

Review your print out for checklist items.

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

Your first name and initial: BENJAMIN F Last name: KILE Your social security number: 516-19-7965

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions. 4017 Mathew Street Apt. no. Presidential Election Campaign (see inst.) ☒ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Missoula MT 59808 If more than four dependents, see inst. and ✓ here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature: Date: Your occupation: student

Spouse's signature. If a joint return, both must sign. Date: Spouse's occupation:

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

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

Firm's name: Self-Prepared **Phone no.:**

Firm's address:

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 16,710.
2a Tax-exempt interest	2b
3a Qualified dividends	3b
4a IRAs, pensions, and annuities	4b
5a Social security benefits	5b
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6 16,710.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7 16,710.
8 Standard deduction or itemized deductions (from Schedule A)	8 12,000.
9 Qualified business income deduction (see instructions)	9
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10 4,710.
11 a Tax (see inst.) 473. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11 473.
b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12 338.
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>	13 135.
13 Subtract line 12 from line 11. If zero or less, enter -0-	14 0.
14 Other taxes. Attach Schedule 4	15 135.
15 Total tax. Add lines 13 and 14	16 1,065.
16 Federal income tax withheld from Forms W-2 and 1099	17 226.
17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 226. Add any amount from Schedule 5	18 1,291.
18 Add lines 16 and 17. These are your total payments	19 1,156.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	20a 1,156.
20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	
21 Amount of line 19 you want applied to your 2019 estimated tax	21
22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22
23 Estimated tax penalty (see instructions)	23

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for—

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Refund

Direct deposit? See instructions.

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Nonrefundable Credits

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **03**

Name(s) shown on Form 1040

BENJAMIN F KILE

Your social security number

516-19-7965

Nonrefundable Credits	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	338.
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Reserved	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	338.

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

REV 12/21/18 Intuit.cpf.sp

Schedule 3 (Form 1040) 2018

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

Your social security number

516-19-7965

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	564 .
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	90,000 .
3	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	16,710 .
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	73,290 .
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	10,000 .
6	If line 4 is: <ul style="list-style-type: none"> • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) 	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	564 .
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 17c. Then go to line 9 below	8	226 .

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	338 .
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (0.20)	12	
13	Enter: \$134,000 if married filing jointly; \$67,000 if single, head of household, or qualifying widow(er)	13	
14	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: <ul style="list-style-type: none"> • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) 	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 50	19	338 .

Name(s) shown on return

BENJAMIN F KILE

Your social security number

516-19-7965



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) BENJAMIN F KILE	21 Student social security number (as shown on page 1 of your tax return) <div style="text-align: right;">516-19-7965</div>
22 Educational institution information (see instructions)	
a. Name of first educational institution University of Montana (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 32 Campus Dr, Missoula, MT 59812 Missoula MT 59803 (2) Did the student receive Form 1098-T from this institution for 2018? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2017 with box 2 filled in and box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. <div style="text-align: center;">81-0362989</div>	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. (2) Did the student receive Form 1098-T from this institution for 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2017 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2018? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2018 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2018? See instructions. <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
26 Was the student convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	564.
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	0.
29 Multiply line 28 by 25% (0.25)	29	0.
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	564.

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
---	-----------	--

Tax History Report

► Keep for your records

2018

Name(s) Shown on Return

BENJAMIN F KILE

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status		Single	Single	Single	Single
Total income		2,800.	9,595.	19,762.	16,710.
Adjustments to income					
Adjusted gross income		2,800.	9,595.	19,762.	16,710.
Tax expense		60.	196.	652.	534.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .		6,300.	6,300.	6,350.	12,000.
Exemption amount . .		4,000.	4,050.	4,050.	0.
QBI deduction					
Taxable income		0.	0.	9,362.	4,710.
Tax				940.	473.
Alternative min tax . .					
Total credits		0.	0.	730.	338.
Other taxes			0.	0.	0.
Payments		1,141.	1,733.	2,105.	1,291.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund		1,141.	1,733.	1,895.	1,156.
Effective tax rate % . .		-36.39	-13.44	-1.40	-0.54
**Tax bracket %		10.0	10.0	15.0	10.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

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

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at 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, 2019.

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

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

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

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

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

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ²	\$39.99

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

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

Questions? Call 1-877-908-7228

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax.

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.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2018 return to determine whether a portion of the refund can be used to pay for tax preparation.

benjamin
First Name

kile
Last Name

Please type the date below:

02/05/2019

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank, Member FDIC ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

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

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

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

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

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2018 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Civista Bank of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

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

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

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

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

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2018 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

benjamin

kile

Please type the date below:

02/05/2019

Date

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

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

1040 Worksheet Navigation QuickZooms

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

Form 1040 - Personal Info, Filing Status, Dependent Info

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

Your First Name MI Last Name Your Social Security No.
 BENJAMIN F KILE 516-19-7965
 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.
 4017 Mathew Street _____
 City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
 Missoula MT 59808

Schedule 6 - Foreign Address

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

QuickZoom to explanation statement for overseas extension ▶

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

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

Filing Status

Check only one box.
 All entries for filing status and dependents should be made on the Federal Information Worksheet.

- ☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately. Enter spouse's SSN above and full name here.
☐ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____
☐ Qualifying widow(er) (See instructions)

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

Dependents: (1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	✓ if qualifies for (see instr): under age 17 qualify- ing for child tax credit	(4) Credit for other dependents
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

Form 1040, Identifying Information (cont'd)

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

- a** Check if: ☐ **You** were born before January 2, 1954, ☐ Blind.
☐ **Spouse** was born before January 2, 1954, ☐ Blind.
Total boxes checked ▶ **a** ____
- b** If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **b** ☐

Form 1040 Lines 1-5

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	16,710.
2 a Tax-exempt interest		
b Taxable interest	2b	
3 a Qualified dividends (see instructions)		
b Ordinary dividends. Attach Schedule B if required	3b	
4 IRA distributions		
Taxable amount (see instructions)		
Pensions and annuities		
Taxable amount (see instructions)	4b	
5 a Social security benefits		
b Taxable amount (see instructions)	5b	
QuickZoom to Schedule 1 - Additional Income and Adjustments ▶		

Form 1040, Lines 6 and 7

6 Total income. Add lines 1 through 5b and Schedule 1, line 22	6	16,710.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 ▶	7	16,710.
AGI including excludable Puerto Rico Income		16,710.

Form 1040, Line 8 - Standard or Itemized Deduction

8 Standard deduction or itemized deductions (from Schedule A) Standard Deduction for - <ul style="list-style-type: none"> People who checked blind or over 65 or who can be claimed as a dependent, see instructions. All others: <ul style="list-style-type: none"> Single or Married filing separately: \$12,000 Married filing jointly or Qualifying widow(er): \$24,000 Head of household: \$18,000 QuickZoom to the Standard Deduction Worksheet Itemized deductions (from Schedule A) or your standard deduction , see above Subtract itemized or standard deduction from adjusted gross income amount	8	12,000. 4,710.
--	----------	-------------------

Form 1040, Lines 9-11

9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	4,710.

11			
a	Tax. (see instructions). Check if any from:		
1	<input type="checkbox"/> Form(s) 8814		
2	<input type="checkbox"/> Form 4972		
3	<input type="checkbox"/>		473.
b	Total tax. Add any amount from Schedule 2 and check here <input type="checkbox"/>		11 473.
QuickZoom to Schedule 2 - Tax section			

Form 1040, Line 12-15

12 a	Child tax credit/credit for other dependents	12a		
b	Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>		12	338.
13	Subtract line 12 from line 11. If zero or less, enter -0-		13	135.
14	Other taxes. Attach Schedule 4		14	0.
15	Total tax. Add lines 13 and 14		15	135.
QuickZoom to Schedule 3 - Nonrefundable credits				
QuickZoom to Schedule 4 - Other Taxes				

Form 1040, Lines 16-17

16	Federal income tax withheld from Forms W-2 and 1099	16	1,065.
17 a	Earned income credit (EIC)		No
	Nontaxable combat pay election		
b	Additional child tax credit. Attach Schedule 8812		
c	American opportunity credit from Form 8863, line 8		226.
	Add lines 17a,b,c and any amount from Schedule 5	17	226.
18	Add Lines 16 and 17.		
	These are your total payments	18	1,291.
QuickZoom to Schedule EIC Worksheet, pg 2 if credit is not calculated			QuickZoom.
QuickZoom to "due diligence checklist" substitute for Form 8867			QuickZoom.
QuickZoom to Schedule 5 - Other Payments and Refundable Credits			QuickZoom.

Form 1040, Lines 19-21

Refund:			
19	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	19	1,156.
20 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20	1,156.
b	Routing number		292978005
c	Type:		
	<input type="checkbox"/> Checking		
	<input checked="" type="checkbox"/> Savings		
d	Account number		792937
21	Amount of overpayment on line 19 you want applied to your 2019 estimated tax		

Form 1040, Lines 22-23

Amount You Owe:			
22	Subtract line total payments from total tax	22	
23	Estimated tax penalty (see instructions)	23	

QuickZoom to Late Penalties and Interest Worksheet QuickZoom.

Schedule 1 - Additional Income and Adjustments

1-9b Reserved		
10 Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	10	0.
11 Alimony received. . . . Taxpayer _____ Spouse _____	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation (see instr.)	19	
21 Other income. List type and amount (see instructions). _____ _____	21	
22 Combine the amounts in the far right column for lines 10 through 21. Enter here and include on Form 1040, line 6 field to left of amount field. ▶	22	0.
Total Income. Combine Form 1040 lines 1- 5b and Schedule 1, line 22 , enter on Form 1040, line 6. ▶ 16,710.		
Quickzoom to 1040 Workseet, line 6 - Total Income ▶ QuickZoom. . ▶		

Schedule 1 - Adjustments to Income

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

Alimony Paid Smart Worksheet

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

31 a Alimony paid	31 a	
b Recipient's SSN ▶ _____	31 b	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Reserved	34	
35 Reserved	35	
36 Add lines 23 through 35	36	

Schedule 2 - Tax

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

Schedule 3 - Nonrefundable Credits

48	Foreign tax credit. Attach Form 1116 if required	48			
49	Credit for child and dependent care expenses. Attach Form 2441	49			
50	Education credits from Form 8863, line 19	50	338.		
51	Retirement savings contributions credit. Attach Form 8880	51			
52	Reserved	52			
53	Residential Energy Credit. Attach Form 5695	53			
54	Other credits from Form:	54			
a	<input type="checkbox"/> 3800				
b	<input type="checkbox"/> 8801				
c	<input type="checkbox"/>				
55	Add lines 12a, and 48 through 54. These are your total credits	55		338.	
a	If amount on line 55 above includes Schedule 3 amount, check here . . . ▶ <input checked="" type="checkbox"/>				
b	Total non-refundable credits		338.		
c	Subtract total credits on line 55 from total tax above		135.		
Quickzoom to 1040 Worksheet, line 15 - Total Tax. ▶ QuickZoom. . . ▶					

Schedule 4 - Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form:		
a	<input type="checkbox"/> 4137	b	<input type="checkbox"/> 8919
	Explain underreported tips	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60 a	Household employment taxes from Schedule H	60 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	b	
61	Health care: Individual responsibility. Full-year coverage <input checked="" type="checkbox"/>	61	0.
62	Taxes from:		
a	<input type="checkbox"/> Form 8959		
b	<input type="checkbox"/> Form 8960		
c	<input type="checkbox"/> Instructions; enter code(s)	62	
63	Section 965 net tax liability installment from Form 965-A.	63	
64	Add lines 57 through 62. Total Other taxes amount. ▶	64	0.
	Tax after credits: Add lines 64 and line 55c		135.

Schedule 5 - Other Payments and Refundable Credits

65	Reserved for future use	65			
66	2018 estimated tax payments and amount applied from 2017 return	66			
67	Reserved for future use	67			
68	Reserved for future use	68			
69	Reserved for future use	69			
70	Net premium tax credit. Attach Form 8962	70			
71	Amount paid with request for extension to file	71			
72	Excess social security and tier 1 RRTA tax withheld	72			
73	Credit for federal tax on fuels. Attach Form 4136	73			
74	Credits from Form:	74			
a	<input type="checkbox"/> 2439				
b	<input type="checkbox"/> Reserved				
c	<input type="checkbox"/> 8885				
d	<input type="checkbox"/>				
75	Add lines 66, and 70 through 74. These are your total payments	75			1,291.
	Amount included above on line 75 from Schedule 5				
	Amount included above on line 75 from Form 1040, line 17			226.	

Schedule 6 - Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's Name

Phone No. Personal Identification Number (PIN)

Signature and Paid Preparer**Sign Here**

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

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

Your Signature	Date	Your Occupation	If the IRS sent you an Identity Protection PIN, enter it here
Spouse's Signature. If joint, both must sign.	Date	Spouse's Occupation	
Daytime Phone No. (406) 471-1512			

Paid Preparer's Use Only

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

Filing Address Information

Send Form 1040 to: Department of the Treasury
Internal Revenue Service
Fresno, CA 93888-0002

Date

Name(s) Shown on Return BENJAMIN F KILE	Your SSN 516-19-7965
--	-------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2017 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

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

Calculation of line 5b adjustment due to capital loss carryforward

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

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 20.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

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

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

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

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation:		

	_____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5.	7	
8	Enter the lesser of line 7 or line 4	8	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

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

2) Former Passive Activity Suspended Losses - Schedule D

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

3) Former Passive Activity Suspended Losses - Form 4797

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

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

First name BENJAMIN
 Middle initial F Suffix
 Last name KILE
 Social security no. 516-19-7965
 Occupation student
 Date of birth 05/08/1989 (mm/dd/yyyy)
 Age as of 1-1-2019 29
 Daytime phone (406) 471-1512 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 1-1-2019
 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 4017 Mathew Street Apt no.
 City Missoula State MT ZIP code 59808

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

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 2016 ☐ 2017 ☐
 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)		Lived with taxpyr in U.S.	E I C	Not qual child/dep care exps incurred and paid 2018	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr							

* "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 2018? ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to
get a federally funded benefit, such as Medicaid, and the Social Security card
contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien
and you lived with your spouse during the last six months of 2018 ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2018 or
if you are ineligible to claim the EIC in 2018 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ► Park Side FCU

Name of financial institution (optional)		Firm		Side		Fee	
Check the appropriate box		▶	Checking	<input type="checkbox"/>		Savings	<input checked="" type="checkbox"/>

Routing number ▶ 292978005 Account number ▶ 792937

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

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

Balance-due amount from this return ►

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

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

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

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

Real Estate Professionals:

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

Credit for Qualified Retirement Savings Contributions (Form 8880):

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

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

American Opportunity and Lifetime Learning Credit, and Tuition and Fees Deduction (Form 8863 and 8917)

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

Foreign Tax Credit (Form 1116):

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

Resident country ▶ USA

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

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands

Excludable income from Puerto Rico	
--	--

Dual Status Alien Return:

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

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

Third Party Designee:

Caution: Review transferred information for accuracy.

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

If Yes, complete the following:

Third party designee name ▶

Third party designee phone number . . . ▶ _____

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

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

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

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

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

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

Taxpayer:

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

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, 2018 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

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

Date the spouse established residence in state above ▶ _____

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

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 00531

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number 0500819894108

Issued by what state

MT

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. ▶

☐

2018

- Keep for your records

Part I – Taxpayer's Personal Information

Do you want \$3 to go to Presidential Election Campaign Fund? ☒ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2018? ☐ Yes ☐ No

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

This person is a qualifying person for the child and dependent care credit ☐ Yes ☒ No

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

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

Exemption Certificate Number	Exemption Start Month	Exemption End Month

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

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

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

Student Information Worksheet

2018

► Keep for your records

Name of Student
BENJAMIN F KILE

Social Security Number
516-19-7965

Part I – Student Status

- 1 Was this person a student during 2018? ☒ Yes ☐ No
- 2 What kind of school did the student attend during 2018? (Check all that apply.)
- a ☐ Elementary c ☒ College (postsecondary) e ☐ Military academy
- b ☐ High school (secondary) d ☐ Vocational school f ☐ Not applicable
- 3 Did the student receive scholarships or other education assistance? ☐ Yes ☐ No

Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2018? ☐ Yes ☒ No ☐ NA
- 2 Was this student enrolled at an eligible education institution during 2018? ☒ Yes ☐ No ☐ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? ☒ Yes ☐ No ☐ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☒ Yes ☐ No ☐ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? ☒ Yes ☐ No ☐ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☒ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? ☐ Yes ☐ No ☒ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? ☐ 2
- 9 In how many prior years has a Hope Credit been claimed for this student ☐

Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? ☒ Yes ☐ No
- 2 Is this student qualified for the Lifetime Learning Credit? ☒ Yes ☐ No
- 3 Is this student qualified for the Tuition and Fees Deduction? ☐ Yes ☒ No
- Form 8917, Tuition and Fees Deduction Not Available for 2018

Part IV – Educational Institution and Tuition Summary

Received 2017 1098T with Box 2 filled and box 7 checked?					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
University of Montana 81-0362989	32 Campus Dr, Missoula, MT 59812 Missoula MT 59803			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: Postal code: Country:					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: Postal code: Country:					
Totals					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) ☒ Yes ☐ No

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
b Other veteran assistance or certain Indian tribal payments	_____		
c Other tax-free employer-provided assistance	_____		
d Total	_____		_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	_____		
b Other scholarships, fellowships and grants	_____		
c Total	_____		
3 Scholarship reported in 2018 not allocable to 2018 expense	_____		
4 Amount required to be used for other than qualified education expenses	_____	_____	
5 Subtract line 3 and 4 from line 2c.	_____	_____	
6 Total qualified education expenses from Part VI below.	564.		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			_____
8 Subtract line 7 from line 5.		_____	
9 Taxable part. Add lines 4 and 8.		_____	
10 Tax-free educational assistance. Add lines 1d and 7			_____

Part VI – Education Expenses

Description	Total	Amount eligible for						
		American Opportunity Credit	Lifetime Learning Credit	Tuition and Fees Deduction	Qualified Higher Education Expense for 529 Plan	Qualified Higher Education Expense for ESA	Qualified Higher Education Expense for US Bonds	Qualified Elementary and Secondary Expense for ESA and QTP
				Not Qualified	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Expenses:								
1 Tuition paid from Part IV and qualified elementary and secondary tuition.	_____	_____	_____	_____	_____	_____	_____	_____
Paid to institution as a condition of enrollment:								
2 Fees	_____	_____	_____	_____	_____	_____	_____	_____
3 Books, supplies, equipment Paid to other than institution or not a condition of enrollment:	414.	414	414	414	414	414		
4 Books, supplies, equipment	150.	150			150	150		
5 Other course-related . . .	_____							
6 Room and board	_____							
7 Special needs expenses . .	_____							
8 Computer expenses	_____							
9 QTP or ESA contribution . .	_____							
10 Academic tutoring	_____							
11 Uniforms	_____							
12 Transportation	_____							
13 Total qualified expenses . .	564.	564.	414.	414.	564.	564.		
Adjustments:								
14 Refunds	_____	_____	_____	_____	_____	_____	_____	_____
15 Tax-free assistance	_____	_____	_____	_____	_____	_____	_____	_____
16 Deducted on Sched A	_____	_____	_____	_____	_____	_____	_____	_____
17 Used for credit or deduction	_____	_____	_____	_____	_____	_____	_____	_____
18 Used for exclusion	_____	0.	0.	0.	_____	_____	_____	_____
See tax help								
19 Total adjustments.	_____	0.	0.	0.	_____	_____	_____	_____
20 Adjusted qualified expenses	564.	564.	414.	414.	564.	564.	0.	0.

Part VII – Education Credit or Deduction Election

- | | | |
|---|--|--|
| 1 | Elect credit or deduction which results in best tax outcome. | <input checked="checked" type="checkbox"/> |
| 2 | Elect the American Opportunity Credit | <input type="checkbox"/> |
| 3 | Elect the Lifetime Learning Credit | <input type="checkbox"/> |
| 4 | Elect the tuition and fees deduction | <input type="checkbox"/> |
| 5 | Not applicable | <input type="checkbox"/> |

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Enter the total distributions from this QTP during 2018		
2 Enter the amount of adjusted qualified education expenses attributable to this QTP:		
a Qualified Elementary and Secondary Education Expenses		
b Qualified Elementary and Secondary Education Expenses applied		
c Adjusted Qualified Higher Education Expenses		
d Adjusted Qualified Higher Education Expenses applied		
3 Total qualified education expenses attributable to this QTP		
4 Excess distributions. Subtract line 3 from line 1.		
If line 4 is greater than zero, complete lines 5 through 8.		
5 Total distributed earnings from Form 1099-Q box 2		
6 Fraction. Divide line 3 by line 1.		
7 Multiply line 5 by line 6.		
8 Earnings taxable to recipient. Subtract line 7 from line 5.		

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Education Savings Account (ESA) distributions from Form 1099-Q. . .		
2 Qualified Elementary and Secondary Education Expenses		
3 Qualified Elementary and Secondary Education Expenses applied		
4 Subtract line 3 from line 1.		
5 Adjusted Qualified Higher Education Expenses		
6 Qualified Higher Education Expenses applied to ESA distributions		
7 Excess distributions. Subtract line 6 from line 4.		
8 Distributions taxable to recipient		

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

- | | | |
|---|--|------------------|
| 1 | Total proceeds from U.S. Savings Bonds cashed during 2018 for this student. | _____ |
| 2 | Adjusted Qualified Higher Education Expenses | _____ |
| 3 | Qualified Higher Education Expenses applied to exclusion of U.S. bond interest | _____ |
| 4 | Interest included in line 1 | _____ |
| 5 | Name and address of eligible educational institution(s) attended: | |
| | Institution Name | Institution Name |
| | Street address | Street address |
| | _____ | _____ |
| | _____ | _____ |
| | City | City |
| | State | State |
| | Zip Code | Zip Code |
| | _____ | _____ |

2018

- Keep for your records

Part I – Spouse's Personal Information

Do you want \$3 to go to Presidential Election Campaign Fund? ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2018? ☐ Yes ☐ No

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

This person is a qualifying person for the child and dependent care credit ☐ Yes ☒ No

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

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

Exemption Certificate Number	Exemption Start Month	Exemption End Month

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

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

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

► Keep for your records

Name(s) Shown on Return
BENJAMIN F KILE

Social Security Number
516-19-7965

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	16,710.		16,710.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	1,065.		1,065.
3 & 7	Total social security wages/tips	16,710.		16,710.
4	Total social security tax withheld	1,036.		1,036.
5	Total Medicare wages and tips	16,710.		16,710.
6	Total Medicare tax withheld	242.		242.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips.	16,710.		16,710.
17	Total state tax withheld	534.		534.
19	Total local tax withheld.			

Name
BENJAMIN F KILE

Social Security Number
516-19-7965

☐ **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 . 516-19-7965
b Employer's ID number 48-0728482
c Employer's name, address, and ZIP code
HIGH PLAINS PIZZA, INC
Street P O BOX 2438
City LIBERAL
State KS ZIP Code 67905
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

d Control number _____

☐ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
First BENJAMIN M.I. FLOYD
Last KILE Suff. _____
f Employee's address and ZIP code
Street 4017 MATHEW STREET
City MISSOULA
State MT ZIP Code 59808
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

1 Wages, tips, other compensation
16,710.48
3 Social security wages
11,376.99
5 Medicare wages and tips
16,710.48
7 Social security tips
5,333.49

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

9 Verification Code _____

11 Nonqualified plans _____

12 Enter box 12 below _____

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

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

2 Federal income tax withheld
1,064.67
4 Social security tax withheld
1,036.07
6 Medicare tax withheld
242.29
8 Allocated tips _____

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

Box 12 Code	Box 12 Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____
M: Enter amount attributable to RRTA Tier 2 tax _____
P: Double click to link to Form 3903, line 4. . . _____
R: Enter MSA contribution for Taxpayer . . . _____
Spouse _____
W: Enter HSA contribution for Taxpayer . . . _____
Spouse _____
G: ☐ Employer is **not** a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
MT	4017041002WTH	16,710.48	534.00

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

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

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

Healthcare Entry Sheet

2018

► Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☒ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

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

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

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

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

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

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

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

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

The box at the top, "Everyone on the tax return was covered by health insurance all year" was checked. The covered all 12 months for each individual below will be checked regardless of the information entered on the Personal Information and Dependent Nondependent Information worksheets.

Short Gap
Eligible*
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 BENJAMIN KILE	516-19-7965	05/08/89	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

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

1098-T

Worksheet

Tuition Statement

► Keep for your records

2018Taxpayer's name
BENJAMIN F KILESocial Security No.
516-19-7965**1098-T Information (Required):****A** A Form 1098-T was received from this institution for 2018. Yes ☒ No ☐**B** A Form 1098-T was received from this institution for **2017** with Box 2 filled in and
Box 7 checked Yes ☐ No ☒**Identify Student (Required):****A** If student is BENJAMIN**Double-click** to link this 1098-T to the applicable **Taxpayer or Spouse****Student Information Worksheet** ► BENJAMIN**B** If student is**Double-click** to link this 1098-T to the applicable **Dependent Student****Information Worksheet** ►Filer's name
University of Montana
Street address
University of Montana Business Services
City State Zip Code
Missoula MT 59812
Foreign province/county
Foreign postal code Foreign country**1** Payments received for qualified
tuition and related expenses \$**2****3** If this box is checked, your educational institution
has changed its reporting method for 2018. ☐**Filer's** Employer
Identification Number
81-6001713
Student's
Taxpayer Identification Number
516-19-7965**4** Adjustments made for a
prior year
\$**5** Scholarships or grants
\$Student's name
BENJAMIN
Street address Apt. No.
4017 Mathew Street
City State Zip Code
Missoula MT 59808**6** Adjustments to
scholarships or grants
for a prior year
\$**7** Checked if the amount
in box 1 includes
amounts for an
academic period
beginning January -
March 2019 ► ☐Service Provider/ Acct No
8 Check if at least
half-time student ► ☐**9** Check if a graduate
student . . ► ☐**10** Ins. contract reimb./refund
\$**Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses****A** Enter box 1 amount **not** paid during 2018**B** Enter box 1 amount actually paid during 2018**Reconciliation of Box 5, Scholarships or Grants****A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance**B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC)**C** Portion of box 5 amount from scholarships or grants**D** Box 5 amount includes veteran- or employer-provided educational assistance ☐

Form 1099-Q Summary**2018**

► Keep for your records

Name(s) Shown on Return
BENJAMIN F KILESocial Security No.
516-19-7965

Coverdell Educational Savings Account (ESA) Distributions		Recipient Taxpayer	Recipient Spouse
1	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another ESA of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
d	Less: Return of 2018 contributions		
e	Less: Return of pre 2018 contributions. These are reported on the tax return in the year the contribution was made, not on the 2018 tax return		
2	Balance of gross Coverdell ESA distributions		
3	Education expenses not used as basis for credits		
4	Amount of ESA distributions after return of basis		
5	Earnings on return of 2018 contributions		
6	Earnings on non-family member transfer		
7	Taxable amount of ESA distributions on line 2		
8	Taxable amount included on Schedule 1 (Form 1040), line 21		
9	Non-taxable ESA distributions		
Gross State Qualified Tuition Plan (QTP) Distributions			
10	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another QTP of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
d	Less: Expenses refunded and recontributed		
11	Balance of gross state QTP distributions		
12	Earnings on state QTP distributions on line 11		
Gross Private Qualified Tuition Plan (QTP) Distributions			
13	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another QTP of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
d	Less: Expenses refunded and recontributed		
14	Balance of gross private QTP distributions		
15	Earnings on private QTP distributions on line 14		
Taxable Qualified Tuition Plan (QTP) Distributions			
16	Balance of gross QTP distributions.		
17	Earnings on QTP distributions on line 16		
18	Education expenses not used as basis for credits		
19	Non-taxable QTP distributions		
20	Taxable amount of earnings on line 17		
21	Earnings on non-family member transfer (state)		
22	Earnings on non-family member transfer (private)		
23	Taxable amount included on Schedule 1 (Form 1040), line 21		

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.							

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.					

Wages, Salaries, & Tips Worksheet

2018

► Keep for your records

Name(s) Shown on Return
BENJAMIN F KILE

Social Security Number
516-19-7965

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	16,710.		16,710.
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 2018			
b _____			

10 Subtotal. Add lines 1 through 9	16,710.		16,710.
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	16,710.		16,710.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

► Keep for your records

2018

Name(s) Shown on Return
BENJAMIN F KILE

Social Security Number
516-19-7965

		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><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 C	16																									
a	Enter your capital gain excess, if you are filing Form 2555	a	0.																								
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.																								
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18																									

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2018

Name(s) Shown on Return
BENJAMIN F KILE

Social Security Number
516-19-7965

				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
BENJAMIN F KILESocial Security Number
516-19-7965

1	a	Enter your taxable income from Form 1040, line 10	1 a	4,710.
	b	Enter the amount from your (and your spouse's) Form 2555, lines 45 and 50	b	
	c	Add lines 1a and 1b	1 c	4,710.
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	4,710.
15		Enter: • \$38,600 if single or married filing separately; • \$77,200 if married filing jointly or qualifying widow(er); or • \$51,700 if head of household.	15	38,600.
16		Enter the smaller of line 1c or line 15	16	4,710.
17		Enter the smaller of line 14 or line 16	17	4,710.
18	a	Subtr in 10 from ln 1c. If zero or less, enter -0-	18 a	4,710.
	b	Enter the smaller of line 1c or \$157,500 (\$315,000 if married filing jointly or qualifying widow(er))	b	
	c	Enter the smaller of line 14 or line 18b	c	
19		Enter the larger of line 18a or line 18c	19	4,710.
20		Subtract line 17 from line 16. This amount is taxed at 0%	20	0.
If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.				
21		Enter the smaller of line 1c or line 13	21	
22		Enter the amount from line 20 (if line 20 is blank, enter -0-)	22	
23		Subtract line 22 from line 21. If zero or less, enter -0-	23	
24		Enter: • \$425,800 if single, • \$239,500 if married filing separately, • \$479,000 if married filing jointly or qualifying widow(er), • \$452,400 if head of household.	24	
25		Enter the smaller of line 1c or line 24	25	
26		Add lines 19 and 20	26	
27		Subtract line 26 from line 25. If zero or less, enter -0-	27	
28		Enter the smaller of line 23 or line 27	28	
29		Multiply line 28 by 15% (0.15)	29	
30		Add lines 22 and 28	30	
31		Subtract line 30 from line 21	31	
32		Multiply line 31 by 20% (0.20)	32	

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

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

36	Subtract line 35 from line 34. If zero or less, enter -0-	36	_____
37	Subtract line 36 from line 33. If zero or less, enter -0-	37	_____
38	Multiply line 37 by 25% (0.25)	38	_____
If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.			
39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (0.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	_____
43	Add lines 29, 32, 38, 41, and 42	43	<u>473.</u>
44	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	<u>473.</u>
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 11a	45	<u>473.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2018

Line 11a

► Keep for your records

Name(s) Shown on Return

BENJAMIN F KILE

Social Security Number

516-19-7965

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

2018

Social Security Number

516-19-7965

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

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

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

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				1,065.	534.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-K and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St	_____	Loc	_____		
18 a	Other withholding	St	_____	Loc	_____		
b	Other withholding	St	_____	Loc	_____		
c	Other withholding	St	_____	Loc	_____		
d	Positive Adjustment	St	_____	Loc	_____		
e	Negative Adjustment	St	_____	Loc	_____		
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f						
					1,065.	534.	
20	Total Tax Payments for 2018				1,065.	534.	

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

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2018

► Keep for your records

Name(s) Shown on Return
BENJAMIN F KILE

Social Security Number
516-19-7965

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7 16,710.
(2) Nontaxable income entered elsewhere on return
(3) Available income: 2017 refundable credits in excess of tax 0.
(4) Enter any additional nontaxable income
(5) Total available income 16,710.

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 534.00

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). 534.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Foreign real property taxes included in lines 2a-2f above	_____
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	_____
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2017 Amount Enter 2018 description:	
	_____	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 5c)	_____
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit)	_____
e	Other taxes.	
	2017 Amount Enter 2018 description:	
	_____	_____
	_____	_____
	_____	_____
f	Foreign real property taxes included in lines 4a-4e above	_____
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	_____
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above	_____
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2018

► Keep for your records

Name(s) Shown on Return
BENJAMIN F KILE

Social Security Number
516-19-7965

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	534.
2	2018 state estimated taxes paid in 2018	
3	2017 state estimated taxes paid in 2018	
4	Amount paid with 2017 state application for extension	
5	Amount paid with 2017 state income tax return	
6	Overpayment on 2017 state income tax return applied to 2018 tax	
7	Other amounts paid in 2018 (amended returns, installment payments, etc.)	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	
Local income taxes:		
9	Local income tax withheld	
10	2018 local estimated taxes paid in 2018	
11	2017 local estimated taxes paid in 2018	
12	Amount paid with 2017 local application for extension	
13	Amount paid with 2017 local income tax return	
14	Overpayment on 2017 local income tax return applied to 2018 tax	
15	Other amounts paid in 2018 (amended returns, installment payments, etc.)	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	
Other:		
17		
18	Total Add lines 1 through 17	534.
19	State and local refund allocated to 2018	
20	Nondeductible state income tax from line 28	
21	Total reductions Add lines 19 and 20	
22	Total state and local income tax deduction Line 18 less line 21	534.

Nondeductible State Income Tax (Hawaii Only)

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

Charitable Deduction Limits Worksheet For Current Year Contributions

2018

► Keep for your records

Name(s) Shown on Return BENJAMIN F KILE	Social Security Number 516-19-7965
--	---------------------------------------

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

- 1 Enter contributions for relief efforts in the California wildfire disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

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

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

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

- 9 Enter your adjusted gross income 16,710.
- 10 a Multiply line 9 by 0.5. This is your 50% limit. 8,355.
- b Multiply line 9 by 0.6. This is your 60% limit. 10,026.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations							
11	Enter the smaller of line 2 or line 10b . . .					0.	
12	Subtract line 11 from line 2						0.
13	Subtract line 11 from line 10b			10,026.			
Contributions to 50% limit organizations							
14	Subtract line 2 from line 10a		8,355.				
15	Enter the smallest of line 3, 10a or 14 . . .					0.	
16	Subtract line 15 from line 3						0.
17	Subtract line 16 from line 15			8,355.			
Contributions not to 50% limit organizations							
18	Add lines 2, 3 and 4						
19	Multiply line 9 by 0.3. This is your 30% limit.						
			5,013.	5,013.			
20	Subtract line 18 from line 10a		8,355.				
21	Enter the smallest of line 7, 19, or 20 . . .					0.	
22	Subtract line 21 from line 7						0.
23	Subtract line 21 from line 19				5,013.		
Capital gain property to 50% limit organizations							
24	Enter the smallest of line 4, 17, or 19 . . .					0.	
25	Subtract line 24 from line 4						0.
26	Subtract line 21 from line 20				8,355.		
27	Subtract line 24 from line 19				5,013.		
Capital gain property not to 50% limit organizations							
28	Multiply line 9 by 0.2. This is your 20% limit.						
					3,342.		
29	Enter the smaller of line 8, 23, 26, 27, or 28					0.	
30	Subtract line 29 from line 8						0.
31	Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14					0.	

32	Subtract line 31 from line 9	<u>16,710.</u>					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					<u>0.</u>	
34	Subtract line 33 from line 1						<u>0.</u>
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						<u>0.</u>

Charitable Deduction Limits Worksheet For Carryover Contributions

2018

► Keep for your records

Name(s) Shown on Return BENJAMIN F KILE	Social Security Number 516-19-7965
--	---------------------------------------

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

1 Enter contributions for relief efforts in the California wildfire disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

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

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

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

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

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

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

7 Add lines 5 and 6

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

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

9 Enter your adjusted gross income 16,710.

10 a Multiply line 9 by 0.5. This is your 50% limit. 8,355. less. 0.

b Multiply line 9 by 0.6. This is your 60% limit. 10,026. less. 0.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations							
11	Enter the smaller of line 2 or line 10b					0 .	
12	Subtract line 11 from line 2						0 .
13	Subtract line 11 from line 10b			10,026 .			
Contributions to 50% limit organizations							
14	Subtract line 2 from line 10a		8,355 .				
15	Enter the smallest of line 3, 10a or 14					0 .	
16	Subtract line 15 from line 3						0 .
17	Subtract line 16 from line 15			8,355 .			
Contributions not to 50% limit organizations							
18	Add lines 2, 3 and 4		0 .				
19	Multiply line 9 by 0.3. This is your 30% limit.		5,013 .	5,013 .			
20	Subtract line 18 from line 10a		8,355 .				
21	Enter the smallest of line 7, 19, or 20					0 .	
22	Subtract line 21 from line 7						0 .
23	Subtract line 21 from line 19			5,013 .			
Capital gain property to 50% limit organizations							
24	Enter the smallest of line 4, 17, or 19					0 .	
25	Subtract line 24 from line 4						0 .
26	Subtract line 21 from line 20			8,355 .			
27	Subtract line 24 from line 19			5,013 .			
Capital gain property not to 50% limit organizations							
28	Multiply line 9 by 0.2. This is your 20% limit.			3,342 .			
29	Enter the smaller of line 8, 23, 26, 27, or 28					0 .	
30	Subtract line 29 from line 8						0 .
31	Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14					0 .	

32	Subtract line 31 from line 9	16,710.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

- Keep for your records

Name(s) Shown on Return
BENJAMIN F KILE

Social Security Number
516-19-7965

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Totals: _____				

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2018 contributions							
2 2018 contributions allowed	0.	0.	0.	0.	0.	0.	0.
3 Carryovers from:							
a 2017 tax year							
b 2016 tax year							
c 2015 tax year							
d 2014 tax year							
e 2013 tax year							
4 Carryovers allowed in 2018	0.			0.	0.	0.	0.
5 Carryovers disallowed in 2018	0.			0.	0.	0.	0.
6 Carryovers to 2019:							
a From 2018.	0.		0.	0.	0.	0.	0.
b From 2017.							
c From 2016.							
d From 2015.							
e From 2014.							
f From 2013.							

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

Schedule A
Lines 16

Miscellaneous Itemized Deductions Worksheet

2018

► Keep for your records

Name(s) Shown on Return
BENJAMIN F KILESocial Security Number
516-19-7965**FOR STATE USE ONLY: Employee Business Expenses — Subject to 2% Limitation**

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

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

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

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

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

Name(s) Shown on Return
BENJAMIN F KILE

Social Security Number
516-19-7965

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 \$700?				
	<input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total		► . . .	1	
	<input type="checkbox"/> No. Enter \$1,050				
2	Enter the amount shown below for your filing status.				
	• Single or married filing separately — \$12,000				
	• Married filing jointly or Qualifying widow(er) — \$24,000		► . . .	2	12,000.
	• Head of household — \$18,000				
3	Standard deduction.				
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1954, and not blind, stop here and enter this amount on Form 1040, line 8. Otherwise go to line 3b			3 a	
3 b	If born before January 2, 1954, or blind, multiply the number on Form 1040 Wks, line 39a, by \$1,300 (\$1,600 if single or head of household)			3 b	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040, line 8.			3 c	

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040, line 1, and Schedule 1, lines 12 and 18, minus the amount, if any, on Schedule 1, line 27..

Earned Income Worksheet

2018

► Keep for your records

Name(s) Shown on Return BENJAMIN F KILE	Social Security Number 516-19-7965
--	---------------------------------------

Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	16,710.		16,710.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	16,710.		16,710.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	16,710.		16,710.
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	16,710.		16,710.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	16,710.		16,710.
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.	16,710.		16,710.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	16,710.		16,710.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	16,710.		16,710.

► Keep for your records

Name(s) Shown on Return
BENJAMIN F KILESocial Security Number
516-19-7965**Investment Interest Expense** (Form 4952, line 1)

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

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

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

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

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

Investment Expenses (Form 4952, line 5)

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

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

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

Form 1040
Line 17a

Earned Income Credit Worksheet

2018

► Keep for your records

Name(s) Shown on Return
BENJAMIN F KILE

Social Security Number
516-19-7965

- QuickZoom** to Schedule EIC ►
QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►
QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

1	Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes	1	16,710.
2	Adjustments to line 1 amount:		
a	Income reported as wages and as self-employment income.	2 a	
b	Other income entered as wages that is not considered earned income	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2	c	
3	Subtract lines 2a, 2b and 2c from line 1	3	16,710.
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election	4 c	
5	If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	
6	Earned income. Add lines 3, 4, and 5.	6	16,710.
7	Enter the credit, from the EIC Table , for the amount on line 6. Be sure to use the correct column for filing status and number of children.	7	0.
If line 7 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 17a.			
8	Enter your AGI from Form 1040, line 7	8	
9	If you have:		
	• No qualifying children, is the amount on line 8 less than \$8,500 (\$14,200 if married filing jointly)?		
	• 1 or more qualifying children, is the amount on line 8 less than \$18,700 (\$24,350 if married filing jointly)?		
<input checked="" type="checkbox"/>	Yes. Go to line 10 now.		
<input type="checkbox"/>	No. Enter the credit, from the EIC Table , for the amount on line 8. Be sure to use the correct column for filing status and number of children	9	
10	Earned income credit.		
	• If 'Yes' on line 9, enter the amount from line 7	10	
	• If 'No' on line 9, enter the smaller of line 7 or line 9		

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

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

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | \$15,270 (\$20,950 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$40,320 (\$46,010 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$45,802 (\$51,492 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$49,194 (\$54,884 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | \$15,270 (\$20,950 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$40,320 (\$46,010 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$45,802 (\$51,492 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$49,194 (\$54,884 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,500.
(Investment Income Smart Worksheet, item H above)
- 4 ☐ The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 ☐ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- | | | |
|---|--------------------------|---|
| a | <input type="checkbox"/> | qualifying children of another person, or |
| b | <input type="checkbox"/> | invalid social security numbers for EIC purposes. |
- (Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2018.
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)
-

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2018?

☐ **Yes**, all of the above is correct.

☐ **No**, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2018?

2 ☐ **Yes**, my dependents lived with me at this address.

☐ **No**, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2018.

Compliance and Due Diligence Indicator ☒ **X**

Disqualified from Earned Income Credit. ☒ **X** **Yes** ☐ **No**

Potential qualifying child count ▶ 0

Non dependent potential qualifying child count ▶ 0

Qualifying child count (max 3) ▶ 0

Schedule SE Adjustments Worksheet

2018

► Keep for your records

Name(s) Shown on Return BENJAMIN F KILE	Social Security Number 516-19-7965
--	---------------------------------------

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

Education Tuition and Fees Summary

2018

► Keep for your records

Name(s) Shown on Return
BENJAMIN F KILE

Your Social Security No.
516-19-7965

Part I - Qualified Education Expense Summary

(a) Student's name First Name _____ MI _____ Last Name _____ Suffix _____ Social Security Number _____	(b) Qualified Education Expenses	(c) Qualified for: Yes No	(d) Elected Credit or Deduction if manual	(e) Elected Credit or Deduction if automatic
BENJAMIN F	564.	Amer Opp Cr . . . <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
KILE	414.	Lifetime Cr . . . <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
516-19-7965	414.	Tuition Ded . . . <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	564.	Total Qualified Expenses		
		Amer Opp Cr . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lifetime Cr . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Tuition Ded . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Total Qualified Expenses		
		Amer Opp Cr . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lifetime Cr . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Tuition Ded . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Total Qualified Expenses		
Total qualified expenses	564. 414. 414.	American Opportunity Credit Lifetime Learning Credit Tuition and Fees Deduction		

Part II - Optimize Education Expenses for the Lowest Tax

Automatic

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now ☐
- 2 **Automatic** - Check to use the Credit choices calculated in Part I, column (e) above ☒
- or
- 3 **Manual** - Check to use the Credit choices you entered in Part I, column (d) above ☐

Part III - Summary of Deduction and Credits

Tuition and Fees Deduction Summary

1	Total 2018 tuition and fees paid for purposes of deduction.	1	
2	Modified adjusted gross income	2	
3	Maximum deduction allowed	3	
4	Allowable Tuition and Fees Deduction (lesser of line 1 or line 3)	4	0.

American Opportunity, Lifetime Learning Credits Summary

5	Tentative American Opportunity Credit	5	564.
6	Tentative Lifetime Learning Credit	6	
7	Total Education Credits (after limitations)	7	564.

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2018

► Keep for your records

Name(s) Shown on Return BENJAMIN F KILE		Social Security Number 516-19-7965	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return
BENJAMIN F KILE

Social Security Number
516-19-7965

Taxable Income – Line 1

1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.) . . .	1	4,710.
2	Additions to income	2	
3	Add lines 1 and 2	3	4,710.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	4,710.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	---	---	--

Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b	3	0.

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

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	16,710.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	16,710.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	15,039.
6	Enter ATNOL carried to 2017 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$718,800:		
1	Alternative minimum taxable income, Form 6251	1 _____
2	Threshold amount	2 _____
3	Subtract line 2 from line 1	3 _____
4	Multiply line 3 by 25% (.25)	4 _____
5	Smaller of line 4 or \$54,700	5 _____
6	Add line 1 and line 5. Enter on Form 6251, line 4	6 _____

Exemption – Line 5

1	Enter \$70,300 if single or head of household, \$109,400 if married filing jointly or qualifying widow(er), \$54,700 if married filing separately	1	70,300.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	16,710.
3	Enter \$500,000 if single or head of household, \$1,000,000 if married filing jointly or qualifying widow(er), \$500,000 if married filing separately	3	500,000.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	70,300.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	7	_____
8 a	Enter the child's earned income , if any	8 a	_____
b	Enter any adjustments.	b	_____
9	Add lines 7, 8a and 8b. If zero or less, enter -0-	9	_____
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 5.	10	_____

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2018

► Keep for your records

Name(s) Shown on Return BENJAMIN F KILE		Social Security Number 516-19-7965	
1	Enter amount from Form 6251, line 6	1	
2 a	Enter amount from Form(s) 2555, lines 45 and 50	2a	
b	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3	
4	Tax on amount on line 3.		
	<ul style="list-style-type: none"> • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; or you reported qualified dividends on Form 1040, line 3a; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40 here. • All Others: If line 3 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result. 	4	
5	Tax on amount on line 2c. If line 2c is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	5	
6	Subtract line 5 from line 4. Enter here and on Form 6251, line 7. If zero or less, enter 0	6	

Federal Carryover Worksheet

2018

► Keep for your records

Name(s) Shown on Return BENJAMIN F KILE	Social Security Number 516-19-7965
--	---------------------------------------

2017 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
MT			652.		247.	
Totals . .			652.		247.	

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
MT	652.	247.

2017 Locality Tax Refund Information

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

BENJAMIN F KILE

516-19-7965

Other Tax and Income Information			2017	2018
1	Filing status	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	652.	534.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	19,762.	16,710.
6	Tax liability for Form 2210 or Form 2210-F	6	0.	0.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2017	2018
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

Loss and Expense Carryovers			2017	2018
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2018	a		
	b 2017	b		
	c 2016	c		
	d 2015	d		
	e 2014	e		
	f 2013	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2018	a		
	b 2017	b		
	c 2016	c		
	d 2015	d		
	e 2014	e		
	f 2013	f		

BENJAMIN F KILE

516-19-7965

Credit Carryovers				2017	2018
18	General business credit			18	
19	Adoption credit from:	a	2018	19 a	
		b	2017	b	
		c	2016	c	
		d	2015	d	
		e	2014	e	
		f	2013	f	
20	Mortgage interest credit from:	a	2018	20 a	
		b	2017	b	
		c	2016	c	
		d	2015	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				2017	2018
24	Section 179 expense deduction disallowed			24	
25	Excess	a	Taxpayer (Form 2555, line 46)	25 a	
	foreign	b	Taxpayer (Form 2555, line 48)	b	
	housing	c	Spouse (Form 2555, line 46)	c	
	deduction:	d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2017 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2017					
b	2016					
c	2015					
d	2014					
e	2013					
27	2018 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2018					
b	2017					
c	2016					
d	2015					
e	2014					

28 Amount overpaid less earned income credit 1,895.

2017 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

2018

► Keep for your records

Name(s) Shown on Return
BENJAMIN F KILE

Social Security Number
516-19-7965

Description	Amount
Income	
Wages	16,710.
Interest income before Series EE bond exclusion	
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	16,710.
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	16,710.

Two-Year Comparison

2018

Name(s) Shown on Return BENJAMIN F KILE			Social Security Number	
Income	2017	2018	Difference	%
Wages, salaries, tips, etc	19,762.	16,710.	-3,052.	-15.44
Interest and dividend income				
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	19,762.	16,710.	-3,052.	-15.44
Adjustments to Income				
Adjusted Gross Income	19,762.	16,710.	-3,052.	-15.44
Itemized Deductions				
Medical and dental				
Income or sales tax	652.	534.	-118.	-18.10
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions		0.	0.	
Total Itemized Deductions	652.	534.	-118.	-18.10
Standard or Itemized Deduction	6,350.	12,000.	5,650.	88.98
Exemption Amount	4,050.	0.	-4,050.	-100.00
Qualified Business Income Deduction				
Taxable Income	9,362.	4,710.	-4,652.	-49.69
Income tax	940.	473.	-467.	-49.68
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	940.	473.	-467.	-49.68
Nonbusiness credits	730.	338.	-392.	-53.70
Business credits				
Total Credits	730.	338.	-392.	-53.70
Self-employment tax				
Other taxes	0.	0.	0.	
Total Tax After Credits	210.	135.	-75.	-35.71
Withholding	1,618.	1,065.	-553.	-34.18
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments	487.	226.	-261.	-53.59
Total Payments	2,105.	1,291.	-814.	-38.67
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	1,895.	1,156.	-739.	-39.00
Balance Due				

Current year effective tax rate -0.54 %

Tax Summary
► Keep for your records

2018

Name (s)

BENJAMIN F KILE

Total income	16,710.
Adjustments to income	
Adjusted gross income	16,710.
Itemized/standard deduction	12,000.
Qualified business income deduction	
Taxable income	4,710.
Tentative tax	473.
Additional taxes	
Alternative minimum tax	
Total credits	338.
Other taxes	0.
Total tax	135.
Total payments	1,291.
Estimated tax penalty	
Amount Overpaid	1,156.
Refund	1,156.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

► Keep for your records

2018

Name(s) Shown on Return BENJAMIN F KILE	Social Security No 516-19-7965
--	-----------------------------------

Your 2018 adjusted gross income (AGI) 16,710.
National adjusted gross income range used below from 15,000. to 29,999.

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	16,710.	21,173.
Taxable interest		763.
Tax-exempt interest		4,310.
Dividends		2,570.
Business net income		13,921.
Business net loss		9,734.
Net capital gain		3,765.
Net capital loss		2,303.
Taxable IRA		8,602.
Taxable pensions and annuities		13,067.
Rent and royalty net income		6,963.
Rent and royalty net loss		7,517.
Partnership and S corporation net income		11,411.
Partnership and S corporation net loss		10,855.
Taxable social security benefits		2,620.
Medical and dental expenses deduction		9,303.
Taxes paid deduction	534.	3,733.
Interest paid deduction		6,547.
Charitable contributions deduction		2,644.
Total itemized deductions	534.	16,913.
Child care credit		447.
Education tax credits	338.	776.
Child tax credit		476.
Retirement savings contributions credit		187.
Earned income credit		3,990.
Other Information	Actual Per Return	National Average
Adjusted gross income	16,710.	23,148.
Taxable income	4,710.	9,833.
Income tax	473.	1,213.
Alternative minimum tax		1,294.
Total tax liability	135.	1,413.

Santa Barbara Tax Products Group LLC**and Green Dot Bank Refund Processing Service Agreement ("Agreement")**

Name _____

Social Security No. _____

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2018 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$ _____ ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2018 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2019). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2018 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ _____
Less Processor Refund Processing Fee	\$ _____
Less TurboTax Fees	\$ _____
Less fees for Additional Products and Services Purchased	\$ _____
Expected Proceeds*	\$ _____

* These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2018 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will

be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2018 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2018 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtpg.com>.

7. Disbursement Methods: You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.

- a) ☐ Direct Deposit to Turbo(SM) Prepaid Visa(R) Card: If you choose this option, you authorize and request Bank and Processor to transfer the balance of your Deposit Account to Bank, which issues the Turbo(SM) Prepaid Visa Card ("Card") you have obtained or are obtaining, so that Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the Card. Please review the cardholder agreement associated with the use of your Card to learn of other fees, charges, terms and conditions that will apply. Processor will not be responsible for your funds once they have been deposited with Bank.**
- b) ☐ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- ☐ Checking
☐ Savings

RTN # _____

Account # _____

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax

refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: Green Dot Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 days after the first deposit to the Deposit Account was made, (i) we may take up to 90 days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. Compensation. In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but *only* by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

12. Customer Identity Validation Disclosure: To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2018 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2018 TurboTax User Agreement, (iii) You consent to the release of your 2018 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Green Dot Bank's Privacy Policy

FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • account transactions and purchase history • transaction history and overdraft history 	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.	
Reasons we can share your personal information	Does Green Dot Bank Share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For nonaffiliates to market to you.	Yes	Yes
To limit our sharing	<p>Visit us online: https://www.turboprepaidcard.com/privacy-settings Your choice(s) will apply to only the card number you enter when making your choice(s). If you have more than one card or account with us, you will need to make your choice(s) for each card or account separately. Please note: If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>	
Questions?	Call 1-888-285-4169 or go to www.turboprepaidcard.com	

Page 2	
What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot Bank collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • open an account or make deposits or withdrawals from your account • use your debit card or provide account information • give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes — information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies such as Santa Barbara Tax Products Group, LLC.
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • The only nonaffiliates we share with are Intuit Inc. and its affiliates and subsidiaries.
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.
Other important information	
Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California, Illinois, North Dakota or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent.	

and Civista Bank Refund Processing Service Agreement ("Agreement")

Name BENJAMIN F KILE
Social Security No. 516-19-7965

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2018 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$39.99 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2018 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2019). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2018 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 1,156.00
Less Processor Refund Processing Fee	\$ 39.99
Less TurboTax Fees	\$ 79.98
Less Fees for Additional Products and Services Purchased	\$
Expected Proceeds*	\$ 1,036.03

*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2018 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If

the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2018 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2018 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the 39.99 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtpg.com>.

7. Disbursement Methods: You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.

a ☐ Direct Deposit to Turbo(SM) Prepaid Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Green Dot Bank, which issues the Turbo(SM) Prepaid Visa Card ("Card") you have obtained or are obtaining, so that Green Dot Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with Green Dot Bank.**

b ☒ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☐ Checking
☒ Savings

RTN # 292978005

Account # 792937

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversions of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: Civista Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 days after the first deposit to the Deposit Account was made, (i) we may take up to 90 days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. Compensation. In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but only by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

12. Customer Identity Validation Disclosure: To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2018 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2018 TurboTaxfi User Agreement, (iii) You consent to the release of your 2018 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 02/2015

Civista Bank Tax Product Privacy Policy

FACTS What does Civista Bank do with your Personal Information?		
Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • payment history and transaction history • overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.	
Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	No	We don't share
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share
Questions?	Call Toll Free: 800-901-6663 or go to www.civistabank.com	

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates everyday business purposes — information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with our affiliates.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • Civista Bank does not jointly market.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: BENJAMIN F KILE

Primary SSN: 516-19-7965

Federal Return Submitted: February 05, 2019 08:02 PM PST

Federal Return Acceptance Date: 02/05/2019

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2019. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2019, your Intuit electronic postmark will indicate April 15, 2019, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2019, and a corrected return is submitted and accepted before April 20, 2019. If your return is submitted after April 20, 2019, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2019. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2019, and the corrected return is submitted and accepted by October 20, 2019.

2. THE ACCEPTANCE DATE.

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

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

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

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

--

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

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

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

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

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

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

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

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

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

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at 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, 2019.

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

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

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

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

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

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

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

²The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

³However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

Questions? Call 1-877-908-7228

Pro Delegation Worksheet

2018

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

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area? ☐
Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____ or NY Exclusion Code _____
For NM, OR Preparers Only: State ID# _____
Preparer E-mail _____ Print date on return? ☐
Preparer Phone _____ CAF # _____
Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

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

Select state returns to file electronically:

State(s)

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

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

- ☐ Federal return printed and mailed to IRS
☐ State return printed and mailed to state agency

Select state returns to file by mail:

State(s)

Practitioner PIN Program:

- ☐ Sign return electronically using Practitioner PIN
Choose one:
☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
☐ Taxpayer(s) entered own PIN(s)
☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). _____
Spouse's PIN filing a joint return (enter any 5 numbers) _____
Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

Documents Used to Verify Primary Taxpayer Identity:

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

Finish and File Info:

- ☐ To indicate a client return download in FnF

Late Legislation Worksheet

2018

Name(s) Shown on Return
BENJAMIN F KILE

Social Security Number
516-19-7965

Is the user impacted by any of the late legislation items below? Yes ☐ No ☒

		Affected by This Topic?		Topic Was Extended
		Yes	No	
1	Premiums for mortgage insurance deductible as interest that is qualified residence interest (sec. 163(h)(3)) - Schedule A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Accelerated depreciation for business property on an Indian reservation (sec. 168(j)(8)) - Form 4562	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Special depreciation allowance for second generation biofuel plant property (sec. 168(l)) - Form 4562	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Credit for certain nonbusiness energy property (sec. 25C(g)) - Form 5695	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Deduction for qualified tuition and related expenses (sec. 222(e)) - Form 8917	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Discharge of indebtedness on principal residence excluded from gross income of individuals (sec. 108(a)(1)(E)) - Form 982	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Credit for two-wheeled plug-in electric vehicles (sec. 30D(g)(3)E(ii)) - Form 8936	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Credit for alternative fuel vehicle refueling property (sec. 30C(g)) - Form 8911	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Incentives for biodiesel and renewable diesel: Excise tax credits and outlay payments for biodiesel fuel mixtures (secs. 6426(c)(6) and 6427(e)(6)(B)) - Form 4136	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Incentives for biodiesel and renewable diesel: Excise tax credits and outlay payments for renewable diesel fuel mixtures (secs. 6426(c)(6) and 6427(e)(6)(B)) - Form 4136	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Incentives for alternative fuel and alternative fuel mixtures: Excise tax credits and outlay payments for alternative fuel (secs. 6426(d)(5) and 6427(e)(6)(c)) - Form 4136	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Incentives for alternative fuel and alternative fuel mixtures: Excise tax credits for alternative fuel mixtures (sec. 6426(e)(3)) - Form 4136	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Alternative motor vehicle credit for qualified fuel cell motor vehicles (sec. 30B(b)) - Form 8910	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Three-year depreciation for race horses two years old or younger (sec. 168(e)(3)(A)) - Form 4562	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Form 8863: Education Credits Nonrefundable Credit -- Form 8863, Line 19

1	Enter amount from line 18, Form 8863	1	
2	Enter amount from line 9, Form 8863	2	338.
3	Add lines 1 and 2	3	338.
4	Enter the amount from Form 1040, line 11	4	473.
5	Enter the amount from Schedule 3 (Form 1040), lines 48 and 49 and the amount from Schedule R, line 22.	5	
6	Subtract line 5 from line 4	6	473.
7	Enter the smaller of line 3 or line 6 here and on Form 8863, line 19.	7	338.

SMART WORKSHEET FOR: 1040 Wks: 1040 Worksheet

Tax Smart Worksheet	
A	Tax 473.
	Check if from:
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814
C	Additional tax from Form 4972
D	Tax from additional Form(s) 4972
E	Recapture tax from Form 8863
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative
H	Tax. Add lines A through G. Enter the result here and include in tax below. 473.

SMART WORKSHEET FOR: Federal Information Worksheet

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

SMART WORKSHEET FOR: Federal Information Worksheet

<p>2017 Tax Cuts & Jobs Act</p> <p>Apply 15-year recovery period to qualified improvement property</p> <p>(asset types J2, J3, J4 and J5)</p> <p>placed in service after December 31, 2017?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Refer to Tax Help</p>

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

Substitute Form W-2 Smart Worksheet	
A	Treat as substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet	
<p>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:</p> <ul style="list-style-type: none"> — 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 	
<p>QuickZoom to Deductible Home Mortgage Interest Worksheet ▶</p>	
<p>Does your mortgage interest need to be limited: Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/></p>	
A	Home mortgage interest and points reported on Form 1098:
1	Sum of lines 5a through 5d below _____
2	Limited amount to report on Sch A, line 8a _____
B	Home mortgage interest not reported on Form 1098:
1	Sum of lines 6a and 6b below _____
2	Limited amount to report on Sch A, line 8b _____
C	Points not reported on Form 1098:
1	Sum of lines 7a through 7c below _____
2	Limited amount to report on Sch A, line 8c. _____

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet	
A	Enter Section 179 carryover from prior year _____
B	QuickZoom to the Asset Entry Worksheet ►
C	QuickZoom to the Depreciation/Amortization Reports ►
D	QuickZoom to Form 4562 for Schedule A ►
E	Treat all MACRS assets for activity as qualified Indian reservation property? . . . <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 _____
2	Election for earned income credit (EIC): Elect taxpayer's nontaxable combat pay as earned income for EIC? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Election for dependent care benefits (DCB): Elect taxpayer's nontaxable combat pay as earned income for DCB? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Election for child and dependent care credit: Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
B Spouse:	
1	Spouse, nontaxable combat pay _____
2	Election for earned income credit (EIC): Elect spouse's nontaxable combat pay as earned income for EIC? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Election for dependent care benefits (DCB): Elect spouse's nontaxable combat pay as earned income for DCB? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Election for child and dependent care credit: Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:	
Overpayment	_____ 1,156 .
Amount due	_____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

A	Taxable and tax exempt interest	_____
B	Dividend income	_____
C	Capital gain net income	_____
D	Royalty and rental of personal property net income	_____
E	Passive activity net income :	
1	Rental real estate net income or loss	_____
2	Farm rental net income or loss	_____
3	Partnerships and S corporations net income or loss	_____
4	Estates and trusts net income or loss	_____
5	Total of lines 1 through 4	_____
6	Total passive activity net income , line 5 if greater than zero	_____
F	Interest and dividends from Forms 8814	_____
G	Adjustments	_____
H	Total investment income , add lines A through G	_____ 0.

Is line H, **total investment income** over \$3,500?☒ **No.** You may take the credit.☐ **Yes. Stop.** You **cannot** take the credit.



2018 Montana Individual Income Tax Return

Form 2

Page 1 For the year Jan 1 – Dec 31, 2018 or the tax year beginning and ending

First name and initial Last name Social security number Deceased? Date of death

Mark if BENJAMIN F KILE 516197965

this is an Spouse's first name and initial Last name Spouse's social security number Deceased? Date of death

amended

return. Current mailing address City State Zip+4

(See page 2) 4017 MATHEW STREET MISSOULA MT 59808

Filing Status ☒ 1 Single 3 Head of household 4 Married filing jointly **Residency Status** ☒ 1 Resident full-year North Dakota reciprocity

2a Married filing separately on the same form Mark only one box. 2 Nonresident full-year

2b Married filing separately on separate forms If using 2b or 2c, enter your spouse's SSN below. 3 Resident part-year (See instructions)

2c Married filing separately and spouse not filing

Dependents First name Last name Social security number Relationship Mark if disabled

						Column A	Column B (for spouse when filing separately using filing status 2a)		
Exemptions	a	<input checked="" type="checkbox"/> Yourself	65 or older	Blind	Enter number marked	a	1		
	b	Spouse	65 or older	Blind	Enter number marked	b			
	c	Enter the total number of dependents. If more than 3 dependents, see instructions				c			
	d	Add lines a through c. This is your total number of exemptions				d	1		
Federal Adjusted Gross Income	1	Wages, salaries, tips, etc. Include federal Form(s) W-2				1	16710 00	00	
	2a	Tax-exempt interest	2a	00	00	2b Taxable interest	2b	00	00
	3a	Qualified dividends	3a	00	00	3b Ordinary dividends	3b	00	00
	4a	IRAs, pensions, annuities	4a	00	00	4b Taxable amount	4b	00	00
	5a	Social security benefits	5a	00	00	5b Taxable amount	5b	00	00
Montana Taxable Income	6	Total income. Combine lines 1 through 5. Add any amount from federal Schedule 1, line 22. (See page 2)				6	16710 00	00	
	7	Federal adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract federal Schedule 1, line 36 (see page 2), from line 6 above				7	16710 00	00	
	8	Montana additions. (See page 3)				8	0 00	00	
	9	Montana subtractions. (See page 4)				9	5333 00	00	
	10	Montana adjusted gross income. Add lines 7 and 8 then subtract line 9				10	11377 00	00	
	11	Standard or itemized deductions. Mark this box and include page 6 if you elect to itemize				11	2275 00	00	
	12	Exemptions. Multiply \$2,440 by your total number of exemptions				12	2440 00	00	
	13	Taxable income. Subtract lines 11 and 12 from line 10. If zero or less, enter 0				13	6662 00	00	
	14	Tax liability before credits. (See instructions)				14	118 00	00	
	15	Nonrefundable credits (see page 8). Do not enter an amount larger than line 14				15	0 00	00	
Tax, Credits and Payments	16	Tax after nonrefundable credits. Subtract line 15 from line 14				16	118 00	00	
	17	Montana tax withheld on Forms W-2 and 1099				17	534 00	00	
	18	Other payments and refundable credits. (See page 9)				18	00	00	
	19	Reserved				19			
	20	Contributions, penalties, and interest. (See page 10)				20	0 00	00	
Overpayments	21	Total payments. Add lines 17 and 18 then subtract line 20				21	534 00	00	
	22	If line 21 is more than line 16, subtract line 16 from line 21. This is the amount you overpaid . If your filing status is 2a and your spouse has an amount due, use the Worksheet in the instructions				22	416 00	00	
	23	Amount of line 22 you want refunded to you Refund ▶				23	416 00	00	
	Direct Deposit Your Refund. Complete 1, 2, 3 and 4.								
	1	RTN#	292978005	2	ACCT#	792937			
	3	If using direct deposit, you are required to mark one box.			Checking	<input checked="" type="checkbox"/>	Savings		
Owed	24	Amount of line 22 you want applied to your 2019 estimated taxes				24	0 00	00	
	25	If line 21 is less than line 16, subtract line 21 from line 16. This is the amount you owe Owe ▶				25	00	00	

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

Your signature is required Date Spouse's signature Date

☒ Paid preparer's signature Preparer's PTIN Firm's FEIN Mark if paid preparer is also a 3rd Party Designee. Daytime telephone number

SELF - PREPARED 406 471 1512

Office Use Only

Date Received

C9

REV 12/14/18 INTUIT. CG.CFP.SP



18CE01C9

Schedule 1 (federal Form 1040)**Additional Income and Adjustments to Income**

Enter your additional income and adjustments to income from federal Schedule 1

		A	B
1-9b Reserved	1-9b		
10 Taxable refunds, credits, or offsets of state and local income taxes	10	00	00
11 Alimony received	11	00	00
12 Business income or (loss). Include federal Schedule C or C-EZ	12	00	00
13 Capital gain or (loss). Include federal Schedule D if required	13	00	00
14 Other gains or (losses). Include federal Form 4797	14	00	00
15 Reserved	15		
16 Reserved	16		
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Include federal Schedule E	17	00	00
18 Farm income or (loss). Include federal Schedule F	18	00	00
19 Unemployment compensation	19	00	00
20 Reserved	20		
21 Other income; list type	21	00	00
22 Combine lines 1 through 21. Add this amount to total income on Form 2, Line 6	22	00	00
23 Educator expenses	23	00	00
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Include federal Form 2106	24	00	00
25 Health savings account deduction. Include federal Form 8889	25	00	00
26 Moving expenses for members of the Armed Forces. Include federal Form 3903	26	00	00
27 Deductible part of self-employment tax. Include federal Schedule SE	27	00	00
28 Self-employed SEP, SIMPLE, and qualified plans	28	00	00
29 Self-employed health insurance deduction	29	00	00
30 Penalty on early withdrawal of savings	30	00	00
31 Alimony paid. Recipient's SSN	31	00	00
32 IRA deduction	32	00	00
33 Student loan interest deduction	33	00	00
34 Reserved	34		
35 Reserved	35		
36 Combine lines 23 through 35. Subtract this amount from total income on Form 2, Line 7	36	00	00

Net Operating Loss Election for Farming Losses

If you do not want to carry your 2018 farming loss back, mark the box

You must make this election by the due date (including extension) for filing your income tax return.

Amended Return Information

In the table below, indicate the reasons for the changes you made to your Montana tax return.

Mark the appropriate box	Form or Schedule	Line or Box	Reason
a NOL carryback			
b Federal audit			
c Amended federal return			
d Filing status			
e Other			

Third Party Designee

Do you want to allow another person (other than a paid preparer) to discuss this return with us?

Yes (Complete name and phone number below) ☒ No

Name

Phone number



18CE02C9

c9

REV 12/14/18 INTUIT.IG.CFP.SP

Montana Additions Schedule

Enter your additions to federal adjusted gross income on the corresponding lines.

		A	B
General Additions	1 Recovery of federal income tax deducted in 2017. (See below)	00	00
	2 Other recoveries of amounts deducted in earlier years that reduced Montana taxable income	00	00
	3 Interest and mutual fund dividends from state, county, or municipal bonds from other states	00	00
	4 Dividends not included in federal adjusted gross income	00	00
	5 Adjustment for smaller federal estate and trust taxable distributions	00	00
Savings Accounts	6 Medical care savings account nonqualified withdrawals. (See page 4)	00	00
	7 First-time home buyer savings account nonqualified withdrawals	00	00
	8 Allocation of compensation to spouse in sole proprietorship	00	00
Business Additions	9 Federal net operating loss deduction	00	00
	10 Dependent care assistance credit adjustment	00	00
	11 Farm and ranch risk management account taxable distributions	00	00
	12 Share of federal income taxes paid by your S corporation	00	00
	13 Title plant depreciation and amortization	00	00
	14 Other additions. Specify:	00	00
Retirement	15 Subtotal to figure taxable social security benefits. Combine lines 1 through 14	00	00
	16 Addition to taxable social security benefits. (See page 5)	00	00
Total	17 Add lines 15 and 16, and enter the total on Form 2, line 8. This is your total additions to federal adjusted gross income	00	00

Recovery of Federal Income Tax Deducted in 2017

Worksheet

If you chose the standard deduction in 2017, your refund is not taxable. Do not complete this worksheet.

		A	B
Was the federal refund from taxes paid?	1 Enter your total federal taxes paid in 2017 as reported on Form 2, Schedule III, lines 7a through 7d	00	00
	2 Enter the federal income tax refund you received in 2018	00	00
	3 Enter any refundable credits claimed on your 2017 federal Form 1040, 1040A, or 1040EZ	00	00
	4 Subtract line 3 from line 2. This is the portion of your federal refund that is a result of taxes you paid	00	00
If the result is zero or less, stop here. Your federal refund is not taxable			
How much of it did you deduct?	5 Enter the federal income taxes you deducted for 2017 as reported on Form 2, Schedule III, line 7e	00	00
	6 Subtract line 4 from line 1 and enter the result here, but not less than zero	00	00
	7 Subtract line 6 from line 5. This is the amount of taxes you deducted that were refunded to you	00	00
If the result is zero or less, stop here. Your federal refund is not taxable			
Would the standard deduction have given a better result?	8 Enter the itemized deductions you claimed on your 2017 Form 2, Schedule III, line 30	00	00
	9 Enter your Montana adjusted gross income from 2017 Form 2, line 41	00	00
	10 Calculate the 2017 standard deduction: • If your filing status was single or married filing separately, enter 20% (0.20) of line 9, but not less than \$2,000 or more than \$4,510 • If your filing status was married filing jointly or head of household, enter 20% (0.20) of line 9, but not less than \$4,000 or more than \$9,020	00	00
	11 Subtract line 10 from line 8	00	00
	If the result is zero or less, stop here. Your federal refund is not taxable		
How much of your 2017 federal refund is taxable to Montana?	12 Enter the smaller of line 7 or line 11 here. This is the portion of your federal tax deduction that reduced your taxable income and was refunded in 2017	00	00
	13 Enter here your 2017 Montana taxable income from Form 2, line 45. If your amount is less than zero, enter this amount as a negative amount	00	00
	14 If line 13 is zero or more, enter the amount from line 12 here and on Additions Schedule, line 1. This is your taxable federal income tax refund. If line 13 is less than zero (a negative amount), add lines 12 and 13. • If your result remains less than zero (a negative amount), enter 0 and stop here. None of your federal refund is taxable to Montana • If your result is greater than zero (a positive amount), enter on Additions Schedule, line 1. This is your recovery of federal income tax deducted in 2017	00	00



18CE03C9

C9

REV 12/14/18 INTUIT.CO.CFP.SP

Montana Subtractions Schedule

Enter your subtractions from federal adjusted gross income on the corresponding lines.

		A	B
General Subtractions	1 State income tax refunds included on federal Schedule 1, line 10. (See page 2)	00	00
	2 Interest and mutual fund dividends from federal bonds, notes and obligations	00	00
	3 Partial interest exemption for taxpayers 65 and older	00	00
	4 Adjustment for larger federal estate and trust taxable distribution	00	00
	5 Exemption for certain income of child taxed to parent	00	00
	6 Recoveries of amounts deducted in earlier years that did not reduce Montana income tax	00	00
Employment	7 Unemployment compensation	00	00
	8 Tribal income when exempt. Include Form ETM	00	00
	9 Certain taxed tips and gratuities	5333 00	00
	10 Workers' compensation benefits	00	00
Military	11 Certain health insurance premiums taxed to employee	00	00
	12 Student loan repayments for health care professional included in gross income	00	00
	13 Military salary of active duty service persons	00	00
	14 Life insurance premiums reimbursement or death benefits for National Guard and Reservist	00	00
Savings Accounts	15 Montana medical savings account deposits and earnings. (See below)	00	00
	16 First-time home buyer savings account deposits and earnings. Include Form FTB	00	00
	17 Family education savings account deposits (up to \$3,000 per taxpayer)	00	00
	18 Montana Achieving a Better Life Experience Act (ABLE) account deposits (up to \$3,000 per taxpayer)	00	00
Status	19 Carryover of capital losses incurred prior to 2007	00	00
	20 Carryover of passive losses incurred prior to 2007	00	00
	21 Allocation of compensation to spouse in sole proprietorship	00	00
	22 Montana net operating loss carryover from Montana Form NOL	00	00
Business Subtractions	23 Business-related expenses for purchasing recycled material. Include Form RCYL	00	00
	24 Wage expenses not deducted when taking the federal targeted jobs credit	00	00
	25 Certain expenses incurred by medical marijuana providers	00	00
	26 Sales of land to beginning farmers	00	00
	27 Capital gains and dividends from small business investment companies	00	00
	28 Certain gains recognized by liquidating corporation	00	00
	29 Farm and ranch risk management account deposits. Include Form FRM	00	00
	30 Donation of mineral exploration information	00	00
Retirement	31 Gain on eligible sale of mobile home park. Include Form MHPE	00	00
	32 Partial retirement disability income exemption for taxpayers under age 65	00	00
	33 Federal taxable Tier II Railroad Retirement benefits entered on Form 2, line 4b	00	00
	34 Partial pension and annuity income exemption. (See page 5)	00	00
	35 Subtotal to figure taxable social security. Combine lines 1 through 34	5333 00	00
	36 Subtraction from federal taxable social security benefits (see page 5) and Tier I Railroad Retirement	00	00
Total	37 Add lines 35 and 36, and enter the total on Form 2, line 9. This is your total subtractions from federal adjusted gross income	5333 00	00

Montana Medical Savings Account (MSA) Schedule

If you have an MSA, you must report your beginning and ending balance each year.

		A	B
Subtraction	1 Beginning balance. If this is a new account, enter 0	00	00
	2 Total contributions for the year	00	00
	3 Earnings from the account: interest, dividends, capital gains, etc.	00	00
	4 Add lines 2 and 3. Enter the total on Subtractions Schedule, line 15. (See above)	00	00
	5 Ending balance	00	00
Nonqualified Withdrawal and Penalty	1 Total withdrawals made during the year	00	00
	2 Withdrawals for eligible expenses. (See instructions)	00	00
	3 Nonqualified withdrawal. Subtract line 2 from line 1, and enter the total on Additions Schedule, line 6	00	00
	4 Nonqualified withdrawal not subject to the 10% penalty. (See instructions)	00	00
	5 Nonqualified withdrawal subject to penalty. Subtract line 4 from line 3	00	00
	6 Penalty. Multiply line 5 by 10% and enter the total on Contributions, Pen. and Int. Schedule, line 5. (See page 10)	00	00



18CE04C9

C9

REV 12/14/18 INTUIT.CG.CFP.SP

Partial Pension and Annuity Income Exemption

Worksheet

If your federal adjusted gross income on Form 2, line 7 is \$36,910 (\$39,000 if filing jointly) or more, stop here.

You do not qualify for the exemption.

			A	B
Fed AGI Limitation	1 Enter your federal adjusted gross income from Form 2, line 7.	1	00	00
	2 Federal adjusted gross income limitation amount	2	34820 00	34820 00
	If line 1 is less than line 2, stop here. Enter the smaller of your pension and annuity income or \$4,180 on Subtractions Schedule, line 34. (See page 4)			
Exemption Calculation	3 Subtract line 2 from line 1	3	00	00
	4a If you are single, head of household, or married filing separately, enter the smaller of each spouse's pension and annuity or \$4,180	4a	00	00
	4b If you are married filing jointly, enter the smaller of each spouse's pension and annuity or \$4,180 in the spaces below: Spouse 1 00 Spouse 2 00 Add the amounts for Spouse 1 and Spouse 2	4b	00	
	5 Multiply the amount on line 3 by 2	5	00	00
	6 Pension and annuity exemption. Subtract line 5 from line 4a or 4b, whichever applies, and enter the total on Subtractions Schedule, line 34. (See page 4.) If the result is less than zero, enter 0. This is your partial pension and annuity exemption	6	00	00

Taxable Social Security Benefits

Worksheet

The taxable amount of your social security benefits for Montana may be different than for federal purposes.

Complete this worksheet to figure how much you must enter on either the Additions or Subtractions Schedule.

			A	B
Modified Income	1 Total amount from box 5 of all your federal Form SSA-1099s	1	00	00
	2 Multiply line 1 by 50% (0.50)	2	00	00
	3 Combine Form 2, lines 1 through 4b and federal Schedule 1, line 22. (See page 2)	3	00	00
	4 Subtract Additions Schedule, line 3 from Additions Schedule, line 15. (See page 3)	4	00	00
	5 Enter the amount, if any, from Form 2, line 2a	5	00	00
	6 Combine lines 2, 3, 4, and 5	6	00	00
	7 Enter federal Schedule 1, line 36. (See page 2.) (Do not include student loan interest deduction)	7	00	00
	8 Add the amount on Subtractions Schedule, line 35 (see page 4) to line 7	8	00	00
	If the amount on line 8 is greater than on line 6, none of your social security benefits are taxable. Stop here and enter 0 on line 20 and go to line 21			
Taxable Social Security Benefits	9 Subtract line 8 from line 6	9	00	00
	10 Enter the amount that corresponds to your filing status. If your filing status is: • Married filing jointly, enter \$32,000 in column A; • Single or head of household, enter \$25,000 in column A; • Married filing separately, enter \$16,000 in columns A and B	10	00	00
	If the amount on line 10 is greater than on line 9, none of your social security benefits are taxable. Stop here and enter 0 on line 20 and go to line 21			
	11 Subtract line 10 from line 9	11	00	00
	12 Enter the amount that corresponds to your filing status. If your filing status is: • Married filing jointly, enter \$12,000 in column A; • Single or head of household, enter \$9,000 in column A; • Married filing separately, enter \$6,000 in columns A and B	12	00	00
	13 Subtract line 12 from line 11. If less than zero, enter 0	13	00	00
	14 Enter the smaller of line 11 or line 12	14	00	00
	15 Multiply line 14 by 50% (0.50)	15	00	00
	16 Enter here the smaller of line 2 or line 15	16	00	00
	17 Multiply line 13 by 85% (0.85). If line 13 is zero, enter 0	17	00	00
Adjustments	18 Add lines 16 and 17	18	00	00
	19 Multiply line 1 by 85% (0.85)	19	00	00
	20 Enter the smaller of line 18 or 19. This is your Montana taxable social security benefits	20	00	00
	21 Enter the federal taxable amount of social security benefits that you entered on Form 2, line 5b	21	00	00
	22 If line 21 equals line 20, the amount of the federal taxable social security benefits that you entered on Form 2, line 5b is the same amount that is taxed by Montana. No additions or subtractions are necessary	22		
	23 If line 21 is less than line 20, subtract line 21 from line 20. Enter the result on Additions Schedule, line 16 (See page 3). This is the additional amount of your social security benefits that is taxed by Montana	23	00	00
	24 If line 21 is greater than line 20, subtract line 20 from line 21. Enter the result on Subtractions Schedule, line 36 (See page 4). This is the reduction in taxable amount of your social security benefits for Montana	24	00	00



18CE05C9

C9

REV 12/14/18 INTUIT.CS.CFP.SP

Standard Deduction

Worksheet

When filing separately on the same form, each spouse must figure their own deduction.

		A	B
Maximum	1 Enter your Montana adjusted gross income from Form 2, line 10	11377 00	00
	2 Multiply the amount on line 1 by 20% (0.20)	2275 00	00
	3 If you are single or married filing separately, enter \$4,580. If you are married filing jointly or head of household, enter \$9,160	4580 00	00
	4 Enter the amount from line 2 or line 3, whichever is smaller	2275 00	00
Minimum	5 If you are single or married filing separately, enter \$2,030. If you are married filing jointly or head of household, enter \$4,060	2030 00	00
	6 Enter the amount from line 4 or line 5, whichever is larger, here and on Form 2, line 11. This is your standard deduction	2275 00	00

Itemized Deductions Schedule

If you choose to itemize your deductions, mark the box on Form 2, line 11.

		A	B
Medical and Dental Expenses	1 Medical and dental expenses 1a	00	00
	Enter the amount from Form 2, line 10 1b	00	00
	Multiply line 1b by 7.5% (0.075) 1c	00	00
	Subtract line 1c from line 1a and enter the total here, but not less than zero. This is your deductible medical and dental expenses subject to a percentage of Montana adjusted gross income	1 00	00
Federal Tax Paid/Withheld in 2018	2 Medical insurance premiums not deducted elsewhere on your return	2 00	00
	3 Long-term care insurance premiums not deducted elsewhere on your return	3 00	00
	4 Federal income tax withheld 4a	00	00
	Federal estimated tax payments 4b	00	00
State and Local Taxes Limited to \$10,000	2017 federal income taxes paid 4c	00	00
	Other back year federal income taxes 4d	00	00
	Add lines 4a through 4d and enter the total here, but not more than \$5,000 if you are single, head of household, or married filing separately; or \$10,000 if you are married filing jointly. This is your federal income tax deduction	4 00	00
	5 General state and local sales taxes 5a	00	00
Other State Taxes	Local income taxes 5b	00	00
	Real estate taxes paid 5c	00	00
	Value-based personal property taxes 5d	00	00
	Add lines 5a to 5d, enter the total here, but not more than \$10,000 if your status is single, head of household or married filing jointly; or \$5,000 if you are married filing separately. This is your state and local tax deduction	5 00	00
Gifts to Charity	6 Montana light vehicle registration fees	6 00	00
	7 Per capita livestock fees	7 00	00
	8 Other deductible taxes paid. List type and amount:	8 00	00
	9 Home mortgage interest and points. If paid to the person from whom you bought the house, provide their name, social security number and address	9 00	00
Miscellaneous Deductions	10 Investment interest. Include federal Form 4952	10 00	00
	11 Charitable contributions made by cash or check	11 00	00
	12 Charitable contributions made by other than cash or check	12 00	00
	13 Charitable contribution carryover from the previous year	13 00	00
Total	14 Child and dependent care expenses. Include Montana Form 2441-M	14 00	00
	15 Casualty and theft losses. Include federal Form 4684	15 00	00
	16 Political contributions, limited to \$100 per taxpayer	16 00	00
	17 Gambling losses allowed under federal law	17 00	00
Total	18 Other miscellaneous deductions. List type and amount:	18 00	00
	19 Add lines 1 through 18, and enter the total on Form 2, line 11. This is your total itemized deductions	19 00	00



18CE06C9

C9

REV 12/14/18 INTUIT, CG, CFP, SP

Tax Liability Schedule

Full-year residents must skip lines 3a, 3b and 5. Nonresidents calculate their tax on line 3a or compute the tax on their volume of sales on line 3b when eligible.

						A	B
Tax Liability	1	Recapture taxes. (See instructions) Code Code	1			00	00
	2	Tax from the tax table based on taxable income. (See instructions)	2		118	00	00
	3a	Nonresident tax. Multiply line 2 by the nonresident ratio below and add line 1. Enter the total on Form 2, line 14	3a			00	00
	3b	Alternative tax method for certain nonresidents. (See instructions)	3b			00	00
	4	Tax on lump-sum distributions. Include federal Form 4972	4			00	00
	5	Part-year resident tax. Multiply line 2 by the part-year resident ratio below and add lines 1 and 4, and enter the total on Form 2, line 14	5			00	00
	6	Resident tax. Add lines 1, 2 and 4, and enter the total on Form 2, line 14	6		118	00	00

Resident Part-Year Required Information

Date of Change

State moved to

State moved from

Nonresident / Part-Year Resident Ratio Schedule

Enter your Montana source income that is included in Montana adjusted gross income on Form 2.

						A	B
Montana Source Income	1	Wages, salaries, tips, etc.	1			00	00
	2	Interest	2			00	00
	3	Ordinary dividends	3			00	00
	4	Refunds, credits, or offsets of local income taxes	4			00	00
	5	Alimony received	5			00	00
	6	Business income or (loss)	6			00	00
	7	Capital gain or (loss)	7			00	00
	8	Other gains or (losses)	8			00	00
	9	IRAs, pensions, and annuities	9			00	00
	10	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	10			00	00
		Mark this box if Montana source losses are carried over to next year. (See instructions)	10			00	00
	11	Farm income or (loss)	11			00	00
	12	Social security benefits	12			00	00
	13	Other income. (See instructions)	13			00	00
	14	Montana source additions to income. (See instructions)	14			00	00
	15	Montana source net operating loss. (See instructions)	15			00	00
	16	Montana source income. Add lines 1 through 15	16			00	00
MT AGI	17	Enter your Montana adjusted gross income from Form 2, line 10	17			00	00
	18	Divide the amount on line 16 by the amount on line 17.	18				
Ratio		Round to 6 decimal places and do not enter more than 1.000000.					
		This is your nonresident or part-year resident ratio	18				

2018 Montana Individual Income Tax Rates

If your taxable income is			
More than	But not more than	Then your tax rate is	Less
\$0	\$3,000	1% of taxable income	\$0
\$3,000	\$5,200	2% of taxable income	\$30
\$5,200	\$8,000	3% of taxable income	\$82
\$8,000	\$10,800	4% of taxable income	\$162
\$10,800	\$13,900	5% of taxable income	\$270
\$13,900	\$17,900	6% of taxable income	\$409
More than \$17,900		6.9% of taxable income	\$570



18CE07C9

C9

REV 12/14/18 INTUIT.CS.CFP.SP

Nonrefundable Credits Schedule

Enter your nonrefundable credits, including any carryover credits that may be available from 2017.

		A	B
Single Year Credits - No Carryover Provision	1 Resident capital gains credit. 2% of capital gain entered on federal Schedule 1, line 13. (See page 2)	1	00
	2 Nonresident/part-year resident capital gains credit. 2% of capital gains entered on Nonresident/Part-Year Resident Ratio Schedule, line 7. (See page 7)	2	00
	3 Credit for an income tax liability paid to another state or country. (See below)	3	00
	4 College contribution credit. Include Form CC	4	00
	5 Qualified endowment credit. Include Form QEC	5	00
	6 Energy conservation installation credit. Include Form ENRG-C	6	00
	7 Alternative fuel credit. Include Form AFCR	7	00
	8 Health insurance for uninsured Montanans credit. Include Form HI	8	00
	9 Elderly care credit. Include Form ECC	9	00
	10 Recycle credit. Include Form RCYL	10	00
	11 Innovative educational program credit	11	00
	12 Student scholarship organization credit	12	00
	13 Apprenticeship credit	13	00
	14 Biodiesel blending and storage credit. Include Form BBSC	14	00
Nonrefundable Credits with Carryover Provision	15 Contractor's gross receipts tax credit. If multiple CGR accounts, mark here CGR Account ID:	15	00
	16 Geothermal systems credit. Include Form ENRG-A	16	00
	17 Alternative energy systems credit. Recognized nonfossil form of energy generation	17	00
	18 Alternative energy systems credit. Low emission wood or biomass combustion device Include Form ENRG-B if you are claiming a credit on lines 17 or 18	18	00
	19 Alternative energy production credit. Include Form AEPC	19	00
	20 Dependent care assistance credit. Include Form DCAC	20	00
	21 Historic property preservation credit. Include federal Form 3468	21	00
	22 Infrastructure users fee credit. Include Form IUFC	22	00
	23 Empowerment zone credit	23	00
	24 Increasing research activities credit. Include a detailed schedule of the credit carryforward	24	00
	25 Mineral and coal exploration incentive credit. Include Form MINE-CRED	25	00
	26 Adoption credit. Include federal Form 8839	26	00
	Total 27 Add lines 1 through 26, and enter the total on Form 2, line 15. This is your total of nonrefundable credits	27	00

Credit for Income Tax Paid to Another State or Country Schedule

You may have paid income tax on income sourced to another state while a MT resident. Use this schedule to calculate this credit. You cannot claim this credit if a foreign tax credit is claimed for federal tax purposes.

		A	B
Credit for Taxes Paid to Another State or Country	1 Enter your income sourced and taxable to another state or country that is included in Montana adjusted gross income, or Montana source income if a part-year resident. (See instructions)	1	00
	2 Enter all income sourced and taxable to the other state or country Indicate state's abbreviation	2	00
	3 Enter your income sourced and taxable to Montana. If a full-year resident, enter Form 2, line 10. If a part-year resident, enter Nonresident/Part-Year Resident Ratio Schedule, line 16. (See page 7)	3	00
	4 Enter your total income tax liability paid to the other state or country. (See instructions)	4	00
	5 Enter your Montana tax liability. (See instructions)	5	00
	6 Divide line 1 by line 2. Enter the percentage here, but not more than 100%	6	00
	7 Multiply line 4 by line 6	7	00
	8 Divide line 1 by line 3. Enter the percentage here, but not more than 100%	8	00
	9 Multiply line 5 by line 8	9	00
	10 Enter the smaller of the amounts on lines 4, 7, or 9 here and on Nonrefundable Credits Schedule, line 3. (See above.) This is your credit for income tax paid to another state or country	10	00



18CE08C9

Other Payments and Refundable Credits

A

B

1 2018 estimated tax payments	1	00	00
2 Overpayment applied from 2017 return	2	00	00
3 Total withholding from Montana Schedule(s) K-1	3	00	00
4 Emergency lodging credit. Include Form ELC	4	00	
5 Unlocking public land credit	5	00	00
6 Elderly homeowner/renter credit. (See below)	6	00	
7 Other payments. (See instructions)	7	00	00
8 Add lines 1 through 7, enter the total on Form 2, line 18. This is your other payments and refundable credits	8	00	00

Gross Household Income

Enter physical address of Montana residence

- You are 62 or older as of December 31, 2018;
- Your total household income of all household members is less than \$45,000 for the tax year;
- You have lived in Montana for at least nine months during the tax year; and
- You occupied a Montana residence as a renter, owner or lessee for at least six months during the tax year.

Address

City

1	Federal adjusted gross incomes (Form 2, line 7) reported by the household. (See instructions)	1	00
2	Add line 2a reported on all Forms 2 or federal Forms 1040 filed by the household	2	00
3	Add any amount on lines 4a and 5a not included in 4b and 5b from Forms 2 or federal Forms 1040 filed by the household. (See instructions)	3	00
4	Social security payments not reported by the household, except when paid directly to a nursing home	4	00
5	Support money, cash public assistance and relief, non taxable strike benefits, and alimonies not reported by the household	5	00
6	Refundable credits received, including the elderly homeowner/renter credit	6	00
7	Other income not listed above	7	00
8	Enter all losses included on pages 1, line 7 for all Forms 2 or federal Forms 1040 filed by the household. (See instructions)	8	00
9	Combine lines 1 through 8. This is your gross household income	9	00
10	Your standard exclusion is entered here for you	10	6300
11	Subtract line 10 from line 9 and enter the result here, but not less than zero	11	00
12	Enter your multiplier rate from the Household Income Reduction Table. (See below)	12	
13	Multiply line 11 by line 12. This is your net household income	13	00
14	Enter the property tax that you were billed for your Montana residence and up to one acre in 2018	14	00
15	Enter the rent that you paid in 2018 for your Montana residence	15	00
16	Multiply line 15 by 0.15 (15%)	16	00
17	Add lines 14 and 16	17	00
18	Subtract line 13 from line 17 and enter the result here, but not less than zero	18	00
19	Enter the lesser of line 18 or \$1,000	19	00
20	Enter the percentage from the Credit Multiplier Table that corresponds to your gross household income. (See below)	20	
21	Multiply line 19 by the percentage on line 20, and enter the total on Other Payments and Refundable Credits, line 6. (See above)	21	00
	This is your elderly homeowner/renter credit		

If your household income on line 11 is:

At least	But not more than	Multiplier
\$0	\$1,999	0
\$2,000	\$2,999	0.006
\$3,000	\$3,999	0.016
\$4,000	\$4,999	0.024
\$5,000	\$5,999	0.028
\$6,000	\$6,999	0.032
\$7,000	\$7,999	0.035
\$8,000	\$8,999	0.039
\$9,000	\$9,999	0.042
\$10,000	\$10,999	0.045
\$11,000	\$11,999	0.048
\$12,000	and greater	0.05

LTC Rent

1 Total payment to the facility	1	00
2 If you received board services (meals, housekeeping, laundry, transportation), multiply line 1 by 20%	2	00
3 If you received care (nursing care, assisted living care, memory care), multiply line 1 by 30%	3	00
4 Subtract lines 2 and 3 from line 1. This is your rent	4	00

If line 9 is:	Multiplier
Less than \$35,000	1.00 (100%)
\$35,000 to \$37,500	0.40 (40%)
\$37,501 to \$40,000	0.30 (30%)
\$40,001 to \$42,500	0.20 (20%)
\$42,501 to \$44,999	0.10 (10%)
\$45,000 and greater	0.00 (0%)



Contributions, Penalties, and Interest Schedule

Enter any voluntary contributions to check-off programs, penalties, and interest on the corresponding lines.

		A				B							
Contributions	1 Nongame Wildlife Program	a	\$5	\$10	\$20	00	other amount	a	\$5	\$10	\$20	00	other amount
	Child Abuse Prevention	b	\$5	\$10	\$20	00	other amount	b	\$5	\$10	\$20	00	other amount
	Agriculture Literacy in MT Schools	c	\$5	\$10	\$20	00	other amount	c	\$5	\$10	\$20	00	other amount
	MT Military Family Relief Fund	d	\$5	\$10	\$20	00	other amount	d	\$5	\$10	\$20	00	other amount
		A				B							
Total voluntary contributions		1				0 00				00			
Amend	2 If filing an amended return, enter overpayments already refunded or applied to 2019	2				00				00			
Penalties and Interest	3 Interest on underpayment of estimated taxes. (See below)	3				00							
	If applicable, mark the appropriate box	2/3 farming gross income				Estimated payments were made using the annualization method							
	4 Late file penalty, late payment penalty and interest. (See instructions)	4				00				00			
	5 Other penalties. (See instructions)	5				00				00			
Total	6 Add lines 1 through 5, and enter the total on Form 2, line 20. This is your contributions, penalties, and interest	6				0 00				00			

Calculation of Interest on Underpayment of Estimated Taxes - Short Method

Worksheet

If you are filing separately on the same form, combine column A and B for each of the calculations.

\$500 Threshold	1 Total tax due reported on Form 2, line 16	1	00
	2 Montana tax withheld on Forms W-2 and 1099 reported on Form 2, line 17	2	00
	3 Combine the amounts on Other Payments and Refundable Credit Schedule, lines 2 through 6. (See page 9)	3	00
	4 Add lines 2 and 3	4	00
	5 Subtract line 4 from line 1	5	00
If your result is \$500 or less, stop here; you do not owe interest on your underpayment			
Underpayment for 2018	6 Multiply line 1 by 90%	6	00
	7 Income tax liability that you entered on your 2017 Form 2, line 54 or 2017 Form 2EZ, line 15	7	405 00
	8 Enter the smaller of line 6 or line 7	8	00
	9 Add the amount on line 4 above and Other Payments and Refundable Credits Schedule, line 1. (See page 9)	9	00
	10 Subtract line 9 from line 8. This is your total underpayment for 2018	10	00
If the result is zero or less, stop here; you do not owe interest on your underpayment			
Interest	11 Multiply line 10 by 0.0333	11	00
	12 If you paid the amount on line 10 on or after April 15, 2019, enter 0. If you paid the amount on line 10 before April 15, multiply the amount on line 10 by the number of days you paid before April 15 and then by 0.000137	12	00
	13 Subtract line 12 from line 11, and enter on Contributions, Penalties, and Interest Schedule, line 3. (See above) This is your interest on the underpayment of estimated taxes	13	00



18CE10C9

C9

REV 12/14/18 INTUIT.CO.CFP.SP

Montana Information Worksheet

2018

► Keep for your own records

Part I – Personal Information

Taxpayer:

First Name BENJAMIN
Middle Initial F
Last Name KILE
Suffix
Social Security No. . . 516-19-7965
Date of Birth 05/08/1989
Date of Death
Daytime Phone (406) 471-1512 * ☒
Home Phone * ☐

Spouse:

First Name
Middle Initial
Last Name
Suffix
Social Security No. . .
Date of Birth
Date of Death
Daytime Phone * ☐

* Check one of these boxes to print daytime phone number on the government forms.

Street Address . . . 4017 Mathew Street Apartment
City Missoula State . MT ZIP Code . . . 59808
Foreign province/county . . . Foreign Postal Code . . .
Foreign country . . .

Part II – Resident Status

☒ Full-Year Resident filing Form 2 ►
☐ Nonresident filing Form 2 ►
☐ Part-Year Resident filing Form 2 ►
Nonresidents and Part-Year residents must complete page 7, Nonresident/Part-Year
Resident Ratio Schedule ► ☐
Date of change State moved to
State moved from

Part III – Filing Status

☒ Single
☐ Married filing joint return
☐ Married and both filing separate returns on the same form
☐ Married filing separately on separate forms
☐ Married filing separate return and spouse not filing
☐ Head of Household

Part IV – Other Information

Number of adopted children
☐ Mail Montana state tax forms and instructions to you next year?
☐ Extend Montana tax return? This does **not** extend the time to pay
☐ Is taxpayer legally blind?
☐ Is spouse legally blind?
☐ Is at least 2/3 of your gross income from farming or ranching?
☐ Do you want the MT DOR to calculate the underpayment penalty Worksheet VII?
☐ Married filing separately and spouse itemizes deductions?

Third Party Designee:

Yes No
☐ ☒ Do you want to allow another person to discuss your return with the Montana Department of
Revenue? If yes, enter the person's name
Telephone

Part V – Direct Deposit Information or Direct Debit Information**Yes No**☒ ☐ Use **direct deposit** for state refund☐ ☐ Use **direct debit** of state tax payment (Electronic Filing Only)

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) Park Side FCU

Check the appropriate box:

☐ CheckingRouting number . . 292978005☒ SavingsAccount number . . 792937

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

State balance-due amount from this return _____

International ACH Transactions**Yes No**☐ ☒ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?**Part VI – Extension Status****Yes No**☐ ☒ Tax return due date extended? Date of extension _____**QuickZoom** here to *IT-EXT*: Extension Payment Voucher ► _____**Part VII – Amended Return**☐ Is this a Montana amended return?

Tax Year amending _____

Previous Montana payment made _____

Previous Montana refund received _____

QuickZoom here to *Form 2*: Amended Return Information ► _____**QuickZoom** here to *Form 2*: Individual Income Tax Return ► _____

Tax Payments Worksheet

2018

► Keep for your records

Name BENJAMIN F KILE	Social Security Number 516-19-7965
-------------------------	---------------------------------------

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		
7	Amount paid with current year extension		
8	Total tax payments		

Income Taxes Withheld for the Current Year

	Taxpayer		Spouse
9	State withholding on Forms W-2	534.	
10	State withholding on Forms W-2G		
11	State withholding on Forms 1099-R		
12 a	State withholding on Forms 1099-MISC		
b	State withholding on Forms 1099-G		
c	State withholding on Forms 1099-K		
13	Other state tax withholding		
14	Total income tax withheld	534.	
15	Date return will be filed and balance paid	15	

Name(s) Shown on Return

BENJAMIN F KILE

Your Social Security Number

516-19-7965

Part I 2019 Estimated Tax Amount Options**1 Select One of Five Ways to Calculate the Required Annual Payment for 2019 Estimates:**

- a 100% of **2018** taxes (default, see Tax Help) ☒ 118.
- b 100% of tax on **2019** estimated taxable income ☐ 118.
- c 90% of tax on **2019** estimated taxable income ☐ 107.
- d Equal to 100% of overpayment (no vouchers) ☐ 416.
- e Enter total amount you want to use for estimates and check box ☐

2 Selected estimated tax amount:

- a 2019 Required Annual Payment based on your choice above 118.
- b Estimated amount of 2019 state income tax withholding and renter or
homeowner credit 534.
- c **Total of estimated tax payments required for 2019** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$500 or more (default) ☒
- b Calculate estimates if _____ (specify amount) or more ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

Part II Overpayment Application Options

- 1 Amount of overpayment available (Form 2, line 23) 416.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment) ☒
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐
- d Apply to extent of first quarter amount and refund excess ☐
- e Enter amount you want to apply ☐
- f Amount applied to 2019 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 416.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

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

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

2 Select Voucher Printing Option:

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

Part IV Estimated Tax Payment Summary

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

Part V Changes to Income, Deductions and Withholding for 2019

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

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

	2018 Actual	*2019 Estimated
1 Montana adjusted gross income	11,377.	
2 Montana itemized deductions or standard deduction	2,275.	
3 a Total number of exemptions	1	
b Multiply exemptions on line 3a by \$2,440.	2,440.	
4 Lump-sum distribution tax (10% of federal lump-sum distribution tax)		
5 Credits against tax (do not include income tax withholding or refundable credits)		
6 a Montana tax withholding	534.	
b Refundable credits		
c Total amount of Montana income tax withholding and refundable credits (Total of 6a and 6b)	534.	

Part VI 2019 Estimated Taxable Income and Tax

1 Enter total amount of Montana adjusted gross income expected in 2019	1	11,377.
2 Enter estimated amount of:		
a 2019 itemized deductions or standard deduction*	2 a	2,275.
b Enter 2019 exemption amount, \$2,440 for each allowable exemption	b	2,440.
Total of 2a and 2b	2	4,715.
3 Calculated by subtracting line 2 from line 1. If zero or less, do not go any further. You are not subject to estimated tax, Do not send in coupons	3	6,662.
4 Tax.		
a Figure tax on the amount on line 3 by using the tax table in the instructions	4 a	118.
b Lump-sum distribution tax (10% of federal lump-sum distribution tax)	b	
Total of 4a and 4b	4	118.
5 Credits against tax. Do not include income tax withholding on this line	5	
6 Subtract line 5 from line 4	6	118.

Tax Summary
► Keep for your records

2018

Name(s) BENJAMIN F KILE		SSN 516-19-7965
	Taxpayer	Spouse (If married filing separate on combined form)
Federal		
Adjusted Gross Income	16,710.	
Additions to income	0.	
Reductions to income	5,333.	
Montana		
Adjusted Gross Income	11,377.	
Itemized		
or standard deduction	2,275.	
Exemptions	2,440.	
Taxable income	6,662.	
Total tax	118.	
Total payments and credits	534.	
Penalty, interest	0.	
Contributions	0.	
Amount overpaid	416.	
Amount credited to estimate	0.	
Refunded to you	416.	
Balance due		