

Electronic Filing Instructions for your 2018 Federal Tax Return

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



Brendan J Ritter
381 Highland Ave., Apt. 2
Somerville, MA 02144

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$1,377.00. Applicable fees were deducted from your original refund amount of \$1,377.00. Your refund is now \$1,217.03. Because you chose to have your TurboTax fees deducted from your refund, you will receive e-mail from Civista Bank, which handles this transaction. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 440020136824 Routing Transit Number: 121202211.		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2019. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2018 Federal Tax Return Summary	Adjusted Gross Income	\$	108,068.00
	Taxable Income	\$	96,068.00
	Total Tax	\$	17,086.00
	Total Payments/Credits	\$	18,463.00
	Amount to be Refunded	\$	1,377.00
	Effective Tax Rate		15.81%



Hi Brendan,

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

With TurboTax Premier:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! All your information will be saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2018 taxes:

Your federal refund is: \$ 1,377.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- If you sold investments, our Cost Basis Lookup calculated cost basis for those sales.
- We helped you out with extra guidance for rental property income, expenses, and refinancing.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

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	
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.)

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

☐ 3rd Party Designee

☐ Self-employed

Firm's name ▶ **Self-Prepared** Phone no.

Firm's address ▶

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 104,610.
2a Tax-exempt interest 2a 129.	2b 318.
3a Qualified dividends 3a 430.	3b 784.
4a IRAs, pensions, and annuities 4a	4b
5a Social security benefits 5a	5b
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6 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	7 108,068.
8 Standard deduction or itemized deductions (from Schedule A)	8 12,000.
9 Qualified business income deduction (see instructions)	9
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10 96,068.
11 a Tax (see inst.) 17,094. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11 17,094.
b Add any amount from Schedule 2 and check here ▶ <input type="checkbox"/>	12 8.
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ <input checked="" type="checkbox"/>	13 17,086.
13 Subtract line 12 from line 11. If zero or less, enter -0-	14 0.
14 Other taxes. Attach Schedule 4	15 17,086.
15 Total tax. Add lines 13 and 14	16 18,463.
16 Federal income tax withheld from Forms W-2 and 1099	17
17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	18 18,463.
18 Add any amount from Schedule 5	19 1,377.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	20a 1,377.
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	
▶ b Routing number 1 2 1 2 0 2 2 1 1 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d Account number 4 4 0 0 2 0 1 3 6 8 2 4	
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

REV 12/21/18 TTO

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 TTO

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	

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 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

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 Filing Instructions for your 2018 Massachusetts Tax Return

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



Brendan J Ritter
381 Highland Ave. Apt No 2
Somerville, MA 02144

Balance Due/Refund	Your Massachusetts state tax return (Form 1) shows a refund due to you in the amount of \$195.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 440020136824 Routing Transit Number: 121202211.		
Where's My Refund?	Before you call the Massachusetts Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Massachusetts Department of Revenue directly at 1-617-887-6367. You can also visit the Massachusetts Department of Revenue web site at https://mtc.dor.state.ma.us/mtc .		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns Forms W-2, W-2G, and 1099R (if applicable)		
2018 Massachusetts Tax Return Summary	Taxable Income	\$	98,797.00
	Total Tax	\$	5,038.00
	Total Payments/Credits	\$	5,233.00
	Amount to be Refunded	\$	195.00



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

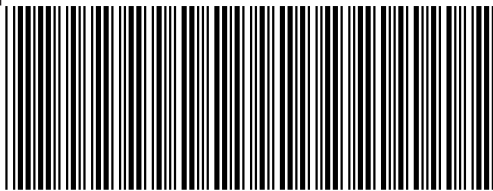
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) 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

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.

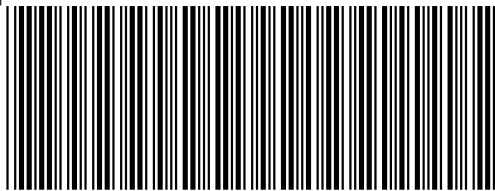
Your signature

Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2018 Form 1, pg. 2

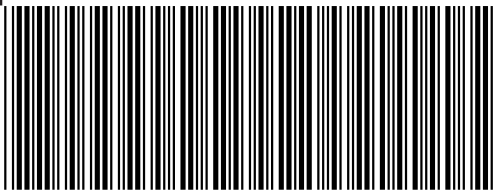
MA18001021555

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

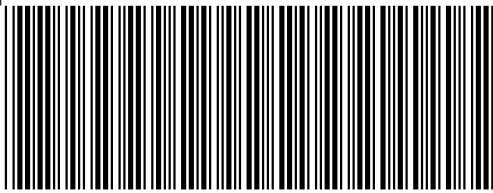
MA18001031555

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

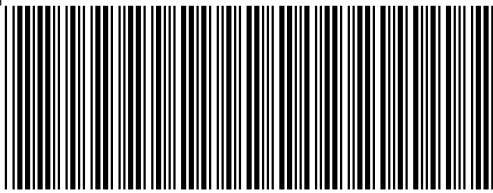
231676207

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

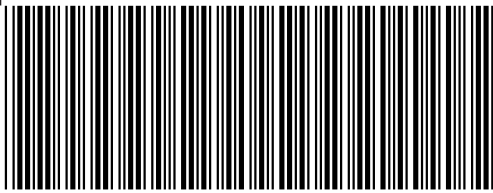
21. Available short-term losses	21	0
22. Short-term losses applied against long-term gains	22	0
23. Short-term losses available for carryover in 2019	23	0
24. Short-term gains and long-term gains on collectibles	24	0
25. Long-term losses applied against short-term gain	25	0
26. Subtotal	26	0
27. Long-term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

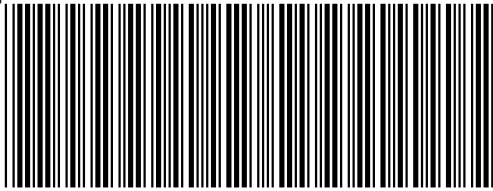
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Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

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

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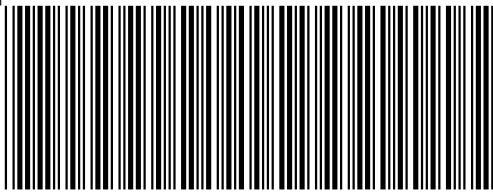
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Form W-2 and 1099 Information

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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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.

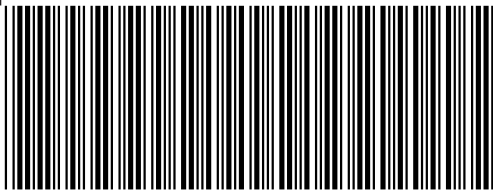
4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	<input checked="" type="checkbox"/>	You	Spouse
4b. MassHealth. Fill in and go to line 5		You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5		You	Spouse
4d. U.S. Military (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?

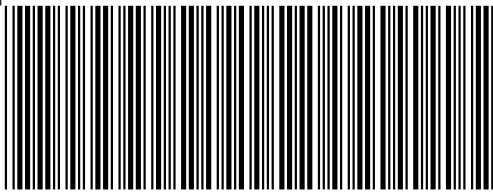
8b	You	Yes	No
	Spouse	Yes	No

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.

**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;"> <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.		