Electronic Filing Instructions for your 2018 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.

Jasmine C Logan & Bennie L Thompson, JR
13185 W 88th Ct., Apt. 245
Lenexa, KS 66215

Balance Due/ Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of $1,105.00. Applicable fees were deducted from your original refund amount of $1,105.00. Your refund is now $935.03. Because you chose to have your TurboTax fees deducted from your refund, you will receive e-mail from Civista Bank, which handles this transaction. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 9822313141024 Routing Transit Number: 114924742.
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2019. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com. If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return

2018 Federal Tax Return Summary		
	Adjusted Gross Income	$ 35,860.00
	Taxable Income	$ 11,827.00
	Total Tax	$ 1,256.00
	Total Payments/Credits	$ 2,361.00
	Amount to be Refunded	$ 1,105.00
	Effective Tax Rate	3.30%

Hi Jasmine and Bennie,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

Many happy returns from TurboTax.

Form 1040 — Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return 2018

OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

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

Your first name and initial	Last name	Your social security number
Jasmine C	Logan	332-88-6446

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

If joint return, spouse's first name and initial	Last name	Spouse's social security number
Bennie L	Thompson, JR	491-98-8676

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

☒ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaign (see inst.)
13185 W 88th Ct.	245	☒ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.
Lenexa KS 66215

If more than four dependents, see inst. and ✓ here ▶ ☐

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Customer Service Coordinator	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Sales	

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: ☐ 3rd Party Designee ☐ Self-employed
Firm's name ▶ Self-Prepared		Phone no.		
Firm's address ▶				

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

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	35,697.
2a	Tax-exempt interest	2a	b Taxable interest 2b	
3a	Qualified dividends	3a	b Ordinary dividends 3b	
4a	IRAs, pensions, and annuities	4a	b Taxable amount 4b	
5a	Social security benefits	5a	b Taxable amount 5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	200.	6	35,897.
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	35,860.
8	**Standard deduction or itemized deductions** (from Schedule A)		8	24,000.
9	Qualified business income deduction (see instructions)		9	33.
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	11,827.
11	**a** Tax (see inst.) 1,183. (check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐) **b Add** any amount from Schedule 2 and check here ▶ ☐		11	1,183.
12	**a** Child tax credit/credit for other dependents **b Add** any amount from Schedule 3 and check here ▶ ☐		12	
13	Subtract line 12 from line 11. If zero or less, enter -0-		13	1,183.
14	Other taxes. Attach Schedule 4		14	73.
15	Total tax. Add lines 13 and 14		15	1,256.
16	Federal income tax withheld from Forms W-2 and 1099		16	2,361.
17	Refundable credits: **a** EIC (see inst.) NO **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	2,361.

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

Refund

19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**	19	1,105.
20a	Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	20a	1,105.
▶ b	Routing number 114924742 ▶ c Type: ☒ Checking ☐ Savings		
▶ d	Account number 9822313141024		
21	Amount of line 19 you want **applied to your 2019 estimated tax** ▶	21	

Direct deposit? See instructions.

Amount You Owe

22	**Amount you owe.** Subtract line 18 from line 15. For details on how to pay, see instructions ▶	22	
23	Estimated tax penalty (see instructions) ▶	23	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074
2018
Attachment Sequence No. 01

Name(s) shown on Form 1040: Jasmine C Logan & Bennie L Thompson, JR
Your social security number: 332-88-6446

Additional Income

1–9b	Reserved	1–9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	200.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	Reserved	15b	
16a	Reserved	16b	
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	19	
20a	Reserved	20b	
21	Other income. List type and amount ▶	21	
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	200.

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 for members of the Armed Forces. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE	27	37.		
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid **b** Recipient's SSN ▶	31a			
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Reserved	34			
35	Reserved	35			
36	Add lines 23 through 35			36	37.

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ **Attach to Form 1040.**
▶ **Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074
2018
Attachment Sequence No. **04**

Name(s) shown on Form 1040: Jasmine C Logan & Bennie L Thompson, JR

Your social security number: 332-88-6446

Other Taxes

57	Self-employment tax. Attach Schedule SE	**57**	73.
58	Unreported social security and Medicare tax from: Form **a** ☐ 4137 **b** ☐ 8919	**58**	
59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	**59**	
60a	Household employment taxes. Attach Schedule H	**60a**	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	**60b**	
61	Health care: individual responsibility (see instructions)	**61**	0.
62	Taxes from: **a** ☐ Form 8959 **b** ☐ Form 8960 **c** ☐ Instructions; enter code(s)	**62**	
63	Section 965 net tax liability installment from Form 965-A **63**		
64	Add the amounts in the far right column. These are your **total other taxes.** Enter here and on Form 1040, line 14	**64**	73.

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2018

Attachment Sequence No. 09

Name of proprietor	Social security number (SSN)
Jasmine C Logan	332-88-6446

A Principal business or profession, including product or service (see instructions): Uber

B Enter code from instructions ▶ 485300

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ 13185 W 88th Ct., Apt. 245

City, town or post office, state, and ZIP code: Lenexa, KS 66215

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses . ☒ Yes ☐ No

H If you started or acquired this business during 2018, check here ▶ ☐

I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	3,399.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	3,399.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	3,399.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	3,399.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	1,527.	19	Pension and profit-sharing plans	19	
				20	Rent or lease (see instructions):		
10	Commissions and fees	10		a	Vehicles, machinery, and equipment	20a	1,000.
11	Contract labor (see instructions)	11		b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	150.
				23	Taxes and licenses	23	
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	
15	Insurance (other than health)	15		b	Deductible meals (see instructions)	24b	
16	Interest (see instructions):			25	Utilities	25	320.
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	1,265.
17	Legal and professional services	17		b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	4,262.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-863.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: ______ and (b) the part of your home used for business: ______ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	-863.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ► 05/01/2016

44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:

a Business 2,719 b Commuting (see instructions) c Other 9,281

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses.

List below business expenses not included on lines 8–26 or line 30.

	Uber fees and taxes	1,134.
	lyft fees and taxes	131.
48	**Total other expenses.** Enter here and on line 27a	1,265.

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Go to *www.irs.gov/ScheduleC* for instructions and the latest information.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2018
Attachment Sequence No. 09

Name of proprietor: Jasmine C Logan
Social security number (SSN): 332-88-6446

A Principal business or profession, including product or service (see instructions): Arise Phone Agent
B Enter code from instructions ▶ 999999

C Business name. If no separate business name, leave blank.
D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ 13185 W 88th Ct., Apt. 245
City, town or post office, state, and ZIP code: Lenexa, KS 66215

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses . ☒ Yes ☐ No

H If you started or acquired this business during 2018, check here ▶ ☒

I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	1,377.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	1,377.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	1,377.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	1,377.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
				22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	
15	Insurance (other than health)	15		b	Deductible meals (see instructions)	24b	
16	Interest (see instructions):			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	
17	Legal and professional services	17		b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	1,377.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: ____ and (b) the part of your home used for business: ____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	1,377.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ ____________

44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:

a Business ____________ b Commuting (see instructions) ____________ c Other ____________

45 Was your vehicle available for personal use during off-duty hours? . . . ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . ☐ Yes ☐ No

47a Do you have evidence to support your deduction? . . . ☐ Yes ☐ No

b If "Yes," is the evidence written? . . . ☐ Yes ☐ No

Part V Other Expenses.

List below business expenses not included on lines 8–26 or line 30.

48 **Total other expenses.** Enter here and on line 27a	48	

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2018

Attachment Sequence No. 09

Name of proprietor: Bennie L Thompson, JR

Social security number (SSN): 491-98-8676

A Principal business or profession, including product or service (see instructions): Ridesharing

B Enter code from instructions ▶ 485990

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ 13185 W 88th Ct., Apt. 245

City, town or post office, state, and ZIP code: Lenexa, KS 66215

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses . ☒ Yes ☐ No

H If you started or acquired this business during 2018, check here ▶ ☐

I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	7,735.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	7,735.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	7,735.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	7,735.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	3,801.	19	Pension and profit-sharing plans	19	
				20	Rent or lease (see instructions):		
10	Commissions and fees	10		a	Vehicles, machinery, and equipment	20a	1,200.
11	Contract labor (see instructions)	11		b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	185.
				23	Taxes and licenses	23	
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	
15	Insurance (other than health)	15		b	Deductible meals (see instructions)	24b	
16	Interest (see instructions):			25	Utilities	25	45.
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	2,818.
17	Legal and professional services	17		b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	8,049.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-314.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: ______ and (b) the part of your home used for business: ______ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	-314.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ► 01/15/2017

44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:

a Business 6,975 b Commuting (see instructions) c Other 5,025

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses.

List below business expenses not included on lines 8–26 or line 30.

lyft fees and taxes	372.
uber fees and taxes	2,446.
48 **Total other expenses.** Enter here and on line 27a	48 2,818.

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Go to *www.irs.gov/ScheduleSE* for instructions and the latest information.
▶ Attach to Form 1040 or Form 1040NR.

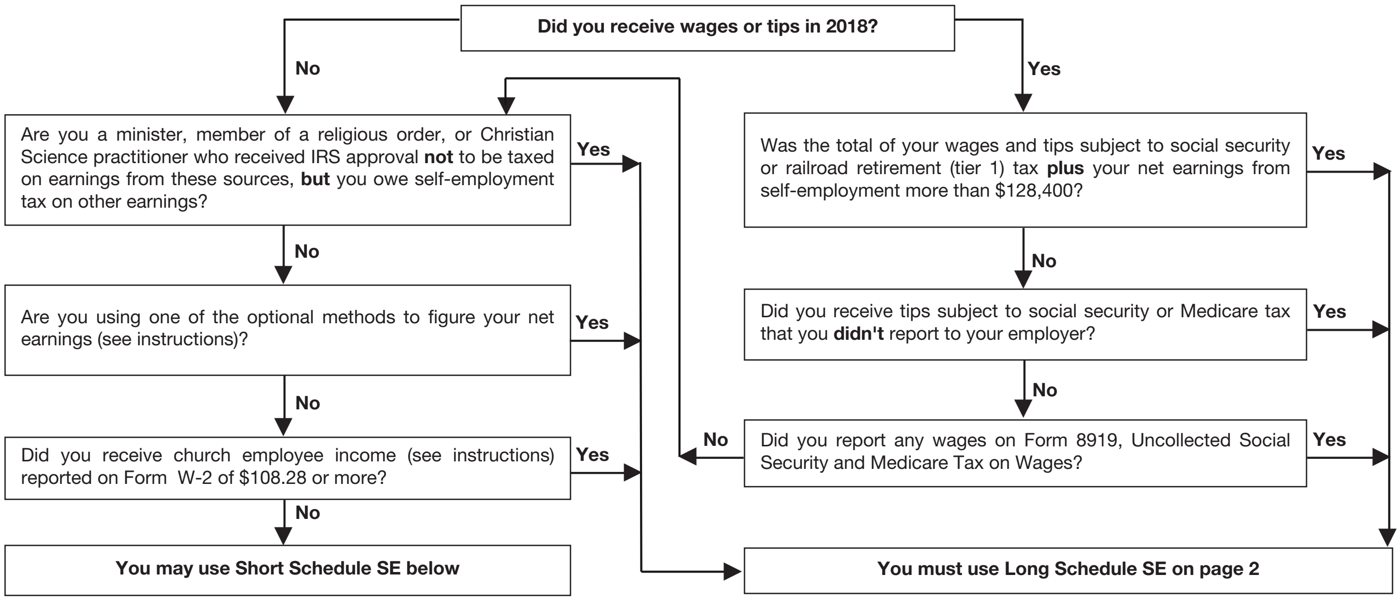
OMB No. 1545-0074
2018
Attachment Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)	Social security number of person with **self-employment** income ▶
Jasmine C Logan	332-88-6446

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only if** you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	**1a**	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	**1b**	( )
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	**2**	514.
3	Combine lines 1a, 1b, and 2	**3**	514.
4	Multiply line 3 by 92.35% (0.9235). If less than $400, you don't owe self-employment tax; **don't** file this schedule unless you have an amount on line 1b . . . . ▶	**4**	475.
	Note: If line 4 is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	**Self-employment tax.** If the amount on line 4 is: • $128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on **Schedule 4** (**Form 1040), line 57,** or **Form 1040NR, line 55** • More than $128,400, multiply line 4 by 2.9% (0.029). Then, add $15,921.60 to the result. Enter the total here and on **Schedule 4** (**Form 1040), line 57,** or **Form 1040NR, line 55** . .	**5**	73.
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040), line 27,** or **Form 1040NR, line 27** . — **6** — 37.		

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

[1] You 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.

[2] 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.

Questions? Call 1-877-908-7228

We need your consent to process with this payment option

This is an IRS requirement

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

IRS regulations require the following statements:

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

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

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

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

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

First Name	Last Name
Jasmine	Logan

Please type the date below:

02/22/2019
Date

Bennie	Thompson

02/22/2019

Read and accept this Disclosure Consent

This is an IRS requirement

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

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

IRS regulations require the following statements:

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

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

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

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

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

Sign this agreement by entering your name:

Jasmine Logan

Please type the date below:

02/22/2019

Date

Bennie Thompson

02/22/2019

Employee Home Office Worksheet

2018

► Keep for your records

Copy 1

Your name	Social Security Number
Jasmine C Logan	332-88-6446

Occupation in Which You Incurred Expenses . . . At home Call Center Agent

Description of this Home Office . . . . 13185 W 88th Ct

Date you began using this home office for this occupation 12/01/2018

Part I Simplified Method

Simplified method election for Home Office expenses:

Do you elect to use the simplified method in **2018**? . . . . [ ] Yes [X] No

Did you elect to use the simplified method in **2017**? . . . . [X] Yes [ ] No

A	Enter the square footage of your office	A	
B	The lesser of the square footage of your office or 300	B	
C	Number of months in 2018 this home office was used at least 15 days during the month	C	1
D	Business percentage for daycare facilities (if applicable from line 8 of Part II below, 100.00 if not applicable)	D	%
E	Line B times line C divided by 12 times $5.00	E	
F	Business income limitation	F	
G	Allowable Simple Method deduction. Enter the lesser of line E or line F	G	

Part II Actual Expenses: Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly and exclusively for daycare, or regularly for inventory storage	1	216
2	Total area of home	2	1,030
3	Divide line 1 by line 2. Enter result as a percentage	3	20.97 %
	• **For daycare facilities not used exclusively for business, also complete lines 4 - 9.**		
	• **All others, skip lines 4 - 9 and enter the amount from line 3 on line 10.**		
4	Area used only partly for daycare	4	
5	Divide line 4 by line 2. Enter the result as a percentage	5	%
6	Multiply days used for daycare during year by hours used per day	6	hr
7	Total hours available for use during the year (365 x 24 hours)	7	hr
8	Divide line 6 by line 7. Enter result as a decimal amount	8	
9	Multiply line 8 by line 5	9	%
10	Business percentage. For daycare facilities not used exclusively for business, add line 3 and line 9. All others, enter the amount from line 3	10	20.97 %

Part III Actual Expenses: Figure Your Allowable Deduction

11	Total wages from this business	11	2,500.
12	Percent of wages from the business use of this home	12	20.00 %
13	Wages from the business use of home. Multiply line 11 by line 12	13	500.
14	Gain from business use of home shown on Schedule D or Form 4797	14	
15	Gross income from wages, Sch D and Form 4797. Add line 13 and line 14	15	500.
16 a	Total employee expenses (excluding home office)	16 a	
b	If there is more than one home office for this business, enter the amount of expenses from line 16a allocable to this home office.	b	
17	Any losses from this business not derived from the business use of your home and shown on Schedule D or Form 4797	17	
18	Net income from business use of home. Line 15 less line 16 and line 17	18	500.

	See instructions for columns (a) and (b) before completing lines 19 - 29	**(a)** Direct expenses	**(b)** Indirect expenses
19	Casualty losses		

	See instructions for columns (a) and (b) before completing lines 19 - 29	(a) Direct expenses	(b) Indirect expenses	
20	Deductible mortgage interest			
21	Real estate taxes			
22	Add lines 19, 20, and 21			
23	Multiply line 22, column (b) by line 10			
24	Add line 22, column (a) and line 23			
25	Subtract line 24 from line 18. If zero or less, enter -0-			500.
26	Insurance			
27	Rent		900.	
28	Repairs and maintenance			
29	Utilities	70.	70.	
30	Other expenses			
31	Add lines 26 through 30	70.	970.	
32	Multiply line 31, column (b) by line 10		203.	
33	Carryover of operating expenses from 2017			

34	Add line 31, column (a), line 32, and line 33	34	273.
35	Allowable operating expenses. Enter the **smaller** of line 25 or line 34	35	273.
36	Limit on excess casualty losses and depreciation. Subtract line 35 from line 25	36	227.
37	Excess casualty losses	37	
38	Depreciation of your home from Part III	38	
39	Carryover of excess casualty losses and depreciation from 2017	39	
40	Add lines 37 through 39	40	
41	Allowable excess casualty losses and depreciation. Enter the **smaller** of line 36 or line 40	41	
42	Add lines 24, 35, and 41	42	273.
43	Casualty loss portion, if any, from lines 24 and 41. Carry amount to **Form 4684,** Section B	43	
44	Allowable expenses for business use of your home. Subtract line 43 from line 42	44	273.
45	Less deductible mortgage interest, mortgage insurance and real estate taxes reported on Sch A	45	0.
46	Form 2106 home office expenses. Carries to Form 2106 Adj Wks, line 3	46	273.

Part IV Actual Expenses: Depreciation of Your Home

47	Enter the **smaller** of your home's adjusted basis or its fair market value	47	
48	Value of land included on line 47	48	
49	Basis of building. Subtract line 48 from line 47	49	
50	Business basis of building. Multiply line 49 by line 10	50	
51	Depreciation percentage	51	%
52	Depreciation attributable to business use of home. Multiply line 50 by line 51	52	
53	Depreciation for additions and improvements attributable to business use of home	53	
54	Total allowable depreciation. Add line 52 and line 53. Enter here and on line 38	54	

Part V Actual Expenses: Carryover of Unallowed Expenses to 2019

55	Operating expenses. Subtract line 35 from line 34. If less than zero, enter -0-	55	0.
56	Excess casualty losses and depreciation. Subtract line 41 from line 40. If less than zero, enter -0-	56	

CUSTOMER SERVICE: 877-908-7228

Santa Barbara Tax Products Group, LLC

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

Name Jasmine C Logan & Bennie L Thompson, JR

Social Security No. 332-88-6446

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

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

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

3. Summary of Terms

Expected Federal Refund	$ 1,105.00
Less Processor Refund Processing Fee	$ 39.99
Less TurboTax Fees	$ 129.98
Less Fees for Additional Products and Services Purchased	$
Expected Proceeds*	$ 935.03

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

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2018 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Bank to deduct twenty dollars ($20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of $25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

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

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

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

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

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

DIRECT DEPOSIT ACCOUNT TYPE:

[X] Checking
[ ] Savings

RTN # 114924742
Account # 9822313141024

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

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

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

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

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

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

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

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

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

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

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

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

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

Jasmine C Logan & Bennie L Thompson, JR 332-88-6446

Rev. 02/2015

Civista Bank Tax Product Privacy Policy

FACTS What does Civista Bank do with your Personal Information?

Why?

Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information that we collect and share depend on the product or service you have with us. This can include:

- Social Security number and account balances
- payment history and transaction history
- overdraft history and account transactions

When you are no longer our customer, we continue to share your information as described in this notice.

How?

All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.

Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	No	We don't share
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share

Questions? Call Toll Free: 800-901-6663 or go to www.civistabank.com

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	Federal law gives you the right to limit only: • Sharing for affiliates everyday business purposes – information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you. State laws and individual companies may give you additional rights to limit sharing.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. • Civista Bank does not share with our affiliates.
Non affiliates	Companies not related by common ownership or control. They can be financial or nonfinancial companies. • Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you. • Civista Bank does not jointly market.

Other Important Information

This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.

This Notice applies only to individuals who have applied for a tax-related bank product.

Electronic Filing Instructions for your 2018 Kansas Tax Return

Important: Your taxes are not finished until all required steps are completed.

J C Logan & B L Thompson, JR
13185 W 88th Ct. Apt. 245
Lenexa, KS 66215

Balance Due/ Refund	Your Kansas state tax return (Form K-40) shows a refund due to you in the amount of $401.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 9822313141024 Routing Transit Number: 114924742.
Where's My Refund?	Before you call the Kansas Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Kansas Department of Revenue directly at 1-785-368-8222. You can also visit the Kansas Department of Revenue web site at www.ksrevenue.org.
No Signature Document Needed	No signature form is required since you signed your return electronically.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns A printed copy of the Other State's tax return, if applicable
2018 Kansas Tax Return Summary	Taxable Income $ 23,860.00 Total Tax $ 740.00 Total Payments/Credits $ 1,141.00 Amount to be Refunded $ 401.00

K-40 (Rev. 7-18)

2018 KANSAS INDIVIDUAL INCOME TAX

005 122818

JASMINE C LOGAN 8163720382 LOGA 332886446
BENNIE L THOMPSON JR
13185 W 88TH CT APT 245 JO 512 THOM 491988676
LENEXA KS 66215

X Name or address has changed? | Taxpayer or (spouse if filing joint) died during this tax year | Taxpayer was engaged in commercial farming/fishing in 2018

Amended Return: Amended affects Kansas only | Amended Federal tax return | Adjustment by the IRS

Filing Status: Single | X Married Filing Joint (Even if only one had income) | Married Filing Separate | Head of Household (Do not check if filing joint return)

Residency Status: X Resident | NonResident (Complete Sch S, Part B) | State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From To

Exemptions: 2 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 2 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.**
If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last	**Date of Birth** - MMDDYYYY	**Relationship**	**SSN**

Food Sales Tax Credit: You must have been a Kansas resident for **ALL** of 2018. Complete this section to determine your qualifications and credit.
If you did not mark A, B, and C, **STOP HERE**; you do not qualify for this credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2018?

B. Were you (or spouse) 55 years of age or older all of 2018 (born prior to January 1, 1963)?

C. Were you (or spouse) totally and permanently disabled or blind **all** of 2018, regardless of age?

D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than $30,615 **STOP HERE,** you do not qualify for this credit. 0

E. Number of exemptions claimed

F. Number of dependents that are 18 years of age or older (born on or before January 1, 2001)

G. Total qualifying exemptions (subtract line F from line E)

H. Food Sales Tax Credit (multiply line G by $125). Enter result here and on line 18 of this form. 0

REV 10/18/18 TTO

For Office Use Only

K-40 2018 KANSAS INDIVIDUAL INCOME TAX

(Rev. 7-18)

005 122918

JASMINE C LOGAN LOGA 332886446

1. Federal adjusted gross income	35860	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	35860	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions	7500	26. Refundable portion of tax credits	0
5. Exemption allowance	4500	27. Payments remitted with original return	0
6. Total deductions	12000	28. Overpayment from original return	0
7. Taxable income	23860	29. Total refundable credits	1141
8. Tax	740	30. Underpayment	0
9. Nonresident percentage	0.0000	31. Interest	0
10. Nonresident tax	0	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	740	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	401
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	740	38. Senior Citizens Meals On Wheels Contribution Program	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	740	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (Out-of-State and Internet Purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	740	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	1141	44. REFUND	401

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.

I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature **(Required)** ____________ Date ________ Preparer Signature SELF-PREPARED ____________ Preparer PTIN, EIN or SSN

Spouse Signature **(Required)** ____________ Date ________ Preparer Phone Number ____________

IMPORTANT: **1)** Form K-40 is a 2 PAGE FORM. BOTH PAGES REQUIRED WHEN FILING; **2)** Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; **3)** Refunds are not issued for any unsigned returns. Signature(s) are required; **4)** DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

INDIVIDUAL INCOME TAX
PO Box 750260
TOPEKA KS 66675-0260

REV 10/18/18 TTO

SCH S 2018 KANSAS SUPPLEMENTAL SCHEDULE

Rev. 7-18

005 122618

JASMINE C LOGAN LOGA 332886446

BENNIE L THOMPSON JR THOM 491988676

PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)

A3. Kansas Expensing Recapture (enclose applicable schedules)

A4. Low income student scholarship contribution (enclose Schedule K-70)

A5. Other additions to FAGI (enclose list)

A6. Total additions to FAGI (add lines A1 through A5)

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

A7. Social Security benefits

A8. KPERS lump sum distributions exempt from income tax

A9. Interest on U.S. Government obligations (reduced by related expenses)

A10. State or local income tax refund (if included in line 1 of Form K-40) 0

A11. Retirement benefits specifically exempt from Kansas Income Tax

A12. Military compensation of a nonresident servicemember (Non-Residents only)

A13. Contributions to Learning Quest or other states' qualified tuition program

A14. Armed forces recruitment, sign-up, or retention bonus

A15. Contributions to an ABLE savings account

A16. Other subtractions from FAGI (enclose list)

A17. Total subtractions from FAGI (add lines A7 through A16) 0

NET MODIFICATIONS:

A18. Net modifications to FAGI (subtract line A17 from line A6). Enter total here and on line 2, Form K-40. 0

SCH S 2018 KANSAS SUPPLEMENTAL SCHEDULE

Rev. 10-18

005 122418

JASMINE C LOGAN LOGA 332886446

BENNIE L THOMPSON JR THOM 491988676

PART C - KANSAS ITEMIZED DEDUCTIONS

C1. Medical and dental expenses from line 4 of federal Schedule A: $ ___________ Enter 50% of this amount.

C2. Real estate taxes from line 5b of federal Schedule A: $_______________ Enter 50% of this amount.

C3. Personal property taxes from line 5c of federal Schedule A: $______________ Enter 50% of this amount.

C4. Qualified residence interest you paid and reported on federal Schedule A. (See instructions) $___________
Enter 50% of this amount.

C5. Gifts to charity from line 14 of federal Schedule A.

C6. Kansas itemized deductions (add lines C1 through C5). Enter result here and line 4 of Form K-40.

REV 10/30/18 TTO

INDIVIDUAL INCOME TAX
PO Box 750260
TOPEKA KS 66675-0260