/RDP filing separately. \$4,537

• Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,074

If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions

● **18**

13118

.00

19 Subtract line 18 from line 17. This is your **taxable income**.

If less than zero, enter -0-

● **19**

90062

.00

Tax

31 Tax. Check the box if from:

Tax Table



Tax Rate Schedule

●



FTB 3800

●



FTB 3803

● **31**

3935

.00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$200,534, see instructions.● **32**

878

.00

33 Subtract line 32 from line 31. If less than zero, enter -0-● **33**

3057

.00

34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A● **34**

.00

35 Add line 33 and line 34.● **35**

3057

.00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions.● **40**

.00

43 Enter credit name code ● and amount.● **43**

.00

44 Enter credit name code ● and amount.● **44**

.00

45 To claim more than two credits. See instructions. Attach Schedule P (540).● **45**

.00

46 Nonrefundable renter's credit. See instructions● **46**

.00

47 Add line 40 through line 46. These are your total credits● **47**

.00

48 Subtract line 47 from line 35. If less than zero, enter -0-● **48**

3057

.00

Your name:

MCMANAMON

Your SSN or ITIN:

383-68-6449

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions ● 62 .00
- 63 Other taxes and credit recapture. See instructions ● 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax. ● 64 3057 .00

Payments

- 71 California income tax withheld. See instructions ● 71 4509 .00
- 72 2019 CA estimated tax and other payments. See instructions ● 72 .00
- 73 Withholding (Form 592-B and/or 593). See instructions ● 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions ● 74 .00
- 75 Earned Income Tax Credit (EITC) ● 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions ● 76 .00
- 77 Add lines 71 through 76. These are your total payments.
See instructions ● 77 4509 .00

Use Tax

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

Overpaid Tax/Tax Due

- 92 Payments balance. If line 77 is more than line 91, subtract line 91 from line 77 ● 92 4509 .00
- 93 **Use Tax balance.** If line 91 is more than line 77, subtract line 77 from line 91 ● 93 .00
- 94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92. ● 94 1452 .00
- 95 Amount of line 94 you want applied to your **2020** estimated tax ● 95 .00
- 96 Overpaid tax available this year. Subtract line 95 from line 94 ● 96 1452 .00
- 97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64 ● 97 .00

Your name:

MCMANAMON

Your SSN or ITIN:

383-68-6449

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/> .00
Suicide Prevention Voluntary Tax Contribution Fund	● 444	<input type="text"/> .00
110 Add code 400 through code 444. This is your total contribution	● 110	<input type="text"/> .00

Your name:

MCMANAMON

Your SSN or ITIN:

383-68-6449

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111**Pay Online – Go to **ftb.ca.gov/pay** for more information.Amount
You Owe

.00

Interest
and
Penalties**112** Interest, late return penalties, and late payment penalties **112**

.00

113 Underpayment of estimated tax.Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113**

.00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment **114**

.00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of 110, line 112 and line 113 from line 96. See instructions.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115**

1452

.00

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

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

● Routing number
121000358
● Type
☒ Checking
☐ Savings

● Account number

000033132341

● **116** Direct deposit amount

1452

.00

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

● Routing number

● Type
☐ Checking
☐ Savings

● Account number

● **117** Direct deposit amount

.00

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

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

Your signature

Date

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

● Your email address. Enter only one email address.

● Preferred phone number

4156030723

**Sign
Here**It is unlawful
to forge a
spouse's/
RDP's
signature.Joint tax
return?
(See
instructions)Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

SELF-PREPARED

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

● PTIN

Firm's address

● Firm's FEIN

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

Print Third Party Designee's Name

Telephone Number

2019 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

MARY E MCMANAMON

383686449

Part I Income Adjustment Schedule

Section A — Income from federal Form 1040 or 1040-SR

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1	<input checked="" type="radio"/> 103,114.	<input type="radio"/>	<input type="radio"/>
2 Taxable interest. a <input checked="" type="radio"/> 2b	<input checked="" type="radio"/> 66.	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Pensions and annuities. See instructions. c <input type="radio"/> 4d	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Social security benefits. a <input type="radio"/> 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Capital gain or (loss). See instructions. 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B — Additional Income from federal Schedule 1 (Form 1040 or 1040-SR)

1 Taxable refunds, credits, or offsets of state and local income taxes 1	<input type="radio"/> 0.	<input type="radio"/> 0.	<input type="radio"/>
2a Alimony received 2a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss) 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Farm income or (loss) 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Other income. 8	<div style="display: flex; justify-content: space-between;"> <div> a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (federal Schedule 1 (Form 1040 or 1040-SR), line 8) d NOL deduction from FTB 3805V </div> <div> e NOL from FTB 3805Z, 3806, 3807, or 3809 f Other (describe): <input type="radio"/> _____ g Student loan discharged due to closure of a for-profit school </div> </div>	a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g <input type="radio"/>	a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g <input type="radio"/>
9 Total. Combine Section A, line 1 through line 6, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 6, and Section B, line 1 through line 8g in column B and column C. Go to Section C. 9	<input checked="" type="radio"/> 103,180.	<input type="radio"/> 0.	<input type="radio"/>

Section C — Adjustments to Income from federal Schedule 1 (Form 1040 or 1040-SR)

10 Educator expenses 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Certain business expenses of reservists, performing artists, and fee-basis government officials 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Health savings account deduction 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Moving expenses. Attach federal Form 3903. See instructions 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Deductible part of self-employment tax 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Self-employed health insurance deduction 16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Penalty on early withdrawal of savings 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18a Alimony paid. b Recipient's: SSN <input type="radio"/> - - - - - 18a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Last name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 IRA deduction 19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Student loan interest deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Tuition and fees 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions 22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions 23	<input checked="" type="radio"/> 103,180.	<input type="radio"/> 0.	<input type="radio"/>

Part II Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California ☒ ☐**A Federal Amounts**
(from federal Schedule A
(Form 1040 or 1040-SR))**B Subtractions**
See instructions**C Additions**
See instructions**Medical and Dental Expenses** See instructions.

1	Medical and dental expenses	<input checked="" type="radio"/> 0.	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 8b	<input checked="" type="radio"/> 103,180.	2			
3	Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/> 7,739.	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	<input checked="" type="radio"/>	4	<input checked="" type="radio"/>		<input checked="" type="radio"/> 0.

Taxes You Paid

5a	State and local income tax or general sales taxes	5a	<input checked="" type="radio"/> 5,570.	<input checked="" type="radio"/> 5,570.	
5b	State and local real estate taxes	5b	<input checked="" type="radio"/> 6,501.		
5c	State and local personal property taxes	5c	<input checked="" type="radio"/> 302.		
5d	Add lines 5a through 5c	5d	<input checked="" type="radio"/> 12,373.		
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C.	5e	<input checked="" type="radio"/> 10,000.	<input checked="" type="radio"/> 5,570.	<input checked="" type="radio"/> 2,373.
6	Other taxes. List type <input checked="" type="radio"/>	6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Add lines 5e and 6	7	<input checked="" type="radio"/> 10,000.	<input checked="" type="radio"/> 5,570.	<input checked="" type="radio"/> 2,373.

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098	8a	<input checked="" type="radio"/> 6,315.		<input checked="" type="radio"/>
8b	Home mortgage interest not reported to you on Form 1098	8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8c	Points not reported to you on Form 1098	8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8d	Mortgage insurance premiums	8d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
8e	Add lines 8a through 8d	8e	<input checked="" type="radio"/> 6,315.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9	Investment interest	9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	Add lines 8e and 9	10	<input checked="" type="radio"/> 6,315.	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11	Gifts by cash or check	11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	Other than by cash or check	12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Carryover from prior year	13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14	Add lines 11 through 13	14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions.	15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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Other Itemized Deductions

16	Other—from list in federal instructions	16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	<input checked="" type="radio"/> 16,315.	<input checked="" type="radio"/> 5,570.	<input checked="" type="radio"/> 2,373.

18 Total. Combine line 17 column A less column B plus column C ☒ **18** 13,118.

Job Expenses and Certain Miscellaneous Deductions

19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.	<input checked="" type="radio"/> 19	<input type="text"/>
20	Tax preparation fees.	<input checked="" type="radio"/> 20	<input type="text"/>
21	Other expenses - investment, safe deposit box, etc. List type <input checked="" type="radio"/>	<input checked="" type="radio"/> 21	<input type="text" value="0."/>
22	Add lines 19 through 21.	<input checked="" type="radio"/> 22	<input type="text" value="0."/>
23	Enter amount from federal Form 1040 or 1040-SR, line 8b <input checked="" type="radio"/> <u>103,180.</u>		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.	<input checked="" type="radio"/> 24	<input type="text" value="2,064."/>
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	<input checked="" type="radio"/> 25	<input type="text" value="0."/>
26	Total Itemized Deductions. Add line 18 and line 25.	<input checked="" type="radio"/> 26	<input type="text" value="13,118."/>
27	Other adjustments. See instructions. Specify. <input checked="" type="radio"/>	<input checked="" type="radio"/> 27	<input type="text"/>
28	Combine line 26 and line 27.	<input checked="" type="radio"/> 28	<input type="text" value="13,118."/>
29	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?		
	Single or married/RDP filing separately		\$200,534
	Head of household		\$300,805
	Married/RDP filing jointly or qualifying widow(er)		\$401,072
	No. Transfer the amount on line 28 to line 29.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.	<input checked="" type="radio"/> 29	<input type="text" value="13,118."/>
30	Enter the larger of the amount on line 29 or your standard deduction listed below		
	Single or married/RDP filing separately. See instructions.		\$4,537
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$9,074
	Transfer the amount on line 30 to Form 540, line 18.	<input checked="" type="radio"/> 30	<input type="text" value="13,118."/>

2019 Head of Household Filing Status Schedule**3532**

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

Name(s) as shown on tax return

SSN or ITIN

MARY E MCMANAMON

383686449

Part I – Marital Status**1** Check one box below to identify your marital status. See instructions.

- a** Not legally married/RDP during 2019 ☒ **1a** ☒
- b** Widow/widower (my spouse/RDP died before 01/01/2019) ☒ **1b** ☐
- c** Marriage/RDP was annulled. ☒ **1c** ☐
- d** Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2019. ☒ **1d** ☐
- e** Legally married/RDP and did not live with spouse/RDP during 2019. ☒ **1e** ☐
- f** Legally married/RDP and lived with spouse/RDP during 2019. List the beginning and ending dates for each period when you lived together ☒ **1f** ☐

(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

From: ☒ To: ☒ From: ☒ To: ☒

Part II – Qualifying Person**2** Check one box below to identify the relationship of the person that qualifies you for the head of household filing status. See instructions.

- a** Son, daughter, stepson, or stepdaughter ☒ **2a** ☒
- b** Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece ☒ **2b** ☐
- c** Eligible foster child. ☒ **2c** ☐
- d** Father, mother, stepfather, or stepmother ☒ **2d** ☐
- e** Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt ☒ **2e** ☐

Part III – Qualifying Person Information**3** Information about your qualifying person. See instructions.

- First Name ☒ MAEVE E
- Last Name ☒ MCMANAMON
- SSN ☒ 613354025
- DOB (mm/dd/yyyy) If your qualifying person is age 19 or older in 2019, go to line 3a. If not, go to line 4. ☒ 09/05/2000
- a** Was your qualifying person a full time student under age 24 in 2019? ☒ **3a** ☒ Yes ☐ No
- b** Was your qualifying person permanently and totally disabled in 2019? ☒ **3b** ☐ Yes ☒ No
- 4** Enter qualifying person's gross income in 2019. See instructions. ☒ 5,000.
- 5** Number of days your qualifying person lived with you during 2019. See instructions. ☒ 365

When calculating the total number of days your qualifying person lived with you, you may include any days your qualifying person was temporarily absent from your home. For example, illness, education, business, vacation, military service, and incarceration. In the event of a birth or death of your qualifying person during the year, enter 365 days.

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2019
Attachment
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

MARY E MCMANAMON

Your social security number

383-68-6449

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|----------|
| 1 | Medical and dental expenses (see instructions) | 1 | 0. |
| 2 | Enter amount from Form 1040 or 1040-SR, line 8b | 2 | 103,180. |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 7,739. |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0. |

**Taxes You
Paid**

- | | | | |
|---|--|----|---------|
| 5 | State and local taxes. | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a | 5,570. |
| b | State and local real estate taxes (see instructions) | 5b | 6,501. |
| c | State and local personal property taxes | 5c | 302. |
| d | Add lines 5a through 5c | 5d | 12,373. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000. |
| 6 | Other taxes. List type and amount | 6 | |
| 7 | Add lines 5e and 6 | 7 | 10,000. |

**Interest
You Paid**

Caution: Your mortgage interest deduction may be limited (see instructions).

- | | | | |
|----|---|----|--------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 6,315. |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 8b | |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| d | Mortgage insurance premiums (see instructions) | 8d | |
| e | Add lines 8a through 8d | 8e | 6,315. |
| 9 | Investment interest. Attach Form 4952 if required. See instructions. | 9 | |
| 10 | Add lines 8e and 9 | 10 | 6,315. |

**Gifts to
Charity**

Caution: If you made a gift and got a benefit for it, see instructions.

- | | | | |
|----|---|----|--|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | 12 | |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | |

**Casualty and
Theft Losses**

- | | | | |
|----|--|----|--|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | |
|----|--|----|--|

**Other
Itemized
Deductions**

- | | | | |
|----|---|----|--|
| 16 | Other—from list in instructions. List type and amount | 16 | |
|----|---|----|--|

**Total
Itemized
Deductions**

- | | | | |
|----|--|----|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9 | 17 | 16,315. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | |

Taxable Year

2019

Date Accepted _____

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

Form

8453-LLC

Limited liability company name _____

CA SOS file No. or FEIN _____

Part I Tax Return Information (whole dollars only)

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

Part II Settle Your Account Electronically for Taxable Year 2019.

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

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2020This is **NOT** an installment payment for the current amount the LLC owes.

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

Part IV Banking Information

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

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

Part V Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Parts II, III, and IV. If I check Box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2020 annual tax or estimated fee payment amount listed on line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2019 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not

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

Sign Here

Signature of authorized member or manager

Date

Title

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

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature

Date

Check if also
paid preparer ☐

ERO's PTIN

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

FEIN.

Check if self-
employed. ☐

Paid Preparer Must Sign

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

Paid preparer's signature

Date

Check if self-
employed. ☐

Paid preparer's PTIN

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

FEIN

Name Mary E McManamon		Social Security Number 383-68-6449		
	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
I Schedule P/P(540NR), Part III, Section A, line 5, column (c)			1,439.	
II Credits that reduce excess tax and have carryover provisions.				
Code Credit Name				
205 Disabled Access			1,439.	
204 Donated Agricultural Products Transportation			1,439.	
190 Employer Childcare Contribution . . .			1,439.	
189 Employer Child Care Program			1,439.	
203 Enhanced Oil Recovery			1,439.	
207 Farmworker Housing			1,439.	
198 Local Agency Military Base Recovery Area Hiring			1,439.	
198 Local Agency Military Base Recovery Area Sales or Use Tax			1,439.	
220 New Jobs			1,439.	
237 New Motion Picture & Television			1,439.	
238 New Donated Fresh Fruits or Vegetables			1,439.	
234 New Employment			1,439.	
175 Agricultural Products			1,439.	
223 Motion Picture and Television Production			1,439.	
209 Community Development Financial Institution Deposits Credit			1,439.	
224 Donated Fresh Fruits or Vegetables Credit			1,439.	
194 Employee Ridesharing			1,439.	
191 Employer Ridesharing (Large)			1,439.	
192 Employer Ridesharing (Small)			1,439.	
193 Employer Ridesharing (Transit Passes)			1,439.	
182 Energy Conservation			1,439.	
218 Environmental Tax			1,439.	
160 Low Emission Vehicles			1,439.	
211 Manufacturing Enhancement Area Hiring			1,439.	
184 Political Contributions			1,439.	
174 Recycling Equipment			1,439.	
186 Residential Rental and Farm Sales . .			1,439.	
206 Rice Straw			1,439.	
171 Ridesharing			1,439.	
200 Salmon and Steelhead Trout Habitat Restoration			1,439.	
179 Solar Pump			1,439.	
178 Water Conservation			1,439.	
161 Young Infant			1,439.	

	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
III Schedule P/P(540NR), Part III, Section B, line 15, column (c)			3,057.	
IV Credits that reduce net tax and have carryover provisions.				
Code Credit Name				
233 California Competes			3,057.	
235 College Access			3,057.	
197 Child Adoption			3,057.	
176 Enterprise Zone Hiring			3,057.	
176 Enterprise Zone Sales or Use Tax . .			3,057.	
172 Low-Income Housing			3,057.	
213 Natural Heritage Preservation			3,057.	
183 Research			3,057.	
210 Targeted Tax Area Hiring			3,057.	
210 Targeted Tax Area Sales or Use Tax .			3,057.	
196 Commercial Solar Electric System . .			3,057.	
181 Commercial Solar Energy			3,057.	
185 Orphan Drug			3,057.	
180 Solar Energy			3,057.	

California Information Worksheet

2019

► Keep for your records

Part I — Personal Information

Taxpayer:

First Name Mary
 Middle Initial E Suffix
 Last Name McManamon
 Social Security No. 383-68-6449
 Date of Birth 07/09/1955 (mm/dd/yyyy)
 or age as of 1-1-2020 64
 Date of Death (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone (415) 603-0723 Ext
 Home phone

Spouse/RDP:

First Name
 Middle Initial Suffix
 Last Name
 Social Security No.
 Date of Birth (mm/dd/yyyy)
 or age as of 1-1-2020
 Date of Death (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone Ext

Your email address to print on Form 540, 540NR or 540X (optional)

Check to print phone number on Form 540. ☒ Taxpayer daytime ☐ Spouse/RDP day ☐ Home

c/o Address

Street Address 4226 23rd St

Unit Description

Unit Number

Private Mailbox (PMB)

City San Francisco

State CA

ZIP Code 94114-3139

Foreign province/county

Foreign postal code

Foreign country

Military Filers:

☐ APO ☐ FPO

For Military Extension:

Military indicator ► Taxpayer _____ Spouse/RDP _____

Part II — Main Form

☒ Form 540: Resident Income Tax Return ►

☐ Form 540NR: Nonresident or Part-Year Resident Income Tax Return ►

Enter your state of residence as of December 31, 2019 CA

☒ Resident entire year

☐ Resident part of year

Date you established residence in state above

In which state (or foreign country) did you reside before this change?

QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) ►

Part III — Filing Status

☐ Single

☐ Married/RDP filing joint return

☐ Married/RDP filing separate return

☐ You **did not** live with spouse at any time during the year

Yes No

☐ If filing electronically, is spouse a CA Nonresident?

☐ If filing electronically, is spouse Active Duty Military?

☒ Head of household (with qualifying person) **Stop**. See instructions.

If the 'qualifying person' is your child but **not** your dependent:

Child's name

Child's social security number

☐ Qualifying widow(er)

Year spouse/RDP died ☐ 2017 ☐ 2018

If the 'qualifying person' is your child but **not** your dependent:

Child's First name _____ Last Name _____

☐ Check the box if your California filing status is different from your federal filing status.

Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship
<u>Maeve</u>	<u>E</u>	<u>McManamon</u>	<u>613-35-4025</u>	<u>Daughter</u>
<u>Aisling</u>	<u>F</u>	<u>McManamon</u>	<u>658-84-6537</u>	<u>Daughter</u>

Part V – Standard Deduction/Itemized Deductions

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

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

If you filed your 2018 return under a different last name, enter the last name **only** from the 2018 return ▶ Taxpayer Spouse/RDP

Dependent of Someone Else:

Taxpayer **Spouse**

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

Interest and Penalties:

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

Farmers and Fishermen:

- ☐ At least two-thirds of your 2018 or 2019 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2020

Mandatory Electronic Payments

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

Schedule W-2:

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

Executor/Guardian Information:

First Name

MI

Last Name

Suf.

Executor/Guardian

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

Executor type (if filing electronically)

Third Party Designee:

Yes **No**

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

If yes, enter the person's name Telephone

First Middle init Last Name Suffix

Disasters:

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

QuickZoom to enter disaster explanation ▶

Outside of the USA:

- ☐ You were living or traveling outside the United States on July 15, 2020

Special Condition Text (prints at the top of Form 540 or 540NR)**Part VII – Direct Deposit Information or Direct Debit Information**

Yes **No**

- ☒ ☐ Do you want to elect direct deposit of state tax refund?
- ☐ ☐ Do you want direct debit of state tax payment (Electronic Filing Only)?

Bank Information:

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

Name of Financial Institution (optional) BankOfAmerica

Account type Checking ☒ Savings ☐

Routing number 121000358

Account number 000033132341

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

Enter the payment date to debit the account above

State balance-due amount from this return

International ACH Transactions**Yes No**☐☒

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VIII – California Contributions

1	California Seniors Special Fund (Taxpayer)	1	
2	California Seniors Special Fund (Spouse/RDP)	2	
3	Alzheimer's Disease and Related Dementia Fund	3	
4	Rare and Endangered Species Preservation Program	4	
5	California Breast Cancer Research Fund	5	
6	California Firefighters' Memorial Fund	6	
7	Emergency Food For Families Fund	7	
8	California Peace Officer Memorial Foundation Fund	8	
9	California Sea Otter Fund	9	
10	California Cancer Research Fund	10	
11	School Supplies for Homeless Children Fund	11	
12	State Parks Protection Fund/Parks Pass Purchase	12	
13	Protect Our Coast and Oceans Fund	13	
14	Keep Arts in Schools Fund	14	
15	Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund . .	15	
16	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	16	
17	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	17	
18	Rape Kit Backlog Voluntary Tax Contribution Fund	18	
19	Organ and Tissue Donor Registry Voluntary Tax Contribution	19	
20	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	20	
21	Schools Not Prisons Voluntary Tax Contribution Fund	21	
22	Suicide Prevention Voluntary Tax Contribution Fund	22	

Part IX – Extension Status**Yes No**☐☒

Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

If Yes, enter the extended due date

QuickZoom to Form 3519: Payment voucher for automatic extension ▶**Automatic extension information for military filers (Electronic Filing Only):**

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

Part X – Amended Return☐

Are you filing a California amended return?

Enter the tax year you are amending

Previous California payment made

Previous California refund received

QuickZoom here to Schedule X ▶**QuickZoom** to Form 540 ▶**QuickZoom** to Form 540NR. ▶**Part XI – Mortgage Interest Adjustment**☒

Reviewed Mortgage and Interest Adjustments

Interest and Dividend Adjustments Worksheet

2019

Name as Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

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

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

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

Schedule CA
Section B Line 8f

California Other Income Statement
▶ Attach to return (after all other FTB forms)

2019

Name as Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

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

► Keep for your records

Name(s) Shown on Return
Mary E McManamonSocial Security Number
383-68-6449**Part 1 - Home Mortgage Loan Information**

	Loan 1 BANK OF AMERICA	Loan 2	Loan 3	Loan 4	Loan 5
Interest paid in 2019	6,315.				
Points paid in 2019					
Months loan outstanding	12	12	12	12	12
Principal paid on loan in 2019					
Mortgage origination date	05/22/2014				
Amortized points allow. in 2019					
Is this a home equity loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mortgage interest was reported to you on Form 1098?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Points were reported to you on Form 1098?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Home Debt Originating on or after December 15, 2017

Beginning of year balance					
Borrowed in 2019					
Principal applied					
Ending balance					

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

Beginning of year balance	114,853.				
Principal applied					
Ending balance					

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

Beginning of year balance					
Principal applied					
Ending balance					

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

Beginning of year balance	114,853.				
Borrowed in 2019					
Principal applied	0.				
Ending balance	114,853.				
Average balance	114,853.				
Allocated interest	6,315.				

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

Beginning of year balance					
Borrowed in 2019					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Grandfathered Debt

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

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

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

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

114,853.

Deductible Home Mortgage Interest Worksheet

2019

► Keep for your records

Mary E McManamon

383-68-6449

Page 2

Part 2 – Qualified Loan Limit

1	Average balance of all grandfathered debt	1	
2	Average balance of all home acquisition debt	2	114,853.
3	Enter \$1,000,000 (\$500,000 if married filing separately)	3	1,000,000.
4	Enter the larger of line 1 or line 3	4	1,000,000.
5	Add the amounts on lines 1 and 2	5	114,853.
6	Enter the smaller of line 4 or line 5	6	114,853.
7	For home equity debt, smaller of \$100,000 (\$50,000 if married filing separately) or limited amount	7	0.
8	Qualified loan limit (add lines 6 and 7)	8	114,853.

Part 3 – Deductible Home Mortgage Interest

9	Average balances of all mortgages on all qualified homes	9	114,853.
10	Total amount of interest paid	10	6,315.
11	Divide line 8 by line 9	11	1.000000
12	Multiply line 10 by line 11. This is deductible home mortgage interest	12	6,315.
13	Subtract line 12 from line 10. This is not home mortgage interest	13	0.

Was the mortgage interest limited on federal return?

Yes . . .

☐

No . . .

☐

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

Yes . . .

☐

No . . .

☐

Total interest above reported on 1098 6,315. x line 11 6,315.
Total points above reported on 1098 x line 11
Qualified mortgage interest (reported on Form 1098) from Schedule E Worksheet
Less home mortgage interest/points (reported on Form 1098) deducted on form 8829
Less home mortgage interest (reported on Form 1098) from Form 8396, line 3.
Adjusted total interest/points reported on Form 1098 6,315.

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

Tax Payments Worksheet

2019

► Keep for your records

Name <u>Mary E McManamon</u>	Social Security Number <u>383-68-6449</u>
---------------------------------	--

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	4,509.
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	4,509.
15	Date return will be filed and balance paid	15	

Use Tax Worksheet

2019

► Keep for your records

Name as Shown on Return

Mary E McManamon

Social Security Number

383-68-6449

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

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

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

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

Round all amounts to the nearest whole dollar.

Use Tax Worksheet

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

A. Use tax amount based on table above.

Estimated Use Tax Table

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

Adjusted Gross Income AGI Range	Use Tax
Less than \$10,000	\$1
\$10,000 - \$19,999	\$3
\$20,000 - \$29,999	\$5
\$30,000 - \$39,999	\$7
\$40,000 - \$49,999	\$9
\$50,000 - \$59,999	\$12
\$60,000 - \$69,999	\$14
\$70,000 - \$79,999	\$16
\$80,000 - \$89,999	\$18
\$90,000 - \$99,999	\$20
\$100,000 - \$124,999	\$24
\$125,000 - \$149,999	\$29
\$150,000 - \$174,999	\$34
\$175,000 - \$199,999	\$39
More than \$199,999	Multiply AGI by 0.021% (0.00021)

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

B. Use tax based on California adjusted gross income

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

1

California Carryover Worksheet

2019

Use this worksheet to enter information from your 2018 tax return
which will be used on your 2019 tax return

► Keep for your records

Name as Shown on Return Mary E McManamon	Social Security Number 383-68-6449
---	---------------------------------------

2018 Tax and Income Information

1	Filing status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate
		<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)	
2	Tax liability (Form 540, lines 48, 61, 62; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72; plus any IRC Section 453A interest from Form 540 line 63 or Form 540NR line 73)	2	2,817.	
3	Tax on lump-sum distributions (Schedule G-1)	3		
4	California income tax withheld (Form 540, lines 71 and 73; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83)	4	4,496.	
5	Excess California SDI withheld (Form 540, line 74; or Form 540NR, line 84)	5		
6	California adjusted gross income (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32)	6	101,938.	
7	Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125)	7	1,679.	
8	Balance Due (Form 540, line 114; Form 540 2EZ, line 27; or Form 540NR, line 124)	8		

Loss Carryovers (Non-passive)

		Regular Tax	AMT
9 a	Capital loss carryover	9 a	
b	Capital loss carryover (nonresidents)	b	
10	Schedule D-1 - Nonrecaptured net section 1231 losses from:		
a	2018	10 a	
b	2017	b	
c	2016	c	
d	2015	d	
e	2014	e	

Other Carryovers

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

Form 3510 (Credit for Prior Year Alternative Minimum Tax)

15 Form 3510 information - 2018 Resident filers		
a Schedule P, Part I, line 15 through line 18	15 a	
b Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions on a line other than those listed	b	
c Schedule P, Part II, line 25	c	
d Schedule P, Part II, line 26	d	
e Schedule P, Part III, Section C, lines 22 and 23, column b	e	
16 Form 3510 information - 2018 Nonresident or Part-year residents		
a Schedule P(NR), Part I, line 15 through line 18	16 a	
b Schedule P(NR), Part I, line 1 through line 7, 13b, 13i and any other exclusions on a line other than those listed	b	
c Schedule P(NR), Part II, line 35	c	
d Schedule P(NR), Part II, line 28	d	
e Schedule P(NR), Part II, line 29a and 29h	e	
f Schedule P(NR), Part II, line 44	f	
g Schedule P(NR), Part II, line 45	g	
h Schedule P(NR), Part III, Section C, lines 22 and 23, column b	h	

Charitable Contribution Carryforward

17 Schedule CA/CA(NR) - Charitable Contribution Carryforward		
a 2019	17 a	
b 2018	b	
c 2017	c	
d 2016	d	
e 2015	e	

Credits Worksheet

► Keep for your records

2019

Name Mary E McManamon	Social Security Number 383-68-6449
--------------------------	---------------------------------------

Code	Current Credits	Carryover Amount	Available Credit
233	California Competes, FTB 3531		
197	Child Adoption		
232	Child and Dependent Care Expenses Credit, FTB 3506		
235	College Access, FTB 3592		
173	Dependent Parent		
205	Disabled Access Credit current year amount from Form 3548 line 6		
205	Disabled Access for Eligible Small Businesses, FTB 3548		
204	Donated Agricultural Products Transportation, FTB 3547		
203	Enhanced Oil Recovery, FTB 3546		
170	Joint Custody Head of Household		
172	Low-Income Housing, FTB 3521		
213	Natural Heritage Preservation, FTB 3503		
237	New California Motion Picture and Television Production, FTB 3541		
238	New Donated Fresh Fruits or Vegetables, FTB 3814		
234	New Employment, FTB 3554		
None	Nonrefundable Renter's Credit		
187	Other State Tax, Schedule S		
188	Prior Year Alternative Minimum Tax, FTB 3510		
162	Prison Inmate Labor, FTB 3507		
183	Research, FTB 3523		
163	Senior Head of Household		
Repealed Credits with Carryover Provision — FTB 3540			
175	Agricultural Products		
223	Motion Picture and Television Production, FTB 3541		
196	Commercial Solar Electric System		
181	Commercial Solar Energy		
209	Community Development Financial Institutions Investment		
224	Donated Fresh Fruits or Vegetables Credit		
194	Employee Ridesharing		
190	Employer Childcare Contribution		
189	Employer Childcare Program		
191	Employer Ridesharing (Large Employer)		
192	Employer Ridesharing (Small Employer)		
193	Employer Ridesharing (Public Transit Passes)		
182	Energy Conservation		
176	Enterprise Zone Hiring, FTB 3805Z		
176	Enterprise Zone Sales or Use Tax, FTB 3805Z		
218	Environmental Tax		
207	Farmworker Housing		
198	Local Agency Military Base Recovery Area Hiring, FTB 3807		
198	Local Agency Military Base Recovery Area Sales or Use Tax, 3807		
160	Low-Emission Vehicles		
211	Manufacturing Enhancement Area Hiring, FTB 3808		
220	New Jobs		
185	Orphan Drug		
184	Political Contributions		
174	Recycling Equipment		
186	Residential Rental and Farm Sales		
206	Rice Straw		
171	Ridesharing		
200	Salmon and Steelhead Trout Habitat Restoration		
180	Solar Energy		
179	Solar Pump		
210	Targeted Tax Area Hiring, FTB 3809		
210	Targeted Tax Area Sales or Use Tax, FTB 3809		
178	Water Conservation		
161	Young Infant		

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Name as Shown on Return
Mary E McManamonSocial Security Number
383-68-6449

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any

Investment Interest Expense (Form 3526, line 1)

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

Gross Income from Property Held for Investment (Form 3526, line 4a)

5	Taxable investment income from Schedule B, K-1s and Form 3803.	66.	
6	Royalty income from Schedule E		
7	Net passive income from publicly traded partnerships		
8	Income from nonpassive trade or business without material participation		
9	Other investment income:		
a			
b			
c			
d			
10	Total investment income. Add lines 5 through 9		66.

Net Gain from the Disposition of Property Held for Investment (Form 3526, line 4b)

11 a	Net gains from Schedule D, line 8		
b	Less net gains from property not held for investment		
c	Net gains from property held for investment. Line 11a less line 11b		

Net Capital Gain from the Disposition of Property Held for Investment (Form 3526, line 4c)

12	Net capital gain from the disposition of property held for investment		
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	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any
--	--	--

Investment Expenses (Form 3526, line 5)

13	Royalty expenses		
14 a	Investment expenses included as itemized deductions (subject to the 2% limitation)		
b	Investment expenses included as itemized deductions (not 2% limitation)		
15	Expenses from nonpassive trade or business without material participation		
16	Other investment expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
17	Total investment expenses. Add lines 13 through 16.		
		(a) Regular Tax	(b) Alternative Minimum Tax

Allocation of Investment Interest Expense

18	Allowed investment interest expense, from Form 3526, line 8	0.	0.
19	Less interest expense deducted on other forms and schedules:		
a	Deducted on Schedule E, page 2 for passthru entities		
b	Deducted on Schedule E, page 1 for royalties		
c	Other amounts deducted on other forms and schedules		
d	Total amount deducted on other forms and schedules		
20	California investment interest expense.	0.	0.
21	Allowed federal investment interest expense deducted elsewhere . .		
22	Allowed federal Schedule A investment interest expense		
23	Adjustment for interest expense deducted on other forms and schedules. Subtract line 21 from line 19		
24	Adjustment for itemized deductions. Subtract line 22 from line 20. Enter here and on Schedule CA, line 9	0.	

California Depreciation Options

2019

Name as Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

MACRS Convention

The program uses the half-year convention for all MACRS personal property assets placed in service in 2019 unless you check 'Mid-quarter convention' below.

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

MACRS Computation

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

Section 179 Limitation

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

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

Section 179 Information

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

Two-Year Comparison

2019

Mary E McManamon

Income	2018	2019	Difference	%
Federal AGI and California Adjustments:				
Federal adjusted gross income	103,195.	103,180.	-15.	-0.01
California adjustments	-1,257.	0.	1,257.	100.00
Adjusted Gross Income	101,938.	103,180.	1,242.	1.22
Standard or Itemized Deduction . . .	16,154.	13,118.	-3,036.	-18.79
Taxable Income	85,784.	90,062.	4,278.	4.99
Tax	3,669.	3,935.	266.	7.25
Exemption credits	852.	878.	26.	3.05
Tax less exemption credits	2,817.	3,057.	240.	8.52
Schedule G-1 and Form 5870A tax . . .				
Tax before credits	2,817.	3,057.	240.	8.52
Credits				
Tax after credits	2,817.	3,057.	240.	8.52
Alternative minimum tax				
Other taxes and IRC interest				
Total Tax After Credits	2,817.	3,057.	240.	8.52
Withholding	4,496.	4,509.	13.	0.29
Estimated payments				
Other payments				
Total Payments	4,496.	4,509.	13.	0.29
Use tax	0.	0.	0.	
Contributions				
Form 5805/5805F penalty				
Other penalties and interest				
Applied to next year's estimated tax . . .				
Amount Refund	1,679.	1,452.	-227.	-13.52
Amount Due				
Current year effective tax rate				2.96 %

Tax Summary
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2019

Name(s)	
Mary E McManamon	
Federal adjusted gross income	103,180.
Net California adjustments	0.
California adjusted gross income	103,180.
Itemized/standard deduction	13,118.
California taxable income	90,062.
Tax	3,935.
Exemption credits	878.
Tax less exemptions	3,057.
Tax from Schedule G-1/FTB 5870A	
Credits	
Other taxes	
Total tax	3,057.
Total payments	4,509.
Use tax	0.
Contributions	
Underpayment penalty	
Interest, late filing and late payment penalties	
Refund	1,452.
Balance due	
Tax bracket	9.3%

California Electronic Filing Information Worksheet

2019

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Name as Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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Electronic Return Originator Information

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

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

Paid Preparer Information

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

Electronic Filing Review Check

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

Smart Worksheets From 2019 California Tax Return

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

Form 540 California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>4,509.</u>
B	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A _____ Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.
C	California income tax withheld for line 71. Subtract line B from line A <u>4,509.</u>

SMART WORKSHEET FOR: California Credits Worksheet

Credit Information Smart Worksheet			
Review FTB instructions and check the corresponding box if you qualify for any of the following credits:			
A	Credit for Joint Custody Head of Household (Code: 170)	<input type="checkbox"/>	
B	Credit for Dependent Parent (Code: 173)	<input type="checkbox"/>	
C	Credit for Senior Head of Household (Code: 163)	<input type="checkbox"/>	
D	Credit for Adoption Costs (Code: 197):		
Child's Name	Qualifying Costs for Each Child	Credit	Allowable Credit
Total.			