

Review your print out for checklist items.

Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)				
Your first name and initial CHARLIE J		Last name NITSCHHELM		Your social security number 001-92-6736
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind				
If joint return, spouse's first name and initial		Last name		Spouse's social security number
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien				<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)
Home address (number and street). If you have a P.O. box, see instructions. 30 Coe Drive			Apt. no.	Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Durham NH 03824				If more than four dependents, see inst. and ✓ here ▶ <input type="checkbox"/>
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"/>

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2018)

Form 1040 (2018)

Page 2

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	1,930.
	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	1,930.
	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	1,930.
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.	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	0.
	11	a Tax (see inst.) <u>0.</u> (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	0.
	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	0.
	14	Other taxes. Attach Schedule 4	14	0.
	15	Total tax. Add lines 13 and 14	15	0.
	16	Federal income tax withheld from Forms W-2 and 1099	16	80.
		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	80.
Refund Direct deposit? See instructions.	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	80.
	20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	80.
	▶ b	Routing number <u> X X X X X X X X X X </u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d	Account number <u> X X X X X X X X X X X X X X X X </u>		
	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		

Tax History Report

► Keep for your records

2018

Name(s) Shown on Return

CHARLIE J NITSCHHELM

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status					Single
Total income					1,930.
Adjustments to income					
Adjusted gross income					1,930.
Tax expense					0.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					0.
Tax					
Alternative min tax . .					
Total credits					
Other taxes					0.
Payments					80.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					80.
Effective tax rate % . .					0.00
**Tax bracket %					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

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.
CHARLIE J NITSCHHELM 001-92-6736
 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.
30 Coe Drive _____
 City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
Durham NH 03824

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	1,930.
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	1,930.
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	1,930.
AGI including excludable Puerto Rico Income		1,930.

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. -10,070.
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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	0.

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"/>		0.
b	Total tax. Add any amount from Schedule 2 and check here	<input type="checkbox"/>	11 0.
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 type="checkbox"/>	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-		13	0.
14	Other taxes. Attach Schedule 4		14	0.
15	Total tax. Add lines 13 and 14		15	0.
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	80.
17 a	Earned income credit (EIC)		
	Nontaxable combat pay election		
b	Additional child tax credit. Attach Schedule 8812		
c	American opportunity credit from Form 8863, line 8		
	Add lines 17a,b,c and any amount from Schedule 5		
17		17	
18	Add Lines 16 and 17. These are your total payments	18	80.
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	80.
20 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here	<input type="checkbox"/>	20 80.
b	Routing number	▶	XXXXXXXXXX
c	Type:		
	▶ <input type="checkbox"/> Checking		
	▶ <input type="checkbox"/> Savings		
d	Account number	▶	XXXXXXXXXXXXXXXXXXXX
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	
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. ▶ Total Income. Combine Form 1040 lines 1- 5b and Schedule 1, line 22 , enter on Form 1040, line 6. ▶ <u>1,930.</u>	22	
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		
b	Recipient's SSN ▶ _____	31 a	
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		
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		
a	If amount on line 55 above includes Schedule 3 amount, check here. . . . ▶ <input type="checkbox"/>			
b	Total non-refundable credits			
c	Subtract total credits on line 55 from total tax above		0.	
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		0.

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: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74			
75	Add lines 66, and 70 through 74. These are your total payments ▶ Amount included above on line 75 from Schedule 5 ▶ Amount included above on line 75 from Form 1040, line 17 ▶	75			80.

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 <u>Engineering Intern</u>	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. (603) 923-9079			

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) <u>Self-Prepared</u>	Firm's EIN.	Phone No.
	State	ZIP Code

Filing Address Information

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

Date

Name(s) Shown on Return CHARLIE J NITSCHHELM	Your SSN 001-92-6736
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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

Federal Information Worksheet

► Keep for your records

2018

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name CHARLIE
Middle initial J Suffix
Last name NITSCHHELM
Social security no. 001-92-6736
Occupation Engineering Intern
Date of birth 04/30/1998 (mm/dd/yyyy)
Age as of 1-1-2019 20
Daytime phone (603) 923-9079 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 30 Coe Drive Apt no.
City Durham State NH ZIP code 03824

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

* "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) ☐
 Check the appropriate box ☐ Checking ☐ Savings ☐
 Routing number ☐ Account number ☐

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 ▶ NH

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 03824

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number 04NMC98301

Issued by what state

NH

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

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

Part I – Taxpayer's Personal Information

First name . . . CHARLIE Middle initial . J Last name . . NITSCHERM
Suffix

Social security no. . . 001-92-6736 Member of U.S. Armed Forces in 2018? . . ☐ Yes ☒ No

Date of birth 04/30/1998 (mm/dd/yyyy) age as of 1-1-2019 20

OccupationEngineering Intern Daytime phone. . . . (603)923-9079 Ext

Marital status . . .Single

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

After 2018 ▶ 2018 . ▶ 2017 . ▶ 2016 . ▶ Before 2016 . ▶

Are you retired on total and permanent disability? (for Schedule R, see Help). ☐ Yes ☐ No

Check if this person is legally blind ☐ Yes ☒ No

If deceased, enter the date of death ▶ (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2019 and this is the first year you are filing a tax return? ☐ Yes ☐ No

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

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent ☐ Yes ☒ No

2. If you answered "Yes" to question 1, are you actually claimed as a dependent on that person's tax return? ☐ Yes ☒ No

Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2018? ☒ Yes ☐ No

4 Did your earned income exceed one-half of your support? ☐ Yes ☒ No

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

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2018 NH

Check the appropriate box:

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

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

Date this person established residence in state above ▶

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

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2018

Unreimbursed medical expenses paid for qualifying person in 2018	_____
--	-------

Employment taxes paid for dependent care providers in 2018

Full-time student for 5 calendar months during 2018? ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? ▶ ☐ Yes ☐ No

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

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☐

Check if covered or exempt (other than short gap) for prior year November	
Check if covered or exempt (other than short gap) for prior year December	

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

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.. . . . ☐

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

CHARLIE J NITSCHHELM

Social Security Number

001-92-6736

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	1,930.		1,930.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	80.		80.
3 & 7	Total social security wages/tips	1,930.		1,930.
4	Total social security tax withheld	120.		120.
5	Total Medicare wages and tips	1,930.		1,930.
6	Total Medicare tax withheld	28.		28.
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			
17	Total state tax withheld			
19	Total local tax withheld.			

Name

CHARLIE J NITSCHHELM

Social Security Number

001-92-6736

**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 . 001-92-6736**b** Employer's ID number 02-0408840**c** Employer's name, address, and ZIP code

TURBOCAM INC

Street 607 CALEF HIGHWAY #200

City BARRINGTON

State NH ZIP Code 03825

Foreign Province

Foreign Postal Code

Foreign Country

d Control number 002739BOST/ME1**Transfer employee information from the Federal Information Worksheet****e** Employee's name

First CHARLIE M.I. J

Last NITSCHHELM Suff.

f Employee's address and ZIP code

Street 30 COE DR

City DURHAM

State NH ZIP Code 03824

Foreign Province

Foreign Postal Code

Foreign Country

1 Wages, tips, other compensation

1,929.50

3 Social security wages

1,929.50

5 Medicare wages and tips

1,929.50

7 Social security tips

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

9 Verification Code

AA64-4934-C735-F582

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

80.04

4 Social security tax withheld

119.63

6 Medicare tax withheld

27.98

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**Box 16**
Employer's state I.D. no.**Box 16**
State wages, tips, etc.**Box 17**
State income taxI 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

► Keep for your records

2018

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 CHARLIE NITSCHHELM	001-92-6736	04/30/98	<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.

Wages, Salaries, & Tips Worksheet

2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CHARLIE J NITSCHHELM	001-92-6736

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	1,930.		1,930.
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	1,930.		1,930.
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	1,930.		1,930.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2018

► Keep for your records

Name(s) Shown on Return
CHARLIE J NITSCHHELM

Social Security Number
001-92-6736

		Regular Tax	Alternative Minimum Tax																								
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.																											
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1																									
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2																									
3	Subtract line 2 from line 1	3																									
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4																									
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5																									
6	Add lines 3 through 5	6																									
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7																									
8	Enter the amount, if any, from Form 4797, line 8	8																									
9	Subtract line 8 from line 7. If zero or less, enter -0-	9																									
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10																									
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund																										
	<table border="0"> <thead> <tr> <th></th> <th>Regular</th> <th>AMT</th> </tr> </thead> <tbody> <tr> <td>a On Form 1099-DIV</td> <td></td> <td></td> </tr> <tr> <td>b On Form 2439</td> <td></td> <td></td> </tr> <tr> <td>c On Schedule(s) K-1</td> <td></td> <td></td> </tr> <tr> <td>d On Form 1099-R</td> <td></td> <td></td> </tr> <tr> <td>e From Form 8814</td> <td></td> <td></td> </tr> <tr> <td>f Other.</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>		Regular	AMT	a On Form 1099-DIV			b On Form 2439			c On Schedule(s) K-1			d On Form 1099-R			e From Form 8814			f Other.			Total			11	
	Regular	AMT																									
a On Form 1099-DIV																											
b On Form 2439																											
c On Schedule(s) K-1																											
d On Form 1099-R																											
e From Form 8814																											
f Other.																											
Total																											
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12																									
13	Add lines 9 through 12.	13																									
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.																								
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.																								
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code 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
CHARLIE J NITSCHHELM

Social Security Number
001-92-6736

				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.

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1 a	Enter your taxable income from Form 1040, line 10	1 a	0.
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	0.
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	0.
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	0.
17	Enter the smaller of line 14 or line 16	17	0.
18 a	Subtr in 10 from ln 1c. If zero or less, enter -0-	18 a	0.
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	0.
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	_____ 0.
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	_____
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	_____

Form 1040 **Qualified Dividends and Capital Gain Tax Worksheet**
Line 11a ► Keep for your records

2018

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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-		
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	_____

- Keep for your records

2018

Name(s) Shown on Return <u>CHARLIE J NITSCHM</u>	Social Security Number <u>001-92-6736</u>
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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				80 .		
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				80 .		
20	Total Tax Payments for 2018				80 .		

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

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Name(s) Shown on Return CHARLIE J NITSCHHELM	Social Security Number 001-92-6736
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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	1,930.
(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	1,930.

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 _____

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). _____

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

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State and Local Income Taxes

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

Nondeductible State Income Tax (Hawaii Only)

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

Charitable Deduction Limits Worksheet For Current Year Contributions

2018

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Name(s) Shown on Return CHARLIE J NITSCHHELM	Social Security Number 001-92-6736
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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 1,930.
- 10 a Multiply line 9 by 0.5. This is your 50% limit. 965.
- b Multiply line 9 by 0.6. This is your 60% limit. 1,158.

		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			1,158.			
Contributions to 50% limit organizations							
14	Subtract line 2 from line 10a		965.				
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			965.			
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.		579.	579.			
20	Subtract line 18 from line 10a		965.				
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				579.		
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			965.			
27	Subtract line 24 from line 19			579.			
Capital gain property not to 50% limit organizations							
28	Multiply line 9 by 0.2. This is your 20% limit.				386.		
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	1,930.					
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.

Charitable Deduction Limits Worksheet For Carryover Contributions

2018

► Keep for your records

Name(s) Shown on Return CHARLIE J NITSCHHELM	Social Security Number 001-92-6736
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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 1,930.
- 10 a Multiply line 9 by 0.5. This is your 50% limit. 965. less. 0.
- b Multiply line 9 by 0.6. This is your 60% limit. 1,158. 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			1,158.			
Contributions to 50% limit organizations							
14	Subtract line 2 from line 10a		965.				
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			965.			
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.		579.	579.			
20	Subtract line 18 from line 10a		965.				
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			579.			
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			965.			
27	Subtract line 24 from line 19			579.			
Capital gain property not to 50% limit organizations							
28	Multiply line 9 by 0.2. This is your 20% limit.			386.			
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>1,930.</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>

- Keep for your records

Name(s) Shown on Return
CHARLIE J NITSCHLM

Social Security Number
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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

- Keep for your records

Name(s) Shown on Return CHARLIE J NITSCHHELM	Social Security Number 001-92-6736
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$700? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,050		1	
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 • Head of household — \$18,000		2	12,000.
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

CHARLIE J NITSCHHELM

Social Security Number

001-92-6736

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	1,930.		1,930.
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	1,930.		1,930.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	1,930.		1,930.
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	1,930.		1,930.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	1,930.		1,930.
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.	1,930.		1,930.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	1,930.		1,930.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	1,930.		1,930.

► Keep for your records

Name(s) Shown on Return
CHARLIE J NITSCHHELMSocial Security Number
001-92-6736**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 CHARLIE J NITSCHHELM	Social Security Number 001-92-6736
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- 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	1,930.
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	1,930.
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	1,930.
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	
	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: <ul style="list-style-type: none"> • 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 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. <ul style="list-style-type: none"> • If 'Yes' on line 9, enter the amount from line 7 • If 'No' on line 9, enter the smaller of line 7 or line 9 	10	

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:
- ☐ \$15,270 (\$20,950 if married filing jointly) without a qualifying child.
- ☐ \$40,320 (\$46,010 if married filing jointly) with one qualifying child.
- ☐ \$45,802 (\$51,492 if married filing jointly) with two qualifying children.
- ☐ \$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:
- ☐ \$15,270 (\$20,950 if married filing jointly) without a qualifying child.
- ☐ \$40,320 (\$46,010 if married filing jointly) with one qualifying child.
- ☐ \$45,802 (\$51,492 if married filing jointly) with two qualifying children.
- ☐ \$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 ☐ qualifying children of another person, or
- b ☐ 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

Disqualified from Earned Income Credit.

☒ Yes

☒ No

Potential qualifying child count

Non dependent potential qualifying child count

Qualifying child count (max 3)

0

0

0

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2018

► Keep for your records

Name(s) Shown on Return CHARLIE J NITSCHHELM		Social Security Number 001-92-6736	
	(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

CHARLIE J NITSCHHELM

Social Security Number

001-92-6736

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	-10,070.
2	Additions to income	2	
3	Add lines 1 and 2	3	-10,070.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	-10,070.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
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Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	
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	

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

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	1,930.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	1,930.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	1,737.
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	1,930.
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	7,600.
8 a	Enter the child's earned income , if any	8 a	1,930.
b	Enter any adjustments.	b	
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	9,530.
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 5.	10	9,530.

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2018

► Keep for your records

Name(s) Shown on Return CHARLIE J NITSCHHELM		Social Security Number 001-92-6736	
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	

► Keep for your records

Child's Name as Shown on Return
 CHARLIE J NITSCHHELM

Child's Social Security Number
 001-92-6736

Line 1 - Child's Net Unearned Income

1	Enter the amount from the child's Form 1040, line 6 or Form 1040NR, line 23. <i>Note: If the child has claimed a loss from self-employment, a foreign earned income exclusion, or a net operating loss carryover to 2018, skip lines 2 and 3 and go to line 4.</i>	1	1,930.
2 a	Enter the total of the amount(s) reported on Form 1040, line 1, Schedule 1, (1040) Lines 12 and 18 or Form 1040NR, lines 8, 13, and 19	2 a	1,930.
b	Enter any other earned income not included on line 2a	b	
c	Enter any penalty on early withdrawals from savings, from Form 1040 or 1040NR	c	
3	Subtract the amounts on lines 2a through 2c from the amount on line 1. Enter the result here and on Form 8615, line 1. Do not complete lines 4 through 7	3	0.
4	Enter the following amounts as Positive numbers:		
a	Loss from self-employment, from Schedule C or Schedule F	4 a	
b	Foreign housing and earned income exclusion, from Form 2555	b	
c	Net operating loss carryover to 2018, from Form 1040 or Form 1040NR	c	
d	Add lines 4a through 4c	d	
5	Add lines 1 and 4d	5	
6 a	Enter the amount from the child's Form 1040, line 1 or 1040NR, line 8	6 a	
b	Enter the amount from the child's Form 1040, line 12 or 1040NR, line 13. Enter -0- if less than zero	b	
c	Enter the amount from the child's Schedule 1, (1040), line 18 or Form 1040NR, line 19. Enter -0- if less than zero	c	
d	Enter any other earned income not included on lines 6a through 6c	d	
e	Enter any penalty on early withdrawal from savings, from Form 1040 or 1040NR	e	
7	Subtract the amounts on lines 6a through 6e from the amount on line 5. Enter the result here and on Form 8615, line 1	7	

Line 2 - Child's Investment Deductions

8	If the child itemized deductions on Schedule A (Form 1040 or Form 1040NR), enter the amount from Schedule A (Form 1040), line 17, or Schedule A (Form 1040NR), line 15	8	
9	Enter the portion of the amount on line 8 that is directly connected with the production of the child's investment income	9	
a	Enter the child's itemized deductions directly connected with the production of the child's qualified dividends and net capital gain		
10	Add \$1,050 to the amount on line 9	10	
11	Enter the greater of the amount on line 10 or \$2,100. Also enter this amount on Form 8615, line 2	11	

► Keep for your records

Child's Name as Shown on Return

Child's Social Security Number

Line 7 Tax Computation Worksheet

1	Add Form 8615, line 6, and \$2,550.	1	
2	Enter the smaller of Form 8615, line 4, or line 1 *	2	
3	Enter the smaller of line 2 or the amount listed below for your filing status. ● Single or married filing separately—\$9,525. ● Head of household—\$13,600	3	
4	Multiply line 3 by 10% (0.10)	4	
5	Enter the smaller of line 2 or the amount listed below for your filing status. ● Single or married filing separately—\$38,700. ● Head of household—\$51,800	5	
6	Subtract line 3 from line 5. If zero or less, enter -0-	6	
7	Multiply line 6 by 12% (0.12)	7	
8	Enter the smaller of line 2 or \$82,500	8	
9	Subtract line 5 from line 8. If zero or less, enter -0-	9	
10	Multiply line 9 by 22% (0.22)	10	
11	Add Form 8615, line 6, and \$9,150.	11	
12	Enter the smaller of Form 8615, line 4, or line 11 *	12	
13	Enter the smaller of line 12 or \$157,500	13	
14	Subtract line 8 from line 13. If zero or less, enter -0-	14	
15	Multiply line 14 by 24% (0.24)	15	
16	Enter the smaller of line 12 or \$200,000	16	
17	Subtract line 13 from line 16. If zero or less, enter -0-	17	
18	Multiply line 17 by 32% (0.32)	18	
19	Add Form 8615, line 6, and \$12,500	19	
20	Enter the smaller of Form 8615, line 4, or line 19 *	20	
21	Enter the smaller of line 20 or the amount listed below for your filing status. ● Single or head of household—\$500,000. ● Married filing separately—\$300,000.	21	
22	Subtract line 16 from line 21. If zero or less, enter -0-	22	
23	Multiply line 22 by 35% (0.35)	23	
24	Subtract line 21 from Form 8615, line 4. If zero or less, enter -0- *	24	
25	Multiply line 24 by 37% (0.37)	25	
26	Add lines 4, 7, 10, 15, 18, 23, and 25. Stop. If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or Schedule J (Form 1040) is used to figure your tax, see the instructions, earlier. Otherwise, enter the result here and on Form 8615, line 7	26	

* If this worksheet is for the Schedule D or Qualified Dividends and Capital Gains Worksheet tax calculation, see cross-reference for calculation changes.

Federal Carryover Worksheet

2018

► Keep for your records

Name(s) Shown on Return

CHARLIE J NITSCHHELM

Social Security Number

001-92-6736

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
Totals . .						

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

2017 Locality Tax Refund Information

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

CHARLIE J NITSCHHELM

001-92-6736

Other Tax and Income Information			2017	2018
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		0.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		1,930.
6	Tax liability for Form 2210 or Form 2210-F	6		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			2017	2018
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 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		

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2018

► Keep for your records

Name(s) Shown on Return

CHARLIE J NITSCHHELM

Social Security Number

001-92-6736

Description	Amount
Income	
Wages	1,930.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	
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	1,930.
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	1,930.

Two-Year Comparison

2018

Name(s) Shown on Return

CHARLIE J NITSCHHELM

Social Security Number

Income	2017	2018	Difference	%
Wages, salaries, tips, etc		1,930.	1,930.	
Interest and dividend income				
State tax refund				
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		1,930.	1,930.	
Adjustments to Income				
Adjusted Gross Income		1,930.	1,930.	
Itemized Deductions				
Medical and dental				
Income or sales tax				
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		0.	0.	
Standard or Itemized Deduction		12,000.	12,000.	
Exemption Amount		0.	0.	
Qualified Business Income Deduction				
Taxable Income		0.	0.	
Income tax		0.	0.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		0.	0.	
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes		0.	0.	
Total Tax After Credits		0.	0.	
Withholding		80.	80.	
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments		80.	80.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		80.	80.	
Balance Due				

Current year effective tax rate 0.00 %

Tax Summary
► Keep for your records

2018

Name (s)

CHARLIE J NITSCHHELM

Total income	1,930.
Adjustments to income	
Adjusted gross income	1,930.
Itemized/standard deduction	12,000.
Qualified business income deduction	
Taxable income	0.
Tentative tax	0.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	0.
Total tax	0.
Total payments	80.
Estimated tax penalty	
Amount Overpaid	80.
Refund	80.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

► Keep for your records

2018

Name(s) Shown on Return CHARLIE J NITSCHHELM	Social Security No 001-92-6736
---	-----------------------------------

Your 2018 adjusted gross income (AGI) 1,930.
National adjusted gross income range used below from 0. to 14,999.

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	1,930.	7,721.
Taxable interest		986.
Tax-exempt interest		4,993.
Dividends		2,295.
Business net income		7,890.
Business net loss		21,905.
Net capital gain		7,885.
Net capital loss		2,358.
Taxable IRA		5,873.
Taxable pensions and annuities		7,340.
Rent and royalty net income		6,718.
Rent and royalty net loss		16,849.
Partnership and S corporation net income		20,314.
Partnership and S corporation net loss		93,060.
Taxable social security benefits		2,669.
Medical and dental expenses deduction		9,536.
Taxes paid deduction	0.	4,068.
Interest paid deduction		7,080.
Charitable contributions deduction		1,540.
Total itemized deductions	0.	16,871.
Child care credit		195.
Education tax credits		244.
Child tax credit		268.
Retirement savings contributions credit		154.
Earned income credit		1,937.
Other Information	Actual Per Return	National Average
Adjusted gross income	1,930.	2,441.
Taxable income	0.	2,750.
Income tax	0.	304.
Alternative minimum tax		9,519.
Total tax liability	0.	514.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: CHARLIE J NITSCHELM

Primary SSN: 001-92-6736

Federal Return Submitted: April 15, 2019 08:11 AM PDT

Federal Return Acceptance Date: _____

Your return has been rejected by the IRS

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 CHARLIE J NITSCHHELM	Social Security Number 001-92-6736
--	--

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: 1040 Wks: 1040 Worksheet

Tax Smart Worksheet	
A	Tax 0.
	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. 0.

SMART WORKSHEET FOR: Federal Information Worksheet

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

SMART WORKSHEET FOR: Federal Information Worksheet

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

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	
If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines A , B , and C below:	
— The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or	
— You had home debt that was not used to buy, build or substantially improve your home that secures the loan	
QuickZoom to Deductible Home Mortgage Interest Worksheet ▶	
Does your mortgage interest need to be limited: Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>	
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: 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? ▶ ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶ ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ▶ ☐ Yes ☐ No**B Spouse:**

1 Spouse, nontaxable combat pay

2 Election for earned income credit (EIC):Elect spouse's nontaxable combat pay as earned income for EIC? ▶ ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect spouse's nontaxable combat pay as earned income for DCB? ▶ ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ▶ ☐ Yes ☐ No**C** You may compare the tax benefit of electing or not electing by checking a box on line A or
line B and reviewing the overpayment or amount due below:Overpayment 80. 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.

New Hampshire Information Worksheet

2018

► Keep for your records

Part I – Identifying Information

Taxpayer:

First Name CHARLIE
Middle Initial J Suffix
Last Name NITSCHHELM
Social Security No. 001-92-6736

Date of Birth 04/30/1998
Date of Death
Daytime Phone (603) 923-9079 ☒
Home phone
Home phone
(for your records)

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.

Date of Birth
Date of Death
Daytime Phone ☐

Address 30 Coe Drive Apt No.
Address (cont)
City Durham State NH ZIP Code 03824
Country, if foreign

Part II – Main Form

Check the appropriate box for the New Hampshire Return(s) to be filed:

NOTE: The information from the federal return will not transfer to the New Hampshire return(s) until one or both of the boxes below (BT-Summary and/or DP-10) have been checked.

☐ **BT-Summary** - Business Tax Summary - **Taxpayer/Joint** owned ►
☐ Check this box if there has been a **name change** since last filing
☐ Filing as surviving spouse
☐ Check this box to use name of Single Member LLC
☐ Select to provide DIN, if required, in place of SSN or FEIN
Department Identification No.

☐ **BT-Summary** - Business Tax Summary - **Spouse** owned ►
☐ Check this box if there has been a **name change** since last filing
☐ Filing as surviving spouse
☐ Check this box to use name of Single Member LLC
☐ Select to provide DIN, if required, in place of SSN or FEIN
Department Identification No.

☐ **DP-10** - Interest and Dividends Tax Return ►
☐ Check this box if there has been a **name change** since last filing
☐ Filing as surviving spouse
☐ Individual ☐ Joint

The federal return must be recomputed if a civil union partnership applies to the New Hampshire return
See the Help for instructions on how to recompute the federal return and file the New Hampshire return

☐ Select to provide DIN, if required, in place of SSN or FEIN
Department Identification No.
☐ Initial Return - Enter the date NH Residency was established.
Note: Only check Initial Return if taxpayer established residency after January 1st, 2018.
☐ Final Return - Enter the date NH Residency was abandoned
☐ Final Deceased - Enter the date of death
Social security number for Deceased
QuickZoom to Special Return information on DP-10 Step 2 ►
QuickZoom to Part-Year Resident allocation on DP-10 Step 3, line 4d. ►

Part III – Other Information

☐ Mail forms or labels to an address other than the one above
Enter the alternate address below:
No. and Street Address City or Town State ZIP Code
Country, if foreign

Part IV - Electronic Filing Information

☐ This state return will be filed electronically.

Electronic Signature Requirements:

By checking the box(es) below, I hereby certify that under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct, and complete. In addition, by checking the box(es) below I hereby declare and certify that the electronic signature was actually signed by the taxpayer and that the electronic signature is valid. If filing a joint return, this applies to both taxpayers.

☐ Taxpayer ☐ Spouse

Part V - Electronic Funds Withdrawal (Electronic Filing Only)

By checking the Yes box for electronic funds withdrawal, I (we) authorize The State of New Hampshire (New Hampshire Department of Revenue Administration) to electronically debit my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits). I (we) understand that this authorization is for a single transaction on the date of submission.

Yes No

☐ ☐ Use **direct debit** of state tax payment (Electronic Filing Only)?

If you selected direct debit, fill out the information below:

Bank Information:

Name of Financial Institution (optional) . . . _____
Account type Checking ☐ Savings ☐
Routing number _____
Account number _____
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

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is Form BT-Summary on extension? (taxpayer/joint)	Extended due date . . . _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is Form BT-Summary on extension? (spouse)	Extended due date . . . _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is Form DP-10 on extension?	Extended due date . . . _____

QuickZoom to BT-EXT: Extension of time to file BT-Summary (taxpayer/joint) ► _____

QuickZoom to BT-EXT: Extension of time to file BT-Summary (spouse) ► _____

QuickZoom to DP-59A: Extension of time to file DP-10 ► _____

Part VI – Amended Return

☐ Filing a New Hampshire amended DP10 return (See Tax Help)
☐ Filing a New Hampshire amended BT-Summary return (See Tax Help) - Taxpayer/Joint owned
☐ Filing a New Hampshire amended BT-Summary return (See Tax Help) - Spouse owned

Enter the tax year you are amending _____

Previous New Hampshire payment made _____

Previous New Hampshire refund received _____

QuickZoom to Form DP-10: Interest and Dividends Tax Return ► _____

QuickZoom to Form BT-Summary: Business Tax Summary - **Taxpayer/Joint** ► _____

QuickZoom to Form BT-Summary: Business Tax Summary - **Spouse** ► _____

Tax Payments Worksheet

2018

► Keep for your records

Name as Shown on Return CHARLIE J NITSCHHELM	Social Security No. 001-92-6736
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NH tax payments entered on the Federal Tax Payments Worksheet will be transferred into this worksheet into Column A, Interest & Dividend Portion (DP-10). If any of the amounts transferred into Column A apply to the BET or the BPT returns, simply enter the appropriate amount in Columns B1 and/or B2 and Column A will be adjusted automatically. However, any amounts entered directly in Column A will not be reduced by amounts entered directly in Columns B1 and/or B2.

The dates are transferred from the Federal Tax Payments Worksheet. To change a date in the DP-10 date column, return to the Federal Tax Payments Worksheet. To change a date for the BT-SUM column, simply make the change on this form. Column B Total is the total of Columns B1 and B2.

	Date of Pymt Int & Div Portion DP-10	Column A Int & Div Portion DP-10	Date of Pymt Business Portion BT-SUM	Column B1 BET Portion BET	Column B2 BPT Portion NH-1040	Column B Total Total Bus Profit Portion BT-Sum (Col B1 + Col B2)
Estimated Tax Payments for the Current Year						
1 First quarter	04/17/2018		04/17/2018			
Spouse BET/BPT			04/17/2018			
2 Second quarter	06/15/2018		06/15/2018			
Spouse BET/BPT			06/15/2018			
3 Third quarter	09/17/2018		09/17/2018			
Spouse BET/BPT			09/17/2018			
4 Fourth quarter	01/15/2019		01/15/2019			
Spouse BET/BPT			01/15/2019			
Additional Payments						
5 a Payment						
Spouse BET/BPT						
b Payment						
Spouse BET/BPT						
c Payment						
Spouse BET/BPT						
d Payment						
Spouse BET/BPT						
e Payment						
Spouse BET/BPT						
6 Total est pymt Tp/Joint						
Total est pymt Spouse						
7 Forms 1099-INT, DIV and OID - Tp/Joint						
Fm 1099-INT... Spouse						
8 Form 1099-B & other withholdings - Tp						
Fm 1099-B... - Spouse						
9 Overpayment from previous year applied to current year - Tp/Joint						
Overpayment appl - Sp						
10 Amount paid with 2018 extension - Tp						
Amt pd 2018 ext - Sp						
11 Date return will be filed and balance paid	04/15/2019		04/15/2019			
Date Sp BT-SUM filed			04/15/2019			
12 Total tax payments for 2018						
Tax pd Spouse BT-SUM						

Tax Summary
 ► Keep for your records

2018

Name(s) CHARLIE J NITSCHHELM			
	BT-SUM-T	BT-SUM-S	
Total taxable income . . .			
Total tax			
Payments/credits			
Additions to tax			
Balance due			
Overpayment			
Overpayment applied to 2019			
Refund			
	DP-10	TOTAL	
Total taxable income			
Total tax			
Payments/credits			
Additions to tax			
Balance due			
Overpayment			
Overpayment applied to 2019			
Refund			0.