

Review your print out for checklist items.

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

Your first name and initial: **Brendan J** Last name: **Ritter** Your social security number: **231-67-6207**

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions. **381 Highland Ave.** Apt. no. **2** Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Somerville MA 02144** If more than four dependents, see inst. and ✓ here ☐

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

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Software Engineer	<input type="text"/>
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.)
			<input type="text"/>

Preparer's name Preparer's signature PTIN Firm's EIN Check if:

Firm's name ▶ **Self-Prepared** Phone no. ☐ 3rd Party Designee ☐ Self-employed

Firm's address ▶

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2	104,610.
2a Tax-exempt interest	129.
3a Qualified dividends	430.
4a IRAs, pensions, and annuities	
5a Social security benefits	
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	2,356.
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	
8 Standard deduction or itemized deductions (from Schedule A)	
9 Qualified business income deduction (see instructions)	
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	96,068.
11 a Tax (see inst.) <u>17,094.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	
b Add any amount from Schedule 2 and check here	<input type="checkbox"/>
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ <input checked="" type="checkbox"/>	
13 Subtract line 12 from line 11. If zero or less, enter -0-	
14 Other taxes. Attach Schedule 4	
15 Total tax. Add lines 13 and 14	
16 Federal income tax withheld from Forms W-2 and 1099	
17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	
Add any amount from Schedule 5	
18 Add lines 16 and 17. These are your total payments	
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	
20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	
▶ b Routing number <u>1 2 1 2 0 2 2 1 1</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d Account number <u>4 4 0 0 2 0 1 3 6 8 2 4</u>	
21 Amount of line 19 you want applied to your 2019 estimated tax ▶ 21	
Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22	
23 Estimated tax penalty (see instructions) ▶ 23	

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

Brendan J Ritter

Your social security number

231-67-6207

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	2,356.
	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	2,356.
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	
	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	

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

Schedule 1 (Form 1040) 2018

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Nonrefundable Credits

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **03**

Name(s) shown on Form 1040

Brendan J Ritter

Your social security number

231-67-6207

Nonrefundable Credits	48	Foreign tax credit. Attach Form 1116 if required	48	8 .
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Reserved	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	8 .

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

REV 12/21/18 Intuit.cpf.sp

Schedule 3 (Form 1040) 2018

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

- **Attach to Form 1040 or Form 1040NR.**
► **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
► **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2018Attachment
Sequence No. **12**

Name(s) shown on return

Brendan J Ritter

Your social security number

231-67-6207

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .	1,600.	1,627.		-27.
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 2,383.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 2,356.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	2,356.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. 			
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20	Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> </div> </div>	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Health Savings Accounts (HSAs)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040 or Form 1040NR

Brendan J Ritter

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶

231-67-6207

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter	3	3,450.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,450.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter	6	3,450.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)	7	0.
8	Add lines 6 and 7	8	3,450.
9	Employer contributions made to your HSAs for 2018	9	750.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	750.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,700.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25	13	0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2018 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Tax History Report

► Keep for your records

2018

Name(s) Shown on Return

Brendan J Ritter

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status					Single
Total income					108,068.
Adjustments to income					
Adjusted gross income					108,068.
Tax expense					5,233.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					96,068.
Tax					17,094.
Alternative min tax . .					
Total credits					8.
Other taxes					0.
Payments					18,463.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					1,377.
Effective tax rate % . .					15.81
**Tax bracket %					24.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

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

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

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

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

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

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

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

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

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

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

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

Questions? Call 1-877-908-7228

We need your consent to process with this payment option

This is an IRS requirement

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

IRS regulations require the following statements:

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

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

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

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

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

Brendan
First Name

Ritter
Last Name

Please type the date below:

03/03/2019

Date

Read and accept this Disclosure Consent

This is an IRS requirement

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

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

IRS regulations require the following statements:

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

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

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

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

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

IRS regulations require the following statements:

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

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

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

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

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

Sign this agreement by entering your name:

Brendan

Ritter

Please type the date below:

03/03/2019

Date

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

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

1040 Worksheet Navigation QuickZooms

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

Form 1040 - Personal Info, Filing Status, Dependent Info

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

Your First Name MI Last Name Your Social Security No.
Brendan J Ritter 231-67-6207
 If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.

 Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.
381 Highland Ave. 2
 City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
Somerville MA 02144

Schedule 6 - Foreign Address

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

QuickZoom to explanation statement for overseas extension ▶

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

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

Filing Status

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

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

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

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

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

Form 1040, Identifying Information (cont'd)

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

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

Form 1040 Lines 1-5

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	104,610.
2 a Tax-exempt interest 129.		
b Taxable interest	2b	318.
3 a Qualified dividends (see instructions) 430.		
b Ordinary dividends. Attach Schedule B if required	3b	784.
4 IRA distributions		
Taxable amount (see instructions)		
Pensions and annuities		
Taxable amount (see instructions)	4b	
5 a Social security benefits		
b Taxable amount (see instructions)	5b	
QuickZoom to Schedule 1 - Additional Income and Adjustments ►		

Form 1040, Lines 6 and 7

6 Total income. Add lines 1 through 5b and Schedule 1, line 22	6	108,068.
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	108,068.
AGI including excludable Puerto Rico Income		108,068.

Form 1040, Line 8 - Standard or Itemized Deduction

8 Standard deduction or itemized deductions (from Schedule A) Standard Deduction for - <ul style="list-style-type: none"> People who checked blind or over 65 or who can be claimed as a dependent, see instructions. All others: <ul style="list-style-type: none"> Single or Married filing separately: \$12,000 Married filing jointly or Qualifying widow(er): \$24,000 Head of household: \$18,000 QuickZoom to the Standard Deduction Worksheet Itemized deductions (from Schedule A) or your standard deduction , see above Subtract itemized or standard deduction from adjusted gross income amount	8	12,000. 96,068.
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Form 1040, Lines 9-11

9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	96,068.

11	a Tax. (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>		
	b Total tax. Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	17,094.
	QuickZoom to Schedule 2 - Tax section <input type="checkbox"/>		

Form 1040, Line 12-15

12 a	Child tax credit/credit for other dependents 12a		
	b Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>	12	8.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	17,086.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14	15	17,086.
	QuickZoom to Schedule 3 - Nonrefundable credits <input type="checkbox"/>		
	QuickZoom to Schedule 4 - Other Taxes <input type="checkbox"/>		

Form 1040, Lines 16-17

16	Federal income tax withheld from Forms W-2 and 1099	16	18,463.
17 a	Earned income credit (EIC)		
	Nontaxable combat pay election		
b	Additional child tax credit. Attach Schedule 8812		
c	American opportunity credit from Form 8863, line 8		
	Add lines 17a,b,c and any amount from Schedule 5	17	
18	Add Lines 16 and 17. These are your total payments	18	18,463.
	QuickZoom to Schedule EIC Worksheet, pg 2 if credit is not calculated . . . QuickZoom. <input type="checkbox"/>		
	QuickZoom to "due diligence checklist" substitute for Form 8867 QuickZoom. <input type="checkbox"/>		
	QuickZoom to Schedule 5 - Other Payments and Refundable Credits . . QuickZoom. <input type="checkbox"/>		

Form 1040, Lines 19-21

Refund:			
19	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	19	1,377.
20 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20	1,377.
b	Routing number <input type="checkbox"/> 121202211		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="checkbox"/> 440020136824		
21	Amount of overpayment on line 19 you want applied to your 2019 estimated tax <input type="checkbox"/>		

Form 1040, Lines 22-23

Amount You Owe:			
22	Subtract line total payments from total tax <input type="checkbox"/>	22	
23	Estimated tax penalty (see instructions) 23		

QuickZoom to Late Penalties and Interest Worksheet **QuickZoom.** ☐

Schedule 1 - Additional Income and Adjustments

1-9b	Reserved		
10	Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	10	
11	Alimony received. . . . Taxpayer _____ Spouse _____	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	2,356.
14	Other gains or (losses). Attach Form 4797	14	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation (see instr.)	19	
21	Other income. List type and amount (see instructions). _____ _____	21	
22	Combine the amounts in the far right column for lines 10 through 21. Enter here and include on Form 1040, line 6 field to left of amount field. ▶ Total Income. Combine Form 1040 lines 1- 5b and Schedule 1, line 22 , enter on Form 1040, line 6. ▶ 108,068.	22	2,356.
Quickzoom to 1040 Workseet, line 6 - Total Income ▶ QuickZoom. . ▶			

Schedule 1 - Adjustments to Income

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

Alimony Paid Smart Worksheet

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

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

Schedule 2 - Tax

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

Schedule 3 - Nonrefundable Credits

48	Foreign tax credit. Attach Form 1116 if required	48	8.	
49	Credit for child and dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Reserved	52		
53	Residential Energy Credit. Attach Form 5695	53		
54	Other credits from Form:	54		
a	<input type="checkbox"/> 3800			
b	<input type="checkbox"/> 8801			
c	<input type="checkbox"/>			
55	Add lines 12a, and 48 through 54. These are your total credits	55		8.
a	If amount on line 55 above includes Schedule 3 amount, check here. . . . ▶ <input checked="" type="checkbox"/>			
b	Total non-refundable credits		8.	
c	Subtract total credits on line 55 from total tax above		17,086.	
Quickzoom to 1040 Worksheet, line 15 - Total Tax. ▶ QuickZoom. . . ▶				

Schedule 4 - Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form:		
a	<input type="checkbox"/> 4137	b	<input type="checkbox"/> 8919
	Explain underreported tips	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60 a	Household employment taxes from Schedule H	60 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	b	
61	Health care: Individual responsibility. Full-year coverage <input checked="" type="checkbox"/>	61	0.
62	Taxes from:		
a	<input type="checkbox"/> Form 8959		
b	<input type="checkbox"/> Form 8960		
c	<input type="checkbox"/> Instructions; enter code(s)	62	
63	Section 965 net tax liability installment from Form 965-A.	63	
64	Add lines 57 through 62. Total Other taxes amount. ▶	64	0.
	Tax after credits: Add lines 64 and line 55c		17,086.

Schedule 5 - Other Payments and Refundable Credits

65	Reserved for future use	65			
66	2018 estimated tax payments and amount applied from 2017 return	66			
67	Reserved for future use	67			
68	Reserved for future use	68			
69	Reserved for future use	69			
70	Net premium tax credit. Attach Form 8962	70			
71	Amount paid with request for extension to file	71			
72	Excess social security and tier 1 RRTA tax withheld	72			
73	Credit for federal tax on fuels. Attach Form 4136	73			
74	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74			
75	Add lines 66, and 70 through 74. These are your total payments ▶ Amount included above on line 75 from Schedule 5 ▶ Amount included above on line 75 from Form 1040, line 17 ▶	75			18,463.

Schedule 6 - Third Party Designee

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

Designee's Name ▶ _____

Phone No. ▶ _____ Personal Identification Number (PIN) . . . ▶ _____

Signature and Paid Preparer**Sign Here**

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

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

Your Signature _____	Date _____	Your Occupation <u>Software Engineer</u>	If the IRS sent you an Identity Protection PIN, enter it here ▶ _____ ▶ _____
Spouse's Signature. If joint, both must sign. _____	Date _____	Spouse's Occupation _____	
Daytime Phone No. (703) 517-5937			

Paid Preparer's Use Only

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

Filing Address Information

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

Date _____

Name(s) Shown on Return Brendan J Ritter	Your SSN 231-67-6207
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Line 4b - Adjustment for trade or business income or loss

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

Line 5b - Adjustment for gain or loss on dispositions

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

Capital gain/loss not included in net investment income

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

Calculation of line 5b adjustment due to capital loss carryforward

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

Line 7 - Other modifications to investment income

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

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

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

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

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px;"></div>	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5.	7	
8	Enter the lesser of line 7 or line 4	8	

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

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

Total additional modifications to Form 8960, line 10		

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

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

2) Former Passive Activity Suspended Losses - Schedule D

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

3) Former Passive Activity Suspended Losses - Form 4797

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

2018
Statement L21

Social Security Number
231-67-6207

		(a) Taxpayer	(b) Spouse				
1	Child's investment income, from Form 8814.						
2	Gambling winnings:						
a	From Form W-2G						
b	Winnings (prizes, etc.) from Form 1099-MISC, box 3.						
c	Not reported on Form W-2G or Form 1099-MISC.						
3	Taxable income from Form 1099-MISC:						
a	Substitute payments in lieu of interest or dividends						
b	Other income from box 3						
c	Alaska Permanent Fund.						
d	Tribal Gaming						
e	Non-Employee Compensation from Form 1099-MISC box 7						
f	Rent from personal property from Form 1099-MISC box 1						
4	Taxable income from Form 1099-Q or 1099-QA:						
a	Qualified tuition program distributions						
b	Coverdell ESA distributions						
c	ABLE account distributions						
5	Taxable income from Form 1099-G:						
a	Grants						
b	RTAA payments						
6	Foreign earned income and housing exclusion, from Form 2555						
7	Net operating loss carryover from a prior year						
8	Other income, from Schedule(s) K-1						
9	Taxable distribution from:						
a	Form 8853:						
1	Taxable Archer MSA distributions MSA						
2	Taxable Medicare Advantage distributions Med MSA						
3	Taxable long term care distributions LTC.						
4	Total Form 8853						
b	Form 8889, Health Savings Accounts						
10	Refunds or reimbursements of deductions claimed in a prior year:						
a	Reimbursement for deducted medical expenses						
b	Refunds of deducted taxes (not state or local income taxes)						
	<table border="1"> <thead> <tr> <th>Type of Tax</th> <th>State or Local ID</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Type of Tax	State or Local ID				
Type of Tax	State or Local ID						
c	Recapture of deducted moving expenses						
d	Reimbursement for deducted casualty or theft loss.						
e	Reimbursement for deducted employee business expenses.						
f	Other refunds or reimbursements						
11	Recoveries of bad debts deducted in a prior year.						
12	Jury duty pay						
13	Bartering income not reported elsewhere						
14	Income from the rental of personal property.						
15	Income from the Cancellation of Debt:						
a	From Form 1099-C:						
1	Amount of debt canceled from box 2						
2	Amount of canceled debt excluded from income						
3	Taxable amount of canceled debt.						
b	From Schedule(s) K-1						
16	Taxable income from Form 1099-K:						
a	Payment Card/Third Party Network Transactions						
17	Income from "not for profit" activities (hobbies):.						
18	Limitation on business losses (Form 461)						
19	Global intangible low-taxed income (Form 8992)						
20	Section 965 deferred foreign income (Form 965)						
21	Other taxable income:						
a	Union unemployment benefits						
b	Private fund unemployment benefits						
c	State employee unemployment benefits						
d	Repayment of non-government unemployment benefits						
e							

22	Income from Community Property:		
a	Positive community property adjustment.		
b	Negative community property adjustment (enter as positive) . . .		
23	Total. Add lines 1 through 14, 15a(3), 15b, 16 through 22. Enter here and on Schedule 1 or Form 1040NR, line 21		

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

First name Brendan
 Middle initial J Suffix _____
 Last name Ritter
 Social security no. 231-67-6207
 Occupation Software Engineer
 Date of birth 07/18/1993 (mm/dd/yyyy)
 Age as of 1-1-2019 25
 Daytime phone (703) 517-5937 Ext _____
 Legally blind ☐
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
 If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

Spouse:

First name _____
 Middle initial _____ Suffix _____
 Last name _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2019 _____
 Daytime phone _____ Ext _____
 Legally blind ☐
 Date of death _____

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☐ No
 If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)**US Address:**

Address 381 Highland Ave. Apt no. 2
 City Somerville State MA ZIP code 02144

Foreign Address: Check this box to use foreign address . . . ☐

Address _____ Apt no. _____
 City _____
 Foreign code _____ Foreign country _____
 Foreign province/county _____ Foreign postal code _____

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone

Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Federal filing status:

- ☒ **1** Single
☐ **2** Married filing jointly
☐ **3** Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year. ☐
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help). ☐
☐ **4** Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suffix _____
 Child's social security number _____
☐ **5** Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2016 ☐ 2017 ☐
 Are you a dependent with a qualifying child Yes ☐ No ☐
 Enter qualifying person's name:
 Child's First name _____ MI _____ Last Name _____ Suffix _____
 Child's social security number _____

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		Qualified child/dep care exps incurred and paid 2018	E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	*
			Age	C o d e	Not qual for child tax cr							
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* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States
for more than half of 2018? ☐ Yes ☐ No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to
get a federally funded benefit, such as Medicaid, and the Social Security card
contains the legend **Not Valid for Employment**, check this box (see Help) ☐
Check if you are filing head of household **and** your spouse is a nonresident alien
and you lived with your spouse during the last six months of 2018 ☐
Check if you were notified by the IRS that EIC cannot be claimed in 2018 or
if you are ineligible to claim the EIC in 2018 for any other reason ☐

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

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

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

Name of Financial Institution (optional) ☐ Charles Schwab
Check the appropriate box ☐ Checking ☒ Savings ☐
Routing number ☐ 121202211 Account number ☐ 440020136824

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

Enter the payment date to withdraw from the account above ☐ _____
Balance-due amount from this return ☐ _____

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized
deductions are less than your standard deduction ☐
Check this box if you are married filing separately and your spouse itemized deductions ☐
Check this box to take the standard deduction even if less than itemized deductions ☐

Real Estate Professionals:

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

Credit for Qualified Retirement Savings Contributions (Form 8880):

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

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

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

Foreign Tax Credit (Form 1116):

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

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

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

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐
Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

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

If Yes, complete the following:

Third party designee name ☐ _____
Third party designee phone number . . ☐ _____
Personal Identification number (enter any 5 numbers) . . ☐ _____

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

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

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

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

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

Taxpayer:

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

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

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

Date the taxpayer established residence in state above ▶ _____

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

Spouse:

Enter the spouse's state of residence as of December 31, 2018 ▶ _____

Check the appropriate box:

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

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

Date the spouse established residence in state above ▶ _____

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

Nonresident states:

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

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

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

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

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

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

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

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

Taxpayer's PIN used to sign the return 79748

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number S52428664

Issued by what state

MA

License or ID

license . ▶

☒

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

Spouse

Drivers license or state ID number _____

Issued by what state

License or ID

license . ▶

☐

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

2018

- Keep for your records

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

Part I – Taxpayer's Personal Information

First name . . . Brendan Middle initial . J Last name . . Ritter
Suffix

Social security no. . . 231-67-6207 Member of U.S. Armed Forces in 2018? . . ☐ Yes ☒ No

Date of birth 07/18/1993 (mm/dd/yyyy) age as of 1-1-2019. 25

Occupation . . . Software Engineer Daytime phone . . . (703) 517-5937 Ext

Marital status . . .Single

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

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

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

Check if this person is legally blind	▶	Yes	X	No
---	---	-----	---	----

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

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

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

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

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

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

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

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

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

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

Part III – Taxpayer's State Residency Information

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

Check the appropriate box:

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

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

Date this person established residence in state above ▶

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

Part IV – Dependent Care Expenses

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

Unreimbursed medical expenses paid for qualifying person in 2018

Employment taxes paid for dependent care providers in 2018

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

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

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

Part VI – Healthcare Coverage

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

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

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

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

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

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

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

Exemption Certificate Number	Exemption Start Month	Exemption End Month

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

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

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

Personal Information Worksheet For the Spouse

2018

► Keep for your records

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

Part I – Spouse's Personal Information

First name . . . _____ Middle initial . ____ Last name . . . _____
Suffix

Social security no. Member of U.S. Armed Forces in 2018? . . ☐ Yes ☐ No

Date of birth (mm/dd/yyyy) age as of 1-1-2019

Occupation Daytime phone Ext _____

Marital status

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

After 2018 ► ☐ 2018 . ► ☐ 2017 . ► ☐ 2016 . ► ☐ Before 2016 . ► ☐

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

Check if this person is legally blind ► ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

Part III – Spouse's State Residency Information

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

Check the appropriate box:

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

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

Date this person established residence in state above ► _____

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

Part IV – Dependent Care Expenses

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

Unreimbursed medical expenses paid for qualifying person in 2018 _____

Employment taxes paid for dependent care providers in 2018 _____

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

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

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

Part VI – Healthcare Coverage

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

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

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

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

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

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

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

Exemption Certificate Number	Exemption Start Month	Exemption End Month

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

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

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

► Keep for your records

Name(s) Shown on Return
Brendan J Ritter

Social Security Number
231-67-6207

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	104,610.		104,610.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	18,463.		18,463.
3 & 7	Total social security wages/tips	110,177.		110,177.
4	Total social security tax withheld	6,831.		6,831.
5	Total Medicare wages and tips	110,177.		110,177.
6	Total Medicare tax withheld	1,598.		1,598.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	12,166.		12,166.
b	Elective deferrals to qualified plans	5,567.		5,567.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	6,599.		6,599.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips.	104,610.		104,610.
17	Total state tax withheld	5,233.		5,233.
19	Total local tax withheld.			

Name
Brendan J RitterSocial Security Number
231-67-6207☐ **Spouse's W-2**
☐ **Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No . 231-67-6207
b Employer's ID number 41-2126829
c Employer's name, address, and ZIP code
RAYTHEON BBN TECHNOLOGIES CORP
Street PO BOX 660248
City DALLAS
State TX ZIP Code 75266
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

d Control number _____☒ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
First Brendan M.I. J
Last Ritter Suff. _____
f Employee's address and ZIP code
Street 381 Highland Ave., Apt. 2
City Somerville
State MA ZIP Code 02144
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

1 Wages, tips, other compensation
104,609.75
3 Social security wages
110,177.14
5 Medicare wages and tips
110,177.14
7 Social security tips

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

9 Verification Code _____**11** Nonqualified plans _____**12** Enter box 12 below _____

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

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

2 Federal income tax withheld
18,463.07
4 Social security tax withheld
6,830.98
6 Medicare tax withheld
1,597.57
8 Allocated tips

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

Box 12 Code	Box 12 Amount
C	35.00
D	5,567.39
W	750.00
DD	5,814.38

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____
M: Enter amount attributable to RRTA Tier 2 tax _____
P: Double click to link to Form 3903, line 4. . . _____
R: Enter MSA contribution for Taxpayer . . . _____
Spouse _____
W: Enter HSA contribution for Taxpayer . . . 750.00
Spouse _____
G: ☐ Employer is **not** a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
MA	WTH11414853004	104,609.75	5,233.07

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

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

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

Healthcare Entry Sheet

► Keep for your records

2018

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

Short Gap

Eligible*

Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 Brendan Ritter	231-67-6207	07/18/93	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Completion checkbox:

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

Wages, Salaries, & Tips Worksheet

2018

► Keep for your records

Name(s) Shown on Return Brendan J Ritter	Social Security Number 231-67-6207
---	---------------------------------------

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	104,610.		104,610.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137.			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ►	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2018			
b			
10 Subtotal.			
Add lines 1 through 9	104,610.		104,610.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2.			
14 Other non-earned income:			
15 Total of lines 10 through 14.	104,610.		104,610.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Brendan J Ritter

Social Security Number
231-67-6207

		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1	
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2	
3	Subtract line 2 from line 1	3	
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4	
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5	
6	Add lines 3 through 5	6	
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7	
8	Enter the amount, if any, from Form 4797, line 8	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-	9	
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10	
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
	Regular AMT		
	a On Form 1099-DIV		
	b On Form 2439		
	c On Schedule(s) K-1		
	d On Form 1099-R		
	e From Form 8814		
	f Other.		
	Total	11	
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12	
13	Add lines 9 through 12.	13	
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16	
a	Enter your capital gain excess, if you are filing Form 2555	a	0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18	

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2018

Name(s) Shown on Return
Brendan J Ritter

Social Security Number
231-67-6207

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1			
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
a	Schedule D . . .				
b	Form 8814 . . .				
c	Schedule B . . .				
d	Form 6252 . . .				
e	Form 2439 . . .				
f	Other				
	Total	2			
3	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 4684, line 4 (but only if line 15 is more than zero)				
b	Form 6252				
c	Form 6781, Part II				
d	Form 8824				
	Total	3			
4	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 1099-DIV, box 2d . . .				
b	Form 2439, box 1d				
c	Schedule K-1 from a partnership, S corporation, estate, or trust				
d	Disposition of interest in partnership or S corporation				
e	Other				
	Total	4			
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	5			
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-	6			
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7			
8	Enter the amount of any capital gain excess	8			0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	0.		0.

Name(s) Shown on Return
Brendan J RitterSocial Security Number
231-67-6207

1 a	Enter your taxable income from Form 1040, line 10	1 a	96,068.
b	Enter the amount from your (and your spouse's) Form 2555, lines 45 and 50	b	
c	Add lines 1a and 1b	1 c	96,068.
2 a	Enter your qualified dividends from Form 1040, line 3a	2 a	430.
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	430.
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	430.
7 a	Enter line 15 of Schedule D	7 a	2,356.
b	Enter line 16 of Schedule D	b	2,356.
c	Enter the smaller of line 7a or line 7b	7 c	2,356.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	2,356.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	2,356.
10	Add lines 6 and 9c	10	2,786.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	2,786.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	93,282.
15	Enter: • \$38,600 if single or married filing separately; • \$77,200 if married filing jointly or qualifying widow(er); or • \$51,700 if head of household.	15	38,600.
16	Enter the smaller of line 1c or line 15	16	38,600.
17	Enter the smaller of line 14 or line 16	17	38,600.
18 a	Subtr in 10 from ln 1c. If zero or less, enter -0-	18 a	93,282.
b	Enter the smaller of line 1c or \$157,500 (\$315,000 if married filing jointly or qualifying widow(er))	b	
c	Enter the smaller of line 14 or line 18b	c	
19	Enter the larger of line 18a or line 18c	19	93,282.
20	Subtract line 17 from line 16. This amount is taxed at 0%	20	0.
If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.			
21	Enter the smaller of line 1c or line 13	21	2,786.
22	Enter the amount from line 20 (if line 20 is blank, enter -0-)	22	0.
23	Subtract line 22 from line 21. If zero or less, enter -0-	23	2,786.
24	Enter: • \$425,800 if single, • \$239,500 if married filing separately, • \$479,000 if married filing jointly or qualifying widow(er), • \$452,400 if head of household.	24	425,800.
25	Enter the smaller of line 1c or line 24	25	96,068.
26	Add lines 19 and 20	26	93,282.
27	Subtract line 26 from line 25. If zero or less, enter -0-	27	2,786.
28	Enter the smaller of line 23 or line 27	28	2,786.
29	Multiply line 28 by 15% (0.15)	29	418.
30	Add lines 22 and 28	30	2,786.
31	Subtract line 30 from line 21	31	0.
32	Multiply line 31 by 20% (0.20)	32	0.

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

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

36	Subtract line 35 from line 34. If zero or less, enter -0-	36	_____
37	Subtract line 36 from line 33. If zero or less, enter -0-	37	_____
38	Multiply line 37 by 25% (0.25)	38	_____
If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.			
39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (0.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	_____
43	Add lines 29, 32, 38, 41, and 42	43	<u>16,676.</u>
44	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	<u>17,094.</u>
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 11a	45	<u>17,094.</u>

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

2018

Name(s) Shown on Return Brendan J Ritter	Social Security Number 231-67-6207
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1	Enter the amount from Form 1040, line 10	1	<u>96,068.</u>
2	Enter the amount from Form 1040, line 3a	2	<u>430.</u>
3	Are you filing Schedule D?		
<input checked="" type="checkbox"/>	Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	<u>2,356.</u>
<input type="checkbox"/>	No. Enter the amount from Schedule 1, line 13.		
4	Add lines 2 and 3	4	<u>2,786.</u>
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	<u>0.</u>
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	<u>2,786.</u>
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	<u>93,282.</u>
8	Enter:		
	\$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household.	8	<u>38,600.</u>
9	Enter the smaller of line 1 or line 8	9	<u>38,600.</u>
10	Enter the smaller of line 7 or line 9	10	<u>38,600.</u>
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	<u>0.</u>
12	Enter the smaller of line 1 or line 6	12	<u>2,786.</u>
13	Enter the amount from line 11	13	<u>0.</u>
14	Subtract line 13 from line 12.	14	<u>2,786.</u>
15	Enter:		
	\$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household.	15	<u>425,800.</u>
16	Enter the smaller of line 1 or line 15	16	<u>96,068.</u>
17	Add lines 7 and 11	17	<u>93,282.</u>
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	<u>2,786.</u>
19	Enter the smaller of line 14 or line 18	19	<u>2,786.</u>
20	Multiply line 19 by 15% (0.15)	20	<u>418.</u>
21	Add lines 11 and 19	21	<u>2,786.</u>
22	Subtract line 21 from line 12	22	<u>0.</u>
23	Multiply line 22 by 20% (0.20)	23	<u>0.</u>
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	<u>16,676.</u>
25	Add lines 20, 23, and 24	25	<u>17,094.</u>
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.		
		26	<u>17,348.</u>
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 11a.		
		27	<u>17,094.</u>

Form 1099-B Worksheet

► Keep for your records

2018

Name(s) Shown on Return

Brendan J Ritter

Social Security No.

231-67-6207

Name of reporting financial institution . . . ► Charles Schwab

Acct Number ►

Transactions

(Numbers in bold to the right of a box description correspond to specific IRS box numbers on the official Form 1099-B. See Tax Help for more information.)

1 a Form 8949 Check Box <input checked="" type="checkbox"/> D	b Transaction number 1
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a) Charles Schwab - see attached statement	
5 a Date acquired (1b)	b Date of sale/exchange (1c)
6 a Sales price (1d) 1,600.00	b Sales expenses not reported
7 a Cost or other basis (1e) 1,627.00	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) L	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security	b Owner of security
15 a Stock or other symbol	b Quantity sold
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) ► <input type="checkbox"/>	
17 Use transaction worksheet? . ► <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only) . M	b Adj amount (for summary only) . 0.00
Calc'd Results: 19 a Adjusted Gain (Loss) . -27.00 b Holding Period L	
c Adj Codes/Amt This sale is missing info?	

1 a Form 8949 Check Box	b Transaction number
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a)	
5 a Date acquired (1b)	b Date of sale/exchange (1c)
6 a Sales price (1d)	b Sales expenses not reported
7 a Cost or other basis (1e)	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2)	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security	b Owner of security
15 a Stock or other symbol	b Quantity sold
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) ► <input type="checkbox"/>	
17 Use transaction worksheet? . ► <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only) .	b Adj amount (for summary only) .
Calc'd Results: 19 a Adjusted Gain (Loss) . b Holding Period	
c Adj Codes/Amt This sale is missing info?	

Taxpayer must mail in a statement with more details? ☐ Yes ☒ No

Sale(s) missing info? _____

Reconciliation info

The information below can be used to reconcile gains/losses reported by category on a statement from your Financial Institution.

Sale Category	Proceeds	Cost Basis	Tent Gain/Loss	Adjustment Amt	Adj Gain/Loss
Description of sale category					Adj Code(s)
Totals	1,600.				-27.

Note: Withholding totals don't include withholding on transactions linked to Capital Gain Transaction Wksht

Total Collectible Gain _____

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

- Keep for your records

2018

Name(s) Shown on Return <u>Brendan J Ritter</u>	Social Security Number <u>231-67-6207</u>
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Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				18,463.	5,233.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-K and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax.						
19	Total Withholding Lines 10 through 18f				18,463.	5,233.	
20	Total Tax Payments for 2018				18,463.	5,233.	

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

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Brendan J Ritter

Social Security Number
231-67-6207

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	108,068.
(2) Nontaxable income entered elsewhere on return	129.
(3) Available income: 2017 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	108,197.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 5,233.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 5,233.00

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

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

2 State and local real estate taxes:

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

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

Interest Deductions

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

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Brendan J Ritter

Social Security Number
231-67-6207

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	5,233.
2	2018 state estimated taxes paid in 2018	
3	2017 state estimated taxes paid in 2018	
4	Amount paid with 2017 state application for extension	
5	Amount paid with 2017 state income tax return	
6	Overpayment on 2017 state income tax return applied to 2018 tax	
7	Other amounts paid in 2018 (amended returns, installment payments, etc.)	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	
Local income taxes:		
9	Local income tax withheld	
10	2018 local estimated taxes paid in 2018	
11	2017 local estimated taxes paid in 2018	
12	Amount paid with 2017 local application for extension	
13	Amount paid with 2017 local income tax return	
14	Overpayment on 2017 local income tax return applied to 2018 tax	
15	Other amounts paid in 2018 (amended returns, installment payments, etc.)	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	
Other:		
17		
18	Total Add lines 1 through 17	5,233.
19	State and local refund allocated to 2018	
20	Nondeductible state income tax from line 28	
21	Total reductions Add lines 19 and 20	
22	Total state and local income tax deduction Line 18 less line 21	5,233.

Nondeductible State Income Tax (Hawaii Only)

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

Charitable Deduction Limits Worksheet For Current Year Contributions

2018

► Keep for your records

Name(s) Shown on Return Brendan J Ritter	Social Security Number 231-67-6207
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Step 1. List your qualified charitable contributions made during the year.

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

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

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

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

- 9 Enter your adjusted gross income 108,068.
- 10 a Multiply line 9 by 0.5. This is your 50% limit. 54,034.
- b Multiply line 9 by 0.6. This is your 60% limit. 64,841.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations							
11	Enter the smaller of line 2 or line 10b . . .					0.	
12	Subtract line 11 from line 2						0.
13	Subtract line 11 from line 10b			64,841.			
Contributions to 50% limit organizations							
14	Subtract line 2 from line 10a		54,034.				
15	Enter the smallest of line 3, 10a or 14 . . .					0.	
16	Subtract line 15 from line 3						0.
17	Subtract line 16 from line 15			54,034.			
Contributions not to 50% limit organizations							
18	Add lines 2, 3 and 4						
19	Multiply line 9 by 0.3. This is your 30% limit.						
			32,420.	32,420.			
20	Subtract line 18 from line 10a		54,034.				
21	Enter the smallest of line 7, 19, or 20 . . .					0.	
22	Subtract line 21 from line 7						0.
23	Subtract line 21 from line 19					32,420.	
Capital gain property to 50% limit organizations							
24	Enter the smallest of line 4, 17, or 19 . . .					0.	
25	Subtract line 24 from line 4						0.
26	Subtract line 21 from line 20					54,034.	
27	Subtract line 24 from line 19					32,420.	
Capital gain property not to 50% limit organizations							
28	Multiply line 9 by 0.2. This is your 20% limit.					21,614.	
29	Enter the smaller of line 8, 23, 26, 27, or 28					0.	
30	Subtract line 29 from line 8						0.
31	Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14					0.	

32	Subtract line 31 from line 9	108,068.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2018

► Keep for your records

Name(s) Shown on Return
Brendan J Ritter

Social Security Number
231-67-6207

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

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

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

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

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

- 9 Enter your adjusted gross income 108,068.
- 10 a Multiply line 9 by 0.5. This is your 50% limit. 54,034. less. 0. 54,034.
- b Multiply line 9 by 0.6. This is your 60% limit. 64,841. less. 0. 64,841.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations							
11	Enter the smaller of line 2 or line 10b . . .				0.		
12	Subtract line 11 from line 2					0.	
13	Subtract line 11 from line 10b			64,841.			
Contributions to 50% limit organizations							
14	Subtract line 2 from line 10a		54,034.				
15	Enter the smallest of line 3, 10a or 14 . .				0.		
16	Subtract line 15 from line 3					0.	
17	Subtract line 16 from line 15			54,034.			
Contributions not to 50% limit organizations							
18	Add lines 2, 3 and 4		0.				
19	Multiply line 9 by 0.3. This is your 30% limit.		32,420.	32,420.			
20	Subtract line 18 from line 10a		54,034.				
21	Enter the smallest of line 7, 19, or 20 . .				0.		
22	Subtract line 21 from line 7					0.	
23	Subtract line 21 from line 19			32,420.			
Capital gain property to 50% limit organizations							
24	Enter the smallest of line 4, 17, or 19 . .				0.		
25	Subtract line 24 from line 4					0.	
26	Subtract line 21 from line 20			54,034.			
27	Subtract line 24 from line 19			32,420.			
Capital gain property not to 50% limit organizations							
28	Multiply line 9 by 0.2. This is your 20% limit.			21,614.			
29	Enter the smaller of line 8, 23, 26, 27, or 28				0.		
30	Subtract line 29 from line 8					0.	
31	Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14				0.		

32	Subtract line 31 from line 9	108,068.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

- Keep for your records

Name(s) Shown on Return
Brendan J Ritter

Social Security Number
231-67-6207

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

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

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

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

Schedule A
Lines 16

Miscellaneous Itemized Deductions Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Brendan J RitterSocial Security Number
231-67-6207**FOR STATE USE ONLY: Employee Business Expenses — Subject to 2% Limitation**

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

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

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

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

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

Name(s) Shown on Return
Brendan J Ritter

Social Security Number
231-67-6207

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

<p>1 Is your earned income* more than \$700?</p> <p><input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> No. Enter \$1,050</p>	<p>_____ ► . . .</p> <p>_____ ► . . .</p>	<p>1</p> <p>2</p>	<p>_____</p> <p>12,000.</p>
<p>2 Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> • Single or married filing separately — \$12,000 • Married filing jointly or Qualifying widow(er) — \$24,000 • Head of household — \$18,000 			
<p>3 Standard deduction.</p>			
<p>3 a Enter the smaller of line 1 or line 2. If born after January 1, 1954, and not blind, stop here and enter this amount on Form 1040, line 8. Otherwise go to line 3b</p>		<p>3 a</p>	<p>_____</p>
<p>3 b If born before January 2, 1954, or blind, multiply the number on Form 1040 Wks, line 39a, by \$1,300 (\$1,600 if single or head of household)</p>		<p>3 b</p>	<p>_____</p>
<p>3 c Add lines 3a and 3b. Enter the total here and on Form 1040, line 8.</p>		<p>3 c</p>	<p>_____</p>

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

Earned Income Worksheet**2018**

► Keep for your records

Name(s) Shown on Return

Brendan J Ritter

Social Security Number

231-67-6207

Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	104,610.		104,610.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	104,610.		104,610.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	104,610.		104,610.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	104,610.		104,610.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	104,610.		104,610.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	104,610.		104,610.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	104,610.		104,610.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	104,610.		104,610.

► Keep for your records

Name(s) Shown on Return
Brendan J RitterSocial Security Number
231-67-6207**Investment Interest Expense** (Form 4952, line 1)

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

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

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	1,103.
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	1,103.
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	Total investment income. Add lines 5d through 9.	10	1,103.

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

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	2,356.	2,356.
b	Less net gains from property not held for investment		
c	Net gains from property held for investment.	2,356.	2,356.
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	2,356.	2,356.
b	Less net capital gains from property not held for investment		
c	Net capital gains from property held for investment.	2,356.	2,356.

Investment Expenses (Form 4952, line 5)

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

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

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

Form 1040
Line 17a

Earned Income Credit Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Brendan J Ritter

Social Security Number
231-67-6207

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

1	Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes	1	104,610.
2	Adjustments to line 1 amount:		
a	Income reported as wages and as self-employment income.	2 a	
b	Other income entered as wages that is not considered earned income	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2	c	
3	Subtract lines 2a, 2b and 2c from line 1	3	104,610.
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election	4 c	
5	If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	
6	Earned income. Add lines 3, 4, and 5.	6	104,610.
7	Enter the credit, from the EIC Table , for the amount on line 6. Be sure to use the correct column for filing status and number of children.	7	
	If line 7 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 17a.		
8	Enter your AGI from Form 1040, line 7	8	
9	If you have:		
	• No qualifying children, is the amount on line 8 less than \$8,500 (\$14,200 if married filing jointly)?		
	• 1 or more qualifying children, is the amount on line 8 less than \$18,700 (\$24,350 if married filing jointly)?		
	<input type="checkbox"/> Yes. Go to line 10 now.		
	<input type="checkbox"/> No. Enter the credit, from the EIC Table , for the amount on line 8. Be sure to use the correct column for filing status and number of children	9	
10	Earned income credit.		
	• If 'Yes' on line 9, enter the amount from line 7		
	• If 'No' on line 9, enter the smaller of line 7 or line 9	10	

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

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

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

Compliance and Due Diligence Information

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

- ☐ Yes, all of the above is correct.
- ☐ No, I'll go back and review my dependent information.

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

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

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2018.

Compliance and Due Diligence Indicator☐ X

Disqualified from Earned Income Credit.☒ Yes ☐ No

Potential qualifying child count▶ 0

Non dependent potential qualifying child count▶ 0

Qualifying child count (max 3)▶ 0

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2018

► Keep for your records

Name(s) Shown on Return Brendan J Ritter		Social Security Number 231-67-6207	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends. 430.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.	430.	0.	430.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	430.		430.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT 2,356.			
b Enter the gain from line 16 of Schedule D as refigured for the AMT 2,356.			
c Enter the smaller of line 7a or line 7b	2,356.		2,356.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	2,356.	0.	2,356.
10 Add lines 6 and 9	2,786.		2,786.
A Enter the amount from Form 6251, line 6.	37,768.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT 0.			
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			2,786.

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

► Keep for your records

Name(s) Shown on Return
Brendan J Ritter

Social Security Number
231-67-6207

Taxable Income – Line 1

1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.) . . .	1	96,068.
2	Additions to income	2	
3	Add lines 1 and 2	3	96,068.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	96,068.

Taxes – Line 2a

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

Refund of Taxes – Line 2b

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

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

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	108,068.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	108,068.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	97,261.
6	Enter ATNOL carried to 2017 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

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

Disposition of Property – Line 2k

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)	2,356.	2,356.	0.
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 2k			0.

Post-86 Depreciation – Line 2l

1 From depreciation worksheets	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2.	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 2l.	5	

Passive Activities – Line 2m

1 Adjustment for recomputed income (loss) from passive activities	1	
2 Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 2m	4	

Circulation Costs – Line 2o

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2o	3	

Mining Costs – Line 2q

1 Mining costs adjustment from Schedule K-1 Worksheets	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2q	3	

Research and Experimental Costs – Line 2r

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2r	3	

Intangible Drilling Costs – Line 2t

1 Excess intangible drilling costs	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65% (.65)	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1.	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 2t	6	

Other Adjustments – Line 3

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3.	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Add lines 5 and 6	7	
8 Standard deduction if a qualified disaster loss was added to standard deduction.	8	
9 Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 3	9	

Alternative Minimum Taxable Income – Line 4

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

Exemption – Line 5

1	Enter \$70,300 if single or head of household, \$109,400 if married filing jointly or qualifying widow(er), \$54,700 if married filing separately	1	70,300.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	108,068.
3	Enter \$500,000 if single or head of household, \$1,000,000 if married filing jointly or qualifying widow(er), \$500,000 if married filing separately	3	500,000.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	70,300.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	7	_____
8 a	Enter the child's earned income , if any	8 a	_____
b	Enter any adjustments.	b	_____
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	_____
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 5.	10	_____

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2018

► Keep for your records

Name(s) Shown on Return Brendan J Ritter		Social Security Number 231-67-6207	
1	Enter amount from Form 6251, line 6	1	
2 a	Enter amount from Form(s) 2555, lines 45 and 50	2a	
b	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3	
4	Tax on amount on line 3.		
	<ul style="list-style-type: none"> • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; or you reported qualified dividends on Form 1040, line 3a; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40 here. • All Others: If line 3 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result. 	4	
5	Tax on amount on line 2c. If line 2c is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	5	
6	Subtract line 5 from line 4. Enter here and on Form 6251, line 7. If zero or less, enter 0	6	

Federal Carryover Worksheet**2018**

► Keep for your records

Name(s) Shown on Return

Brendan J Ritter

Social Security Number

231-67-6207

2017 State and Local Income Tax Information

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

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

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

2017 Locality Tax Refund Information

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

Brendan J Ritter

231-67-6207

Other Tax and Income Information			2017	2018
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		5,233.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		108,068.
6	Tax liability for Form 2210 or Form 2210-F	6		17,086.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

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

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

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Brendan J Ritter

Social Security Number
231-67-6207

Description	Amount
Income	
Wages	104,610.
Interest income before Series EE bond exclusion	318.
Dividend income	784.
Tax refund	
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	2,356.
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	108,068.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	108,068.

Two-Year Comparison

2018

Name(s) Shown on Return
Brendan J Ritter

Social Security Number

Income	2017	2018	Difference	%
Wages, salaries, tips, etc		104,610.	104,610.	
Interest and dividend income		1,102.	1,102.	
State tax refund				
Business income (loss)				
Capital and other gains (losses)		2,356.	2,356.	
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income		108,068.	108,068.	
Adjustments to Income				
Adjusted Gross Income		108,068.	108,068.	
Itemized Deductions				
Medical and dental				
Income or sales tax		5,233.	5,233.	
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions		0.	0.	
Total Itemized Deductions		5,233.	5,233.	
Standard or Itemized Deduction		12,000.	12,000.	
Exemption Amount		0.	0.	
Qualified Business Income Deduction				
Taxable Income		96,068.	96,068.	
Income tax		17,094.	17,094.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		17,094.	17,094.	
Nonbusiness credits		8.	8.	
Business credits				
Total Credits		8.	8.	
Self-employment tax				
Other taxes		0.	0.	
Total Tax After Credits		17,086.	17,086.	
Withholding		18,463.	18,463.	
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments		18,463.	18,463.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		1,377.	1,377.	
Balance Due				

Current year effective tax rate 15.81 %

Tax Summary
► Keep for your records

2018

Name (s)

Brendan J Ritter

Total income	108,068.
Adjustments to income	
Adjusted gross income	108,068.
Itemized/standard deduction	12,000.
Qualified business income deduction	
Taxable income	96,068.
Tentative tax	17,094.
Additional taxes	
Alternative minimum tax	
Total credits	8.
Other taxes	0.
Total tax	17,086.
Total payments	18,463.
Estimated tax penalty	
Amount Overpaid	1,377.
Refund	1,377.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

► Keep for your records

2018

Name(s) Shown on Return Brendan J Ritter	Social Security No 231-67-6207
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Your 2018 adjusted gross income (AGI) 108,068.
National adjusted gross income range used below from 100,000. to 199,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	104,610.	119,624.
Taxable interest	318.	1,343.
Tax-exempt interest	129.	7,356.
Dividends	784.	6,153.
Business net income		26,962.
Business net loss		7,456.
Net capital gain	2,356.	13,227.
Net capital loss		2,272.
Taxable IRA		28,120.
Taxable pensions and annuities		42,858.
Rent and royalty net income		13,675.
Rent and royalty net loss		8,973.
Partnership and S corporation net income		42,067.
Partnership and S corporation net loss		13,918.
Taxable social security benefits		24,347.
Medical and dental expenses deduction		13,011.
Taxes paid deduction	5,233.	11,774.
Interest paid deduction		9,311.
Charitable contributions deduction		4,445.
Total itemized deductions	5,233.	26,894.
Child care credit		600.
Education tax credits		1,506.
Child tax credit		1,427.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	108,068.	141,529.
Taxable income	96,068.	106,982.
Income tax	17,094.	17,966.
Alternative minimum tax		2,403.
Total tax liability	17,086.	18,706.

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

Name _____

Social Security No. _____

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

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

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

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

3. Summary of Terms

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

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

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

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

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

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

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

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

DIRECT DEPOSIT ACCOUNT TYPE:

- ☐ Checking
☐ Savings

RTN # _____

Account # _____

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

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

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

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

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

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

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

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

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

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

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

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

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

YOUR AGREEMENT

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

Green Dot Bank's Privacy Policy

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

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

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

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

Name Brendan J Ritter
Social Security No. 231-67-6207

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	\$ 1,377.00
Less Processor Refund Processing Fee	\$ 39.99
Less TurboTax Fees	\$ 119.98
Less Fees for Additional Products and Services Purchased	\$
Expected Proceeds*	\$ 1,217.03

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

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

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

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

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

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

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

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

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 121202211

Account # 440020136824

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

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

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

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

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

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

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

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

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

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

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

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

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

Rev. 02/2015

Civista Bank Tax Product Privacy Policy

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

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

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Brendan J Ritter

Primary SSN: 231-67-6207

Federal Return Submitted: March 03, 2019 11:05 AM PST

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 03/03/2019

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

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

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

TIMELY FILING:

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

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

2. THE ACCEPTANCE DATE.

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

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

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

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

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Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

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

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

IRS regulations require the following statements:

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

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

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

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

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

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

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

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

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

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

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

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

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

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

Questions? Call 1-877-908-7228

Pro Delegation Worksheet

2018

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

Preparer / Electronic Return Originator (ERO) Information

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

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

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

Select state returns to file electronically:

State(s)

New! State e-file disclosure consent:

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

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

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

Select state returns to file by mail:

State(s)

Practitioner PIN Program:

- ☐ Sign return electronically using Practitioner PIN

Choose one:

- ☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
☐ Taxpayer(s) entered own PIN(s)
☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). _____

Spouse's PIN filing a joint return (enter any 5 numbers) _____

Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

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

Documents Used to Verify Primary Taxpayer Identity:

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

Finish and File Info:

- ☐ To indicate a client return download in FnF

Late Legislation Worksheet

2018

Name(s) Shown on Return <u>Brendan J Ritter</u>	Social Security Number <u>231-67-6207</u>
--	--

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

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

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 3 Smart Worksheet									
A Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for for any month you were covered by Medicare.									
1	January	▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family		3,450.		
2	February	▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family		3,450.		
3	March	▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family		3,450.		
4	April	▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family		3,450.		
5	May	▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family		3,450.		
6	June	▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family		3,450.		
7	July	▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family		3,450.		
8	August	▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family		3,450.		
9	September	▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family		3,450.		
10	October	▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family		3,450.		
11	November	▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family		3,450.		
12	December	▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family		3,450.		
B Maximum allowable contribution.							3,450.		
<i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>									

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	750.
B Enter employer contributions made in 2018 for the tax year 2017	
C Subtract line B from line A	750.
D Enter employer contributions made in 2019 for the tax year 2018	
E Other employer contributions for 2018 not reported above	
F Employer contributions for 2018. Add lines C, D and E. Enter on line 9	750.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 18 Smart Worksheet						
Check here if failure to maintain HDHP coverage in 2018 was due to death or disability					<input type="checkbox"/>	
A	1	Total HSA contribution in 2017				
	2	Excess contribution in 2017				
	3	Net HSA contribution in 2017	0.			
B	Check the box below to indicate the type of coverage you had for each month of 2017. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.					
	1	January	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	2	February	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	3	March	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	4	April	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	5	May	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	6	June	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	7	July	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	8	August	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	9	September	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	10	October	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	11	November	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	12	December	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
C	1	Total maximum allowable contribution for 2017				
	2	Amount allocated to spouse in 2017				
	3	Net maximum allowable contribution for 2017				

SMART WORKSHEET FOR: 1040 Wks: 1040 Worksheet

Tax Smart Worksheet	
A	Tax 17,094.
	Check if from:
1	Tax table <input type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet X
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814
C	Additional tax from Form 4972
D	Tax from additional Form(s) 4972
E	Recapture tax from Form 8863
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative
H	Tax. Add lines A through G. Enter the result here and include in tax below. 17,094.

SMART WORKSHEET FOR: Federal Information Worksheet

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

SMART WORKSHEET FOR: Federal Information Worksheet

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

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

Substitute Form W-2 Smart Worksheet	
A	Treat as substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ►

Does your mortgage interest need to be limited: Yes . . . ☐ No . . . ☐

A Home mortgage interest and points reported on Form 1098:

- 1 Sum of lines 5a through 5d below _____
- 2 Limited amount to report on Sch A, line 8a _____

B Home mortgage interest not reported on Form 1098:

- 1 Sum of lines 6a and 6b below _____
- 2 Limited amount to report on Sch A, line 8b _____

C Points not reported on Form 1098:

- 1 Sum of lines 7a through 7c below _____
- 2 Limited amount to report on Sch A, line 8c. _____

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

- A** Enter Section 179 carryover from prior year _____
- B** **QuickZoom** to the Asset Entry Worksheet ►
- C** **QuickZoom** to the Depreciation/Amortization Reports ►
- D** **QuickZoom** to Form 4562 for Schedule A. ►
- E** Treat all MACRS assets for activity as qualified Indian reservation property? . . . ☐ Yes ☒ No
- F** Treat all assets acquired after Aug. 27, 2005 as
qualified GO Zone property? ☐ Regular ☐ Extension ☒ No
- G** Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? ☐ Yes ☒ No
- H** Was this property located in a Qualified Disaster Area? ☐ Yes ☒ No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet**QuickZoom** to enter nontaxable combat pay on Form W-2 ▶**A Taxpayer:**

1 Taxpayer, nontaxable combat pay

2 Election for earned income credit (EIC):Elect taxpayer's nontaxable combat pay as earned income for EIC? ▶ ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶ ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ▶ ☐ Yes ☐ No**B Spouse:**

1 Spouse, nontaxable combat pay

2 Election for earned income credit (EIC):Elect spouse's nontaxable combat pay as earned income for EIC? ▶ ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect spouse's nontaxable combat pay as earned income for DCB? ▶ ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ▶ ☐ Yes ☐ No**C** You may compare the tax benefit of electing or not electing by checking a box on line A or
line B and reviewing the overpayment or amount due below:Overpayment 1,377.

Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet**A** Taxable and tax exempt interest 447.**B** Dividend income 784.**C** Capital gain net **income** 2,356.**D** Royalty and rental of personal property net **income****E** Passive activity net **income**:

1 Rental real estate net income or loss

2 Farm rental net income or loss

3 Partnerships and S corporations net income or loss

4 Estates and trusts net income or loss

5 Total of lines 1 through 4

6 Total passive activity net **income**, line 5 if greater than zero**F** Interest and dividends from Forms 8814**G** Adjustments**H** **Total investment income**, add lines A through G 3,587.Is line H, **total investment income** over \$3,500?☐ **No.** You may take the credit.☒ **Yes. Stop.** You **cannot** take the credit.



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2018

Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2018.

Your first name and initial BRENDAN J RITTER	Last name	Your Social Security number 231676207
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
Present street address (and apartment number) 381 HIGHLAND AVE. APT NO 2		
City/Town/Post Office SOMERVILLE	State MA	Zip 02144
Filing status: <input checked="" type="checkbox"/> Single		<input type="checkbox"/> Married filing jointly
<input type="checkbox"/> Married filing separately		<input type="checkbox"/> Head of household

Part 1. Tax Return Information for Electronic Filing

1 Total 5.1% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	104610
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	5038
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	0
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	5233
5 Refund amount (from Form 1, line 49, or Form 1-NR/PY, line 53)	5	195
6 Tax due (from Form 1, line 50, or Form 1-NR/PY, line 54)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2018 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, both must sign)	Date
----------------	------	---	------

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

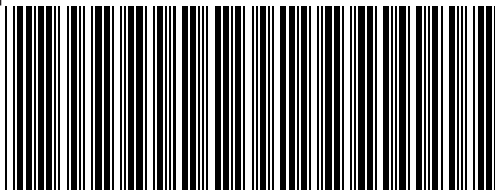
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State Zip	<input type="checkbox"/> Check if also paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

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

Paid preparer's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State Zip	



2018 Form 1

MA18001011555

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2018 or other taxable

Year beginning

Ending

BRENDAN

J RITTER

231676207

381 HIGHLAND AVE

SOMERVILLE

MA 02144

Fill in if: ☒ Original return ☐ Amended return ☐ Amended return due to federal change

State Election Campaign Fund:

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

a. Total federal income 108068

b. Federal adjusted gross income 108068

1. Filing status (select one only):

☒ Single

☐ Married filing jointly

☐ Married filing separate return

☐ Head of household

☐ You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

a. Personal exemptions

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

c. Age 65 or over before 2019 You + Spouse =

d. Blindness You + Spouse =

e. Medical/dental

f. Adoption

g. Total exemptions. Add lines 2a through 2f. Enter here and on line 18

Apt. no. 2
☒ \$1 You \$1 Spouse TOTAL 1

You Spouse

You Spouse

You Spouse

Name/address changed since 2017

Fill in if noncustodial parent

Fill in if filing Schedule TDS

2a 4400

× \$1,000 = 2b 0

× \$700 = 2c 0

× \$2,200 = 2d 0

2e 0

2f 0

2g 4400

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

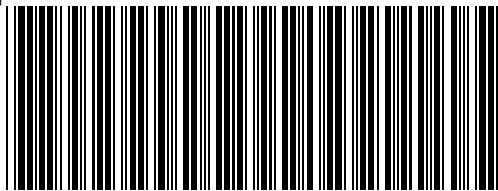
Your signature

Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2018 Form 1, pg. 2

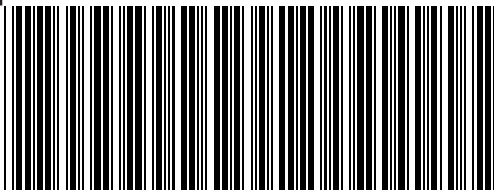
MA18001021555

Massachusetts Resident Income Tax Return

231676207

3.	Wages, salaries, tips	3	104610
4.	Taxable pensions and annuities	4	0
5.	Mass. bank interest: a. 0 - b. exemption 0	= 5	0
6a.	Business/profession income/loss	6a	0
6b.	Farming income/loss	6b	0
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	0
8a.	Unemployment	8a	0
8b.	Mass. lottery winnings	8b	0
9.	Other income from Schedule X, line 5	9	0
10.	TOTAL 5.1% INCOME	10	104610
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	0
12.	Child under age 13, or disabled dependent/spouse care expenses	12	0
13.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/18, or disabled dependent(s) Not more than two. a.	$\times \$3,600 = 13$	0
14.	Rental deduction. a. 14400	$\div 2 = 14$	3000
15.	Other deductions from Schedule Y, line 19	15	0
16.	Total deductions. Add lines 11 through 15	16	5000
17.	5.1% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	99610
18.	Exemption amount	18	4400
19.	5.1% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	95210
20.	INTEREST AND DIVIDEND INCOME	20	1231
21.	TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20	21	96441

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2018 Form 1, pg. 3

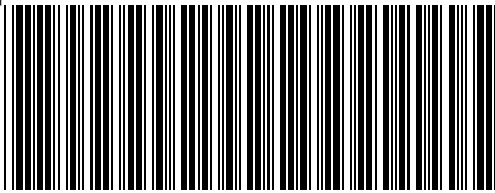
MA18001031555

Massachusetts Resident Income Tax Return

231676207

22. TAX ON 5.1% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	22	4918
23. 12% INCOME. Not less than "0." a. 0	$\times .12 =$ 23	0
24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 20, 23 or 24	24	120
25. Credit recapture amount (from Credit Recapture Schedule)	25	0
26. Additional tax on installment sale	26	0
27. If you qualify for No Tax Status, fill in and enter "0" on line 28		
28. TOTAL INCOME TAX. Add lines 22 through 26	28	5038
29. Limited Income Credit	29	0
30. Income tax due to another state or jurisdiction	30	0
31. Other credits from Credit Manager Schedule	31	0
32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	5038
33. Voluntary Contributions		
a. Endangered Wildlife Conservation	33a	0
b. Organ Transplant Fund	33b	0
c. Massachusetts AIDS Fund	33c	0
d. Massachusetts U.S. Olympic Fund	33d	0
e. Massachusetts Military Family Relief Fund	33e	0
f. Homeless Animal Prevention and Care	33f	0
Total. Add lines 33a through 33f	33	0
34. Use tax due on Internet, mail order and other out-of-state purchases	34	0
35. Health care penalty a. You 0 + b. Spouse 0 - c. Fed. health care penalty 0	35	0
36. Amended return only. Overpayment from original return	36	0
37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36	37	5038





2018 Schedule B

MA18010011555

BRENDAN

J RITTER

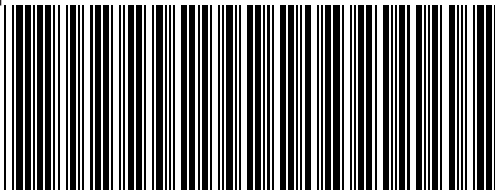
231676207

Part 1. Interest and Dividend Income

1. Total interest income	1	447
2. Total ordinary dividends	2	784
3. Other interest and dividends not included above	3	0
4. Total interest and dividends	4	1231
5. Total interest from Massachusetts banks	5	0
6. Other interest and dividends to be excluded	6	0
7. Subtotal	7	1231
8. Allowable deductions from your trade or business	8	0
9. Subtotal	9	1231

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Short-term capital gains	10	0
11. Long-term capital gains on collectibles and pre-1996 installment sales	11	0
12. Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	0
13. Add lines 10 through 12	13	0
14. Allowable deductions from your trade or business	14	0
15. Subtotal	15	0
16. Short-term capital losses	16	0
17. Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	0
18. Prior short-term unused losses for years beginning after 1981	18	0
19. Combine lines 15 through 18	19	0
20. Short-term losses applied against interest and dividends	20	0



2018 Schedule B, pg. 2

231676207 MA18010021555

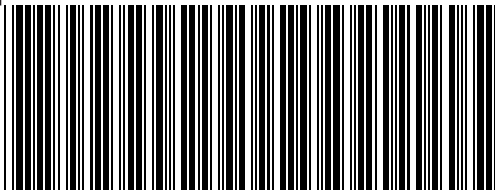
21. Available short-term losses	21	0
22. Short-term losses applied against long-term gains	22	0
23. Short-term losses available for carryover in 2019	23	0
24. Short-term gains and long-term gains on collectibles	24	0
25. Long-term losses applied against short-term gain	25	0
26. Subtotal	26	0
27. Long-term gains deduction	27	0
28. Short-term gains after long-term gains deduction	28	0

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29. Enter the amount from line 9	29	1231
30. Short-term losses applied against interest and dividends	30	0
31. Subtotal interest and dividends	31	1231
32. Long-term losses applied against interest and dividends	32	0
33. Adjusted interest and dividends	33	1231
34. Enter the amount from line 28	34	0

Part 4. Taxable Interest, Dividends and Certain Capital Gains

35. Adjusted gross interest, dividends and certain capital gains	35	1231
36. Excess exemptions	36	0
37. Subtract line 36 from line 35	37	1231
38. Interest and dividends taxable at 5.1%	38	1231
39. Taxable 12% capital gains	39	0
40. Available short-term losses for carryover in 2019	40	0



2018 Schedule D

MA18012011555

Long-Term Capital Gains and Losses
Excluding Collectibles

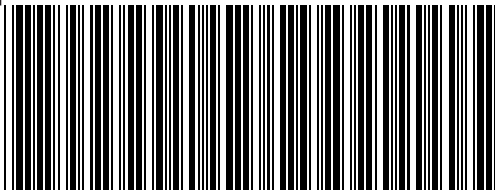
BRENDAN

J RITTER

231676207

Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1. Enter amounts included in U.S. Schedule D, lines 8a and 8b, col. h	1	-27
2. Enter amounts included in U.S. Schedule D, line 9, col. h	2	0
3. Enter amounts included in U.S. Schedule D, line 10, col. h	3	0
4. Enter amounts included in U.S. Schedule D, line 11, col. h	4	0
5. Enter amounts included in U.S. Schedule D, line 12, col. h	5	0
6. Enter amounts included in U.S. Schedule D, line 13, col. h	6	2383
7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	7	0
8. Carryover losses from prior years	8	0
9. Combine lines 1 through 8	9	2356
10. Differences, if any	10	0
11. Adjusted capital gains and losses	11	2356
12. Long-term gains on collectibles and pre-1996 installment sales	12	0
13. Subtotal	13	2356
14. Capital losses applied against capital gains	14	0
15. Subtotal	15	2356
16. Long-term capital losses applied against interest and dividends	16	0
17. Subtotal	17	2356
18. Allowable deductions from your trade or business	18	0
19. Subtotal	19	2356
20. Excess exemptions	20	0
21. Taxable long-term capital gains	21	2356
22. Tax on long-term capital gains	22	120
23. Available losses for carryover	23	0



2018 Schedule INC

MA18INC011555

BRENDAN

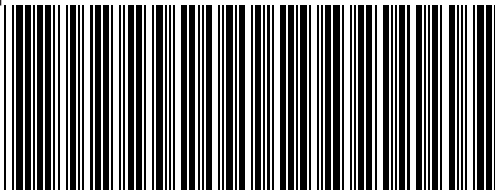
J RITTER

231676207

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
412126829	5233	104610	8429	0	W2

TOTALS	5233	104610	8429	0	
--------	------	--------	------	---	--



2018 Schedule HC

MA18029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

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231676207

1a. Date of birth 07181993 1b. Spouse's date of birth 1c. Family size 1
2. Federal adjusted gross income 2 108068

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. **Note:** MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2018, you turned 18, you were a part-year resident or a taxpayer was deceased.
3a You: ☒ Full-year MCC Part-year MCC No MCC/None
3b Spouse: Full-year MCC Part-year MCC No MCC/None
If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2018, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

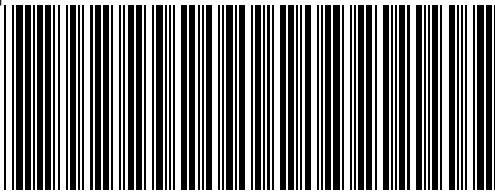
4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	<input checked="" type="checkbox"/>	You	Spouse
4b. MassHealth. Fill in and go to line 5		You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5		You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5		You	Spouse
4e. Other government program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage.		You	Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.
UNITEDHEALTH GROUP 960000161 00968848747279407627

4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2018, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



2018 Schedule HC, pg. 2

231676207 MA18029021555

Uninsured for All or Part of 2018

6. Was your income in 2018 at or below 150% of the federal poverty level?

6 Yes No

If you answer Yes, you are not subject to a penalty in 2018. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2018, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section **only** if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2018. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2018, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2018. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. **Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance?

8a	You	Yes	No
	Spouse	Yes	No

If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2018 tax year?

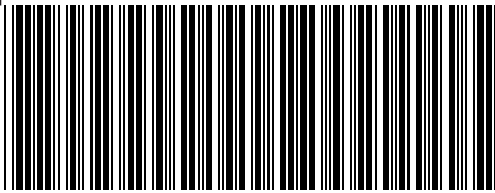
8b	You	Yes	No
	Spouse	Yes	No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. **Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2018 tax year?

9	You	Yes	No
	Spouse	Yes	No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.



2018 Schedule HC, pg. 3

MA18029031555

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Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2018 tax year.

- | | | | | | |
|-----|--|----|--------|-----|----|
| 10. | Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? | 10 | You | Yes | No |
| | | | Spouse | Yes | No |

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

- | | | | | | |
|-----|---|----|--------|-----|----|
| 11. | Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? | 11 | You | Yes | No |
| | | | Spouse | Yes | No |

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

- | | | | | | |
|-----|--|----|--------|-----|----|
| 12. | Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? | 12 | You | Yes | No |
| | | | Spouse | Yes | No |

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2018 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do **not** assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

- Keep for your records

Name(s) Shown on Return	Social Security Number
Brendan J Ritter	231-67-6207

- 3** Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. (See the special section on MCC requirements in the instructions.)

☒ Full-year MCC ☐ Part-year MCC ☐ No MCC/None

- 4** Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2018, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, check line(s) 4f and/or 4g and see instructions. Check if you were enrolled in private insurance and MassHealth, and enter your private insurance information in Your Health Insurance Smartworksheet.

- | | | | |
|--------------------------------------|---|-----|--|
| a | Private Insurance (including connector care) | You | <input checked="checked" type="checkbox"/> |
| b | MassHealth | You | <input type="checkbox"/> |
| c | Medicare | You | <input type="checkbox"/> |
| d | U.S. Military (including Veterans Administration and Tri-Care) | You | <input type="checkbox"/> |
| e | Other government program (enter the program name(s) only below) | You | <input type="checkbox"/> |
| Name of Insurance Carrier or Program | | | |

- 4 f** Check if you were not issued Form MA 1099-HC ☐

Your Health Insurance Smart Worksheet

Name of Insurance Company or Administrator (from Form MA 1099-HC)	Federal Identification No. of Insurance Company (from Form MA 1099-HC)	Subscriber No. (from Form MA 1099-HC)
UNITEDHEALTH GROUP	96-0000161	00968848747279407627

- 7** Complete this section **only** if you and/or your spouse if MFJ, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2018. Check the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, check the months you were covered by a plan that met the MCC requirements at least **15 days or more**. See instructions if, during 2018, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**.

Special Circumstance Instructions

☐ Indicates special circumstances

Check the month(s) you were alive, age 18, or a resident of Massachusetts for 2018

<input type="checkbox"/>	Jan	<input type="checkbox"/>	Feb	<input type="checkbox"/>	March	<input type="checkbox"/>	April	<input type="checkbox"/>	May	<input type="checkbox"/>	June
<input type="checkbox"/>	July	<input type="checkbox"/>	Aug	<input type="checkbox"/>	Sept	<input type="checkbox"/>	Oct	<input type="checkbox"/>	Nov	<input type="checkbox"/>	Dec

Months Covered By Health Insurance That Met Minimum Creditable Coverage

You should only check the month(s) you had health insurance that met MCC requirements.

<input type="checkbox"/>	Jan	<input type="checkbox"/>	Feb	<input type="checkbox"/>	March	<input type="checkbox"/>	April	<input type="checkbox"/>	May	<input type="checkbox"/>	June
<input type="checkbox"/>	July	<input type="checkbox"/>	Aug	<input type="checkbox"/>	Sept	<input type="checkbox"/>	Oct	<input type="checkbox"/>	Nov	<input type="checkbox"/>	Dec

Religious Exemption and Certificate of Exemption

- 8 a Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? ► Yes ☐ No ☐

If you answer Yes, go to line 8b. If you answer No, go to line 9.

- 8 b** If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2018 tax year? ► Yes ☐ No ☐

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

- 9 Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2018 tax year? ► Yes ☐ No ☐

If you answer Yes enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.
Certificate No.

Schedule HC Worksheet for Line 10

Did your employer (or your spouse's employer if married filing jointly) offer you health insurance?
 If you answered "Yes" above, was this insurance free?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

The following worksheet will determine if you could have afforded employer-sponsored health insurance that met Minimum Creditable Coverage in 2018. Complete only if you (and/or your spouse if married filing jointly) were eligible for insurance that met Minimum Creditable Coverage offered by an employer for the entire period you were uninsured in 2018 that covered you, and your spouse and dependent children, if any. If an employer did not offer health insurance that met Minimum Creditable Coverage that covered you, and your spouse and dependent children, if any, or if you were not eligible for insurance that met Minimum Creditable Coverage offered by an employer, you were self employed or you were unemployed, check the No box on line 10 and complete the Schedule HC Worksheet for line 11.

Note: If line 6 of the Schedule HC is checked Yes indicating that your income was at or below 150% of the federal poverty level or you had three or fewer blanks in a row during the period that the mandate applied on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. If an employer offered you free health insurance coverage in 2018 that met Minimum Creditable Coverage (the employer's Human Resources Department should be able to provide this information to you), you are deemed able to afford health insurance and are subject to a penalty. Check the Yes box in line 10 and go to the Health Care Penalty Worksheet.

1 Enter your federal adjusted gross income (from U.S. Form 1040, 7) | 1 | _____

If line 1 is less than or equal to:

- ▶ \$18,090 if single or married filing a separate with no dependents;
- ▶ \$24,360 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or
- ▶ \$30,630 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents,

you are deemed unable to afford employer-sponsored health insurance that met Minimum Creditable Coverage requiring an employee contribution. Check the No box in line 10. Skip the remainder of this worksheet and go to the Schedule HC Worksheet for Line 11.

If line 1 is more than:

- ▶ \$18,090 if single or married filing separately with no dependents;
- ▶ \$24,360 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or
- ▶ \$30,630 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents, **go to line 2.**

2 Enter the lowest monthly premium cost of health insurance that would cover you, and your spouse and dependent children, if any, offered to you during your uninsured period in 2018 through an employer. The employer's Human Resources Department should be able to provide this amount to you. | 2 | _____

Note: If you declined employer-sponsored health insurance that met the Minimum Creditable Coverage, the monthly premium amount may be found on the Health Insurance Responsibility Disclosure Form (HIRD) you should have received from your employer.

3	Enter the monthly premium that as a percentage of income that corresponds with your income range (from line 1 of worksheet and filing status from Table 3: Affordability from the instructions)	3	_____
4	Multiply 1 by line 3	4	_____
5	Divide line 4 by 12 to calculate the monthly premium considered affordable to you	5	_____

If line 2 is less than or equal to line 5:

you are deemed able to afford employer-sponsored health insurance that met Minimum Creditable Coverage during your uninsured period(s), which you did not obtain, and you are subject to a penalty. Fill in the Yes oval(s) in line 10 of Schedule HC, and go to the Health Care Penalty Worksheet on page HC-11.

If line 2 is greater than line 5:

you could not afford health insurance that met Minimum Creditable Coverage offered to you by your employer, fill in the No oval(s) in line 10 of Schedule HC, and complete the following Schedule HC Worksheet for Line 11 on page HC-8.

Schedule HC Worksheet for Line 11: Eligibility for Government-Subsidized Health Insurance

Line 11: Eligibility for Government-Subsidized Health Insurance Smart Worksheet

A In 2018, were any of these statements true?

- ▶ I was not a citizen or a non-citizen legally residing in the U.S.,
- ▶ An employer offered an individual plan that cost less than 9.56% of your household income and met minimum value standards (the employer's Human Resource Department should be able to provide this information to you),
- ▶ I applied for Mass Health or subsidized coverage through the Health Connector and were denied because I was ineligible for services

Are any of the statements in A true? ☐ No ☐ Yes

The following worksheet will determine if you were eligible for government-subsidized health insurance in 2018. Complete the following worksheet only if an employer did not offer you affordable health insurance that met Minimum Creditable Coverage requirements, as determined in the Schedule HC Worksheet for Line 10.

Note: If line 6 of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blanks in a row on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return.

If married filing separately **and** living in the same household, each spouse must combine their income figures from their separate U.S. returns when completing this worksheet.

1	Enter your federal adjusted gross income (from U.S. Form 1040, line 7)	1	<input type="text"/>
2	Enter the amount from the Income column, based on your family size (do not include dependent children age 19 or older in your family size), from Table 2 in the instructions	2	<input type="text"/>

If line 1 is greater than line 2:

you were ineligible for government-subsidized health insurance in 2018 and must fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were deemed able to afford private health insurance.

If line 1 is less than or equal to line 2, and at any point during the period when you were uninsured:

- ▶ you were not a citizen or a non-citizen legally residing in the U.S., **or**
- ▶ an employer offered an individual plan that cost less than 9.69% of your household income (the employer's Human Resources Department should be able to provide this information to you) **or**
- ▶ you applied for Mass Health or subsidized coverage through the Health Connector and were denied because you were ineligible for services,

you are deemed ineligible for government-subsidized health insurance in 2018 .

Fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were able to afford private health insurance.

If line 1 is less than or equal to line 2 and none of the conditions above apply, then

- ▶ you would have been deemed eligible for government-subsidized health insurance in 2018 which you did not obtain and you are subject to a penalty. You must
- ▶ check the Yes box in line 11, **and** go to the Health Care Penalty Worksheet.

Note: If you believe that during the period when you were uninsured, your income was actually too high to qualify for government-subsidized insurance, you may have grounds to appeal the penalty. Check the Yes box in line 11 and go to the instructions for the Appeals section on schedule HC.

Schedule HC Worksheet for Line 12: Ability to Purchase Affordable Private Health Insurance That Met Minimum Creditable Coverage

The following worksheet will determine if you could have purchased affordable private health insurance that met Minimum Creditable Coverage in 2018. Complete the following worksheet only if you (and/or your spouse if married filing jointly) were deemed ineligible for government-subsidized health insurance, as determined in the Schedule HC Worksheet for Line 11.

Note: If line 6 of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blanks in a row on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Schedule HC must be attached to your return.

1	Enter your federal adjusted gross income (from U.S. Form 1040, line 7)	1	
2	Enter the monthly premium that corresponds with your county of residency (see the printed government instructions if you do not know what county you live in), age (if married filing a joint return, use the age of the older spouse) and filing status from Table 4: Premiums on page HC-10 from the instructions . . .	2	
3	Enter the affordable premium as a percentage of income that corresponds with your income range (from line 1 of worksheet) and filing status from Table 3: Affordability on page HC-10 from the instructions.	3	
4	Multiply 1 by line 3	4	
5	Divide line 4 by 12 to calculate the monthly premium considered affordable to you	5	

If line 2 is greater than line 5:

you are deemed unable to afford health insurance that met Minimum Creditable Coverage and not subject to a penalty, and you must fill in the No oval(s) in line 12 of Schedule HC and skip the remainder of Schedule HC and continue completing your tax return.

If line 2 is less than or equal to line 5:

you are deemed able to afford private health insurance that met Minimum Creditable Coverage, which you did not obtain; you are subject to a penalty and you must fill in the Yes oval(s) in line 12 of Schedule HC and go to the Health Care Penalty Worksheet on page HC-11.

Brendan J Ritter

231-67-6207 Page 6

Schedule HC Worksheet - Penalty Worksheet

Complete the following worksheet to calculate the penalty. If married filing a joint return and both you and your spouse are subject to a penalty, separate worksheets must be filled out to calculate the separate penalty amounts for you and your spouse, using your married filing jointly income. Each separate penalty amount must then be entered on Form 1, line 34a and line 34b or Form 1-NR/PY, line 39a and line 39b.

Note: If line 6 is checked of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return.

1	Enter your federal adjusted gross income from line 2 of Schedule HC	1	
3	Based on Family Size, federal AGI and your age calculated penalty	3	
4	How many gap(s) in coverage of four or more consecutive months do you have in Schedule HC, line 7? If you were uninsured for all of 2018 enter "0"	4	0
	▶ Turning 18, Part-Year Residents or a Taxpayer was deceased . When completing line 4, do not include the number of unfilled checkboxes for months that the mandate did not apply, as determined in Schedule HC, line 7.		
5	Enter the total number of months for the gap(s) in coverage as identified in line 4. Enter "12" if you were uninsured for all of 2018.	5	
	▶ ATTENTION: Taxpayer, or Spouse if married filing jointly, was deceased or Turned 18 or a Part-Year Resident. See Government Instructions Sch. HC.		
6	Multiply line 4 by "3"	6	0
7	Subtract line 6 from line 5	7	0
8	Multiply line 3 by line 7. This is the penalty amount for you	8	0

If you are subject to a penalty because you are deemed able to afford insurance in 2018 but did not obtain it, you may appeal the application of the penalty to you. Go to the Filing an Appeal section on the Schedule HC and follow these instructions. If you are filing an appeal, do not enter a penalty amount on Form 1, line 34a or line 34b or Form 1-NR/PY, line 39a and line 39b. If you are **not** appealing the penalty, enter the penalty amount from line 8 on Form 1, line 34a or 34b or Form 1-NR/PY, line 39a and line 39b.

Complete Only If You Are Filing An Appeal

You:

☐

I wish to appeal the penalty. I authorize DOR to share my tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding my appeal.

Fees and Other 5.1% Income Statement

- Keep for your personal records

[illegible]

Form 1, 1-NR/PY
Schedule B
Line 6

Other Interest and Dividends
Excluded Statement

► Attach to your return

2018

Statement

Name as Shown on Return
Brendan J Ritter

Social Security No.
231-67-6207

1	Any interest on U.S. debt obligations (including its territories or dependencies)	1	
2	Any interest and dividends taxed directly to Massachusetts estates and trusts	2	
3	Any distribution which is a return of capital included in total gross dividends, Schedule B, line 2	3	
4	Any exempt portion of interest or dividends from a mutual fund included in Schedule B, lines 1, 2 or 3	4	
5	Any interest or dividends from obligations of the Commonwealth of Massachusetts or its political subdivisions	5	
6	Any dividends from current earnings of a corporate trust taxed directly on Massachusetts Form 3F.	6	
7	Any interest on pre-retirement distributions from state and municipal contributory pension plans	7	

Massachusetts Nonresident Excludable Interest and Dividends

A	Total ordinary interest & dividends	913
B	Enter interest and dividends included on line A which were directly connected with business activity in Massachusetts	
C	Massachusetts nonresident excludable interest and dividends (A minus B)	

8	Other: _____ _____ _____ _____	8	_____ _____ _____ _____
9	Total to Schedule B, line 6	9	_____

Massachusetts Interest Income Worksheet**2018**

Keep for your records — Do not file

Statement INTName(s) shown on return
Brendan J RitterSocial Security Number
231-67-6207

Payer Name	T S J	Regular Interest	Reg Type	U.S. Govt Interest	Tax exempt Interest	St ID	Adjustment Amount (Enter as positive)	Adj Type	Massachusetts Bank Interest
		Bond Premium on regular interest		Bond Premium on U.S. Govt Interest	Bond Premium on exempt interest				
Charles Schwab									
	T	255.							
Charles Schwab									
	T	63.							

Type

(blank) Regular Taxable Interest
M Bank Interest
S Seller Financed

Type of Adjustment

N Nominee Distribution
O OID Adjustment
A Accrued Interest
H Other Adjustment
U U.S. Savings Bond Prev Reported

Section 179 Worksheet

2018

Name as Shown on Return
Brendan J Ritter

Social Security Number
231-67-6207

Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation	1	
State adjustments:		
2 Depreciation adjustment (without Section 179)	2	
3 Section 1231 gain adjustment	3	
4 Other additions or subtractions to taxable income	4	
5 State taxable income for the Section 179 limitation (line 1 plus lines 2 - 4)	5	
6 Total Section 179 before limitation	6	
7 Section 179 allowable, if different	7	
8 Federal Section 179 allowed	8	
9 State Section 179 adjustment	9	
10 Carryover to next year	10	

QuickZoom to Activity Worksheet ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover

Total Form 2106 Section 179 Adjustment (Column B minus Column G)

Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(C) State Carryover From Prior Year	(D) State Total Section 179 Before Limitation	(E) State Section 179 Allowed	(F) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E)

Massachusetts Information Worksheet

2018

► Keep for your personal records

Part I – Personal Information

Taxpayer:

First Name Brendan
 Middle Initial J Suffix
 Last Name Ritter
 Social Security No. . . 231-67-6207
 Occupation Software Engineer
 Date of Birth 07/18/1993
 Date of Death
 Daytime Phone (703) 517-5937
 Home Phone
 Print phone number on vouchers ☐ TP work ☐ TP home ☐ Spouse work ☐ Spouse home

Spouse:

First Name
 Middle Initial Suffix
 Last Name
 Social Security No.
 Occupation
 Date of Birth
 Date of Death
 Daytime Phone
 Use home phone for spouse

Address 381 Highland Ave. Apt 2
 City Somerville State MA ZIP Code 02144
 In care of Address
 City State ZIP Code
 Foreign state Foreign country Foreign Postal Code

Part II – Main Form

- ☒ Form 1: Resident Tax Return ►
☐ Form 1-NR/PY: Nonresident Return ►
☐ Form 1-NR/PY: Nonresident and Part-Year Resident Return (**Sch R/NR**) ►
☐ Form 1-NR/PY: Part-year Resident Return ►

Residency dates From To

Part III – Filing Status

- ☒ Single
☐ Married filing joint return
☐ Married filing separate return
☐ Head of household
 Spouse federal Total Income (If MFS and living together)
 Spouse federal AGI (If MFS and living together)
 Total dependents claimed (If MFS and living together)
☐ Check here if the taxpayer is a victim of domestic abuse, is married filing separate and wants to claim EITC
 If claiming exception above. Amount of EIC as calculated from EIC Worksheet 0
 If claiming exception above. Number of qualifying children used to calculate EIC 0

Part IV – Dependent Information

Full Name	Relationship	Age	Disabled?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Part V – Electronic Filing Information

Yes No
☐ ☐ Planning to pay balance due on or before April 17, 2019?

Part VI – Direct Deposit Information or Direct Debit Information**Yes No**
☐
☒
☐

- Do you want to use **direct debit** for **state tax payment** (Electronic Filing Only)?
- Do you want to elect **direct deposit** of **state tax refund**?
- Extension** - Do you want **electronic funds withdrawal** of **tax due** (Electronic Filing Only)?

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

Name of Financial Institution (optional) ▶ Charles Schwab

Check the appropriate box:

Checking ▶ ☒ Routing number ▶ 121202211

Savings ▶ ☐ Account number ▶ 440020136824

International ACH Transactions**Yes No**
☐
☒

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Additional information for electronic funds withdrawal:

Electronic funds withdrawal amount due with **return** information (*Electronic Filing Only*):

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

Electronic funds withdrawal amount due with **extension** information (*Electronic Filing Only*)

Enter settlement date to withdraw the extension amount from the account above _____

State balance-due amount paid with this extension Form M-4868 _____

Part VII – Additional Return Information**1 State Election Campaign Fund:**
☒

TP wants \$1 to go to Massachusetts Election Campaign Fund

☐

Spouse wants \$1 to go to Massachusetts Election Campaign Fund

2 Non-Custodial Parent:
☐

Non-custodial parent

3 Schedule TDS:
☐

Filing Schedule TDS

4 First Time Filer:
☐

First time filer with Massachusetts Department of Revenue

5 Address/Name Change:
☐

Name or address changed since 2017

6 Farmer and Fisherman Status:
☐

Farmer and fisherman

7 Rental Deduction/Circuit Breaker Credit:

Rent paid in Massachusetts during 2018 14400

a Senior Circuit Breaker Credit:
☐

Living in Public or Subsidized housing.

8 Payments to Retirement Systems made during 2018:

a Social security and medicare tax withholding

b Federal self-employment tax

c Massachusetts retirement systems (including political subdivisions)

d U.S. retirement systems (other than social security, medicare, self-employment and railroad retirement included in lines a or b)

e Total payments to retirement systems

Taxpayer	Spouse
8429	
8429	

9 Wages Taxed by More Than One State (Massachusetts Resident)
☐

Exclude **Non-Massachusetts wages** from Form 1 (see Tax Help)

10 Form EFO:
☐

Print Massachusetts Form EFO

☐

Not required to file Massachusetts Form EFO

Part VIII – Extension Status**Yes No**☐ ☒ Tax return due date extended?

Extended due date . . . _____

Filing and Acceptance Information (Electronic Filing Only):

Extension filing date _____

Extension acceptance date _____

QuickZoom to Form M-4868: Automatic Six-Month Extension of Time To File Income Tax. ► _____**Part IX – Amended Return**☐ Filing a Massachusetts amended return☐ Check if this is due to a change on your federal return

Enter the tax year you are amending _____

Previous Massachusetts payment made _____

Previous Massachusetts refund received. _____

QuickZoom Form 1: **Calculating the Overpayment or Amount Due - Amended Return**. ► _____**QuickZoom** Form 1-NR/PY: **Calculating the Overpayment or Amount Due - Amended Return** _____

Tax Payments Worksheet

2018

► Keep for your records

Name Brendan J Ritter	Social Security Number 231-67-6207
--------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	5,233.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	5,233.
15	Date return will be filed and balance paid	15	

Sch B Line 36
or
Sch D Line 20

**Exemptions from Interest and Dividend Income,
12% Income and Long-Term Capital Gain Income**
(Only if Single, Head of Household, or Married Filing Jointly)

2018

► Keep for your records

Name as Shown on Return
Brendan J Ritter

Social Security No.
231-67-6207

If your total exemptions in Form 1, line 18 (or Form 1-NR/PY, line 22) are more than the amount of your 5.1% income after deductions in Form 1, line 17 (or Form 1-NR/PY, line 21), the excess may be applied against any interest and dividend income and income taxed at 12%. Any remaining excess amount may then be applied against any long-term capital gain income. Complete the following worksheet only if Form 1, line 17 is less than line 18 (or Form 1-NR/PY, line 21 is less than line 22) to determine if you qualify for the excess exemption. Enter all losses as '0.'

1	Enter amount from Schedule B, line 35. Not less than '0'	1	<u>1,231.</u>
2	Enter amount from Form 1, line 18 (or Form 1-NR/PY, line 22)	2	<u>4,400.</u>
3	Enter amount from Form 1, line 17 (or Form 1-NR/PY, line 21)	3	<u>99,610.</u>
4	Subtract line 3 from line 2. If '0' or less, you do not qualify for this exemption. Omit the remainder of worksheet	4	<u>-95,210.</u>
5	Excess exemptions applied against interest and dividend income and 12% income. If line 1 is larger than line 4, enter line 4 here and in Schedule B, line 36 and omit remainder of worksheet. If line 4 is equal to or larger than line 1, enter line 1 here and in Schedule B, line 36. Complete line 6 through 8.	5	<u> </u>
6	Subtract line 5 from line 4. If '0', Omit the remainder of worksheet	6	<u> </u>
7	Enter Schedule D, line 19. Not less than '0'	7	<u> </u>
8	Excess exemptions applied against long-term capital gain income. If line 7 is larger than line 6, enter line 6 here and in Schedule D, line 20. If line 6 is equal to or larger than line 7, enter line 7 here and in Schedule D, line 20	8	<u> </u>

► Keep for your personal records

Name as Shown on Return
Brendan J Ritter

Social Security No.
231-67-6207

Sale or Exchange of Property

Description of Property	N o n - M A	T y p e	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis plus Expenses	Gain/ Loss

Type**A** = Federal Schedule D**C** = Federal 6252, 4684 and 8824**D** = Federal Schedule K-1**E** = Federal Form 4797**F** = Federal Form 2439**I** = Federal Form 4797, Part II
(not including above)**Capital Gain Distributions**

Description of Property	Non-MA			Gain
Charles Schwab & CO., INC.				589.
American Century Investments				1,794.
Total				2,383.

	Type	Summary of Massachusetts Schedule B Sources	Gains	Losses
1	A	Federal Schedule D		
1 a		Federal Schedule D, line 1a, column h		
2	C	Federal Forms 6252, 4684 and 8824		
2 a		Federal Form 6781		
3	D	Federal Schedule K-1		
4		Subtotal of short-term capital gains/losses		
5	E	Federal Form 4797		
6	I	Federal Form 4797, Part II		
7		Subtotal of short-term Form 4797		

	Summary of Massachusetts Schedule B Adjustments	Gains	Losses
8	Subtotal of Non-Massachusetts short-term capital gains/losses		
9	Subtotal of Non-Massachusetts short-term Form 4797		
10	Subtotal of Form 4797 adjustments due to fed/state depreciation		
11	Subtotal of cap gain/loss adjustments due to fed/state depreciation		

	Summary of Federal Schedule D - Long Term Transactions	Long-term transactions
12	Federal Schedule D, line 8, col.h.	
12 a	Federal Schedule D, line 8a, col.h.	-27.
13	Federal Schedule D, line 9, col.h.	
14	Federal Schedule D, line 10, col.h.	
15	Federal Schedule D, line 11, col.h.	
16	Federal Schedule D, line 12, col.h.	
17	Federal Schedule D, line 13, col.h.	2,383.

	Type	Summary of Massachusetts Schedule D	Long-term transactions
18	A	Federal Schedule D	
19	C	Federal Forms 6252, 4684, 6781, and 8824	
20	D	Federal Schedule K-1	
21	E	Federal Form 4797	
22	F	Federal Form 2439 (Enter col A, B, C, D, E or F)	
23	I	Federal Form 4797, Part II (not included above)	
24	J	Cap Gain Distributions	2,383.
25		Non-Massachusetts capital gains/losses	
26		Adjustment due to federal/state depreciation difference	

Name(s) Shown on Return
Brendan J RitterYour Social Security Number
231-67-6207**Part I 2019 Estimated Tax Amount Options****1 Select One of Six Ways to Calculate the Required Annual Payment for 2019 Estimates:**

- a 100% of **2018** taxes (default, see Tax Help) ☒ 5,038.
- b 100% of tax on **2019** estimated taxable income ☐ 4,989.
- c 80% of tax on **2019** estimated taxable income ☐ 3,992.
- d 66-2/3% of tax on **2019** estimated taxable income (farmers and fishermen) ☐ 3,326.
- e Equal to 100% of overpayment (no vouchers) ☐ 195.
- f Enter total amount you want to use for estimates and check box ☐

2 Selected estimated tax amount:

- a 2019 Required Annual Payment based on your choice above 5,038.
- b Estimated amount of 2019 state income tax withholding 5,233.
- c **Total of estimated tax payments required for 2019** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$400 or more (default) ☒
- b Calculate estimates if _____ (specify amount) or more ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

Part II Overpayment Application Options

- 1 Amount of overpayment available (Form 1, line 46 or Form 1-NR/PY, line 50 less interest, penalty and M-2210 amount) 195.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment) ☒
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐
- d Apply to extent of first quarter amount and refund excess ☐
- e Enter amount you want to apply ☐
- f Amount applied to 2019 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 195.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

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

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

2 Select Voucher Printing Option:

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

Part IV Estimated Tax Payment Summary

	1 Apr 16, 2019	2 Jun 17, 2019	3 Sep 16, 2019	4 Jan 15, 2020	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now April 25, 2019, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts (from Part VI, line 11)					
7 Estimated quarterly tax on 12% Income (from Part VI, line 2).					
8 Estimated quarterly tax on long-term capital gain Income (from Part VI, line 3).					

Part V Changes to Income, Deductions and Withholding for 2019

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

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

	2018 Actual	**2019 Estimated
Taxable 5.05% income* (after deductions and exemptions)	96,441.	
B Taxable 12% income (after exemptions, if any). 12% income includes any income associated with short-term capital gains and long-term gains on collectibles or pre-1996 Installment sales . .	0.	
C Taxable long-term capital gain income (after deductions and exemptions, if any). Long-term capital gain income includes any income associated with long-term capital gains excluding collectibles or pre-1996 Installment sales	2,356.	
D Other credits		
E Limited income credit (if any)		
F Amount of tax expected to be withheld	5,233.	

NOTE: Beginning January 1, 2019 the 5.1% tax rate of taxable income has dropped to 5.05%.

* 5.05% income includes: wages, salaries, tips, business income, partnership and S corporation income, trust income, rental income, unemployment compensation, alimony, pensions and annuity income, IRA/Keogh distributions, winnings, fees, long-term capital gain income not taxed at the 12% rate, interest and dividend income and other taxable income not taxed at the 12% rate.

Part VI 2019 Estimated Taxable Income and Tax

Detailed explanations of your deductions, exemptions and credits appear in the instructions for the income tax form you file.	Taxable Income	Tax Rate	Amount
1 Taxable 5.05% income* (after deductions and exemptions)	96,441.	x .0505	4,870.
2 Taxable 12% income (after exemptions, if any)	0.	x .12	0.
3 Taxable long-term capital gain income (after deductions and exemptions, if any)	2,356.	x .0505	119.
4 Total tax. Add lines 1 through 3.		4	4,989.
5 Limited income credit (if any)	5		
6 Other credits	6		
7 Total credits. Add lines 5 and 6.		7	
8 Your estimate of 2019 income tax. Subtract line 7 from line 4.		8	4,989.
9 Amount of this tax expected to be withheld during 2019		9	5,233.
10 2018 overpayment applied to 2019 estimated tax.		10	
11 Estimated tax for 2019. Subtract the total of lines 9 and 10 from line 8 (Note: if less than \$400 you are not required to make estimated tax payments)		11	-244.
12 Amount of Payment. If first voucher is due to be filed on: April 16, 2019 enter 25% June 17, 2019 enter 33% September 16, 2019 enter 50% January 15, 2020 enter 100% of line 11 here and on line 3 of your payment vouchers		12	

Form 1, Line 34
Form 1-NR/PY,
Line 38

Use Tax Due on Out of State Purchases

2018

► Keep for your personal records

Name as Shown on Return
Brendan J Ritter

Social Security No.
231-67-6207

Use the following worksheet to calculate your Use Tax Due while a Massachusetts resident or part-year resident.

Note: To apply the "safe-harbor" for individual purchases of less than \$1,000, leave the purchase price blank and check the use "safe-harbor" table checkbox on line 1. Single purchases of \$1,000 or more are taxed at 6.25 percent (.0625) and added to this "safe-harbor" tax.

Description of Item Purchased	Date of Purchase	Purchase Price

1	<input type="checkbox"/>	Itemized purchases under \$1,000 x 6.25 percent (.0625) OR	1	
	<input type="checkbox"/>	Use "safe-harbor" table		
2	Total of single purchases of \$1,000 or more @ 6.25% (.0625)			2
3 a	Total of itemized purchases listed on lines 1 and 2			
3 b	Credit for sales/use tax paid to another state or jurisdiction. Add the amount of any sales/use tax paid to another state or jurisdiction, or 6.25% of the sales price, whichever is less on each itemized purchase on line 3a			
4	6.25% Sub-Total. Line 1 plus line 2 minus line 3b . Not less than "0"			4 0
5	Total amount due. Enter the result here and on Form 1, line 34 or Form 1-NR/PY, line 38			5 0

Tax Summary
► Keep for your records

2018

Name	
Brendan J Ritter	
Total 5.1% income	104,610.
Total 5.1% deductions	5,000.
Total 5.1% exemptions	4,400.
Interest and Dividends	1,231.
Taxable 5.1% income	96,441.
Tax on 5.1% income	4,918.
Taxable 12% income	0.
Tax on 12% income	0.
Taxable long-term capital gain income	2,356.
Tax on long-term capital gain income	120.
Total tax	5,038.
Credits	
Amounts paid and withheld	5,233.
Penalties and interest	
Balance due	
Refund	195.

Smart Worksheets from your 2018 Massachusetts Tax Return

SMART WORKSHEET FOR: Form 1: Resident Tax Return

Calculation of overpayment or balance due including interest, penalty and underpayment penalty

Net refund including interest, penalty and underpayment penalty, if any	▶	<u>195</u>
Total balance due including interest, penalty and underpayment penalty, if any	▶	<u>0</u>

SMART WORKSHEET FOR: Schedule HC: Health Care Information

Family Size Smart Worksheet

A Taxpayer	<u>1</u>
B Spouse	<u> </u>
C Dependents.	<u> </u>
D Spouse federal AGI(<i>If MFS and lived together</i>)	<u> </u>

SMART WORKSHEET FOR: Taxpayer's Health Insurance Worksheet

Table 2: Line 3 Premiums Smart Worksheet

A Age (if married filing a joint return, age of older spouse)	<u> </u>
B County of residence	<u>Middlesex</u>

SMART WORKSHEET FOR: Capital Gains/Losses Worksheet

Schedule D-IS Smart Worksheet

If you are reporting capital gains on installment sales that occurred between January 1, 1996 through December 31, 2002, or a sale of stock in certain Massachusetts-based start-up corporations, you must file Massachusetts **Schedule D-IS**, not Schedule D. **Schedule D-IS**, is not supported by this software. It may be obtained at the DOR's website at www.mass.gov/dor.

Installment Sales - between 01/01/1996 to 12/31/2002

Part-Year and Nonresidents - Check this box if all of your capital gain on installment sales that occurred between Jan. 1, 1996 - Dec. 31, 2002 was **Non-Massachusetts** (If so, Form D-IS is not required). . . . ☐

Residents - Check this box if you have a capital gain on an installment sale that occurred between January 1, 1996 and December 31, 2002 which was reported in full on the Massachusetts return in the year of sale (If so, Form D-IS is not required) ☐

Sale of Stock In Certain Massachusetts-Based Start-Up Corporations

Gains derived from the sale of investments which meet certain requirements are taxed at a rate of 3 % instead of 5.1%.

The stock must be held for three years or more and the investments must be in a corporation which (a) is domiciled in Massachusetts, (b) is incorporated on or after January 1, 2011, (c) has less than . \$50 million in assets at the time of investment, and (d) complies with certain of the active business requirements of 1202 of the Internal Revenue Code, i.e., 1202 (e)(1), (e)(2), (e)(5), and (e)(6)

Check this box if you have a **Sale of Stock In Certain Massachusetts-Based Start-Up Corporations** that meets the criteria stated above (If so, Form D-IS is required) ☐

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

- **Attach to Form 1040 or Form 1040NR.**
► **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
► **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2018Attachment
Sequence No. **12**

Name(s) shown on return

Brendan J Ritter

Your social security number

231-67-6207

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .	1,600.	1,627.		-27.
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 2,383.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 2,356.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	2,356.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. 			
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20	Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> </div> </div>	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		