

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

Your first name and initial: **MAXIM O** Last name: **CHIBIROV** Your social security number: **336-06-4132**

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: **LIUDMILA V** Last name: **MAMAEVA** Spouse's social security number: **031-63-5289**

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. **200 RECTOR PL** Apt. no. **APT 15K** 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. **NEW YORK NY 10280** 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
ILYA	CHIBIROV	650-72-1065	Son	<input type="checkbox"/>	<input type="checkbox"/>
MICHAEL	CHIBIROV	705-53-6257	Son	<input type="checkbox"/>	<input type="checkbox"/>
KATRIN	CHIBIROVA	340-21-8700	Daughter	<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 PROGRAMMER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation UNEMPLOYED	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name	Preparer's signature Not for use by paid preparers	PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> 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	1 161,640.
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	6 161,640.
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	7 161,640.
8 Standard deduction or itemized deductions (from Schedule A)	8 24,000.
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-	10 137,640.
11 a Tax (see inst.) 22,160. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here ▶ <input type="checkbox"/>	11 22,160.
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>	12
13 Subtract line 12 from line 11. If zero or less, enter -0-	13 22,160.
14 Other taxes. Attach Schedule 4	14 3,441.
15 Total tax. Add lines 13 and 14	15 25,601.
16 Federal income tax withheld from Forms W-2 and 1099	16 28,162.
17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5	17
18 Add lines 16 and 17. These are your total payments	18 28,162.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19 2,561.
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	20a 2,561.
▶ b Routing number 0 8 1 9 0 4 8 0 8 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d Account number 0 0 2 9 1 1 8 6 9 7 4 9	
21 Amount of line 19 you want applied to your 2019 estimated tax ▶ 21	
Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22	
23 Estimated tax penalty (see instructions) ▶ 23	

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

► **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040

MAXIM O CHIBIROV & LIUDMILA V MAMAEVA

Your social security number

336-06-4132

**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	58	
59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
60a	Household employment taxes. Attach Schedule H	60a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions)	61	3,441.
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 the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	3,441.

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

REV 12/21/18 FFF

Schedule 4 (Form 1040) 2018