

**Prepared For:**  
DAVID C. VASQUEZ

04/13/2019

## Today's Savings

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- \* Because you could deduct your student loan interest, you reduced your taxes by: \$57.00
- \* In simple terms, the Marginal Tax Rate is the tax rate that you pay on your last dollar of taxable income. It is the highest federal tax bracket that affects your tax calculation. The Effective Tax Rate is the percentage of your total income that you paid in taxes. For 2018, your Marginal Tax Rate is 12% and your Effective Tax Rate is 10%.

**Total Savings. .... \$57.00**

## Filing, Refund and Balance Due Information

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<b>Tax Return</b>	<b>efile</b>	<b>Refund / (Balance Due)</b>	<b>Summary</b>	<b>Message</b>
Federal	Yes	(\$478.00)	Balance Due	(\$478.00) See the Filing Checklist for instructions.
Oregon	Yes	(\$484.00)	Balance Due	(\$484.00) See the Filing Checklist for mailing instructions.

# H&R Block ADVANTAGE®

## 2018 Tax Return Summary

### Federal Year over Year Comparison

INCOME	Year 2018	Year 2017	Change(\$)
Wages, salaries, tips	\$29,870	\$15,910	\$13,960
Business income (loss)	\$0	\$4,702	(\$4,702)
Taxable pensions	\$2,133	\$0	\$2,133
Total income	\$32,003	\$0	\$32,003

### ADJUSTMENTS

Health savings account deduction	\$242	\$0	\$242
Self-employed tax deduction	\$0	\$332	(\$332)
Student loan interest deduction	\$475	\$1,140	(\$665)
Total adjustments	\$717	\$0	\$717

### ADJUSTED GROSS INCOME

Total income less total adjustments	\$31,286	\$0	\$31,286
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### TAXABLE INCOME

Standard deductions	\$12,000	\$0	\$12,000
Taxable income	\$19,286	\$0	\$19,286

### TAX COMPUTATION

Income tax	\$2,123	\$0	\$2,123
ACA Advance Premium Tax Credit Repayment	\$772	\$0	\$772
Tax before credits	\$2,895	\$0	\$2,895

### OTHER TAXES

Self-employment tax	\$0	\$664	(\$664)
Tax on IRA and other plans	\$213	\$0	\$213
Total tax	\$3,108	\$1,537	\$1,571

### PAYMENTS

Federal withholding	\$2,630	\$0	\$2,630
Total payments	\$2,630	\$0	\$2,630

### AMOUNT DUE

Amount owed with return	\$478	\$745	(\$267)
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### OTHER COMPUTATIONS

Alternative minimum taxable income	\$31,286	\$0	\$31,286
Marginal tax bracket	12%		
Effective tax bracket	10%		
Filing status	Single		

**Tax Return Signature/Consent to Disclosure  
On-Line Self Select PIN with Direct Debit**

**Perjury Statement**

Under penalties for perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to Disclosure**

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgement of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

**Electronic Funds Withdrawal Consent**

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial agent at 1- 888- 353- 4537 no later than 2 business days prior to the payment settlement date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

**I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self Select PIN below.**

Taxpayer's PIN: ..... 77777  
 Taxpayer's Date of Birth: ..... 12/03/1979  
 Taxpayer's Prior Year Adjusted Gross Income: ..... 19,140.  
 Taxpayer's Prior year PIN .....  
 Taxpayer's Electronic Filing PIN .....  
 Spouse's PIN: .....  
 Spouse's Date of Birth: .....  
 Spouse's Prior Year Adjusted Gross Income: .....  
 Spouse's Prior year PIN .....  
 Spouse's Electronic Filing PIN .....

Date: ..... 04/13/2019

IRS Direct Debit Information	
Amount of balance due to be debited. . . . .	<u>478</u>
Routing Transit Number (RTN) . . . . .	<u>123000220</u>
Debited Account Number (DAN) . . . . .	<u>153654725776</u>
Type of Account . . . . .	<u>CHECKING</u>
Date client would like to have account debited . . . . .	<u>04/14/2019</u>

**2018 Federal Tax Return Filing Instructions**

FOR THE YEAR ENDING

December 31, 2018

<b>Prepared for</b>	DAVID C VASQUEZ																								
<b>Tax Summary</b>	<table> <tr> <td>Gross Income .....</td> <td>\$</td> <td>32,003</td> </tr> <tr> <td>Adjusted Gross Income .....</td> <td>\$</td> <td>31,286</td> </tr> <tr> <td>Total Deductions .....</td> <td>\$</td> <td>12,000</td> </tr> <tr> <td>Total Taxable Income .....</td> <td>\$</td> <td>19,286</td> </tr> <tr> <td>Total Tax .....</td> <td>\$</td> <td>3,108</td> </tr> <tr> <td>Total Payments .....</td> <td>\$</td> <td>2,630</td> </tr> <tr> <td>Refund Amount .....</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Amount You Owe .....</td> <td>\$</td> <td>478</td> </tr> </table>	Gross Income .....	\$	32,003	Adjusted Gross Income .....	\$	31,286	Total Deductions .....	\$	12,000	Total Taxable Income .....	\$	19,286	Total Tax .....	\$	3,108	Total Payments .....	\$	2,630	Refund Amount .....	\$	0	Amount You Owe .....	\$	478
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Refund Amount .....	\$	0																							
Amount You Owe .....	\$	478																							
<b>Make check payable to</b>	United States Treasury																								
<b>Mailing Address</b>	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																								

**Instructions**

STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail

STEP 2 - Keep a copy

Print a copy of the return for your records.

Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

STEP 3 - Pay the balance due on your taxes

You have elected to have \$478 directly withheld from your bank account on 4/14/19.

Filing status: <input checked="" type="checkbox"/> Single		<input type="checkbox"/> Married filing jointly		<input type="checkbox"/> Married filing separately		<input type="checkbox"/> Head of household		<input type="checkbox"/> Qualifying widow(er)	
Your first name and initial <b>DAVID C</b>				Last name <b>VASQUEZ</b>				Your social security number <b>606-05-4563</b>	
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent		<input type="checkbox"/> You were born before January 2, 1954		<input type="checkbox"/> You are blind					
If joint return, spouse's first name and initial				Last name				Spouse's social security no.	
Spouse standard deduction: <input type="checkbox"/> Spouse is blind		<input type="checkbox"/> Someone can claim your spouse as a dependent		<input type="checkbox"/> Spouse was born before January 2, 1954		<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)			
Home address (number and street). If you have a P.O. box, see instructions. <b>155 NW KINGS BLVD</b>				Apt. no. <b>647</b>		Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse			
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. <b>CORVALLIS, OR 97330</b>						If more than four dependents, see inst. and <input checked="" type="checkbox"/> here <input type="checkbox"/>			
<b>Dependents</b> (see instructions):				(2) Social security no.		(3) Relationship to you		(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name		Last name						Child tax credit      Credit for other dependents	

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

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation <b>OTHER</b>	If the IRS sent you an ID Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an ID Protection PIN, enter it here (see inst.)

<b>Paid Preparer's Use Only</b>	Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> self-employed
	Firm's name ▶		Phone no.		
	Firm's address ▶				

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

**Standard Deduction for -**

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

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	<b>29,870.</b>
<b>2a</b>	Tax-exempt interest . . . . . <b>2a</b>	<b>2b</b>	Taxable interest . . . . . <b>2b</b>
<b>3a</b>	Qualified dividends . . . . . <b>3a</b>	<b>3b</b>	Ordinary dividends . . . . . <b>3b</b>
<b>4a</b>	IRAs, pensions, and annuities . . . . . <b>4a</b>	<b>4b</b>	Taxable amount . . . . . <b>2,133.</b>
<b>5a</b>	Social security benefits . . . . . <b>5a</b>	<b>5b</b>	Taxable amount . . . . . <b>5b</b>
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 . . . . .		<b>6</b> <b>32,003.</b>
<b>7</b>	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 . . . . .		<b>7</b> <b>31,286.</b>
<b>8</b>	Standard deduction or itemized deductions (from Schedule A) . . . . .		<b>8</b> <b>12,000.</b>
<b>9</b>	Qualified business income deduction (see instructions) . . . . .		<b>9</b>
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter - 0- . . . . .		<b>10</b> <b>19,286.</b>
<b>11</b>	<b>a</b> Tax (see inst.) <b>2,123.</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> ) <b>b</b> Add any amount from Schedule 2 and check here <span style="float: right;"><input checked="" type="checkbox"/> <b>X</b></span>		<b>11</b> <b>2,895.</b>
<b>12</b>	<b>a</b> Child tax credit/credit for other dependents . . . . . <b>b</b> Add any amount from Schedule 3 and check here <span style="float: right;"><input type="checkbox"/></span>		<b>12</b>
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter - 0- . . . . .		<b>13</b> <b>2,895.</b>
<b>14</b>	Other taxes. Attach Schedule 4 . . . . .		<b>14</b> <b>213.</b>
<b>15</b>	Total tax. Add lines 13 and 14 . . . . .		<b>15</b> <b>3,108.</b>
<b>16</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .		<b>16</b> <b>2,630.</b>
<b>17</b>	Refundable credits: <b>a</b> EIC (see inst.) . . . . . <b>b</b> Sch 8812 . . . . . <b>c</b> Form 8863 . . . . . Add any amount from Schedule 5 . . . . .		<b>17</b>
<b>18</b>	Add lines 16 and 17. These are your total payments . . . . .		<b>18</b> <b>2,630.</b>
<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b> . . . . .		<b>19</b>
<b>20a</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <span style="float: right;"><input type="checkbox"/></span>		<b>20a</b>
<b>20b</b>	<b>b</b> Routing number . . . . . <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>20d</b>	<b>d</b> Account number . . . . .		
<b>21</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b> . . . . . <b>21</b>		
<b>22</b>	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions . . . . .		<b>22</b> <b>478.</b>
<b>23</b>	Estimated tax penalty (see instructions) . . . . . <b>23</b>		

Direct deposit?  
See instructions.

**Amount You Owe**

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

Form **1040** (2018)

**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](http://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

**DAVID C VASQUEZ**

Your social security number

**606-05-4563**

<b>Additional Income</b>	<b>1-9b</b>	Reserved		<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes		<b>10</b>	
	<b>11</b>	Alimony received		<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ		<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>	<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797.		<b>14</b>	
	<b>15a</b>	Reserved		<b>15b</b>	
	<b>16a</b>	Reserved		<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		<b>17</b>	
	<b>18</b>	Farm income or (loss). Attach Schedule F.		<b>18</b>	
	<b>19</b>	Unemployment compensation		<b>19</b>	
	<b>20a</b>	Reserved		<b>20b</b>	
	<b>21</b>	Other income. List type and amount ►		<b>21</b>	
	<b>22</b>	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		<b>22</b>	
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses	<b>23</b>		
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	<b>24</b>		
	<b>25</b>	Health savings account deduction. Attach Form 8889	<b>25</b>	<b>242.</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903	<b>26</b>		
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE	<b>27</b>		
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans	<b>28</b>		
	<b>29</b>	Self-employed health insurance deduction	<b>29</b>		
	<b>30</b>	Penalty on early withdrawal of savings	<b>30</b>		
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ►	<b>31a</b>		
	<b>32</b>	IRA deduction	<b>32</b>		
	<b>33</b>	Student loan interest deduction	<b>33</b>	<b>475.</b>	
	<b>34</b>	Reserved	<b>34</b>		
	<b>35</b>	Reserved	<b>35</b>		
	<b>36</b>	Add lines 23 through 35	<b>36</b>		<b>717.</b>

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

**Schedule 1 (Form 1040) 2018**

**SCHEDULE 2**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Tax**

► **Attach to Form 1040.**

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

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **02**

Name(s) shown on Form 1040

**DAVID C VASQUEZ**

Your social security number

**606-05-4563**

<b>Tax</b>	<b>38-44</b>	Reserved . . . . .	<b>38-44</b>	
	<b>45</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>45</b>	
	<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>46</b>	<b>772.</b>
	<b>47</b>	Add the amounts in the far right column. Enter here and include on Form 1040, line 11 . . . . .	<b>47</b>	<b>772.</b>

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

**Schedule 2 (Form 1040) 2018**



**SCHEDULE 4**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Other Taxes**► **Attach to Form 1040.**► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **04**

Name(s) shown on Form 1040

**DAVID C VASQUEZ**

Your social security number

**606-05-4563****Other  
Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from: Form <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, and other tax- favored accounts. Attach Form 5329 if required . . . . . <b>NO.</b>	<b>59</b>	<b>213.</b>
<b>60a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>60a</b>	
<b>b</b>	Repayment of first- time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) . . . . .	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>62</b>	
<b>63</b>	Section 965 net tax liability installment from Form 965-A . . . . . <b>63</b>		
<b>64</b>	Add the amounts in the far right column. These are your <b>total other taxes</b> . Enter here and on Form 1040, line 14 . . . . .	<b>64</b>	<b>213.</b>

**KBA For Paperwork Reduction Act Notice, see your tax return instructions.****Schedule 4 (Form 1040) 2018**

## Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

2018

Attachment  
Sequence No. 52

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

DAVID C VASQUEZ

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

606-05-4563

**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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	2	242.	
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). <b>All others</b> , 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		
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		
8	Add lines 6 and 7.	8	3,450.	
9	Employer contributions made to your HSAs for 2018.	9	242.	
10	Qualified HSA funding distributions.	10		
11	Add lines 9 and 10.	11	242.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3,208.	
13	<b>HSA deduction.</b> Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25.	13	242.	

**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	<b>Taxable HSA distributions.</b> 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 <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here. ▶ <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (.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	

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

Form 8889 (2018)

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.

2018

Attachment  
Sequence No. 73Name shown on your return  
**DAVID C VASQUEZ**Your social security number  
**606-05-4563**You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size (see instructions)	1	1
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	31,286
b	Enter the total of your dependents' modified AGI (see instructions)	2b	
3	Household income. Add the amounts on lines 2a and 2b (see instructions)	3	31,286
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	12,060
5	Household income as a percentage of federal poverty line (see instructions)	5	259%
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%.) <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0836
8a	Annual contribution amount. Multiply line 3 by ln 7. Round to nearest whole dollar amt	8a	2,616
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	218

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?  
☐ Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
☐ Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  
☒ No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September	365	370	218	152	152	345
21 October	365	370	218	152	152	345
22 November	365	370	218	152	152	345
23 December	365	370	218	152	152	345
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here.					24	608
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here.					25	1,380
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 5 (Form 1040), line 70, or Form 1040NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27.					26	

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	772
28	Repayment limitation (see instructions)	28	775
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 46, or Form 1040NR, line 44	29	772

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

Form 8962 (2018)

## 2018 STATE TAX RETURN FILING INSTRUCTIONS

OREGON

FOR THE YEAR ENDING  
December 31, 2018

<b>Prepared for</b>	DAVID C VASQUEZ																								
<b>Tax Summary</b>	<table><tr><td>Gross Income .....</td><td>\$</td><td>31,286</td></tr><tr><td>Adjusted Gross Income .....</td><td>\$</td><td>29,558</td></tr><tr><td>Total Deductions .....</td><td>\$</td><td>2,215</td></tr><tr><td>Total Taxable Income .....</td><td>\$</td><td>27,343</td></tr><tr><td>Total Tax .....</td><td>\$</td><td>2,018</td></tr><tr><td>Total Payments .....</td><td>\$</td><td>1,534</td></tr><tr><td>Refund Amount .....</td><td>\$</td><td>0</td></tr><tr><td>Amount You Owe .....</td><td>\$</td><td>484</td></tr></table>	Gross Income .....	\$	31,286	Adjusted Gross Income .....	\$	29,558	Total Deductions .....	\$	2,215	Total Taxable Income .....	\$	27,343	Total Tax .....	\$	2,018	Total Payments .....	\$	1,534	Refund Amount .....	\$	0	Amount You Owe .....	\$	484
Gross Income .....	\$	31,286																							
Adjusted Gross Income .....	\$	29,558																							
Total Deductions .....	\$	2,215																							
Total Taxable Income .....	\$	27,343																							
Total Tax .....	\$	2,018																							
Total Payments .....	\$	1,534																							
Refund Amount .....	\$	0																							
Amount You Owe .....	\$	484																							
<b>Make check payable to</b>	Oregon Department of Revenue																								
<b>Mailing Address</b>	Electronic Return Payment Oregon Department of Revenue P.O. Box 14720 Salem, OR 97309-0463																								
<b>Special Instructions</b>	<p>SIGN AND DATE YOUR RETURN Please sign and date Form OR EF. Keep a copy with your records for three years.</p> <p>PAY BALANCE DUE ON YOUR TAXES Complete your check or money order for \$484. Do not send cash or postdated check. Do not forget to sign the check. Enclose 40-V with your check. Write the last four digits of your Social Security number, 2018 Form OR 40 on your check or money order (U.S. funds only).</p> <p>MAIL PAYMENT &amp; FORM 40-V TO: Mailing Address listed above. To retain the proof of mailing, we recommend using certified mail to send your form(s). When mailing to an address without a P.O. box, you may also use: Airborne Express, DHL Worldwide Express, FedEx, or UPS.</p> <p>KEEP A COPY Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, and 1099 Form with withholding. Keep with your records for three years.</p>																								

# 2018 Form OR-40

Page 1 of 4, 150-101-040 (Rev. 12-18) Oregon Department of Revenue



00461801011029

Office use only

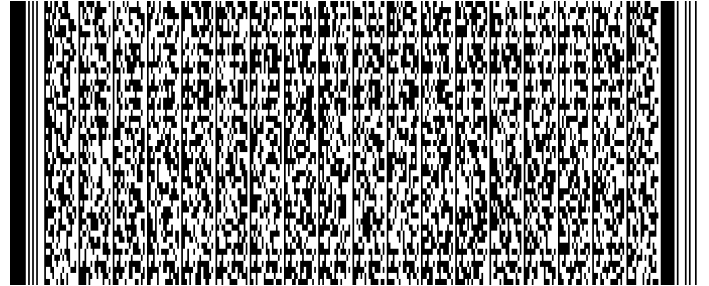
## Oregon Individual Income Tax Return for Full-year Residents

Submit original form - do not submit photocopy

Fiscal year ending:

Space for 2-D barcode - do not write in box below

- ☐ Amended return. If amending for an NOL,  
tax year the NOL was generated:
- ☐ Calculated using "as if " federal return.
- ☐ Short-year tax election. ☐ Federal disaster relief.
- ☐ Extension filed. ☐ Federal Form 8886.
- ☐ Form OR-24.



First name and initial <b>DAVID C</b>	Last name <b>VASQUEZ</b>	<input type="checkbox"/> Deceased	Social Security no. (SSN) <b>606-05-4563</b>	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Spouse's first name and initial	Spouse's last name	<input type="checkbox"/> Deceased	Spouse's SSN	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Current mailing address <b>155 NW KINGS BLVD APT 647</b>			Date of birth (mm/dd/yyyy) <b>12/03/1979</b>	Spouse's date of birth	
City <b>CORVALLIS</b>	State <b>OR</b>	ZIP code <b>97330</b>	Country	Phone <b>(925) 818-1172</b>	

### Filing status (check only one box)

- ☒ Single.
- ☐ Married filing jointly.
- ☐ Married filing separately (enter spouse's information **above**).
- ☐ Head of household (with qualifying dependent).
- ☐ Qualifying widow(er) with dependent child.

### Exemptions

- 6a. Credits for yourself: ☒ Regular ☐ Severely disabled. . . 6a. **1**
- ☐ Check box if someone else can claim you as a dependent.
- 6b. Credits for spouse: ☐ Regular ☐ Severely disabled. . . 6b. **0**
- ☐ Check box if someone else can claim your spouse as a dependent.

**Dependents.** List your dependents in order from youngest to oldest. If more than four, check this box ☐ and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

\*Dependent relationship code - Please see instructions to determine the appropriate code.

6c. Total number of dependents . . . . . 6c. **0**

6d. Total number of dependent children with a qualifying disability (see instructions). . . . . 6d. **0**

6e. Total exemptions. Add 6a through 6d . . . . . **Total. 6e. 1**

# 2018 Form OR-40

Page 2 of 4, 150-101-040 (Rev. 12-18) Oregon Department of Revenue



00461801021029

Name <b>DAVID C VASQUEZ</b>	SSN <b>606-05-4563</b>
--------------------------------	---------------------------

Note: Remember to **reprint page 1** if any changes are made on this page.

## Taxable income

7. Federal adjusted gross income from federal Form 1040, line 7; 1040NR, line 36; 1040NR- EZ, line 10; or 1040X, line 1C (see instructions).	7.	31,286.00
8. Total additions from Schedule OR-ASC, section 1	8.	31,286.00
9. Income after additions. Add lines 7 and 8.	9.	

## Subtractions

10. 2018 federal tax liability <b>See instructions for the correct amount: \$0- \$6,650.</b>	10.	1,728.00
11. Social Security included on federal Form 1040, line 5b	11.	
12. Oregon income tax refund included in federal income	12.	
13. Total subtractions from Schedule OR-ASC, section 2.	13.	1,728.00
14. Total subtractions. Add lines 10 through 13	14.	29,558.00
15. Income after subtractions. Line 9 minus line 14	15.	

## Deductions

16. <b>Oregon itemized deductions.</b> Enter your Oregon itemized deductions from Schedule OR- A, line 23. If you are not itemizing your deductions, enter -0-	16.	0.00
17. <b>Standard deduction.</b> Enter your standard deduction (see instructions).	17.	2,215.00

You were: 17a. ☐ 65 or older 17b. ☐ Blind Your spouse was: 17c. ☐ 65 or older 17d. ☐ Blind

18. Enter the larger of line 16 or line 17	18.	2,215.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter - 0-	19.	27,343.00

## Oregon Tax

20. <b>Tax.</b> Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).	20.	2,219.00
20a. <input type="checkbox"/> Schedule OR-FIA-40 20b. <input type="checkbox"/> Worksheet OR-FCG 20c. <input type="checkbox"/> Schedule OR-PTE-FY		
21. Interest on certain installment sales.	21.	2,219.00
22. Total tax before credits. Add lines 20 and 21	22.	

## Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$201. Otherwise, see instructions.	23.	201.00
24. Political contribution credit. <b>See limits in instructions.</b>	24.	
25. Total standard credits from Schedule OR-ASC, section 3.	25.	201.00
26. Total standard credits. Add lines 23 through 25	26.	2,018.00
27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter - 0-	27.	
28. Total carryforward credits claimed this year from Schedule OR- ASC, section 4. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions)	28.	2,018.00
29. Tax after standard and carryforward credits. Line 27 minus line 28	29.	

# 2018 Form OR- 40

Page 3 of 4, 150-101-040 (Rev. 12-18) Oregon Department of Revenue



00461801031029

Name

DAVID C VASQUEZ

SSN

606-05-4563

Note: Remember to **reprint page 1** if any changes are made on this page.

## Payments and refundable credits

30. Oregon income tax withheld. **Include a copy of Forms W-2 and 1099.** . . . . . 30. **1,534.00**
31. Amount applied from your prior year's tax refund . . . . . 31.
32. Estimated tax payments for 2018. **Include all payments you made** prior to the filing date of this return.  
Do not include the amount you already reported on line 31 . . . . . 32.
33. Earned income credit (see instructions). . . . . 33.
34. Reserved.

35. Total refundable credits from Schedule OR-ASC, section 5. . . . . 35.
36. Total payments and refundable credits. Add lines 30 through 35. . . . . 36. **1,534.00**

## Tax to pay or refund

37. **Overpayment of tax.** If line 29 is **less** than line 36, you overpaid. Line 36 minus line 29 . . . . . 37. **484.00**
38. **Net tax.** If line 29 is **more** than line 36, you have tax to pay. Line 29 minus line 36 . . . . . 38.
39. Penalty and interest for filing or paying late (see instructions) . . . . . 39.
40. Interest on underpayment of estimated tax. **Include Form OR- 10** . . . . . 40.

Exception number from Form OR-10, line 1: 40a.

Check box if you annualized: 40b. ☐

41. Total penalty and interest due. Add lines 39 and 40 . . . . . 41.
42. **Net tax including penalty and interest.** Line 38 plus line 41 . . . . . **This is the amount you owe.** 42. **484.00**
43. **Overpayment less penalty and interest.** Line 37 minus line 41. . . . . **This is your refund.** 43.
44. Estimated tax. Fill in the portion of line 43 you want applied to your estimated tax account . . . . . 44.
45. Charitable checkoff donations from Schedule OR-DONATE, line 30 . . . . . 45.
46. Political party \$3 checkoff. Party code: 46a. You. 46b. Spouse . . . . . 46.
47. Oregon 529 College Savings Plan deposits from Schedule OR- 529 (see instructions) . . . . . 47.
48. Total. Add lines 44 through 47. Total can't be more than your refund on line 43 . . . . . 48.
49. **Net refund.** Line 43 minus line 48. . . . . **This is your net refund.** 49.

## Direct deposit

50. For direct deposit of your refund, see instructions. Check the box if this refund will go to an account outside the United States: ☐

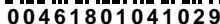
Type of account: ☐ Checking or ☐ Savings

Routing number:

Account number:

Reserved.

## Page 4 of 4, 150-101-040 (Rev. 12-18) Oregon Department of Revenue



**Note:** Remember to **reprint page 1** if any changes are made on this page.

Your signature		Date	
<b>X For Information Only</b>			
Spouse's signature (if filing jointly, both <b>must</b> sign)		Date	
<b>X For Information Only</b>			
Signature of preparer other than taxpayer		Preparer phone	Preparer license number, if professionally prepared
<b>X</b>			
Preparer address		City	State ZIP code

**Important:** Include a copy of your federal Form 1040, 1040X, 1040NR, or 1040NR-EZ. **Without this information, we may adjust your return.**

- **Online payments:** Visit our website at [www.oregon.gov/dor](http://www.oregon.gov/dor).
- **Mailing your payment:** Make your check or money order payable to the **Oregon Department of Revenue**. Write **"2018 Oregon Form OR- 40"** and the last four digits of your SSN or ITIN on your check or money order. Include your payment, along with the Form OR- 40- V payment voucher, with this return.

- **Non- 2- D barcode.** If the 2- D barcode area on the front of this return is blank:
  - Mail **tax- due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309- 0940.
  - Mail **refund and no- tax- due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309- 0930.
- **2- D barcode.** If the 2- D barcode area on the front of this return is filled in:
  - Mail **tax- due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309- 0463.
  - Mail **refund and no- tax- due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309- 0460.

If filing with a new SSN, enter your former identification number.

[illegible]



Name **DAVID C VASQUEZ**SSN **606-05-4563**Total interest paid from Form 1098-E . . . . . **475**Total interest paid in 2018 on qualified student loans . . . . . **475**1. Enter the total interest you paid in 2018 on qualified student loans. **Do not enter more than \$2,500** . . . . . 1. **475**2. Enter your total income from Form 1040, line 6 . . . . . 2. **32,003**3. Enter the total of amounts from Schedule 1, lines 23 - 32 . . . . . 3. **242**4. Enter any amount you entered on the dotted line next to  
Schedule 1, line 36 . . . . . 4. \_\_\_\_\_5. Add the amounts on lines 3 and 4 . . . . . 5. **242**6. Subtract the amount on line 5 from the amount on line 2. . . . . 6. **31,761**7. Enter any foreign earned income exclusion and/or  
housing exclusion (Form 2555, line 45, or Form 2555-EZ, line 18) . . . . . 7. \_\_\_\_\_

8. Enter any housing deduction (Form 2555, line 50) . . . . . 8. \_\_\_\_\_

9. Enter the amount of income from Puerto Rico that you are excluding . . . . . 9. \_\_\_\_\_

10. Enter the amount of income from American Samoa that you are  
excluding (Form 4563, line 15) . . . . . 10. \_\_\_\_\_11. Add the amounts on lines 6 through 10. This is your modified adjusted gross income . . . . . 11. **31,761**12. Enter the amount shown below for your filing status . . . . . 12. **65,000**

- Single, head of household, or qualifying widow(er) - \$65,000
- Married filing jointly - \$135,000

13. Is the amount on line 11 more than the amount on line 12?

☒ **No.** Skip line 14, enter - 0- on line 15, and go to line 16.☐ **Yes.** Subtract line 12 from line 11 . . . . . 13. \_\_\_\_\_14. Divide line 13 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal  
(rounded to at least three places). If the result is 1.000 or more, enter 1.000 . . . . . 14. \_\_\_\_\_15. Multiply line 1 by line 14 . . . . . 15. **0**16. **Student loan interest deduction.** Subtract line 15 from line 1. Enter the result here and on Schedule 1, line 33.**Do not** include this amount in figuring any other deduction on your return (such as  
on Schedule A, C, E, etc.) . . . . . 16. **475**

# Form OR-40-V

Page 1 of 1, 150-101-172 (Rev. 12-18) Oregon Department of Revenue

## Oregon Individual Income Tax Payment Voucher and Instructions

### Online payments:

You may make payments directly online at [www.oregon.gov/dor](http://www.oregon.gov/dor). Don't use this form with online payments.

### Where to mail your payment:

### Mail to:

For payments made with an original or amended return, if you filed your return:	Non-2-D paper returns —	PO Box 14555 Salem OR 97309-0940
	2-D paper returns or electronically —	PO Box 14720 Salem OR 97309-0463
For estimated payments and extension payments:		PO Box 14950 Salem OR 97309-0950

**Don't use Form OR-40-V if you are using an electronic payment option.** Use the voucher only if you are paying by check or money order. Do not mail cash.

**Payment type.** Check the appropriate box for the type of payment being made and completely fill out the form.

**Tax year.** Enter the month, day, and year for the beginning and end date of the tax year you are submitting the payment for. For most filers this will be January 1 through December 31 of the tax year. Example: For tax year 2018, enter: *Begins: 01/01/2018. Ends: 12/31/2018.*

Cut along the dotted line and mail to the Department of Revenue at the appropriate address from above.

**Note:** If you are viewing this form electronically, and you see a solid box instead of letters or numbers, adjust the view size to 100 percent. If the letters or numbers are still not visible, press the tab key.

Cut on dashed line below to detach voucher. Visit [www.oregon.gov/dor/forms](http://www.oregon.gov/dor/forms) to print more vouchers.

1029 01

### Form OR-40-V, Oregon Individual Income Tax Payment Voucher

#### • Tax year:

Begins: 01/01/2018  
Ends: 12/31/2018

Office use only

#### • Payment Type (check only one):

- ☒ Original return  
☐ Amended return  
☐ Extension payment  
☐ Estimated payment

First name and initial <b>DAVID C</b>	Last name <b>VASQUEZ</b>	SSN <b>606-05-4563</b>
Spouse's first name and initial	Spouse's last name	SSN
Current mailing address <b>155 NW KINGS BLVD APT 647</b>		
City <b>CORVALLIS</b>	State <b>OR</b>	ZIP code <b>97330</b>
Contact phone <b>925-818-1172</b>		

150-101-172 (Rev. 12-18)

Enter payment amount

\$

484.00

1003000000606054563VAS000000000201812310101029015