

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 your 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. If you have a foreign address, also complete spaces below. San Francisco			State CA	ZIP code 94114	
Foreign country name		Foreign province/state/county		Foreign postal code	

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. ☐ You ☐ Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

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, 1956 ☐ Are blind
Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
						Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Attach Schedule B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	113,974.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	0.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . ▶	9	114,041.
	10	Adjustments to income:		
	a From Schedule 1, line 22	10a		
	b Charitable contributions if you take the standard deduction. See instructions	10b		
	c Add lines 10a and 10b. These are your total adjustments to income ▶	10c		
	11 Subtract line 10c from line 9. This is your adjusted gross income . . ▶	11	114,041.	

Standard Deduction

See *Standard Deduction Chart* on the last page of this form.

12	Standard deduction or itemized deductions (from Schedule A)	12	20,300.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	20,300.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	93,741.
16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	16	15,132.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	15,132.
19	Child tax credit or credit for other dependents	19	2,000.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	2,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	13,132.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax ►	24	13,132.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	20,766.
b	Form(s) 1099	25b	16.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	20,782.
26	2020 estimated tax payments and amount applied from 2019 return No	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits ►	32	
33	Add lines 25d, 26, and 32. These are your total payments ►	33	20,782.

• If you have a qualifying child, attach Sch. EIC.
 • If you have nontaxable combat pay, see instructions.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,650.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,650.
Direct deposit? See instructions.	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		
	36	Amount of line 34 you want applied to your 2021 estimated tax ▶ 36		
Amount You Owe For details on how to pay, see instructions.	37	Subtract line 33 from line 24. This is the amount you owe now . . . ▶ Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	
	38	Estimated tax penalty (see instructions) ▶ 38		

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ▶ <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶

Sign Here Joint return? See instructions. Keep a copy 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	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. (415) 603-0723	Email address		

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

Go to www.irs.gov/Form1040SR for instructions and the latest information.

BAA

REV 09/17/21 Intuit.cq.cfp.sp

Form **1040-SR** (2020)

Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1 ►

IF your filing status is. . .	AND the number of boxes checked is. . .	THEN your standard deduction is. . .
Single	1	\$14,050
	2	15,700
Married filing jointly	1	\$26,100
	2	27,400
	3	28,700
	4	30,000
Qualifying widow(er)	1	\$26,100
	2	27,400
Head of household	1	\$20,300
	2	21,950
Married filing separately**	1	\$13,700
	2	15,000
	3	16,300
	4	17,600

* Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

** You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

► Go to www.irs.gov/Form4868 for the latest information.

OMB No. 1545-0074

2020

There are three ways to request an automatic extension of time to file a U.S. individual income tax return.

1. You can pay all or part of your estimated income tax due and indicate that the payment is for an extension using Direct Pay, the Electronic Federal Tax Payment System, or using a credit or debit card. See *How To Make a Payment*, later.
2. You can file Form 4868 electronically by accessing IRS e-file using your tax software or by using a tax professional who uses e-file.
3. You can file a paper Form 4868 and enclose payment of your estimate of tax due (optional).



**It's Convenient,
Safe, and Secure**

IRS e-file is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You'll receive an electronic acknowledgment once you complete the transaction. Keep it with your records. Don't mail in Form 4868 if you file electronically, unless you're making a payment with a check or money order. See *Pay by Check or Money Order*, later.

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you'll need to estimate your total tax liability and subtract how much you've already paid (lines 4, 5, and 6 below).

Several companies offer free e-filing of Form 4868 through the Free File program. For more details, go to www.irs.gov/FreeFile.



Pay Electronically

You **don't** need to file Form 4868 if you make a payment using our electronic payment options. The IRS will automatically process an extension of time to file when you pay part or all of your estimated income tax electronically. You can pay online or by phone. See *Making Payments Electronically*, later.



E-file Using Your Tax Software or Through a Tax Professional

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2019 tax return—you'll be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal or send your check or money order to the address shown in the middle column under *Where To File a Paper Form 4868*, later.



File a Paper Form 4868

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown under *Where To File a Paper Form 4868*, later.

For information on using a private delivery service, see *Private Delivery Services*, later.

Note: If you're a fiscal year taxpayer, you must file a paper Form 4868.

General Instructions

Purpose of Form

Use Form 4868 to apply for 6 more months (4 if "out of the country" (defined later under *Taxpayers who are out of the country*) and a U.S. citizen or resident) to file Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

Gift and generation-skipping transfer (GST) tax return (Form 709). An extension of time to file your 2020 calendar year income tax return also extends the time to file Form 709 for 2020. However, it doesn't extend the time to pay any gift and GST tax you may owe for 2020. To make a payment of gift and GST tax, see Form 8892. If you don't pay the amount due by the regular due date for Form 709, you'll owe interest and may also be charged penalties. If the donor died during 2020, see the instructions for Forms 709 and 8892.

Qualifying for the Extension

To get the extra time, you must:

1. Properly estimate your 2020 tax liability using the information available to you,
2. Enter your total tax liability on line 4 of Form 4868, and
3. File Form 4868 by the regular due date of your return.



CAUTION Although you aren't required to make a payment of the tax you estimate as due, Form 4868 doesn't extend the time to pay taxes. If you don't pay the amount due by the regular due date, you'll owe interest. You may also be charged penalties. For more details, see *Interest and Late Payment Penalty*, later. Any remittance you make with your application for extension will be treated as a payment of tax.

You don't have to explain why you're asking for the extension. We'll contact you only if your request is denied.

Don't file Form 4868 if you want the IRS to figure your tax or you're under a court order to file your return by the regular due date.

▼ DETACH HERE ▼

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2020, or other tax year beginning

, 2020, and ending

REV 09/17/21 INTUIT.CG.CFP.SP 1555

2020

Part I Identification	Part II Individual Income Tax
1 MARY E MCMANAMON	4 Estimate of total tax liability for 2020 . . . \$ 0.
4226 23RD ST	5 Total 2020 payments . . . 20,675.
SAN FRANCISCO, CA 94114	6 Balance due. Subtract line 5 from line 4. See instructions . . . 0.
2 383-68-6449	7 Amount you're paying (see instructions) . ►
3	8 Check here if you're "out of the country" and a U.S. citizen or resident. See instructions . . . ► <input type="checkbox"/>
	9 Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding . . . ► <input type="checkbox"/>

383686449 WZ MCMA 30 0 202012 670

Tax History Report

► Keep for your records

2020

Name(s) Shown on Return

Mary E McManamon

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status	HH	HH	HH	HH	HH
Total income	93,553.	98,324.	103,195.	103,180.	114,041.
Adjustments to income					
Adjusted gross income	93,553.	98,324.	103,195.	103,180.	114,041.
Tax expense	10,799.	11,175.	10,000.	10,000.	10,000.
Interest expense . . .	6,153.	6,052.	9,740.	6,315.	5,706.
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	16,952.	17,227.	19,740.	18,350.	20,300.
Exemption amount . .	12,150.	12,150.	0.	0.	0.
QBI deduction					
Taxable income	64,451.	68,947.	83,455.	84,830.	93,741.
Tax	10,416.	11,484.	12,932.	13,112.	15,132.
Alternative min tax . .					
Total credits	1,138.	90.	2,500.	2,500.	2,000.
Other taxes	0.	0.	0.		
Payments	18,689.	19,556.	18,151.	18,657.	20,782.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund	9,411.	8,162.	7,719.	8,045.	7,650.
Effective tax rate % . .	9.92	11.59	10.11	10.28	11.52
**Tax bracket %	25.0	25.0	24.0	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, 2021.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$0.00 (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, 2021.

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	\$0.00 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, 2021.

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

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, 2020, or other tax year
beginning _____, 2020, 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
Foreign country name Foreign province/state/county Foreign postal code _____

QuickZoom to explanation statement for overseas extension ►

Presidential Election Campaign

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

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest
in any virtual currency?. ☐ Yes ☒ No

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 the child's name here. ►
☐ Qualifying widow(er) (See instructions)

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

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for: under age 17 qualifying for child tax credit	Credit for other dependents
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"/>
				<input type="checkbox"/>	<input type="checkbox"/>

QuickZoom to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet . . .

Standard Deduction
☐
☐

Someone can claim you as a dependent

Someone can claim your spouse as a dependent

a Check if:

☒
☐

You were born before January 2, 1956,

Spouse was born before January 2, 1956,

☐
☐

Blind.

Blind.

Total boxes checked

► a 1

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 - 7**

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	113,974.
2 a	Tax-exempt interest	2a	
b	Taxable interest	2b	67.
3 a	Qualified dividends	3a	
b	Ordinary dividends	3b	
4 a	IRA distributions	4a	
b	Taxable amount	4b	
5 a	Pensions and annuities	5a	
b	Taxable amount	5b	
6 a	Social security benefits	6a	
b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here.	7	

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ►

Form 1040 or Form 1040-SR, Lines 8 - 11

8	Other income from Schedule 1, line 9	8	0.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	114,041.
10	Adjustments to income:		
a	From Schedule 1, line 22	10 a	
	Enter the smaller of these cash contributions made or \$300 (\$150 if married filing separately) on line 10b below if you take the standard deduction		
b	Charitable contributions if you take the standard deduction.	10 b	
c	Add lines 10a and 10b. These are your total adjustments to income	10 c	
11	Subtract line 10c from line 9. This is your adjusted gross income . AGI including excludable Puerto Rico Income.	11	114,041. 114,041.

Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction

- 12 **Standard deduction or itemized deductions** (from Schedule A)
Standard Deduction for —
- People who checked blind or over 65 or who can be claimed as a dependent, see instructions.
 - All others:
 - Single or Married filing separately: \$12,400
 - Married filing jointly or Qualifying widow(er): \$24,800
 - Head of household: \$18,650

QuickZoom to the Standard Deduction Worksheet

Itemized deductions (from Schedule A) or your standard deduction , see above	12	<u>20,300.</u>
Subtract itemized or standard deduction from adjusted gross income amount		<u>93,741.</u>

Mary E McManamon

383-68-6449

Page 3

Form 1040 or Form 1040-SR, Lines 13 - 18

13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14	<u>20,300.</u>
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	<u>93,741.</u>

16 Tax. Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>		
		<u>15,132.</u>
17 Amount from Schedule 2, line 3.	17	
18 Add lines 16 and 17	18	<u>15,132.</u>
QuickZoom to Schedule 2 - Additional Tax section ▶		

Form 1040 or Form 1040-SR, Line 19 - 24

19 Child tax credit/credit for other dependents	19	<u>2,000.</u>
20 Amount from Schedule 3, line 7.	20	
21 Add lines 19 and 20	21	<u>2,000.</u>
22 Subtract line 21 from line 18. If zero or less, enter -0-	22	<u>13,132.</u>
23 Other taxes, including self-employment tax, from Schedule 2, line 10.	23	<u>0.</u>
24 Add lines 22 and 23. This is your total tax ▶	24	<u>13,132.</u>
QuickZoom to Schedule 3 — Additional Credits and Payments ▶		

Form 1040 or Form 1040-SR, Lines 25 - 33

25 Federal income tax withheld from: a Form(s) W-2 b Form(s) 1099 c Other forms d Add lines 25a through 25c.	25 a 25 b 25 c	<u>20,766.</u> <u>16.</u> <u></u>	
26 2020 estimated tax payments and amount applied from 2019 return			25 d <u>20,782.</u>
27 Other payments and refundable credits: Earned income credit (EIC) Nontaxable combat pay election	No		26
28 Additional child tax credit. Attach Schedule 8812			
29 American opportunity credit from Form 8863, line 8.			
30 Recovery rebate credit.			
31 Amount from Schedule 3, line 13			
32 Add lines 27 through 31. These are your other payments and refundable credits ▶			32
33 Add Lines 25d, 26, and 32. These are your total payments ▶			33 <u>20,782.</u>

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 ▶ _____

Mary E McManamon

383-68-6449

Page 4

Form 1040 or Form 1040-SR, Lines 34 - 36

Refund:

34 If total Payments is more than total tax, subtract **total tax** from **payments**

This is the amount you **overpaid** **34** 7,650.

35 a Amount of overpayment you want **refunded to you**.

If Form 8888 is attached, check here. ▶ ☐ **35** 7,650.

Direct deposit?

▶ **b** Routing number 121000358

▶ **c** Type:

☒ Checking

☐ Savings

▶ **d** Account number 000033132341

36 Amount of overpayment on line 34 you want applied to your **2021 estimated tax** ▶ **36** _____

Form 1040 or Form 1040SR, Lines 37 and 38

Amount You Owe:

37 Subtract total payments from total tax ▶ **37** _____

Note: Schedule H and Schedule E SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.

38 Estimated tax penalty ▶ **38** _____

QuickZoom to Late Penalties and Interest Worksheet ▶ **QuickZoom.** ▶ _____

Schedule 1 — Additional Income and Adjustments to Income

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes. **1** 0.

Alimony Received Smart Worksheet

A Taxpayer _____ Spouse _____ Date of divorce/sep _____ *

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 _____	2 a _____
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	7 _____
8 Other income. List type and amount: ▶ _____	8 _____
9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 8	9 <u>0.</u>
Total Income. Combine Form 1040 lines 1- 7 and	

Mary E McManamon

383-68-6449

Page 5

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings.	17	

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
A				<input type="checkbox"/>	
B				<input type="checkbox"/>	

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

18 a	Alimony paid	18 a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21 These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10a	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 1040-SR, line 17	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, and other tax-favored accounts. 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	7 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 23	10	0.
	Total tax (add line 10 and Schedule 3, line 7b)		13,132.

Mary E McManamon 383-68-6449 Page 6

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	3800		
b	8801		
c			
7	Add lines 1 through 6.	6	
	Enter here and on Form 1040 or 1040-SR, line 20	7	
a	Add line 7 plus child tax/other dep. credit on line 19 above		2,000.
b	Subtract total credits on line 7a from tax on line 18 above.		13,132.

Quickzoom to 1040 Worksheet, line 24 – Total Tax ▶ QuickZoom. . . ▶

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12 a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202.	12 b	
c	Health coverage tax credit from Form 8885	12 c	
d	Other	12 d	
e	Deferral for certain Schedule H or SE filers	12 e	
f	Add lines 12a through 12e	12 f	
13	Total Payments: Part II, lines 8 through 12f, Withholding (Form 1040, line 25d), Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30	13	20,782.
	Other Payments and Refundable Credits (Form 1040, line 32)		

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 Number ▶ 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		Email Address	

Paid Preparer's Use Only

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

Filing Address Information

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

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 2019 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: 1px solid black; height: 40px; width: 450px; margin-top: 5px;"></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 12	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 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

Paid Preparer's Due Diligence Worksheet
HOH

► Keep for your records

2020

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 01/01/2020)
☐ Received final decree of divorce, legal separation, dissolution, or termination of marriage by 12/31/2020. 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		8 Address of the property securing this mortgage (if different than your mailing address shown)
City		State ZIP code
7 The address above is the same as the address of the property securing the mortgage <input type="checkbox"/> (If not, enter the property address in box 8)		Street address
9 If the property securing the mortgage has no address, provide a description of the property below		City
Account number		10 Property tax
		11 Mortgage Acquisition Date

Mortgage Use

1 Mortgage was used to finance (check one):

a <input type="checkbox"/> Main home	b <input type="checkbox"/> Second home	c <input type="checkbox"/> Business activity
d <input type="checkbox"/> Rental activity	e <input type="checkbox"/> Farm activity	f <input type="checkbox"/> Farm rental activity
g <input type="checkbox"/> Royalty activity	h <input type="checkbox"/> 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 the home loan close after December 31, 2006? ☐ Yes ☐ No

Federal Information Worksheet

► Keep for your records

2020

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 1-1-2021 65
 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 1-1-2021
 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

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 2018 ☐ 2019 ☐
 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)		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	Qualified child/dep care exps incurred and paid 2020					
Aisling McManamon	F	658-84-6537 Daughter	12/28/2004 16	L	<input checked="" type="checkbox"/>			E	12	<input type="checkbox"/>	Yes
					<input type="checkbox"/>					<input type="checkbox"/>	
					<input type="checkbox"/>					<input type="checkbox"/>	
					<input type="checkbox"/>					<input type="checkbox"/>	
					<input type="checkbox"/>					<input type="checkbox"/>	

* "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 2020? ☐ 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 2020 ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2020 or
if you are ineligible to claim the EIC in 2020 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 2020, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ▶ ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

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

Resident country ► USA

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

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

Commonwealth of the Northern Mariana Islands

Excludable income from Puerto Rico

Dual Status Alien Return:

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

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

Third Party Designee:

Caution: Review transferred information for accuracy.

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

If Yes, complete the following:

Third party designee name ►

Third party designee phone number . . . ▶

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

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

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

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

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

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

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2020 ▶ 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, 2020 ▶ _____

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**

2020

► 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 2020? . . ☐ Yes ☒ No

Date of birth 07/09/1955 (mm/dd/yyyy) age as of 1-1-2021 65

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 2020 ► ☐ 2020 . ► ☐ 2019 . ► ☐ 2018 . ► ☐ Before 2018 . ► ☐

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 1-1-2021 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Language in which you want the IRS to communicate with you ► _____

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 2020? ► ☐ 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, 2020? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2020 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 2020 _____

Unreimbursed medical expenses paid for qualifying person in 2020 _____

Employment taxes paid for dependent care providers in 2020 _____

Full-time student for 5 calendar months during 2020? ► ☐ 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

2020

► 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 12-31-2020 16

Did this person pass away in 2020 (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 \$4,300 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, 2020? ☐ Yes ☐ No

Was the person placed with you for adoption after 2020, or was the adoption final in 2020 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 2020 _____
Unreimbursed medical expenses paid for qualifying person in 2020 _____
Employment taxes paid for dependent care providers in 2020 _____
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, 2020 _____
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 _____

Part-Year Resident State Allocation Worksheet

2020

► Keep for your records

Check the box to activate this worksheet ☐

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

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips				
S Wages, salaries, tips				

* Enter state of source only if income is associated with a trade or a business ▼

	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T		See Sch E Income Allocation Smart Worksheet					
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T					
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 Certain business expenses T					
S					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses					
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid					
S Alimony paid					
23 T IRA deduction					
S IRA deduction					
24 T Student loan interest deduction					
S Student loan interest deduction					
25 T Tuition and fees deduction					
S Tuition and fees deduction					

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
26 T Self-employment tax						
S Self-employment tax						
27 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
28 T Self-employed health insurance . .						
S Self-employed health insurance . .						
29 T Reserved						
S Reserved						
30 Other adjustments T						
S						
	Federal Amount	From mm/dd	To mm/dd	Res St		Allocated Amount
31 T Charitable contributions						
S Charitable contributions						
32 Total adjustments T						
S						
33 Adjusted gross income T						
S						

► Keep for your records

Name(s) Shown on Return
Mary E McManamonSocial 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 . . .	113,974.		113,974.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	20,766.		20,766.
3 & 7	Total social security wages/tips	119,714.		119,714.
4	Total social security tax withheld	7,422.		7,422.
5	Total Medicare wages and tips	119,714.		119,714.
6	Total Medicare tax withheld	1,736.		1,736.
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	22,422.		22,422.
b	Elective deferrals to qualified plans	5,740.		5,740.
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	16,682.		16,682.
14 a	Total deductible mandatory state tax	1,182.		1,182.
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			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	113,974.		113,974.
17	Total state tax withheld	4,935.		4,935.
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

113,973.99

3 Social security wages

119,713.57

5 Medicare wages and tips

119,713.57

7 Social security tips

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

2 Federal income tax withheld

20,765.99

4 Social security tax withheld

7,422.24

6 Medicare tax withheld

1,735.85

8 Allocated tips**d** Control number .**Transfer employee information from the Federal Information Worksheet****e** Employee's name

First Mary M.I. E

Last McManamon Suff.

f Employee's address and ZIP code

Street 5214F DIAMOND HTS BLVD #235

City SAN FRANCISCO

State CA ZIP Code 94131

Foreign Province

Foreign Postal Code

Foreign Country

9**11** Nonqualified plans**12** Enter box 12 below**13** ☐ Statutory employee☒ Retirement plan☐ Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.**NOTE:** Enter box 15 **before** entering box 14.**10**

Dependent care benefits

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

Box 12 Code	Box 12 Amount	If Box 12 code is: A: Enter amount attributable to RRTA Tier 2 tax . M: Enter amount attributable to RRTA Tier 2 tax . P: Double-click to link to Form 3903, line 4 . . . R: Enter MSA contribution for Taxpayer Spouse W: Enter HSA contribution for Taxpayer Spouse G: <input type="checkbox"/> Employer is not a state or local government
C	1,524.00	
E	5,739.58	
DD	15,157.56	

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	910-0044-8	113,973.99	4,934.85

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	1,181.90	California SDI tax

Wages, Salaries, & Tips Worksheet

2020

► Keep for your records

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

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	113,974.		113,974.
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"/>	<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 2020			
b _____			

10 Subtotal. Add lines 1 through 9	113,974.		113,974.
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	113,974.		113,974.

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 2020 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>0</u> X \$500. Enter the result	2			
3	Add lines 1 and 2			3	<u>2,000.</u>
4	Enter the amount from Form 1040 or 1040-SR, line 11	4	<u>114,041.</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	1040-NR filers: Enter -0-. Add lines 4 and 5. Enter the total	6	<u>114,041.</u>		
7	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 10 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 line 19 of Form 1040, 1040-SR or 1040-NR. You also cannot take the additional child tax credit on line 28 of Form 1040, 1040-SR or 1040-NR. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i>			10	<u>2,000.</u>

Part 2

11	Enter the amount from line 18 of Form 1040 or 1040-SR	11	<u>15,132.</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>15,132.</u>
14	Are you claiming any of the following credits? • Mortgage interest credit, Form 8839 • 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>15,132.</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>2,000.</u>

**This is your child
tax credit and credit for
other dependents**Enter this amount on
Form 1040, line 19
Form 1040-SR, line 19
Form 1040-NR, line 19

- TIP:** You may be able to take the **additional child tax credit** on line 28 of Form 1040, 1040-SR or 1040-NR only if you answered 'Yes' on line 16 and line 1 is more than zero.
- First, complete your Form 1040, 1040-SR or 1040-NR through line 27 (also complete Schedule 3, line 10)
 - Then, use Schedule 8812 to figure any additional child tax credit.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2020

► 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																										
	<table border="0"> <thead> <tr> <th></th> <th>Regular</th> <th>AMT</th> </tr> </thead> <tbody> <tr> <td>a On Form 1099-DIV</td> <td></td> <td></td> </tr> <tr> <td>b On Form 2439</td> <td></td> <td></td> </tr> <tr> <td>c On Schedule(s) K-1</td> <td></td> <td></td> </tr> <tr> <td>d On Form 1099-R</td> <td></td> <td></td> </tr> <tr> <td>e From Form 8814</td> <td></td> <td></td> </tr> <tr> <td>f Other.</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>		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	
	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																											
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 D	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

2020

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 15	1 a	93,741.
b	Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht . . .	b	
c	Add lines 1a and 1b	1 c	93,741.
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	93,741.
15	Enter: • \$40,000 if single or married filing separately, • \$80,000 if married filing jointly or qualifying widow(er), or • \$53,600 if head of household.	15	53,600.
16	Enter the smaller of line 1c or line 15	16	53,600.
17	Enter the smaller of line 14 or line 16	17	53,600.
18	Subtr ln 10 from ln 1c. If zero or less, enter -0-	18	93,741.
19	Enter the smaller of line 1c or: • \$163,300 if single or married filing sep, • \$326,600 if MFJ or qual widow(er), or • \$163,300 if head of household.	19	93,741.
20	Enter the smaller of line 14 or line 19	20	93,741.
21	Enter the larger of line 18 or line 20	21	93,741.
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: • \$441,450 if single, • \$248,300 if married filing separately, • \$496,600 if married filing jointly or qualifying widow(er), or • \$469,050 if head of household.	26	469,050.
27	Enter the smaller of line 1c or line 26	27	93,741.
28	Add lines 21 and 22	28	93,741.
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>15,132.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>15,132.</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>15,132.</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 16	47	<u>15,132.</u>

Form 1040 **Qualified Dividends and Capital Gain Tax Worksheet**
Line 16 ► Keep for your records

2020

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 15.	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 7.		
4	Add lines 2 and 3	4	_____
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	_____
6	Enter:		
	\$40,000 if single or married filing separately,	}	6 _____
	\$80,000 if married filing jointly or qualifying widow(er),		
	\$53,600 if head of household.		
7	Enter the smaller of line 1 or line 6	7	_____
8	Enter the smaller of line 5 or line 7	8	_____
9	Subtract line 8 from line 7 (this amount taxed at 0%)	9	_____
10	Enter the smaller of line 1 or line 4	10	_____
11	Enter the amount from line 9	11	_____
12	Subtract line 11 from line 10.	12	_____
13	Enter:		
	\$441,450 if single,	}	13 _____
	\$248,300 if married filing separately,		
	\$496,600 if married filing jointly or qualifying widow(er),		
	\$469,050 if head of household.		
14	Enter the smaller of line 1 or line 13	14	_____
15	Add lines 5 and 9	15	_____
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	_____
17	Enter the smaller of line 12 or line 16	17	_____
18	Multiply line 17 by 15% (0.15)	18	_____
19	Add lines 9 and 17	19	_____
20	Subtract line 19 from line 10	20	_____
21	Multiply line 20 by 20% (0.20)	21	_____
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet.		
23	Add lines 18, 21, and 22	23	_____
24	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.		
25	Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.		
		25	_____

IRA Contributions Worksheet

2020

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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 2020, including any made between 1/1/2021 and 5/17/2021, 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 1/1/2021 to 5/17/2021 (<i>See Help</i>).		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
12	Deductible traditional IRA contributions from worksheet.		
13	Nondeductible traditional IRA contributions from worksheet. . .		
	QuickZoom to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet ► <input type="checkbox"/> Worksheet for social security recipients ►		
14	Amount on line 13 you elect to make nondeductible		
15	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 15 before due date of return, including extensions.		
16	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
17	Qualified reservist repayments		
18	Nondeductible traditional IRA contributions, to Form 8606, ln 1. .		

IRA Contributions Worksheet

2020

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Mary E McManamon

383-68-6449

Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
19	Enter regular Roth IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, 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.		
20	Contributions recharacterized from a traditional IRA, (from In 4). . .		
21	Roth IRA contributions, from Schedule(s) K-1.		
22	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.		
23	Disallowed Roth IRA conversions		
24	Roth IRA contributions. Combine lines 20 through 23		
25	Enter any contribution included on line 24 withdrawn before the due date of the tax return. <i>See Help</i>		
26	Excess Roth IRA contribution credit		
27	Total Roth IRA contributions		
28	Repayments of qualified Roth reservist distributions		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
29	Roth IRA contributions after limitation		
30	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
31	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

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2020

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 17 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.

2020

- Keep for your records

Name(s) Shown on Return <u>Mary E McManamon</u>	Social Security Number <u>383-68-6449</u>
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Estimated Tax Payments for 2020 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	07/15/20		07/15/20			07/15/20		
2	07/15/20		07/15/20			07/15/20		
3	09/15/20		09/15/20			09/15/20		
4	01/15/21		01/15/21			01/15/21		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2020					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2020 extensions	0.				

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				20,766.	4,935.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G .						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID				16.	0.	
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax.						
19	Total Withholding Lines 10 through 18f						
					20,782.	4,935.	
20	Total Tax Payments for 2020				20,782.	4,935.	

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2019 extensions				
22	2019 estimated tax paid after 12/31/2019				
23	Balance due paid with 2019 return				
24	Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2020

► 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	114,041.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2019 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	114,041.

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 6,117.00

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). 6,117.00

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 . . .	6,825.74
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)	6,826.00
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2019 Amount	Enter 2020 description:
	302.00	toyota scion xb
		153.00
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)	153.00
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.	
	2019 Amount	Enter 2020 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	5,706.09
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	5,706.09
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

2020

► 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	4,935.
2 2020 state estimated taxes paid in 2020	2	
3 2019 state estimated taxes paid in 2020	3	
4 Amount paid with 2019 state application for extension	4	
5 Amount paid with 2019 state income tax return	5	
6 Overpayment on 2019 state income tax return applied to 2020 tax	6	
7 Other amounts paid in 2020 (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 2020 local estimated taxes paid in 2020	10	
11 2019 local estimated taxes paid in 2020	11	
12 Amount paid with 2019 local application for extension	12	
13 Amount paid with 2019 local income tax return	13	
14 Overpayment on 2019 local income tax return applied to 2020 tax	14	
15 Other amounts paid in 2020 (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	1,182.
18 Total Add lines 1 through 17	18	6,117.
19 State and local refund allocated to 2020	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	6,117.

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 2020		5,706.09	
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		112,415.70	
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 2020			
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		6,825.74	
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)*			

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.

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 2020	2,628.88
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	58,858.75
4	Mortgage origination date	02/10/2004
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 2020	
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	
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 checked="" 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.

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

Part 1 - Home Mortgage Loan Information

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
Interest paid in 2020	5,706.	0.			
Points paid in 2020 on 1098					
Points paid in 2020 not on 1098					
Mortgage origination date	05/22/2014	02/10/2004			
Months loan outstanding	12	12			
Principal paid on loan in 2020		7,982.			
Were all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan?	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Was the mortgage interest reported to you on form 1098?	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Home Debt Originating after December 15, 2017

Beginning of year balance					
Borrowed in 2020					
Home equity debt					
Principal applied					
Ending balance					
Enter amount of debt used to buy, build or substantially improve the home					
Average balance.					

Home Debt Originating after October 13, 1987 and on or before December 15, 2017

Beginning of year balance	112,416.	58,859.			
Home equity debt		58,859.			
Principal applied		7,982.			
Ending balance	112,416.	50,876.			
Home equity debt					
Enter amount of debt used to buy, build or substantially improve the home	112,416.	0.			
Average balance.	112,416.	54,868.			

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

Beginning of year balance					
Principal applied					
Ending balance					
Enter amount of debt used to buy, build or substantially improve the home *					
* Per Pub. 936, all interest from grandfathered debt is deductible. The program will automatically treat the entire amount of debt as being used to buy, build or substantially improve the home					
Average balance.					

Deductible Home Mortgage Interest Worksheet

2020

► Keep for your records

Page 2

Part 1 – Qualified Loan Limit

Qualified loans acquired prior to October 14, 1987		
1 Average balance of debt acquired prior to October 14, 1987 (grandfathered debt)	1	
Qualified loans acquired after October 13, 1987 and before December 16, 2017		
2 Average balance of debt acquired after October 13, 1987 and before December 16, 2017	2	167,284.
3 Enter \$1,000,000 (\$500,000 if married filing separately)	3	1,000,000.
4 Enter larger of the amount on line 1 or the amount on line 3.	4	1,000,000.
5 Add the amounts on lines 1 and 2. Enter the total here	5	167,284.
6 Enter the smaller of the amount on line 4 or the amount on line 5.	6	167,284.
Qualified loans acquired after December 15, 2017		
7 Average balance of debt acquired after December 15, 2017	7	
8 Enter \$750,000 (\$375,000 if married filing separately)	8	750,000.
9 Enter larger of the amount on line 6 and the amount on line 8.	9	750,000.
10 Add the amounts on lines 6 and 7. Enter the total here.	10	167,284.
Total qualified loans		
11 Enter the smaller of line 9 or line 10. This is your qualified loan limit	11	167,284.

Part 2 – Deductible Home Mortgage Interest

12 Enter the total of the average balances of all mortgages from lines 1, 2 and 7 on all qualified homes. See the line 12 instructions	12	167,284.
13 Total amount of interest that you paid on the loans from line 12 reported on . . . form 1098.	13	5,706.
14 Total amount of interest that you paid on the loans from line 12 not reported on form 1098	14	
15 Divide line 11 by line 12	15	1.000000
16 Multiply line 13 by the decimal amount on line 15. Enter the result. This is deductible home mortgage interest for loans reported on form 1098 Enter this amount on Schedule A line 8a	16	5,706.
17 Multiply line 14 by the decimal amount on line 15. Enter the result. This is deductible home mortgage interest for loans not reported on form 1098. Enter this amount on Schedule A line 8b	17	
18 Subtract line 15 from line 13. This is not home mortgage interest	18	0.

Charitable Deduction Limits Worksheet For Current Year Contributions

2020

► 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 to 100% limit organizations	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	<u>114,041.</u>
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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 subject to limit based on 100% of AGI

(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

2020

► 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 to 100% limit organizations	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	114,041.
	Percentage of line 8	Used in Current Year	
a	60% AGI limit to line 9	68,425. Less 0.	a 68,425.
b	50% AGI limit to line 12	57,021. Less 0.	b 57,021.
c	30% AGI limit, Section C to line 19	34,212. Less 0.	c 34,212.
d	30% AGI limit, Section D to line 26	34,212. Less 0.	d 34,212.
e	20% AGI limit to line 35	22,808. Less 0.	e 22,808.

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

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

2020

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social 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	RESERVED		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 2020 b _____ _____ _____	 	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	

- Keep for your records

Name(s) Shown on Return Mary E McManamon	Social Security Number 383-68-6449
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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 <input type="checkbox"/> No. Enter \$1,100			
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$12,400 • Married filing jointly — \$24,800 • Head of household — \$18,650			
3	Standard deduction.			
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1956, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 12. Otherwise, go to line 3b			
3 b	If born before January 2, 1956, 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 c	Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12			

***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**2020**

► 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	113,974.		113,974.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	113,974.		113,974.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	113,974.		113,974.
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	113,974.		113,974.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	113,974.		113,974.
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.	113,974.		113,974.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	113,974.		113,974.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	113,974.		113,974.

► 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	67.
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	67.
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	67.

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

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

Investment Expenses (Form 4952, line 5)

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

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

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

Form 1040
Line 17a

Earned Income Credit Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

QuickZoom to Schedule EIC ►

QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►

QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►

QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

<p>1 Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="margin-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="margin-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="margin-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC 4 a _____</p> <p style="margin-left: 20px;">b Spouse's nontaxable combat pay election for EIC b _____</p> <p style="margin-left: 20px;">c Total nontaxable combat pay election 4 c _____</p> <p>5 If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Medicaid Waiver Payments reported as nontaxable</p> <p>7 Earned income. Add lines 3, 4, 5, and 6</p> <p>8 Enter the credit, from the EIC Table, for the amount on line 7. Be sure to use the correct column for filing status and number of children.</p> <p style="margin-left: 40px;">If line 8 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.</p> <p>9 Enter your AGI from Form 1040, line 11</p> <p>10 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 9 less than \$8,800 (\$14,700 if married filing jointly)? • 1 or more qualifying children, is the amount on line 9 less than \$19,350 (\$25,250 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 11 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 9. Be sure to use the correct column for filing status and number of children</p> <p>11 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 10, enter the amount from line 8 • If 'No' on line 10, enter the smaller of line 8 or line 10 	<p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p>	<p>113,974.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>113,974.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>113,974.</p> <p>0.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Enter line 11 amount on Form 1040, line 27.

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

- 1 The total taxable earned income (line 7 above) is equal to or more than:
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | \$15,820 (\$21,710 if married filing jointly) without a qualifying child. |
| <input checked="" type="checkbox"/> | \$41,756 (\$47,646 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$47,440 (\$53,330 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 9 above) is equal to or more than:
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | \$15,820 (\$21,710 if married filing jointly) without a qualifying child. |
| <input checked="" type="checkbox"/> | \$41,756 (\$47,646 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$47,440 (\$53,330 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,650.
(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 2020.
(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 2020?

☐ **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 2020?

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 2020.

Compliance and Due Diligence Indicator ☒ **Yes** ☐ **No**

Potential qualifying child count ▶ 1
Non dependent potential qualifying child count ▶ 0
Qualifying child count (max 3) ▶ 1

Schedule SE Adjustments Worksheet

2020

► 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 Long Schedule SE ►	<input type="checkbox"/>	<input type="checkbox"/>
A Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
C 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. Enter the four-digit number only. If the FEMA disaster decl. number begins with DR, enter it here► _____
- j If the FEMA disaster decl. number begins with EM instead of DR, enter it here► _____
- 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

2020

► 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.	41,141.		
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 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	93,741.
2	Additions to income	2	
3	Add lines 1 and 2	3	93,741.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	93,741.

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.	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	114,041.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	114,041.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	102,637.
6	Enter ATNOL carried to 2019 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 \$745,200:		
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 \$56,700	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$72,900 if single or head of household, \$113,400 if married filing jointly or qualifying widow(er), \$56,700 if married filing separately	1	72,900.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	114,041.
3	Enter \$518,400 if single or head of household, \$1,036,800 if married filing jointly or qualifying widow(er), \$518,400 if married filing separately	3	518,400.
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	72,900.

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2020

► 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 7; 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 \$197,900 or less (\$98,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result. 	4	
5	Tax on amount on line 2c. If line 2c is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,958 (\$1,979 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

2020

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

2019 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			4,509.		1,452.	
Totals . .			4,509.		1,452.	

2019 State Extension Information

(a) State	(b) Paid With Extension

2019 Locality Extension Information

(a) Locality	(b) Paid With Extension

2019 State Estimates Information

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

2019 Locality Estimates Information

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

2019 State Taxes Due Information

(a) State	(e) Paid With Return

2019 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2019 State Refund Applied Information

(a) State	(g) Applied Amount

2019 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2019 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
CA	4,509.	1,452.

2019 Locality Tax Refund Information

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

Mary E McManamon

383-68-6449

Other Tax and Income Information			2019	2020
1	Filing status	1	4 HH	4 HH
2	Number of exemptions for blind or over 65 (0 - 4)	2		1
3	Itemized deductions	3	16,315.	15,706.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	103,180.	114,041.
6	Tax liability for Form 2210 or Form 2210-F	6	10,612.	13,132.
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			2019	2020
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

Note: Enter all entries as a positive amount

Loss and Expense Carryovers			2019	2020
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 2020	a		
	b 2019	b		
	c 2018	c		
	d 2017	d		
	e 2016	e		
	f 2015	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2020	a		
	b 2019	b		
	c 2018	c		
	d 2017	d		
	e 2016	e		
	f 2015	f		

Credit Carryovers				2019	2020
18	General business credit			18	
19	Adoption credit from:	a	2020	19a	
		b	2019	b	
		c	2018	c	
		d	2017	d	
		e	2016	e	
		f	2015	f	
20	Mortgage interest credit from:	a	2020	20a	
		b	2019	b	
		c	2018	c	
		d	2017	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				2019	2020
24	Section 179 expense deduction disallowed			24	
25	Excess	a	Taxpayer (Form 2555, line 46)	25a	
	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	2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2019					
b	2018					
c	2017					
d	2016					
e	2015					
27	2020 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2020					
b	2019					
c	2018					
d	2017					
e	2016					

28 Amount overpaid less earned income credit 8,045.

Qualified Business Income Deduction (Section 199A) carryovers				2019	2020
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	
31	Applicable percentage	2018	31 a		
		2019	b		

2019 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

2020

► Keep for your records

Name(s) Shown on Return
Mary E McManamon

Social Security Number
383-68-6449

Description	Amount
Income	
Wages	113,974.
Interest income before Series EE bond exclusion	67.
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	114,041.
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	114,041.

Depreciation Options

2020

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

Depreciation for Miscellaneous 2% Itemized Deductions and Form 2106

- 1 Enable state depreciation calculation for assets and vehicles associated with Form 2106 that contain a miscellaneous 2% itemized deduction ☐ Yes ☒ No
- 2 Enable state depreciation calculation for assets associated with Miscellaneous 2% Itemized Deductions ☐ Yes ☒ No

MACRS Convention and Computation

☒ Compute convention (result shown below).

When 'Compute convention' is checked, the program automatically determines which convention applies to MACRS personal property assets placed in service in 2020, and checks the appropriate box below. If 'Compute Convention' is unchecked, the program uses the 'Half-year convention' unless you check 'Mid-quarter convention.'

- 1 ☒ Half-year convention
- 2 ☐ Mid-quarter convention
- 3 Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Federal Section 179 Information

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of Form 4562, per the IRS instructions. This is the copy that appears on the menu as Form 4562: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 Form 4562 for that activity.

<p>1 a Elect to treat Qualified Real Property as "Section 179 Property"</p> <p>b Calculated "Total cost of Section 179 property placed in service"</p> <p>c Additions or subtractions to calculated total on line 1a</p> <p>2 If Married Filing Separately, enter:</p> <p>a Total cost of eligible property placed in service this year by spouse.</p> <p>b Allocation percentage elected for your return, if other than 50%.</p> <p>c Section 179 elected on Qualified Real Property this year by spouse</p> <p>3 a Taxable income computed for the Section 179 limitation</p> <p>b Additions or subtractions to taxable income</p>	<p>1 a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b _____</p> <p>c _____</p> <p>2 a _____</p> <p>b _____ %</p> <p>c _____</p> <p>3 a <u>113,974.</u></p> <p>b _____</p>
--	---

State Depreciation

Enter the State ID of all states for which you want depreciation computed. A corresponding state record will be created on all assets and vehicles in the Federal return.

Note: Only supported states may be selected. Not applicable to California. California depreciation data must be entered in the state return.

To delete or change a state:

- Check the "Yes" box for "Delete this state's depreciation data from the Federal file now"
- Delete the entry in the "State" field, or change it to the desired state
- Check the "No" box for "Delete this state's depreciation data from the Federal file now"

States currently entered: _____

State				
Delete this state's depreciation data from Federal file when transferring to 2021	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Delete this state's depreciation data from the Federal file now	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
State				
Delete this state's depreciation data from Federal file when transferring to 2021	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Delete this state's depreciation data from the Federal file now	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

State Section 179 Dollar Limitation

1	State	1	
2 a	Married Filing Separately for state? If Yes, enter:	2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Total cost of state eligible property placed in service this year by spouse . . .	b	
c	Allocation percentage elected for state return	c	<input type="text"/> %
d	State Section 179 elected on Qualified Real Property this year by spouse . .	d	
3 a	Elect to treat state Qualified Real Property as "Section 179 Property"	3 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Calculated "Total cost of state Section 179 property placed in service"	b	
c	Additions or subtractions to state calculated value	c	
4	State maximum amount	4	
5	State threshold cost of Section 179 property	5	
6	Reduction in state limitation (Line 3b less line 5, not less than 0)	6	
7	State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d) . . .	7	
8	Total state Section 179 elected (Cannot exceed line 7)	8	
9	Total state Section 179 elected on Qualified Real Property	9	

State Defaults for post-2017 TCJA Autos/Trucks & Farm PropertyCheck box to reset all state Asset Class defaults shown below. ☐

STATE CALC		Autos & Trucks		STATE CALC		Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AZ	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AR	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT	
		See State Asset Class Default Statement				See State 2009 Economic Stimulus Default Statement	

State Defaults for Economic Stimulus Depreciation Allowance and 2020 Section 179

Note: Only supported states are shown

Check box to reset all state Economic Stimulus defaults shown below. ☐

STATE CALC		STIMULUS BONUS DEPRECIATION			2020 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
AL	State	Full	12/31/2008	12/31/2027	Full	1,040,000.	2,590,000.
AZ	State	Full	12/31/2012	12/31/2027	Part	1,040,000.	2,590,000.
AR	State	N/A	N/A	N/A	Full	25,000.	200,000.
					See State 2009 Economic Stimulus Default Statement		

State Defaults for Qualified Disaster Area Depreciation Allowance and Section 179Check box to reset all state Qualified Disaster Area defaults shown below. ☐

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	12/31/2007	12/31/2013	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
					See State Qualified Disaster Area Default Statement		

State Defaults for Kansas Disaster Zone Depreciation Allowance and Section 179Check box to reset all state Kansas Disaster Zone defaults shown below ☐

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	05/04/2007	12/31/2009	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State Kansas Disaster Zone Default Statement	

State Defaults for Cellulosic Biomass Ethanol Plant Property (CBEPP)Check box to reset all state CBEPP defaults shown below ☐

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
AL	Federal	Full	12/20/2006	12/31/2020
AZ	Federal	Full	12/20/2006	12/31/2020
AR	None	N/A	N/A	N/A
			See State CBEPP Default Statement	

State Defaults for GO Zone Depreciation Allowance and GO Zone Section 179Check box to reset all state GO Zone defaults shown below ☐

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
AL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
AZ	State	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State GO Zone Default Statement	

State Defaults for Pre-2006 Special Depreciation Allowance (SDA), and Trucks/VansCheck box to reset all state SDA & Truck/Van defaults shown below ☐

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
AL	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
AZ	State	None	N/A	N/A	N/A	N/A	N/A	Y
AR	State	None	N/A	N/A	N/A	N/A	N/A	Y
				See State Pre-2006 SDA Default Statement				

State Defaults for Sec 179 on Computer Software & Qualified Real PropertyCheck box to reset all state Sec 179 defaults shown below ☐

STATE CALC		COMPUTER SOFTWARE		STATE CALC		QUALIFIED REAL PROPERTY	
						& 179 Lodging Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
AZ	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
AR	Federal	TY2003	PERMANENT	None	N/A	N/A	
			See State Software/Real Property Sec 179 Default Statement				

State Defaults for Asset Class on Qualified Real Property & Farm Machinery/EquipmentCheck box to reset all state Asset Class defaults shown below ☐

STATE CALC		FARM & RETAIL		STATE CALC		RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT	
AZ	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT	
AR	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017	
			See State Asset Class Default Statement				

State Defaults for Taking Economic Stimulus Depreciation Allowance on Fruit/Nut Tree/Vine in Year Planted/Grafted

 Check box to reset defaults shown below. ☐

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
AL	Federal	Full	12/31/15	12/31/27
AZ	State	Full	12/31/12	12/31/27
AR	State	N/A	N/A	N/A
			See Fruit/Nut Tree/Vine SDA in Year Planted/Grafted	

Two-Year Comparison

2020

Name(s) Shown on Return
Mary E McManamon

Social Security Number

Income	2019	2020	Difference	%
Wages, salaries, tips, etc	103,114.	113,974.	10,860.	10.53
Interest and dividend income	66.	67.	1.	1.52
State tax refund	0.	0.	0.	
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	103,180.	114,041.	10,861.	10.53
Adjustments to Income				
Adjusted Gross Income	103,180.	114,041.	10,861.	10.53
Itemized Deductions				
Medical and dental				
Income or sales tax	5,570.	6,117.	547.	9.82
Real estate taxes	6,501.	6,826.	325.	5.00
Personal property and other taxes	302.	153.	-149.	-49.34
Interest paid	6,315.	5,706.	-609.	-9.64
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	16,315.	15,706.	-609.	-3.73
Standard or Itemized Deduction	18,350.	20,300.	1,950.	10.63
Qualified Business Income Deduction				
Taxable Income	84,830.	93,741.	8,911.	10.50
Income tax	13,112.	15,132.	2,020.	15.41
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	13,112.	15,132.	2,020.	15.41
Nonbusiness credits	2,500.	2,000.	-500.	-20.00
Business credits				
Total Credits	2,500.	2,000.	-500.	-20.00
Self-employment tax				
Other taxes				
Total Tax After Credits	10,612.	13,132.	2,520.	23.75
Withholding	18,657.	20,782.	2,125.	11.39
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	18,657.	20,782.	2,125.	11.39
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	8,045.	7,650.	-395.	-4.91
Balance Due				

Current year effective tax rate 11.52 %

Tax Summary
► Keep for your records

2020

Name (s)

Mary E McManamon

Total income	114,041.
Adjustments to income	
Adjusted gross income	114,041.
Itemized/standard deduction	20,300.
Qualified business income deduction	
Taxable income	93,741.
Tentative tax	15,132.
Additional taxes	
Alternative minimum tax	
Total credits	2,000.
Other taxes	
Total tax	13,132.
Total payments	20,782.
Estimated tax penalty	
Amount Overpaid	7,650.
Refund	7,650.
Amount Applied to Estimate	
Balance due	0.

Recovery Rebate Credit Worksheet

2020

Name(s) Shown on Return
Mary E McManamon

Social Security No.
383-68-6449

This worksheet is used to compute the allowed recovery rebate credit for line 30 of Form 1040 or 1040-SR after accounting for any economic stimulus payment previously received.

<p>1 Can you be claimed as a dependent on another person's 2020 return?</p> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> No. Go to line 2 </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30. </div> <p>2 Does your 2020 return include a valid social security number for you, and if filing a joint return, your spouse?</p> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> Yes. Skip lines 3 and 4 and go to line 5. </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30. </div> <p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number?</p> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes. Your credit is not limited. Go to line 5. </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> No. Go to line 4. </div> <p>4 Does one of you have a valid social security number?</p> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes. Your credit is limited. Go to line 5. </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> No. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30. </div> <p>5 Enter: • \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3.</p> <p>6 Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p> <p>7 Add lines 5 and 6</p> <p>8 Enter: • \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3.</p> <p>9 Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p> <p>10 Add lines 8 and 9</p> <p>11 Enter the amount from line 11 of Form 1040 or 1040-SR</p> <p>12 Enter the amount shown below for your filing status : • \$150,000 if married filing jointly or qualifying widow(er) • \$112,500 if head of household • \$75,000 if single or married filing separately </p> <p>13 Is the amount on line 11 more than the amount on line 12?</p> <div style="display: flex; align-items: center;"> <input type="checkbox"/> No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18. </div> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> Yes. Subtract line 12 from line 11. </div> <p>14 Multiply line 13 by 5% (0.05)</p> <p>15 Subtract line 14 from line 7. If zero or less, enter -0-</p> <p>16 Enter the amount, if any, of the economic impact payment (EIP) 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here.</p> <p>17 Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15 you don't have to pay back the difference</p> <p>18 Subtract line 14 from line 10. If zero or less, enter -0-</p> <p>19 Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here.</p> <p>20 Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18 you don't have to pay back the difference</p> <p>21 Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR.</p>	<p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p>	<p>1,200.</p> <p>500.</p> <p>1,700.</p> <p>600.</p> <p>600.</p> <p>1,200.</p> <p>114,041.</p> <p>112,500.</p> <p>1,541.</p> <p>77.</p> <p>1,623.</p> <p>1,700.</p> <p>0.</p> <p>1,123.</p> <p>1,200.</p> <p>0.</p> <p>0.</p>
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Compare to U. S. Averages

► Keep for your records

2020

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

Your 2020 adjusted gross income (AGI) 114,041.
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	113,974.	122,635.
Taxable interest	67.	1,288.
Tax-exempt interest		7,612.
Dividends		6,482.
Business net income		27,849.
Business net loss		7,626.
Net capital gain		14,584.
Net capital loss		2,371.
Taxable IRA		28,940.
Taxable pensions and annuities		44,175.
Rent and royalty net income		14,160.
Rent and royalty net loss		9,156.
Partnership and S corporation net income		43,023.
Partnership and S corporation net loss		13,646.
Taxable social security benefits		24,980.
Medical and dental expenses deduction		12,111.
Taxes paid deduction	10,000.	12,122.
Interest paid deduction	5,706.	9,263.
Charitable contributions deduction		4,627.
Total itemized deductions	15,706.	27,540.
Child care credit		630.
Education tax credits		1,473.
Child tax credit	2,000.	1,428.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	114,041.	143,501.
Taxable income	93,741.	108,489.
Income tax	15,132.	18,217.
Alternative minimum tax		2,462.
Total tax liability	13,132.	18,966.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Mary E McManamon

Primary SSN: 383-68-6449

Federal Return Submitted: October 14, 2021 11:26 PM PDT

Federal Return Acceptance Date: 10/15/2021

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 May 17, 2021. 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 May 17, 2021, your Intuit electronic postmark will indicate May 17, 2021, 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 May 17, 2021, and a corrected return is submitted and accepted before May 22, 2021. If your return is submitted after May 22, 2021, 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, 2021. 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, 2021, and the corrected return is submitted and accepted by October 20, 2021.

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.

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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:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

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, 2021.

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 a Tax Product 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 the Tax Product, and any fees for additional products and services purchased. Note that the cost of the Tax Product may vary 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, 2021.

Questions? Call 877-908-7228

Pro Delegation Worksheet

2020

Check this box if you are preparing this return as a PRO preparer ☐

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area? ☐

Preparer Tax ID # (PTIN) _____

NY Tax Preparer Registration # _____ or NY Exclusion Code _____

For NM, OR Preparers Only: State ID# _____

Preparer E-mail _____ Print date on return? ☐

Preparer Phone _____ CAF # _____

Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

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

Select state returns to file electronically:

State(s)

Select other returns to file electronically:

Other Return(s)

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
- ☐ Other return printed and mailed

Select state returns to file by mail:

State(s)

Select other returns to file by mail:

Other Return(s)

Electronic Filing and Printing of Amended Return Information

Electronic Filing:

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

Select state amended return(s) to file electronically:

State(s)

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal amended return printed and mailed
- ☐ State amended return printed and mailed

Select state amended return(s) to file by mail:

State(s)

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.

☐ Sign return electronically using Practitioner PIN

- ☐ 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)

Date PIN entered.

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.

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

☐ To indicate a client return download in FnF

[illegible]

Smart Worksheets From 2020 Federal Tax Return

SMART WORKSHEET FOR: Form 4868: Application for Automatic Extension

Mailing Address and Filing Instruction Smart Worksheet

WHERE TO FILE YOUR EXTENSION

MAIL FORM 4868 (WITH PAYMENT IF APPLICABLE) TO THE ADDRESS LISTED BELOW

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN UT 84201-0045

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

Tax Smart Worksheet	
A	Tax <u>15,132.</u>
Check if from:	
1	Tax table <input checked="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 <u> </u>
C	Additional tax from Form 4972 <u> </u>
D	Tax from additional Form(s) 4972 <u> </u>
E	Recapture tax from Form 8863 <u> </u>
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax <u> </u>
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative <u> </u>
H	Additional tax from Form 8621 <u> </u>
I	Tax. Add lines A through G. Enter the result here and include in tax below. <u>15,132.</u>
J	Form 8621 tax deferral from line 9c (to line 24) <u> </u>

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

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet

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.

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 . . . ☐

Marital Status

Filing Status Selected

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 ☐
 Taxpayer ☒
 Spouse ☐

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

D Was this person married on December 31, 2020 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, 2020 ☐ Yes ☒ No
 - If married, filed a joint return for the year ☐ Yes ☐ No
 - If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. ☐ Yes ☐ No
 - If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately ☐ Yes ☐ No

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

F Is this person's gross income less than \$4,300? ☐ 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? ☐ Yes ☐ No
 Has the other parent waived their legal right so you can claim this dependent on your tax return? ☐ Yes ☐ 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? ☒
 Other parent in different return? ☐
 Someone else in different return? ☐

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 \$4,300 or more or

* They filed a joint return ☐

SMART WORKSHEET FOR: Part-Year State Allocation Worksheet

Additional Other Income Allocation Smart Worksheet						
<i>* Enter the state of source for this income (See Tax Help)</i> ▼						
	Federal Amount	Residency Info			*	Allocated Amount
		From mm/dd	To mm/dd	Res St	Src St	
Y Not-for-profit (hobby) income . . T						
Not-for-profit (hobby) income . . S						
Z Unemployment exclusion T						
Unemployment exclusion S						
AA Miscellaneous other income . . T						
Miscellaneous other income . . S						

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

Qualified Business Income Deduction Smart Worksheet			
<i>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).</i>			
A	Is this activity a qualified trade or business under Section 199A?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B	QBI worksheet to report ▶		
C	Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 a substitute W-2 and generate a form 4852

☐

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)	7,422.
B Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld.	1,736.
C Enter any amount from Form 8959, line 7	0.
D Add line A, B, and C	9,158.
E Enter the Additional Medicare Tax withheld (Form 8959 line 22)	
F Subtract line E from line D.	9,158.
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 2020)	
M Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2020)	
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.	9,158.

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 5,706.09
- 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 2020
- E** Outstanding mortgage principal as of 12/31/2020 (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 2020 . .	5,706.09		5,706.09	
2 Total points				
3 Beginning balance . . .	112,415.70		112,415.70	
4 Borrowed in 2020 . . .				
5 Principal applied . . .				
6 Ending balance				
7 Average loan balance .				
8 Acquisition debt	112,415.70		112,415.70	
9 Acquisition interest . .	5,706.09		5,706.09	
10 Deductible points				

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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
B	Is this a home equity loan or refinance of a purchase loan?	Home Equity <input checked="" type="checkbox"/>	Refi <input type="checkbox"/>	
	Was cash ever taken out as part of a refinance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	If no, amount used to purchase, build, or improve this home (see help)			0.00
D	Date loan was paid off, if paid off in 2020			
E	Outstanding mortgage principal as of 12/31/2020 (or pay-off date, if applicable)			50,876.31
	Check if you had only one 1098	<input type="checkbox"/>		
F		Total	Post-12/15/17 Home Debt	10/14/87 - 12/15/17 Home Debt
1	Interest paid in 2020	2,628.88		2,628.88
2	Total points			
3	Beginning balance	58,858.75		58,858.75
4	Borrowed in 2020			
5	Principal applied	7,982.44		7,982.44
6	Ending balance	50,876.31		50,876.31
7	Average loan balance			
8	Acquisition debt	0.00		0.00
9	Acquisition interest	0.00		0.00
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 2019 _____

2 Election for earned income credit (EIC):

Elect taxpayer's nontaxable combat pay as earned income for EIC? ► ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect taxpayer's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ No

B Spouse:

1 Spouse, nontaxable combat pay _____

1a Spouse, prior year nontaxable combat pay from 2019 _____

2 Election for earned income credit (EIC):

Elect spouse's nontaxable combat pay as earned income for EIC? ► ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect spouse's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ No

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment 7,650.

Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Prior Year Earned Income Election Smart Worksheet

Election to use 2019 earned income for Earned Income Credit

The "Yes" box must be marked on Line A for 2019 earned income to be used for EIC calculations.

A Elect to use 2019 earned income for EIC ► ☐ Yes ☒ No

B Earned income for EIC from your 2019 return 103,114.

C Current year earned income for EIC 113,974.

If Line C is equal to or greater than Line B the taxpayer is not eligible to use 2019 earned income for EIC calculations.

D You may compare the tax benefit of electing to use 2020 Earned Income by checking the boxes on line A

Overpayment 7,650.

Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest <u>67.</u>
B	Dividend income _____
C	Capital gain net income _____
D	Royalty and rental of personal property net income _____
E	Passive activity net income :
1	Rental real estate net income or loss _____
2	Farm rental net income or loss _____
3	Partnerships and S corporations net income or loss _____
4	Estates and trusts net income or loss _____
5	Total of lines 1 through 4 _____
6	Total passive activity net income , line 5 if greater than zero _____
F	Interest and dividends from Forms 8814 _____
G	Adjustments _____
H	Total investment income , add lines A through G <u>67.</u>
Is line H, total investment income over \$3,650? <input checked="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					
			Year of birth		
First name Last name	MI Suff	Social security number Relationship	Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?	Was the child permanently and totally disabled during any part of 2020?	Lived with taxpayer in the U.S.
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	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Information From 2020 Federal Tax Return

Form 4562 Depreciation Options

State Asset Class Default Statement

Continuation Statement

STATE CALC		Autos & Trucks		STATE CALC		Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
CO	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
CT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
DE	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
DC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
GA	Federal	01/01/2018	PERMANENT	None	N/A	N/A	
HI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
ID	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IN	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IA	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT	
KS	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
KY	Federal	01/01/2018	PERMANENT	None	N/A	N/A	
LA	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
ME	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MD	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MA	None	N/A	N/A	None	N/A	N/A	
MI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MN	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MS	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MO	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NE	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NH	None	N/A	N/A	None	N/A	N/A	
NJ	Federal	01/01/2018	PERMANENT	None	N/A	N/A	
NM	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NY	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
ND	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
OH	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
OK	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
OR	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
PA	None	N/A	N/A	None	N/A	N/A	
RI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
SC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
UT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
VT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
VA	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
WV	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
WI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
XX	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	

Form 4562 Depreciation Options

State 2009 Economic Stimulus Default Statement

Continuation Statement

STATE CALC		STIMULUS BONUS DEPRECIATION			2020 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
CO	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
CT	Federal	Part	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
DE	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
DC	State	N/A	N/A	N/A	Full	25,000.	200,000.

Form 4562 Depreciation Options

State 2009 Economic Stimulus Default Statement

Continuation Statement

STATE CALC		STIMULUS BONUS DEPRECIATION			2020 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
GA	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
HI	State	N/A	N/A	N/A	Full	25,000.	200,000.
ID	State	Full	12/31/2007	12/31/2009	Full	1,040,000.	2,590,000.
IL	Federal	Part	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
IN	State	N/A	N/A	N/A	Full	25,000.	2,590,000.
IA	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
KS	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
KY	State	N/A	N/A	N/A	Full	100,000.	2,590,000.
LA	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
ME	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
MD	State	N/A	N/A	N/A	Full	25,000.	200,000.
MA	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
MI	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
MN	Federal	Part	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
MS	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
MO	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
MT	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
NE	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
NH	State	N/A	N/A	N/A	Full	500,000.	2,000,000.
NJ	State	N/A	N/A	N/A	Full	25,000.	200,000.
NM	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
NY	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
NC	Federal	Part	12/31/2007	12/31/2027	Part	1,040,000.	2,590,000.
ND	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
OH	Federal	Part	12/31/2007	12/31/2027	Part	1,040,000.	2,590,000.
OK	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
OR	State	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
PA	State	N/A	N/A	N/A	Full	25,000.	200,000.
RI	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
SC	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
UT	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
VT	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
VA	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
WV	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
WI	State	Full	12/31/2007	12/31/2013	Full	1,040,000.	2,590,000.
XX	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.

Form 4562 Depreciation Options

State Qualified Disaster Area Default Statement

Continuation Statement

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
CT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2013	Full	100,000.	600,000.
IL	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.

Form 4562 Depreciation Options**State Qualified Disaster Area Default Statement****Continuation Statement**

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
KS	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
ME	State	N/A	12/31/2010	12/31/2013	Full	100,000.	600,000.
MD	State	Full	12/31/2007	12/31/2013	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MN	Federal	Part	12/31/2007	12/31/2013	Part	100,000.	600,000.
MS	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
MO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NY	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
NC	Federal	Part	12/31/2007	12/31/2013	Full	100,000.	600,000.
ND	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OH	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OK	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OR	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
UT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WV	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
XX	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.

Form 4562 Depreciation Options**State Kansas Disaster Zone Default Statement****Continuation Statement**

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
CT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2009	Full	100,000.	600,000.
IL	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
ME	None	N/A	N/A	N/A	N/A	0.	0.
MD	State	Full	05/04/2007	12/31/2009	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.

Form 4562 Depreciation Options**State Kansas Disaster Zone Default Statement****Continuation Statement**

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
MI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MN	Federal	Part	05/04/2007	12/31/2009	Part	100,000.	600,000.
MS	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
MO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NY	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
NC	Federal	Part	05/04/2007	12/31/2009	Full	100,000.	600,000.
ND	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OH	Federal	Full	05/04/2007	12/31/2009	Part	100,000.	600,000.
OK	State	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OR	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	None	N/A	N/A	N/A	N/A	0.	0.
UT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
WI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
XX	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.

Form 4562 Depreciation Options**State CBEPP Default Statement****Continuation Statement**

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
CO	Federal	Full	12/20/2006	12/31/2020
CT	Federal	Full	12/20/2006	12/31/2020
DE	Federal	Full	12/20/2006	12/31/2020
DC	None	N/A	N/A	N/A
GA	Federal	Full	12/20/2006	12/31/2020
HI	Federal	Full	12/20/2006	12/31/2020
ID	Federal	Full	12/20/2006	12/31/2020
IL	Federal	Full	12/20/2006	12/31/2020
IN	Federal	Full	12/20/2006	12/31/2020
IA	Federal	Full	12/20/2006	12/31/2020
KS	Federal	Full	12/20/2006	12/31/2020
KY	None	N/A	N/A	N/A
LA	Federal	Full	12/20/2006	12/31/2020
ME	State	Full	12/20/2006	12/31/2007
MD	Federal	Full	12/20/2006	12/31/2020
MA	Federal	Full	12/20/2006	12/31/2020
MI	Federal	Full	12/20/2006	12/31/2020
MN	State	Full	12/20/2006	12/31/2017
MS	None	N/A	N/A	N/A
MO	Federal	Full	12/20/2006	12/31/2020
MT	Federal	Full	12/20/2006	12/31/2020
NE	None	N/A	N/A	N/A

Form 4562 Depreciation Options
State CBEPP Default Statement
Continuation Statement

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
NH	None	N/A	N/A	N/A
NJ	None	N/A	N/A	N/A
NM	Federal	Full	12/20/2006	12/31/2020
NY	None	N/A	N/A	N/A
NC	Federal	Full	12/20/2006	12/31/2020
ND	Federal	Full	12/20/2006	12/31/2020
OH	Federal	Full	12/20/2006	12/31/2020
OK	Federal	Full	12/20/2006	12/31/2020
OR	Federal	Full	12/20/2006	12/31/2020
PA	None	N/A	N/A	N/A
RI	None	N/A	N/A	N/A
SC	None	N/A	N/A	N/A
UT	Federal	Full	12/20/2006	12/31/2020
VT	Federal	Full	12/20/2006	12/31/2020
VA	None	N/A	N/A	N/A
WV	None	N/A	N/A	N/A
WI	State	Full	12/20/2006	12/31/2013
XX	Federal	Full	12/20/2006	12/31/2020

Form 4562 Depreciation Options
State GO Zone Default Statement
Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
CT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KS	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ME	State	Full	08/28/2005	12/31/2007	N/A	0.	0.
MD	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MN	Federal	Part	08/28/2005	03/30/2012	Part	100,000.	600,000.
MS	State	N/A	08/28/2005	03/30/2012	Full	100,000.	600,000.
MO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NY	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ND	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

Form 4562 Depreciation Options
State GO Zone Default Statement
Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
OH	Federal	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
OK	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OR	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	Full	08/28/2005	05/06/2009	Full	100,000.	600,000.
UT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
WI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
XX	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement
Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
CO	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
CT	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DC	State	None	N/A	N/A	N/A	N/A	N/A	Y
GA	State	None	N/A	N/A	N/A	N/A	N/A	Y
HI	State	None	N/A	N/A	N/A	N/A	N/A	Y
ID	State	None	N/A	N/A	N/A	N/A	N/A	Y
IL	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
IN	State	None	N/A	N/A	N/A	N/A	N/A	Y
IA	Both	50	Full	N/A	N/A	05/06/2003	12/31/2004	Y
KS	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
KY	State	None	N/A	N/A	N/A	N/A	N/A	Y
LA	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ME	Both	50, 30	Full	09/11/2001	12/31/2001	01/01/2006	12/31/2006	Y
MD	State	None	N/A	N/A	N/A	N/A	N/A	Y
MA	State	None	N/A	N/A	N/A	N/A	N/A	Y
MI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MN	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MS	State	None	N/A	N/A	N/A	N/A	N/A	Y
MO	Both	50, 30	Full	09/11/2001	06/30/2002	05/06/2003	12/31/2006	Y
MT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NH	State	None	N/A	N/A	N/A	N/A	N/A	N
NJ	Both	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2003	Y
NM	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NY	Both	50, 30	Full	09/11/2001	05/31/2003	05/06/2003	05/31/2003	Y
NC	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ND	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OH	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OK	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OR	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
PA	State	None	N/A	N/A	N/A	N/A	N/A	Y
RI	State	None	N/A	N/A	N/A	N/A	N/A	Y
SC	State	None	N/A	N/A	N/A	N/A	N/A	Y

Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement
Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
UT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VA	State	None	N/A	N/A	N/A	N/A	N/A	Y
WV	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
WI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
XX	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y

Form 4562 Depreciation Options
State Software/Real Property Sec 179 Default Statement
Continuation Statement

STATE CALC		COMPUTER SOFTWARE		STATE CALC	& 179 Lodging Property	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
CT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
GA	Federal	TY2003	PERMANENT	None	N/A	N/A
HI	None	N/A	N/A	None	N/A	N/A
ID	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
IN	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IA	None	N/A	N/A	State	TY2018	PERMANENT
KS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ME	State	TY2011	PERMANENT	State	TY2011	PERMANENT
MD	None	N/A	N/A	None	N/A	N/A
MA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MN	None	N/A	N/A	State	TY2010	PERMANENT
MS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NY	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ND	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OH	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OK	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OR	Federal	TY2003	PERMANENT	State	TY2011	PERMANENT
PA	None	N/A	N/A	None	N/A	N/A
RI	State	TY2014	PERMANENT	State	TY2014	PERMANENT
SC	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
UT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
VT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
VA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
WV	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
WI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
XX	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT

Form 4562 Depreciation Options
State Asset Class Default Statement
Continuation Statement

STATE CALC		FARM & RETAIL		STATE CALC	RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
CT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
DE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
DC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
GA	None	N/A	N/A	State	10/22/2004	12/31/2017
HI	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
ID	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
IL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
IN	Federal	12/31/2008	12/31/2017	State	12/31/2011	PERMANENT
IA	None	N/A	N/A	State	12/31/2019	PERMANENT
KS	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
ME	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MD	None	N/A	N/A	State	10/22/2004	PERMANENT
MA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MI	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MN	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
MS	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
MO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NY	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
NC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
ND	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
OH	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
OK	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
OR	State	12/31/2008	12/31/2017	State	10/22/2004	PERMANENT
PA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
RI	State	12/31/2013	12/31/2017	State	12/31/2013	PERMANENT
SC	State	12/31/2008	12/31/2009	Federal	10/22/2004	PERMANENT
UT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
VT	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
VA	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
WV	Federal	12/31/2008	12/31/2017	State	10/22/2004	PERMANENT
WI	State	12/31/2008	12/31/2013	State	10/22/2004	PERMANENT
XX	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT

Form 4562 Depreciation Options
Fruit/Nut Tree/Vine SDA in Year Planted/Grafted
Continuation Statement

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
CO	Federal	Full	12/31/15	12/31/27
CT	Federal	Part	12/31/15	12/31/27
DE	Federal	Full	12/31/15	12/31/27
DC	State	N/A	N/A	N/A
GA	State	N/A	N/A	N/A
HI	State	N/A	N/A	N/A

Form 4562 Depreciation Options**Fruit/Nut Tree/Vine SDA in Year Planted/Grafted****Continuation Statement**

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
ID	State	N/A	N/A	N/A
IL	Federal	Part	12/31/15	12/31/27
IN	State	N/A	N/A	N/A
IA	State	N/A	N/A	N/A
KS	Federal	Full	12/31/15	12/31/27
KY	State	N/A	N/A	N/A
LA	Federal	Full	12/31/15	12/31/27
ME	State	N/A	N/A	N/A
MD	State	N/A	N/A	N/A
MA	State	N/A	N/A	N/A
MI	Federal	N/A	12/31/15	12/31/27
MN	Federal	Part	12/31/15	12/31/27
MS	State	N/A	N/A	N/A
MO	Federal	Full	12/31/15	12/31/27
MT	Federal	Full	12/31/15	12/31/27
NE	Federal	Full	12/31/15	12/31/27
NH	State	N/A	N/A	N/A
NJ	State	N/A	N/A	N/A
NM	Federal	Full	12/31/15	12/31/27
NY	State	N/A	N/A	N/A
NC	Federal	Part	12/31/15	12/31/27
ND	Federal	Full	12/31/15	12/31/27
OH	Federal	Part	12/31/15	12/31/27
OK	Federal	Full	12/31/15	12/31/27
OR	Federal	Full	12/31/15	12/31/27
PA	State	N/A	N/A	N/A
RI	State	N/A	N/A	N/A
SC	State	N/A	N/A	N/A
UT	Federal	Full	12/31/15	12/31/27
VT	State	N/A	N/A	N/A
VA	State	N/A	N/A	N/A
WV	Federal	Full	12/31/15	12/31/27
WI	State	Full	12/31/15	12/31/13
XX	Federal	Full	12/31/15	12/31/27

TAXABLE YEAR	California Online e-file Return Authorization for Individuals	FORM
2020		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./ste. no.	PMB/private mailbox	Daytime telephone number (415) 603-0723
City SAN FRANCISCO			State CA	ZIP code 94114
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	114,041.
2 Refund or no amount due. See instructions	894.
3 Amount you owe. See instructions	3

Part II Settle Your Account Electronically for Taxable Year 2020 (Payment due 4/15/2021)

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 2021 These are NOT installment payments for the current amount you owe.

	First Payment Due 4/15/2021	Second Payment Due 6/15/2021	Third Payment Due 9/15/2021	Fourth Payment Due 1/15/2022
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 _____ 894.	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: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> 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. If I check Part II, box 5, 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 2020 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.
It is unlawful to forge a spouse's/RDP's signature.

Date

2020 California Resident Income Tax Return**540**

APE

DO NOT ATTACH FEDERAL RETURN

383-68-6449 MCMA
MARY E MCMANAMON

20

4226 23RD ST
SAN FRANCISCO CA 94114

07-09-1955

Principal Residence

Enter your county at time of filing (see instructions)

☒ SAN FRANCISCO
If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ☒ ☐

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒ ☐

City

State

ZIP code

☒ ☐ ☐
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 ☐

Exemptions

▶ 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

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 \$124 = ☒ \$ 124

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ☒ 8 X \$124 = ☒ \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☒ 9 1 X \$124 = ☒ \$ 124

Your name: MCMANAMON

Your SSN or ITIN: 383-68-6449

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

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

Total dependent exemptions ☒ 10 X \$383 = ☒ \$ **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ☒ 11 \$ **12** State wages from your federal Form(s) W-2, box 16 ☒ 12 **13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ☒ 13 **14** California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. ☒ 14 **15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ☐ 15 **16** California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. ☒ 16 **17** California adjusted gross income. Combine line 15 and line 16 ☒ 17 **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. \$4,601	
• Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202		

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions ☒ 18 **19** Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ☒ 19 **31** Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
..... ☒ ☐ FTB 3800 ☐ FTB 3803 ☒ 31 **32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. ☒ 32 **33** Subtract line 32 from line 31. If less than zero, enter -0- ☒ 33 **34** Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A. . . ☒ 34 **35** Add line 33 and line 34. ☒ 35 **40** Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ☒ 40 **43** Enter credit name code and amount. . . ☒ 43 **44** Enter credit name code and amount. . . ☒ 44

Your name:

MCMANAMON

Your SSN or ITIN:

383-68-6449

Special Credits

- 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 4041 .00

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 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. ● 64 .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax ● 65 4041 .00

Payments

- 71 California income tax withheld. See instructions ● 71 4935 .00
- 72 2020 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 Net Premium Assistance Subsidy (PAS). See instructions ● 77 .00
- 78 Add line 71 through line 77. These are your total payments. See instructions ● 78 4935 .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.

ISR Penalty

- 92 Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00
- ☒ Full-year health care coverage.

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ● 93 4935 .00
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 ● 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. ● 95 4935 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. ● 96 .00

Your name:

MCMANAMON

Your SSN or ITIN:

383-68-6449

Overpaid Tax/Tax Due

- 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. ☒ 97 894 .00
- 98 Amount of line 97 you want applied to your **2021** estimated tax ☐ 98 .00
- 99 Overpaid tax available this year. Subtract line 98 from line 97 ☐ 99 894 .00
- 100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 ☒ 100 .00

Contributions

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

Your name:

MCMANAMON

Your SSN or ITIN:

383-68-6449

Amount
You Owe**111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, 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.

.00

Interest and
Penalties**112** Interest, late return penalties, and late payment penalties **112****113** Underpayment of estimated tax.Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113****114** Total amount due. See instructions. Enclose, but **do not** staple, any payment **114**

.00

.00

.00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115**

894

.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

● Account number

000033132341

● **116** Direct deposit amount

894

.00



Savings

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

● Routing number

● Type



Checking

● Account number

● **117** Direct deposit amount

.00



Savings

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

2020 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	<input checked="" type="radio"/> 113,974.	<input type="radio"/>	<input type="radio"/>
2 Taxable interest. a <input checked="" type="radio"/>	<input checked="" type="radio"/> 67.	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Capital gain or (loss). See instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

1 Taxable refunds, credits, or offsets of state and local income taxes	<input type="radio"/> 0.	<input type="radio"/> 0.	<input type="radio"/>
2a Alimony received. See instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Farm income or (loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Other income.			
a California lottery winnings		<input type="radio"/>	a
b Disaster loss deduction from FTB 3805V		<input type="radio"/>	b
c Federal NOL (federal Schedule 1 (Form 1040), line 8)		<input type="radio"/>	c
d NOL deduction from FTB 3805V		<input type="radio"/>	d
e NOL from FTB 3805Z, 3807, or 3809		<input type="radio"/>	e
f Other (describe):		<input type="radio"/>	f
<input type="radio"/>		<input type="radio"/>	
g Student loan discharged due to closure of a for-profit school		<input type="radio"/>	g
9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g in column B and column C. Go to Section C.	<input checked="" type="radio"/> 114,041.	<input type="radio"/> 0.	<input type="radio"/>

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

10 Educator expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Certain business expenses of reservists, performing artists, and fee-basis government officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Health savings account deduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Moving expenses. Attach federal Form 3903. See instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Deductible part of self-employment tax. See instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Self-employed health insurance deduction. See instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Penalty on early withdrawal of savings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18a Alimony paid. b Recipient's: SSN <input type="radio"/> - - - - -			
Last name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 IRA deduction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Student loan interest deduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Tuition and fees	<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	<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	<input checked="" type="radio"/> 114,041.	<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))**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 11	<input checked="" type="radio"/>	114,041.	2			
3	Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/>	8,553.	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"/>		0.

Taxes You Paid

5a	State and local income tax or general sales taxes.	5a	<input checked="" type="radio"/>	6,117.	<input checked="" type="radio"/>	6,117.		
5b	State and local real estate taxes	5b	<input checked="" type="radio"/>	6,826.				
5c	State and local personal property taxes	5c	<input checked="" type="radio"/>	153.				
5d	Add line 5a through line 5c.	5d	<input checked="" type="radio"/>	13,096.				
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"/>	6,117.	<input checked="" type="radio"/>	3,096.
6	Other taxes. List type <input checked="" type="radio"/>	6	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
7	Add line 5e and line 6.	7	<input checked="" type="radio"/>	10,000.	<input checked="" type="radio"/>	6,117.	<input checked="" type="radio"/>	3,096.

Interest You Paid

8a	Home mortgage interest and points reported to you on federal Form 1098	8a	<input checked="" type="radio"/>	5,706.			<input checked="" type="radio"/>	2,629.
8b	Home mortgage interest not reported to you on federal Form 1098	8b	<input checked="" type="radio"/>				<input checked="" type="radio"/>	
8c	Points not reported to you on federal 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 line 8a through line 8d.	8e	<input checked="" type="radio"/>	5,706.	<input checked="" type="radio"/>		<input checked="" type="radio"/>	2,629.
9	Investment interest	9	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
10	Add line 8e and line 9.	10	<input checked="" type="radio"/>	5,706.	<input checked="" type="radio"/>		<input checked="" type="radio"/>	2,629.

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 line 11 through line 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"/>	15,706.	<input checked="" type="radio"/>	6,117.	<input checked="" type="radio"/>	5,725.

18 Total. Combine line 17 column A less column B plus column C ☒ **18** 15,314.

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.	19	
20	Tax preparation fees.	20	
21	Other expenses - investment, safe deposit box, etc. List type <input checked="" type="radio"/>	21	0.
22	Add line 19 through line 21	22	0.
23	Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> 114,041.		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.	24	2,281.
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	25	0.
26	Total Itemized Deductions. Add line 18 and line 25.	26	15,314.
27	Other adjustments. See instructions. Specify. <input checked="" type="radio"/>	27	
28	Combine line 26 and line 27.	28	15,314.
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		\$203,341
	Head of household		\$305,016
	Married/RDP filing jointly or qualifying widow(er)		\$406,687
	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.	29	15,314.
30	Enter the larger of the amount on line 29 or your standard deduction listed below		
	Single or married/RDP filing separately. See instructions.		\$4,601
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$9,202
	Transfer the amount on line 30 to Form 540, line 18	30	15,314.

2020 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 2020 ☒ **1a** ☒
- b Widow/widower (my spouse/RDP died before 01/01/2020) ☒ **1b** ☐
- c Marriage/RDP was annulled. ☒ **1c** ☐
- d Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2020. ☒ **1d** ☐
- e Legally married/RDP and did not live with spouse/RDP during 2020. ☒ **1e** ☐
- f Legally married/RDP and lived with spouse/RDP during 2020. 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 ☒ AISLING E
- Last Name ☒ MCMANAMON
- SSN ☒ 658846537
- DOB (mm/dd/yyyy) If your qualifying person is age 19 or older in 2020, go to line 3a. If not, go to line 4. ☒ 12/28/2004
- a Was your qualifying person a full time student under age 24 in 2020? ☒ **3a** ☐ Yes ☐ No
- b Was your qualifying person permanently and totally disabled in 2020? ☒ **3b** ☐ Yes ☐ No
- 4 Enter qualifying person's gross income in 2020. See instructions. ☒ 0.
- 5 Number of days your qualifying person lived with you during 2020. 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 366 days.

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2020Attachment
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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 11 | 2 | 114,041. |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 8,553. |
| 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 | 5a | 6,117. |
| b | State and local real estate taxes (see instructions) | 5b | 6,826. |
| c | State and local personal property taxes | 5c | 153. |
| d | Add lines 5a through 5c | 5d | 13,096. |
| 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 | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 5,706. |
| 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 | 5,706. |
| 9 | Investment interest. Attach Form 4952 if required. See instructions. | 9 | |
| 10 | Add lines 8e and 9 | 10 | 5,706. |

**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 12 | 17 | 15,706. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box | | |

Taxable Year

2020

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 2020.

- | | | |
|------------|--|--------------------------|
| 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 2021This 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 2021 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 2020 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, 2020 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

Healthcare Entry Sheet

2020

► Keep for your records

The forms associated with healthcare (3853, 3849, 3895, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☒ ☐ Everyone on the tax return was covered by health insurance all year.
If everyone on the return was covered then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 3895, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 3895 information **must** be entered on Form 3895 in order to correctly calculate any Premium Assistance Subsidy. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 3895, California Health Insurance Marketplace Statement

Note: The FTB is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 3853

	a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	Mary E McManamon	383-68-6449	07/09/55	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2	Aisling F McManamon	658-84-6537	12/28/04	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 3853. ►

Completion checkbox:

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

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)			1,876.	
II Credits that reduce excess tax and have carryover provisions.				
Code Credit Name				
205 Disabled Access			1,876.	
204 Donated Agricultural Products Transportation			1,876.	
190 Employer Childcare Contribution . . .			1,876.	
189 Employer Child Care Program			1,876.	
203 Enhanced Oil Recovery			1,876.	
207 Farmworker Housing			1,876.	
198 Local Agency Military Base Recovery Area Hiring			1,876.	
198 Local Agency Military Base Recovery Area Sales or Use Tax			1,876.	
220 New Jobs			1,876.	
237 New Motion Picture & Television			1,876.	
238 New Donated Fresh Fruits or Vegetables			1,876.	
239 Program 3.0 Motion Picture & Television			1,876.	
240 Main Street Small Business Credit . .			1,876.	
234 New Employment			1,876.	
175 Agricultural Products			1,876.	
223 Motion Picture and Television Production			1,876.	
209 Community Development Financial Institution Deposits Credit			1,876.	
224 Donated Fresh Fruits or Vegetables Credit			1,876.	
194 Employee Ridesharing			1,876.	
191 Employer Ridesharing (Large)			1,876.	
192 Employer Ridesharing (Small)			1,876.	
193 Employer Ridesharing (Transit Passes)			1,876.	
182 Energy Conservation			1,876.	
218 Environmental Tax			1,876.	
160 Low Emission Vehicles			1,876.	
211 Manufacturing Enhancement Area Hiring			1,876.	
184 Political Contributions			1,876.	
174 Recycling Equipment			1,876.	
186 Residential Rental and Farm Sales . .			1,876.	
206 Rice Straw			1,876.	
171 Ridesharing			1,876.	
200 Salmon and Steelhead Trout Habitat Restoration			1,876.	
179 Solar Pump			1,876.	
178 Water Conservation			1,876.	

161 Young Infant			1,876.	
----------------------------	--	--	--------	--

Mary E McManamon

383-68-6449

Page 2

	(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)			4,041.	
IV Credits that reduce net tax and have carryover provisions.				
Code Credit Name				
233 California Competes			4,041.	
235 College Access			4,041.	
197 Child Adoption			4,041.	
176 Enterprise Zone Hiring			4,041.	
176 Enterprise Zone Sales or Use Tax . .			4,041.	
172 Low-Income Housing			4,041.	
213 Natural Heritage Preservation			4,041.	
183 Research			4,041.	
210 Targeted Tax Area Hiring			4,041.	
210 Targeted Tax Area Sales or Use Tax .			4,041.	
196 Commercial Solar Electric System . .			4,041.	
181 Commercial Solar Energy			4,041.	
185 Orphan Drug			4,041.	
180 Solar Energy			4,041.	

California Information Worksheet

► Keep for your records

2020

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 1-1-2021 65
 Date of Death (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone (415) 603-0723 Ext
 Home phone
 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

Spouse/RDP:

First Name
 Middle Initial Suffix
 Last Name
 Social Security No.
 Date of Birth (mm/dd/yyyy)
 or age as of 1-1-2021
 Date of Death (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone Ext

c/o Address
 Street Address 4226 23rd St
 Unit Description Unit Number Private Mailbox (PMB)
 City San Francisco State CA ZIP Code 94114
 Foreign province/country Foreign postal code
 Foreign country

Principal Residence (California Resident filers only):

County in California San Francisco
 or check if County outside California ☐
 Is your address above the same as your principal/physical residence address? Yes ☒ No ☐
 If not, enter your principal/physical residence address below:
 Street address (number and street) or PO box
 Apartment number or suite number
 City State ZIP code

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, 2020 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 ☐ 2018 ☐ 2019
 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 No.	Relationship	DOB	DOD
Aisling	F	McManamon	<input type="checkbox"/>		658-84-6537	Daughter	12/28/04	
			<input type="checkbox"/>					
			<input type="checkbox"/>					

* Check this box if this dependent was ineligible for an SSN or ITIN and **was a resident of Canada or Mexico** (see Form 3568)

** Select resident of either Mexico or Canada if ineligible for SSN or ITIN

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 2019 return under a different last name, enter the last name **only** from the 2019 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 2019 or 2020 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2021

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 May 17, 2021

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

Mary E McManamon

383-68-6449

Page 3

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 Voluntary Tax Contribution Fund	3	
4	Rare and Endangered Species Preservation Voluntary Tax Contribution Program . .	4	
5	California Breast Cancer Research Voluntary Tax Contribution Fund	5	
6	California Firefighters' Memorial Voluntary Tax Contribution Fund	6	
7	Emergency Food For Families Voluntary Tax Contribution Fund	7	
8	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . .	8	
9	California Sea Otter Voluntary Tax Contribution Fund	9	
10	California Cancer Research Voluntary Tax Contribution 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 Voluntary Tax Contribution Fund	13	
14	Keep Arts in Schools Voluntary Tax Contribution 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	Schools Not Prisons Voluntary Tax Contribution Fund	19	
20	Suicide Prevention Voluntary Tax Contribution Fund	20	

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

2020

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

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)

2020

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 Excess Business Loss.		
11 Financial incentive for seismic improvement		
12 Original issue discount (OID) for debt instruments issued in 1985 and 1986		
13 Foreign income of nonresident aliens		
14 Cost-share payments received by forest landowners		
15 Coverdell (ESA) distributions		
16 HSA distributions for unqualified medical expense		
17 Distributions rolled over from MSA to HSA account (Form 3805P) . .		
18 Grants paid to low-income individuals		
19 California National Guard Surviving Spouse & Children Relief Act of 2004		
20 Ottoman Turkish Empire Settlement Payments		
21 Qualified equity grants.		
22 Expanded use of 529 account funds		
23 Federal form 8814/California form 3803 adjustment		
24 Other income, from Schedule(s) K-1		
25 Mortgage Forgiveness Debt Relief		
26 a Canadian RRSP undistributed other income from Form 8891		
b RRSP total other income for the year		
27 Certain employer payments of student loans		
Other taxable income:		
28 a		
b		
c		
d		
e		
f		
g		
29 Total. Add lines 1 through 28 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 Bank of America	Loan 3	Loan 4	Loan 5
Interest paid in 2020	5,706.	2,629.			
Points paid in 2020					
Months loan outstanding	12	12	12	12	12
Principal paid on loan in 2020		7,982.			
Mortgage origination date	05/22/2014	02/10/2004			
Amortized points allow. in 2020					
Is this a home equity loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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"/>
Mortgage interest was reported to you on Form 1098?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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"/>
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 checked="" 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 2020					
Principal applied					
Ending balance					

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

Beginning of year balance	112,416.	58,859.			
Principal applied		7,982.			
Ending balance		50,876.			

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	112,416.				
Borrowed in 2020					
Principal applied	0.				
Ending balance	112,416.				
Average balance	112,416.				
Allocated interest	5,706.				

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

Beginning of year balance		58,859.			
Borrowed in 2020					
Principal applied		7,982.			
Ending balance		50,877.			
Average balance		54,868.			
Allocated interest		2,629.			

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 ►	500,000.
Home acquisition debt and grandfathered debt on date debt was last secured by home ►	112,416.

Deductible Home Mortgage Interest Worksheet

2020

► 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	112,416.
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	112,416.
6	Enter the smaller of line 4 or line 5	6	112,416.
7	For home equity debt, smaller of \$100,000 (\$50,000 if married filing separately) or limited amount	7	100,000.
8	Qualified loan limit (add lines 6 and 7)	8	212,416.

Part 3 – Deductible Home Mortgage Interest

9	Average balances of all mortgages on all qualified homes	9	167,284.
10	Total amount of interest paid	10	8,335.
11	Divide line 8 by line 9	11	1.000000
12	Multiply line 10 by line 11. This is deductible home mortgage interest	12	8,335.
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 8,335. x line 11 8,335.

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 8,335.

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

2020

► 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	4,935.
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-NEC	b	
c	State withholding on Forms 1099-G	c	
d	State withholding on Forms 1099-K	d	
13	Other state tax withholding	13	0.
14	Total income tax withheld	14	4,935.
15	Date return will be filed and balance paid	15	

Use Tax Worksheet

2020

► 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	\$0
\$10,000 - \$19,999	\$1
\$20,000 - \$29,999	\$2
\$30,000 - \$39,999	\$3
\$40,000 - \$49,999	\$4
\$50,000 - \$59,999	\$4
\$60,000 - \$69,999	\$5
\$70,000 - \$79,999	\$6
\$80,000 - \$89,999	\$7
\$90,000 - \$99,999	\$8
\$100,000 - \$124,999	\$9
\$125,000 - \$149,999	\$11
\$150,000 - \$174,999	\$13
\$175,000 - \$199,999	\$15
More than \$199,999	Multiply AGI by 0.008% (0.00008)

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

2020

Use this worksheet to enter information from your 2019 tax return
which will be used on your 2020 tax return

► Keep for your records

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

2019 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	3,057.	
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	4,509.	
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	103,180.	
7	Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125)	7	1,452.	
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	2019	10 a	
b	2018	b	
c	2017	c	
d	2016	d	
e	2015	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 - 2019 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 - 2019 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 2020	17 a	
b 2019	b	
c 2018	c	
d 2017	d	
e 2016	e	

Schedule P/P(NR)
Line 17

AMT Exclusion Worksheet

► Keep for your records

2020

Name as Shown on Return Mary E McManamon		Social Security Number 383-68-6449	
	(A) Gross Receipts Less Returns and Allowances	(B) AMT Exclusion	
1	Schedule C		
2	Schedule D		
3	Schedule D-1		
4	Schedule E		
5	Schedule F		
6	Schedule K-1 (Partnerships)		
7	Schedule K-1 (S Corporations)		
8	Form 3805E		
9	Form 4684		
10	Form 4835		
11	Form 8824		
12	One-half self-employment tax and Keogh/SEP deduction		
13	Other		
14	Total		

Credits Worksheet

► Keep for your records

2020

Name Mary E McManamon		Social Security Number 383-68-6449	
Code	Current Credits	Carryover Amount	Available Credit
233	California Competes, FTB 3531		
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		
240	Main Street Small Business Tax Credit, FTB 3866		
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		
239	Program 3.0 Motion Picture and Television Production, FTB 3541		
183	Research, FTB 3523		
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		
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		
Non-Business Credits (not subject to \$5,000,000 limit)			
197	Child Adoption		
170	Joint Custody Head of Household.		
172	Low-Income Housing, FTB 3521		
163	Senior Head of Household.		

► Keep for your records

Name as Shown on Return
Mary E McManamon

Social 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.	67.	
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		67.

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		
-----------	--	--	--

	(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

2020

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 2020 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	113,974.
b	California Adjustments (calculated)	b	
c	Other additions or subtractions to taxable income	c	
d	California Taxable Income for the Section 179 Limitation	d	113,974.

Two-Year Comparison

2020

Mary E McManamon

Income	2019	2020	Difference	%
Federal AGI and California Adjustments:				
Federal adjusted gross income	103,180.	114,041.	10,861.	10.53
California adjustments	0.	0.	0.	
Adjusted Gross Income	103,180.	114,041.	10,861.	10.53
Standard or Itemized Deduction . . .	13,118.	15,314.	2,196.	16.74
Taxable Income	90,062.	98,727.	8,665.	9.62
Tax	3,935.	4,672.	737.	18.73
Exemption credits	878.	631.	-247.	-28.13
Tax less exemption credits	3,057.	4,041.	984.	32.19
Schedule G-1 and Form 5870A tax . . .				
Tax before credits	3,057.	4,041.	984.	32.19
Credits				
Tax after credits	3,057.	4,041.	984.	32.19
Alternative minimum tax				
Other taxes and IRC interest				
Total Tax After Credits	3,057.	4,041.	984.	32.19
Withholding	4,509.	4,935.	426.	9.45
Estimated payments				
Other payments				
Total Payments	4,509.	4,935.	426.	9.45
Use tax	0.	0.	0.	
Contributions				
Form 5805/5805F penalty				
Other penalties and interest				
Applied to next year's estimated tax . . .				
Amount Refund	1,452.	894.	-558.	-38.43
Amount Due				
Current year effective tax rate				3.54 %

Tax Summary
 ► Keep for your records

2020

Name(s) Mary E McManamon	
Federal adjusted gross income	114,041.
Net California adjustments	0.
California adjusted gross income	114,041.
Itemized/standard deduction	15,314.
California taxable income	98,727.
Tax	4,672.
Exemption credits	631.
Tax less exemptions	4,041.
Tax from Schedule G-1/FTB 5870A	
Credits	
Other taxes	
Total tax (including ISR penalty, if applicable)	4,041.
Total payments	4,935.
Use tax	0.
Contributions	
Underpayment penalty	
Interest, late filing and late payment penalties	
Refund	894.
Balance due	
Tax bracket	9.3%

California Electronic Filing Information Worksheet

2020

► Keep for your records

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

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 2020 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>4,935.</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>4,935.</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.			