

## Filing Status

☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ►

Your first name and middle initial <b>CANDICE</b>	Last name <b>RICE</b>	Your social security number <b>3 3 4 8 4 1 4 9 7</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>3218 DARTMOUTH CT</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>LITTLE ROCK, AR 72204</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ► <input type="checkbox"/>		

## Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

## Age/Blindness

You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

## Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
<b>AVERIE M JONES</b>		<b>6 7 6 1 8 2 6 9 7</b>	<b>DAUGHTER</b>	<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"/>

**Standard Deduction for—**

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	<b>10428</b>
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>20</b>
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>	
<b>5a</b> Social security benefits . . . . .	<b>5a</b>	
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .	<b>6</b>	
<b>7a</b> Other income from Schedule 1, line 9 . . . . .	<b>7a</b>	<b>5500</b>
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .	<b>7b</b>	<b>15948</b>
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .	<b>8a</b>	<b>389</b>
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .	<b>8b</b>	<b>15559</b>
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b>	<b>18350</b>
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>	
<b>11a</b> Add lines 9 and 10 . . . . .	<b>11a</b>	<b>18350</b>
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	<b>11b</b>	

	<b>12a Tax</b> (see inst.) Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> <span style="border: 1px solid black; padding: 0 20px;"></span>	<b>12a</b>													
	<b>b</b> Add Schedule 2, line 3, and line 12a and enter the total . . . . .	<b>12b</b>													
	<b>13a</b> Child tax credit or credit for other dependents . . . . .	<b>13a</b>													
	<b>b</b> Add Schedule 3, line 7, and line 13a and enter the total . . . . .	<b>13b</b>													
	<b>14</b> Subtract line 13b from line 12b. If zero or less, enter -0- . . . . .	<b>14</b>													
	<b>15</b> Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	<b>15</b>	<b>777</b>												
	<b>16</b> Add lines 14 and 15. This is your <b>total tax</b> . . . . .	<b>16</b>	<b>777</b>												
	<b>17</b> Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>	<b>266</b>												
	<b>18</b> Other payments and refundable credits:														
	<b>a</b> Earned income credit (EIC) . . . . .	<b>18a</b>	<b>3526</b>												
	<b>b</b> Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>	<b>1400</b>												
	<b>c</b> American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>													
	<b>d</b> Schedule 3, line 14 . . . . .	<b>18d</b>													
	<b>e</b> Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . .	<b>18e</b>	<b>4926</b>												
	<b>19</b> Add lines 17 and 18e. These are your <b>total payments</b> . . . . .	<b>19</b>	<b>5192</b>												
<b>Refund</b>  Direct deposit? See instructions.	<b>20</b> If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .	<b>20</b>	<b>4415</b>												
	<b>21a</b> Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input checked="" type="checkbox"/>	<b>21a</b>	<b>4415</b>												
	<b>b</b> Routing number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <b>d</b> Account number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>														
	<b>22</b> Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . .	<b>22</b>													
<b>Amount You Owe</b>	<b>23</b> <b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . .	<b>23</b>													
	<b>24</b> Estimated tax penalty (see instructions) . . . . .	<b>24</b>													
<b>Third Party Designee</b> <small>(Other than paid preparer)</small>	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. <input type="checkbox"/> <b>Yes.</b> Complete below. <input type="checkbox"/> <b>No</b> <div style="display: flex; justify-content: space-between;"> <div>Designee's name <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span></div> <div>Phone no. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span></div> <div>Personal identification number (PIN) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span></div> </div>														
<b>Sign Here</b>  Joint return? See instructions. Keep a copy for your records.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Your signature</td> <td style="width: 10%;">Date</td> <td style="width: 20%;">Your occupation <b>STUDENT</b></td> <td style="width: 30%;">If the IRS sent you an Identity Protection PIN, enter it here (see inst.)</td> </tr> <tr> <td>Spouse's signature. If a joint return, <b>both</b> must sign.</td> <td>Date</td> <td>Spouse's occupation</td> <td>If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)</td> </tr> <tr> <td>Phone no.</td> <td colspan="3">Email address</td> </tr> </table>			Your signature	Date	Your occupation <b>STUDENT</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	Phone no.	Email address		
Your signature	Date	Your occupation <b>STUDENT</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)												
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)												
Phone no.	Email address														
<b>Paid Preparer Use Only</b>	Preparer's name		Preparer's signature												
	Firm's name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		Date												
	Firm's address <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		PTIN												
	Phone no.		Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed												
	Firm's EIN <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>														

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► Attach to Form 1040 or 1040-SR.

► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

Your social security number  
**334841497**

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .

☐ Yes ☒ No

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ►		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	<b>5500</b>
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ►	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	<b>5500</b>

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	<b>389</b>
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ►		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	<b>389</b>

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

Cat. No. 71479F

Schedule 1 (Form 1040 or 1040-SR) 2019

**SCHEDULE 2**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

► **Attach to Form 1040 or 1040-SR.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

Your social security number  
**334841497**

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	<b>777</b>
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 15 . . . . .	<b>10</b>	<b>777</b>

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

Cat. No. 71478U

**Schedule 2 (Form 1040 or 1040-SR) 2019**

# Qualified Dividends and Capital Gain Tax Worksheet—Line 12a

Keep for Your Records



## Before you begin:

- ✓ See the earlier instructions for line 12a to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 11b.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 6.

1.	Enter the amount from Form 1040 or 1040-SR, line 11b. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	20
3.	Are you filing Schedule D?*		
	<input type="checkbox"/> <b>Yes.</b> Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3.	
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040 or 1040-SR, line 6.		
4.	Add lines 2 and 3	4.	20
5.	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	
6.	Subtract line 5 from line 4. If zero or less, enter -0-	6.	20
7.	Subtract line 6 from line 1. If zero or less, enter -0-	7.	
8.	Enter: \$39,375 if single or married filing separately, \$78,750 if married filing jointly or qualifying widow(er), \$52,750 if head of household.	8.	52750
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 is 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: \$434,550 if single, \$244,425 if married filing separately, \$488,850 if married filing jointly or qualifying widow(er), \$461,700 if head of household.	15.	461700
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 the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	
27.	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or 26. Also include this amount on the entry space on Form 1040 or 1040-SR, line 12a. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 12a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	27.	

\* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.



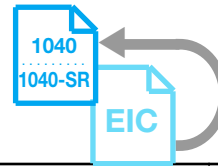
**SCHEDULE EIC**  
(Form 1040 or 1040-SR)

Department of the Treasury  
Internal Revenue Service (99)

**Earned Income Credit**

Qualifying Child Information

- ▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
- ▶ **Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.**



OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **43**

Name(s) shown on return

**CANDICE RICE**

Your social security number

**334 84 1497**

**Before you begin:**

- See the instructions for Form 1040 or 1040-SR, line 18a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	<b>Averie M Jones</b>					
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 18a, unless the child was born and died in 2019. If your child was born and died in 2019 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	<b>676</b>	<b>18</b>	<b>2697</b>			
<b>3 Child's year of birth</b>	Year <b>2 0 0 9</b> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
<b>4 a</b> Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input checked="" type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input checked="" type="checkbox"/> No. <i>Go to line 4b.</i>
<b>b</b> Was the child permanently and totally disabled during any part of 2019?	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	<b>DAUGHTER</b>					
<b>6 Number of months child lived with you in the United States during 2019</b>  • If the child lived with you for more than half of 2019 but less than 7 months, enter "7." • If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12."	<b>12</b> months <i>Do not enter more than 12 months.</i>		<b>0</b> months <i>Do not enter more than 12 months.</i>		<b>0</b> months <i>Do not enter more than 12 months.</i>	

# Purpose of Schedule

After you have figured your earned income credit (EIC), use Schedule EIC to give the IRS information about your qualifying child(ren).

To figure the amount of your credit or to have the IRS figure it for you, see the instructions for Form 1040 or 1040-SR, line 18a.

**Taking the EIC when not eligible.** If you take the EIC even though you are not eligible and it is determined that your error is due to reckless or intentional disregard of the

EIC rules, you will not be allowed to take the credit for 2 years even if you are otherwise eligible to do so. If you fraudulently take the EIC, you will not be allowed to take the credit for 10 years. You may also have to pay penalties.

**Future developments.** For the latest information about developments related to Schedule EIC (Form 1040 or 1040-SR) and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC).

## TIP

You may also be able to take the additional child tax credit if your child was your dependent and under age 17 at the end of 2019. For more details, see the instructions for line 18b of Form 1040 or 1040-SR.

## Qualifying Child

**A qualifying child for the EIC is a child who is your . . .**

Son, daughter, stepchild, eligible foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them (for example, your grandchild, niece, or nephew)

**AND**

**was . . .**

Under age 19 at the end of 2019 and younger than you (or your spouse, if filing jointly)

or

Under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)

or

Any age and permanently and totally disabled

**AND**

Who is not filing a joint return for 2019  
or is filing a joint return for 2019 only to claim  
a refund of withheld income tax or estimated tax paid

**AND**

Who lived with you in the United States for more than half  
of 2019.



*You can't claim the EIC for a child who didn't live with you for more than half of the year, even if you paid most of the child's living expenses. The IRS may ask you for documents to show you lived with each qualifying child. Documents you might want to keep for this purpose include school and child care records and other records that show your child's address.*



*If the child didn't live with you for more than half of the year because of a temporary absence, birth, death, or kidnapping, see Exception to time lived with you in the instructions for Form 1040 or 1040-SR, line 18a.*



*If the child was married or meets the conditions to be a qualifying child of another person (other than your spouse, if filing a joint return), special rules apply. For details, see Married child or Qualifying child of more than one person in the instructions for Form 1040 or 1040-SR, line 18a.*



**SCHEDULE SE**  
**(Form 1040 or 1040-SR)**

**Self-Employment Tax**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, or 1040-NR.

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)  
**CANDICE RICE**

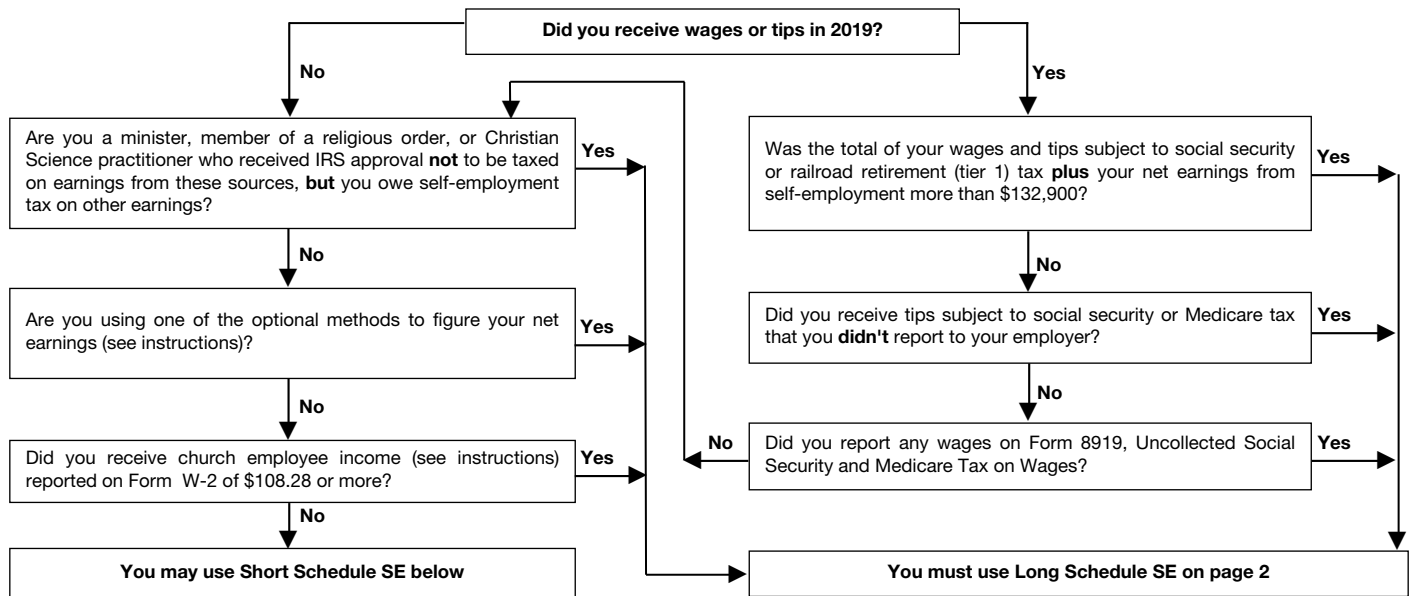
Social security number of person  
with self-employment income ►

**334841497**

**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.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	<b>0</b>
<b>b</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 . . . . .	<b>1b</b>	<b>( 0 )</b>
<b>2</b>	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	<b>5500.00</b>
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	<b>5500</b>
<b>4</b>	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b . . . . . ►	<b>4</b>	<b>5079</b>
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.</b> • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55 .</b>	<b>5</b>	<b>777</b>
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27 . . . . .</b>	<b>6</b>	<b>389</b>

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

Cat. No. 11358Z

Schedule SE (Form 1040 or 1040-SR) 2019

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)  
**CANDICE RICE**Social security number of person  
with self-employment income ▶**334841497****Section B—Long Schedule SE****Part I Self-Employment Tax****Note:** If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

<b>A</b>	If you are a minister, member of a religious order, or Christian Science practitioner <b>and</b> you filed Form 4361, but you had \$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Part I . . . . . ▶ <input type="checkbox"/>		
<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note:</b> Skip lines 1a and 1b if you use the farm optional method (see instructions) . . . . .	<b>1a</b>	<b>0</b>
<b>b</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 . . . . .	<b>1b</b>	<b>( 0 )</b>
<b>2</b>	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. <b>Note:</b> Skip this line if you use the nonfarm optional method (see instructions) . . . . .	<b>2</b>	<b>0</b>
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	<b>0</b>
<b>4a</b>	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . . <b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4a</b>	<b>0</b>
<b>b</b>	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . .	<b>4b</b>	<b>0</b>
<b>c</b>	Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue . . . . . ▶	<b>4c</b>	<b>0</b>
<b>5a</b>	Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income . . . . .	<b>5a</b>	<b>0</b>
<b>b</b>	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- . . . . .	<b>5b</b>	<b>0</b>
<b>6</b>	Add lines 4c and 5b . . . . .	<b>6</b>	<b>0</b>
<b>7</b>	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2019 . . . . .	<b>7</b>	
<b>8a</b>	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$132,900 or more, skip lines 8b through 10, and go to line 11 . . . . .	<b>8a</b>	<b>0</b>
<b>b</b>	Unreported tips subject to social security tax (from Form 4137, line 10) . . . . .	<b>8b</b>	<b>0</b>
<b>c</b>	Wages subject to social security tax (from Form 8919, line 10) . . . . .	<b>8c</b>	<b>0</b>
<b>d</b>	Add lines 8a, 8b, and 8c . . . . .	<b>8d</b>	<b>0</b>
<b>9</b>	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . ▶	<b>9</b>	<b>0</b>
<b>10</b>	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124) . . . . .	<b>10</b>	<b>0</b>
<b>11</b>	Multiply line 6 by 2.9% (0.029) . . . . .	<b>11</b>	<b>0</b>
<b>12</b>	<b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55</b> . . . . .	<b>12</b>	<b>0</b>
<b>13</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27</b> . . . . .	<b>13</b>	<b>0</b>

**Part II Optional Methods To Figure Net Earnings** (see instructions)**Farm Optional Method.** You may use this method **only** if (a) your gross farm income<sup>1</sup> wasn't more than \$8,160, or (b) your net farm profits<sup>2</sup> were less than \$5,891.

<b>14</b>	Maximum income for optional methods . . . . .	<b>14</b>	<b>0</b>
<b>15</b>	Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) or \$5,440. Also include this amount on line 4b above . . . . .	<b>15</b>	<b>0</b>

**Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits<sup>3</sup> were less than \$5,891 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

<b>16</b>	Subtract line 15 from line 14 . . . . .	<b>16</b>	<b>0</b>
<b>17</b>	Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above . . . . .	<b>17</b>	<b>0</b>

<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.<sup>2</sup> From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**SCHEDULE C**  
**(Form 1040 or 1040-SR)**Department of the Treasury  
Internal Revenue Service (99)**Profit or Loss From Business**  
**(Sole Proprietorship)**▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

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

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **09**

Name of proprietor

**CANDICE RICE**

Social security number (SSN)

**334 84 1497****A** Principal business or profession, including product or service (see instructions)**ACCOMMODATION****B** Enter code from instructions▶ **9 9 9 9 9 9****C** Business name. If no separate business name, leave blank.**CANDICE RICE****D** Employer ID number (EIN) (see instr.)**E** Business address (including suite or room no.) ▶ **3218 DARTMOUTH CT**City, town or post office, state, and ZIP code **LITTLE ROCK AR 72204****F** Accounting method: **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ☒ **Yes** ☐ **No****H** If you started or acquired this business during 2019, check here ☐**I** Did you make any payments in 2019 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**

<b>1</b>	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 . . . . . ▶ <input type="checkbox"/>	<b>1</b>	<b>5500</b>
<b>2</b>	Returns and allowances . . . . .	<b>2</b>	<b>0.00</b>
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>5500</b>
<b>4</b>	Cost of goods sold (from line 42) . . . . .	<b>4</b>	<b>0</b>
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>5500</b>
<b>6</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	<b>0.00</b>
<b>7</b>	<b>Gross income.</b> Add lines 5 and 6 . . . . . ▶	<b>7</b>	<b>5500</b>

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

<b>8</b>	Advertising . . . . .	<b>8</b>	<b>0.00</b>	<b>18</b>	Office expense (see instructions)	<b>18</b>	<b>0.00</b>
<b>9</b>	Car and truck expenses (see instructions). . . . .	<b>9</b>	<b>0</b>	<b>19</b>	Pension and profit-sharing plans . . . . .	<b>19</b>	<b>0.00</b>
<b>10</b>	Commissions and fees . . . . .	<b>10</b>	<b>0.00</b>	<b>20</b>	Rent or lease (see instructions):		
<b>11</b>	Contract labor (see instructions)	<b>11</b>	<b>0.00</b>	<b>a</b>	Vehicles, machinery, and equipment	<b>20a</b>	<b>0.00</b>
<b>12</b>	Depletion . . . . .	<b>12</b>	<b>0.00</b>	<b>b</b>	Other business property . . . . .	<b>20b</b>	<b>0.00</b>
<b>13</b>	Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>	<b>0</b>	<b>21</b>	Repairs and maintenance . . . . .	<b>21</b>	<b>0.00</b>
<b>14</b>	Employee benefit programs (other than on line 19) . . . . .	<b>14</b>	<b>0.00</b>	<b>22</b>	Supplies (not included in Part III) . . . . .	<b>22</b>	<b>0.00</b>
<b>15</b>	Insurance (other than health)	<b>15</b>	<b>0.00</b>	<b>23</b>	Taxes and licenses . . . . .	<b>23</b>	<b>0.00</b>
<b>16</b>	Interest (see instructions):			<b>24</b>	Travel and meals:		
<b>a</b>	Mortgage (paid to banks, etc.)	<b>16a</b>	<b>0.00</b>	<b>a</b>	Travel . . . . .	<b>24a</b>	<b>0.00</b>
<b>b</b>	Other . . . . .	<b>16b</b>	<b>0.00</b>	<b>b</b>	Deductible meals (see instructions) . . . . .	<b>24b</b>	<b>0</b>
<b>17</b>	Legal and professional services	<b>17</b>	<b>0.00</b>	<b>25</b>	Utilities . . . . .	<b>25</b>	<b>0.00</b>
				<b>26</b>	Wages (less employment credits) . . . . .	<b>26</b>	<b>0.00</b>
				<b>27a</b>	Other expenses (from line 48) . . . . .	<b>27a</b>	<b>0</b>
				<b>b</b>	<b>Reserved for future use</b> . . . . .	<b>27b</b>	<b>0</b>

<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶	<b>28</b>	<b>0</b>
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	<b>5500</b>

<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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 . . . . .	<b>30</b>	<b>0</b>
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<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	<b>5500</b>
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<b>32</b>	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 <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	<b>32a</b>	<input checked="" type="checkbox"/> All investment is at risk.
		<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.

<b>Part III</b>	<b>Cost of Goods Sold</b> (see instructions)
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**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

<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>	<b>0.00</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	<b>0.00</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	<b>0.00</b>
<b>38</b>	Materials and supplies . . . . .	<b>38</b>	<b>0.00</b>
<b>39</b>	Other costs . . . . .	<b>39</b>	<b>0.00</b>
<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b>	<b>0</b>
<b>41</b>	Inventory at end of year . . . . .	<b>41</b>	<b>0.00</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	<b>0</b>

**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 2019, enter the number of miles you used your vehicle for:

**a** Business **0**      **b** Commuting (see instructions) **0**      **c** Other **0**

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.

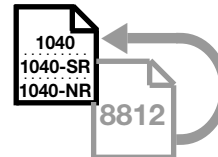
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**SCHEDULE 8812**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service (99)

**Additional Child Tax Credit**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.**



OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **47**

Name(s) shown on return

**CANDICE RICE**

Your social security number

**334841497**

**Part I All Filers**

**Caution:** If you file Form 2555, **stop here;** you cannot claim the additional child tax credit.

<b>1</b>	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: <b>1040 and 1040-SR filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a). <b>1040-NR filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).	<b>1</b>	<b>2000</b>
<b>2</b>	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49 . . . . .	<b>2</b>	<b>0</b>
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop here;</b> you cannot claim this credit . . . . .	<b>3</b>	<b>2000</b>
<b>4</b>	Number of qualifying children under 17 with the required social security number: _____ x \$1,400. Enter the result. If zero, <b>stop here;</b> you cannot claim this credit . . . . . <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	<b>4</b>	<b>1400</b>
<b>5</b>	Enter the <b>smaller</b> of line 3 or line 4 . . . . .	<b>5</b>	<b>1400</b>
<b>6a</b>	Earned income (see instructions) . . . . .	<b>6a</b>	<b>15539</b>
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>6b</b>	<b>0</b>
<b>7</b>	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 6a. Enter the result . . . . .	<b>7</b>	<b>13039</b>
<b>8</b>	Multiply the amount on line 7 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> <b>No.</b> If line 8 is zero, <b>stop here;</b> you cannot claim this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 5 or line 8 on line 15. <input type="checkbox"/> <b>Yes.</b> If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	<b>8</b>	<b>1956</b>

**Part II Certain Filers Who Have Three or More Qualifying Children**

<b>9</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions . . . . .	<b>9</b>	<b>0</b>
<b>10</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. <b>1040-NR filers:</b> Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	<b>10</b>	<b>0</b>
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	<b>0</b>
<b>12</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. <b>1040-NR filers:</b> Enter the amount from Form 1040-NR, line 67.	<b>12</b>	<b>0</b>
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>	<b>0</b>
<b>14</b>	Enter the <b>larger</b> of line 8 or line 13 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 5 or line 14 on line 15.	<b>14</b>	<b>0</b>

**Part III Additional Child Tax Credit**

<b>15</b>	This is your additional child tax credit . . . . .	<b>15</b>	<b>1400</b>
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Enter this amount on  
Form 1040, line 18b;  
Form 1040-SR, line 18b; or  
Form 1040-NR, line 64.

**Allocation of Refund (Including Savings Bond Purchases)**

► Go to [www.irs.gov/Form8888](http://www.irs.gov/Form8888) for the latest information.  
► Attach to your income tax return.

Name(s) shown on return

CANDICE RICE

Your social security number

334841497

**Part I Direct Deposit**

Complete this part if you want us to directly deposit a portion of your refund to one or more accounts.

<b>1a</b> Amount to be deposited in first account (see instructions)	<b>1a</b>	100
<b>b</b> Routing number 0 3 1 1 0 1 2 7 9 ► <b>c</b> <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b> Account number 1 5 6 1 3 1 1 5 4 7 5 9		
<b>2a</b> Amount to be deposited in second account	<b>2a</b>	4215
<b>b</b> Routing number 2 5 6 0 7 4 9 7 4 ► <b>c</b> <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
<b>d</b> Account number 3 0 6 5 8 2 2 1 4 4		
<b>3a</b> Amount to be deposited in third account	<b>3a</b>	100
<b>b</b> Routing number 0 5 1 5 0 4 7 5 9 ► <b>c</b> <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
<b>d</b> Account number 6 2 1 2 3 4 5 9		

**Part II U.S. Series I Savings Bond Purchases**

Complete this part if you want to buy paper bonds with a portion of your refund.



If a name is entered on line 5c or 6c below, co-ownership will be assumed unless the beneficiary box is checked.  
See instructions for more details.

<b>4</b> Amount to be used for bond purchases for yourself (and your spouse, if filing jointly)	<b>4</b>	
<b>5a</b> Amount to be used to buy bonds for yourself, your spouse, or someone else	<b>5a</b>	
<b>b</b> Enter the owner's name (First then Last) for the bond registration		
<b>c</b> If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here ► <input type="checkbox"/>		
<b>6a</b> Amount to be used to buy bonds for yourself, your spouse, or someone else	<b>6a</b>	
<b>b</b> Enter the owner's name (First then Last) for the bond registration		
<b>c</b> If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here ► <input type="checkbox"/>		

**Part III Paper Check**

Complete this part if you want a portion of your refund to be sent to you as a check.

<b>7</b> Amount to be refunded by check	<b>7</b>	
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**Part IV Total Allocation of Refund**

<b>8</b> Add lines 1a, 2a, 3a, 4, 5a, 6a, and 7. The total must equal the refund amount shown on your tax return	<b>8</b>	4415
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# ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident



CHECK BOX IF  
AMENDED RETURN

Jan. 1 - Dec. 31, 2019 or fiscal year ending \_\_\_\_\_, 20\_\_\_\_ •

- CKTAX

Page AR1 (R 8/23/2019)





AR2

Primary SSN 334-84-1497

ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only
INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc: (Attach W-2s) .....	10,428	00
	9. Military pay: Primary <input type="text"/> 00 Spouse <input type="text"/> 00		
	10. Interest income: (If over \$1,500, attach AR4) .....		
	11. Dividend income: (If over \$1,500, attach AR4) .....	20	00
	12. Alimony and separate maintenance received: .....		
	13. Business or professional income: (Attach federal Schedule C) .....	5,500	00
	14. Capital gains/(losses) from stocks, bonds, etc: (See instr. attach federal Schedule D) .....		
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable) .....		
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs) .....		
	17. Military retirement: Primary <input type="text"/> 00 Spouse <input type="text"/> 00		
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, attach all 1099Rs) Gross distribution <input type="text"/> 00 Taxable amount <input type="text"/> 00 Less \$6,000		
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, attach all 1099Rs) Gross distribution <input type="text"/> 00 Taxable amount <input type="text"/> 00 Less \$6,000		
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) .....		
	20. Farm income: (Attach federal Schedule F) .....		
	21. Unemployment (Attach 1099-G) .....		
	22. Other income/depreciation differences: (Attach Form AR-OI) .....		
	23. TOTAL INCOME: (Add lines 8 through 22) .....	15,948	00
24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) .....			
25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) .....	15,948	00	
TAX COMPUTATION	26. Select tax table: (Select only one) .....		
	27. <input checked="" type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions <input type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only) <input type="checkbox"/> Itemized deductions (AR3) Spouse itemized on separate return, Check here. <input type="checkbox"/>		
	28. NET TAXABLE INCOME: (Subtract line 27 from line 25) .....	15,948	00
	29. TAX: (Enter tax from tax table) .....		
	30. Combined tax: (Add amounts from line 29, columns A and B) .....		
	31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) .....		
	32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) .....		
33. TOTAL TAX: (Add lines 30 through 32) .....			
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D) .....	78	00
	35. Child care credit: (20% of federal credit allowed; attach federal Form 2441) .....		
	36. Other credits: (Attach AR1000TC) .....		
	37. TOTAL CREDITS: (Add lines 34 through 36) .....		78 00
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) .....			
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, 1099-G) .....	19	00
	40. Estimated tax paid or credit brought forward from 2018: .....		
	41. Payment made with extension: (See instructions) .....		
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions) .....		
	43. Early childhood program: Certification number: _____ (20% of federal credit; attach federal Form 2441 and Form AR1000EC) .....		
	44. TOTAL PAYMENTS: (Add lines 39 through 43) .....		19 00
45. AMENDED RETURNS ONLY - Previous refund: (See instructions) .....			
46. Adjusted total payments: (Subtract line 45 from line 44) .....		19 00	
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) .....		19 00
	48. Amount to be applied to 2020 estimated tax: .....		
	49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO) .....		
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) .....	REFUND	19 00
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) .....	TAX DUE	00
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="text"/> Penalty 52B <input type="text"/> 00		
52C. Add lines 51 and 52B: (See instructions) .....	TOTAL DUE	00	

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at [www.atap.arkansas.gov](http://www.atap.arkansas.gov). ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

PAY BY CREDIT CARD: (See instructions)      PAY BY MAIL: (See instructions)





## ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial ● <b>CANDICE</b>		Last Name ● <b>RICE</b>		Primary's Social Security Number ● <b>334-84-1497</b>	
Spouse's Legal First Name and Middle Initial		Last Name		Spouse's Social Security Number ●	
Mailing Address (Number and Street, P.O. Box or Rural Route) <b>3218 DARTMOUTH CT</b>				Telephone ● <b>501-247-5564</b>	
City <b>LITTLE ROCK</b>	State or Province <b>AR</b>	ZIP <b>72204</b>	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)				
1. Total Income (Form AR1000F or AR1000NR, Line 23) .....	1	15,948	00	
2. Net Tax (Form AR1000F or AR1000NR, Line 38) .....	2		00	
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) .....	3	19	00	
4. Refund (Form AR1000F or AR1000NR, Line 47) .....	4	19	00	
5. Tax Due (Form AR1000F or AR1000NR, Line 51) .....	5		00	

PART II - DECLARATION OF TAXPAYER	
<p>6a. <input type="checkbox"/> I consent that my refund be direct deposited as designated in the electronic portion of my 2019 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account shown on the AR1000F/AR1000NR, line 50.</p> <p>6b. <input checked="" type="checkbox"/> I do not want direct deposit of my refund or I am not receiving a refund.</p> <p>6c. <input type="checkbox"/> I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).</p> <p>6d. <input type="checkbox"/> I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).</p> <p>If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.</p> <p>Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2019 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.</p>	
<p><b>Sign Here</b></p> <p>_____ Primary's Signature</p> <p>_____ Date</p>	<p>_____ Spouse's Signature</p> <p>_____ Date</p>

# DO NOT MAIL THIS FORM