

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

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

Your first name and middle initial <b>Kelly M</b>		Last name <b>Clancy</b>	Your social security number <b>109-72-5105</b>
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>66 Shore Rd</b>			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>East Setauket NY 11733-3921</b>			<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	Foreign postal code
			If more than four dependents, see instructions and ✓ here ► <input type="checkbox"/>

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

**Age/Blindness** **You:** ☐ Were born before January 2, 1955    ☐ Are blind    **Spouse:** ☐ Was born before January 2, 1955    ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(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"/>

**Standard Deduction for—**

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

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b> 65,130.
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>3b</b>
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>4b</b>
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>	<b>4d</b>
<b>5a</b> Social security benefits . . . . .	<b>5a</b>	<b>5b</b>
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .		<b>6</b>
<b>7a</b> Other income from Schedule 1, line 9 . . . . .		<b>7a</b> 775.
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .		<b>7b</b> 65,905.
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .		<b>8a</b> 2,805.
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .		<b>8b</b> 63,100.
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b> 12,200.	
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b> 144.	
<b>11a</b> Add lines 9 and 10 . . . . .		<b>11a</b> 12,344.
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .		<b>11b</b> 50,756.

<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	7,029.	
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total . . . . .	<b>12b</b>	7,029.	
<b>13a</b>	Child tax credit or credit for other dependents . . . . .	<b>13a</b>		
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total . . . . .	<b>13b</b>		
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	7,029.	
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	<b>15</b>	110.	
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . .	<b>16</b>	7,139.	
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>	8,343.	
<b>18</b>	Other payments and refundable credits:			
<b>a</b>	Earned income credit (EIC) . . . . . <b>NO</b>	<b>18a</b>		
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>		
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>		
<b>d</b>	Schedule 3, line 14 . . . . .	<b>18d</b>		
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . .	<b>18e</b>		
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b> . . . . .	<b>19</b>	8,343.	
<b>Refund</b>	<b>20</b> If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .	<b>20</b>	1,204.	
	<b>21a</b> Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>21a</b>	1,204.	
Direct deposit? See instructions.	<b>b</b> Routing number 2 2 1 9 7 0 4 4 3 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	<b>d</b> Account number 8 3 1 0 8 3 9 5 4 3			
	<b>22</b> Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . .	<b>22</b>		
<b>Amount You Owe</b>	<b>23</b> <b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . .	<b>23</b>		
	<b>24</b> Estimated tax penalty (see instructions) . . . . .	<b>24</b>		

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**Third Party Designee**

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**

Designee's name  Phone no.  Personal identification number (PIN)

**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.

Your signature	Date	Your occupation <b>Teacher</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name <b>Self-Prepared</b>	Phone no.		Firm's EIN <input type="text"/>	
Firm's address <input type="text"/>				

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

REV 05/19/20 Intuit.cq.cfp.sp

Form **1040** (2019)

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

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

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

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

Kelly M Clancy

Your social security number

109-72-5105

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

☐ Yes ☒ No

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ►		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	775.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ►	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	775.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	250.
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	55.
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ►		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	2,500.
<b>21</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	2,805.

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

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**Schedule 1 (Form 1040 or 1040-SR) 2019**

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

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

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

OMB No. 1545-0074

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

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

Kelly M Clancy

Your social security number

109-72-5105

**Part I Tax**

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

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	110.
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 15 . . . . .	<b>10</b>	110.

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

REV 05/19/20 Intuit.cjg.cfp.sp

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

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

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

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

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

OMB No. 1545-0074

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

Name of proprietor <b>Kelly M Clancy</b>		Social security number (SSN) <b>109-72-5105</b>
<b>A</b>	Principal business or profession, including product or service (see instructions) <b>Teaching Summer Camp</b>	<b>B Enter code from instructions</b> ► <b>9 9 9 9 9 9</b>
<b>C</b>	Business name. If no separate business name, leave blank.	<b>D Employer ID number (EIN)</b> (see instr.)
<b>E</b>	Business address (including suite or room no.) ► <b>3701 Highland Park NW</b> City, town or post office, state, and ZIP code <b>North Canton, OH 44720</b>	
<b>F</b>	Accounting method: <b>(1)</b> <input checked="" type="checkbox"/> Cash <b>(2)</b> <input type="checkbox"/> Accrual <b>(3)</b> <input type="checkbox"/> Other (specify) ►	
<b>G</b>	Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>H</b>	If you started or acquired this business during 2019, check here . . . . . <input checked="" type="checkbox"/>	
<b>I</b>	Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>	
<b>J</b>	If "Yes," did you or will you file required Forms 1099? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**Part I Income**

<b>1</b>	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/>	<b>1</b>	<b>775.</b>
<b>2</b>	Returns and allowances . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>775.</b>
<b>4</b>	Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>775.</b>
<b>6</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Gross income.</b> Add lines 5 and 6 . . . . .	<b>7</b>	<b>775.</b>

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

<b>8</b>	Advertising . . . . .	<b>8</b>		<b>18</b>	Office expense (see instructions)	<b>18</b>	
<b>9</b>	Car and truck expenses (see instructions). . . . .	<b>9</b>		<b>19</b>	Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b>	Commissions and fees . . . . .	<b>10</b>		<b>20</b>	Rent or lease (see instructions):		
<b>11</b>	Contract labor (see instructions)	<b>11</b>		<b>a</b>	Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b>	Depletion . . . . .	<b>12</b>		<b>b</b>	Other business property . . . . .	<b>20b</b>	
<b>13</b>	Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>		<b>21</b>	Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b>	Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b>	Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b>	Insurance (other than health)	<b>15</b>		<b>23</b>	Taxes and licenses . . . . .	<b>23</b>	
<b>16</b>	Interest (see instructions):			<b>24</b>	Travel and meals:		
<b>a</b>	Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b>	Travel . . . . .	<b>24a</b>	
<b>b</b>	Other . . . . .	<b>16b</b>		<b>b</b>	Deductible meals (see instructions) . . . . .	<b>24b</b>	
<b>17</b>	Legal and professional services	<b>17</b>		<b>25</b>	Utilities . . . . .	<b>25</b>	
<b>18</b>				<b>26</b>	Wages (less employment credits) . . . . .	<b>26</b>	
<b>19</b>				<b>27a</b>	Other expenses (from line 48) . . . . .	<b>27a</b>	
<b>20</b>				<b>b</b>	<b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .			<b>28</b>			
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			<b>29</b>	<b>775.</b>		
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .			<b>30</b>			
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.			<b>31</b>	<b>775.</b>		
<b>32</b>	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b>	<input type="checkbox"/> All investment is at risk.		
				<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . <b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . . <b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . . <b>37</b>
<b>38</b>	Materials and supplies . . . . . <b>38</b>
<b>39</b>	Other costs . . . . . <b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . . <b>40</b>
<b>41</b>	Inventory at end of year . . . . . <b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . . <b>42</b>

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

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶ .....
<b>44</b>	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
<b>a</b>	Business .....
<b>b</b>	Commuting (see instructions) .....
<b>c</b>	Other .....
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use?. . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," is the evidence written? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
<b>48</b>	<b>Total other expenses.</b> Enter here and on line 27a . . . . . <b>48</b>

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

**Self-Employment Tax**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Kelly M Clancy

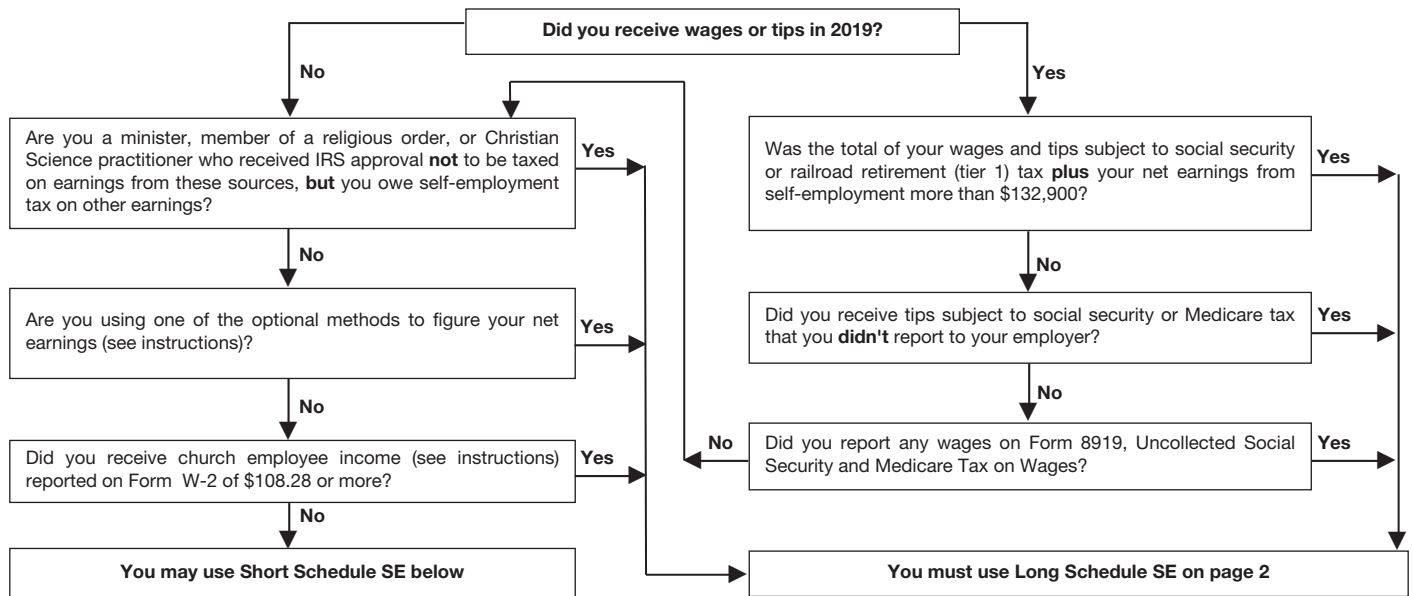
Social security number of person  
with **self-employment** income ►

109-72-5105

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

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

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



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

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . .	<b>1b</b>	( )
<b>2</b>	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	775 .
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	775 .
<b>4</b>	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b . . . . . ►	<b>4</b>	716 .
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.</b> • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55 .</b>	<b>5</b>	110 .
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27 . . . . .</b>	<b>6</b>	55 .

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

BAA

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Schedule SE (Form 1040 or 1040-SR) 2019

**Qualified Business Income Deduction  
Simplified Computation**▶ **Attach to your tax return.**▶ **Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.****2019**Attachment  
Sequence No. **55**

Name(s) shown on return

Kelly M Clancy

Your taxpayer identification number

109-72-5105

<b>1</b>	<b>(a)</b> Trade, business, or aggregation name	<b>(b)</b> Taxpayer identification number	<b>(c)</b> Qualified business income or (loss)
<b>i</b>	Kelly M Clancy	109725105	720.
<b>ii</b>			
<b>iii</b>			
<b>iv</b>			
<b>v</b>			

<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	<b>2</b>	720.	
<b>3</b>	Qualified business net (loss) carryforward from the prior year	<b>3</b>	( )	
<b>4</b>	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b>	720.	
<b>5</b>	Qualified business income component. Multiply line 4 by 20% (0.20)	<b>5</b>		144.
<b>6</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b>		
<b>7</b>	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	<b>7</b>	( )	
<b>8</b>	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	<b>8</b>		
<b>9</b>	REIT and PTP component. Multiply line 8 by 20% (0.20)	<b>9</b>		
<b>10</b>	Qualified business income deduction before the income limitation. Add lines 5 and 9	<b>10</b>		144.
<b>11</b>	Taxable income before qualified business income deduction	<b>11</b>	50,900.	
<b>12</b>	Net capital gain (see instructions)	<b>12</b>	0.	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	50,900.	
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20)	<b>14</b>		10,180.
<b>15</b>	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	<b>15</b>		144.
<b>16</b>	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	<b>16</b>	( 0. )	
<b>17</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	<b>17</b>	( 0. )	



**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

**IT-201**For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning ... **19**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)		Your Social Security number	
KELLY		M	CLANCY		10131987		109725105	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number	
Mailing address (see instructions, page 14) (number and street or PO box)					Apartment number		New York State county of residence	
66 SHORE RD							SUFFOLK	
City, village, or post office			State	ZIP code	Country (if not United States)		School district name	
EAST SETAUKET			NY	11733-3921			THREE VILLAGE	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number		School district code number	
							635	
City, village, or post office			State	ZIP code	Taxpayer's date of death (mmddyyyy)		Spouse's date of death (mmddyyyy)	
			NY		Decedent information			

**A Filing status**

(mark an X in one box):

- ① ☒ Single
- ② ☐ Married filing joint return (enter spouse's Social Security number above)
- ③ ☐ Married filing separate return (enter spouse's Social Security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er)

**B Did you itemize** your deductions on your 2019 federal income tax return? ..... Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 15) ..... Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 15) ..... Yes ☐ No ☐
- (2) Enter the amount ...  .00

**D3** Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2019 federal return? (see page 15) ..... Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2019? (see page 15) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2019 (any part of a day spent in NYC is considered a day).....

**F NYC residents and NYC part-year residents only** (see page 15):

- (1) Number of months **you** lived in NYC in 2019 .....
- (2) Number of months **your spouse** lived in NYC in 2019 .....

**G** Enter your **2-character special condition code(s)** if applicable (see page 15) .....  **H Dependent information** (see page 16)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. ☐

201001191555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
109725105

**Federal income and adjustments** (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	65130.00
2	Taxable interest income .....	2	.00
3	Ordinary dividends .....	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	.00
5	Alimony received .....	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040) .....	6	775.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	.00
12	Rental real estate included in line 11 .....	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	.00
14	Unemployment compensation .....	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27) .....	15	.00
16	Other income (see page 16) Identify: .....	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	65905.00
18	Total federal adjustments to income (see page 16) Identify: See Federal Adj Stmt .....	18	2805.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	63100.00

**New York additions** (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17) .....	21	3173.00
22	<b>New York's</b> 529 college savings program distributions (see page 17) .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	66273.00

**New York subtractions** (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18) .....	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds .....	28	.00
29	Pension and annuity income exclusion (see page 19) .....	29	.00
30	<b>New York's</b> 529 college savings program deduction/earnings .....	30	.00
31	Other (Form IT-225, line 18).....	31	.00
32	Add lines 25 through 31 .....	32	.00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	66273.00

**Standard deduction or itemized deduction** (see page 21)

34	Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	58273.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....	36	000.00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	58273.00

201002191555



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Name(s) as shown on page 1  
KELLY M CLANCY

Your Social Security number  
109725105

**Tax computation, credits, and other taxes**

<b>38</b>	<b>Taxable income</b> (from line 37 on page 2) .....	<b>38</b>	58273.00
<b>39</b>	<b>NYS tax on line 38 amount</b> (see page 22) .....	<b>39</b>	3332.00
<b>40</b>	<b>NYS household credit</b> (page 22, table 1, 2, or 3) .....	<b>40</b>	.00
<b>41</b>	<b>Resident credit</b> (see page 23) .....	<b>41</b>	.00
<b>42</b>	<b>Other NYS nonrefundable credits</b> (Form IT-201-ATT, line 7) ...	<b>42</b>	.00
<b>43</b>	<b>Add lines 40, 41, and 42</b> .....	<b>43</b>	.00
<b>44</b>	<b>Subtract line 43 from line 39</b> (if line 43 is more than line 39, leave blank) .....	<b>44</b>	3332.00
<b>45</b>	<b>Net other NYS taxes</b> (Form IT-201-ATT, line 30) .....	<b>45</b>	.00
<b>46</b>	<b>Total New York State taxes</b> (add lines 44 and 45) .....	<b>46</b>	3332.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

<b>47</b>	<b>NYC taxable income</b> (see instructions) .....	<b>47</b>	.00
<b>47a</b>	<b>NYC resident tax on line 47 amount</b> (see page 23) .....	<b>47a</b>	.00
<b>48</b>	<b>NYC household credit</b> (page 23) .....	<b>48</b>	.00
<b>49</b>	<b>Subtract line 48 from line 47a</b> (if line 48 is more than line 47a, leave blank) .....	<b>49</b>	.00
<b>50</b>	<b>Part-year NYC resident tax</b> (Form IT-360.1) .....	<b>50</b>	.00
<b>51</b>	<b>Other NYC taxes</b> (Form IT-201-ATT, line 34) .....	<b>51</b>	.00
<b>52</b>	<b>Add lines 49, 50, and 51</b> .....	<b>52</b>	.00
<b>53</b>	<b>NYC nonrefundable credits</b> (Form IT-201-ATT, line 10) .....	<b>53</b>	.00
<b>54</b>	<b>Subtract line 53 from line 52</b> (if line 53 is more than line 52, leave blank) .....	<b>54</b>	.00
<b>54a</b>	<b>MCTMT net earnings base</b> ....	<b>54a</b>	.00
<b>54b</b>	<b>MCTMT</b> .....	<b>54b</b>	.00
<b>55</b>	<b>Yonkers resident income tax surcharge</b> (see page 26) .....	<b>55</b>	.00
<b>56</b>	<b>Yonkers nonresident earnings tax</b> (Form Y-203) .....	<b>56</b>	.00
<b>57</b>	<b>Part-year Yonkers resident income tax surcharge</b> (Form IT-360.1) .....	<b>57</b>	.00
<b>58</b>	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 54 and 54b through 57) ..	<b>58</b>	.00
<b>59</b>	<b>Sales or use tax</b> (see page 27; do not leave line 59 blank) .....	<b>59</b>	0.00
<b>60</b>	<b>Voluntary contributions</b> (Form IT-227, Part 2, line 1) .....	<b>60</b>	.00
<b>61</b>	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 46, 58, 59, and 60) .....	<b>61</b>	3332.00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



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Your Social Security number

109725105

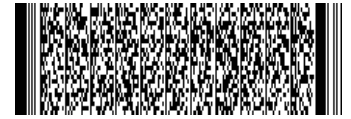
62 Enter amount from line 61

62

3332.00

**Payments and refundable credits** (see pages 28 through 31)

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	3408.00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	3408.00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).

**Do not send federal Form W-2 with your return.**

**Your refund, amount you owe, and account information** (see pages 32 through 34)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	76.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	76.00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	76.00

Mark one refund choice: ☒ **direct deposit** to checking or savings account (fill in line 83) - or - ☐ **paper check**

**Refund?** Direct deposit is the easiest, fastest way to get your refund.

**See page 33 for payment options.**

79	Amount of line 77 that you want applied to your 2020 estimated tax (see instructions)	79	.00
80	Amount you <b>owe</b> (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you <b>must</b> complete Form IT-201-V and mail it with your return.	80	.00
81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33)	81	.00
82	Other penalties and interest (see page 33)	82	.00

**See page 36 for the proper assembly of your return.**

83 Account information for direct deposit or electronic funds withdrawal (see page 34).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 34) ☐

83a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 221970443

83c Account number 8310839543

84 Electronic funds withdrawal (see page 34) Date Amount .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	Email:		

<b>▼ Paid preparer must complete ▼</b> (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature <b>SELF-PREPARED</b>		Preparer's printed name	
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
Email:		Date	

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation <b>TEACHER</b>	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( 631 ) 398 3710
Email: KCLANCY1@GMAIL.COM	

201004191555

**See instructions for where to mail your return.**



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# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

## W-2 Record 1

**Box a** Employee's Social Security number for this W-2 Record

109725105

**Box b** Employer identification number (EIN)

116001723

**Box c** Employer's information**Employer's name**

MIDDLE COUNTRY CENTRAL SCHOOL DI STRICT

**Employer's address (number and street)**

8 43RD STREET

**City**

CENTEREACH

**State**

NY

**ZIP code**

11720

**Country (if not United States)****Box 1** Wages, tips, other compensation

65130.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

14548.00

**Code**

D D

**Box 12b** Amount

.00

**Code****Box 12c** Amount

.00

**Code****Box 12d** Amount

.00

**Code****Box 14a** Amount

3173.00

**Description**

414HSUB

**Box 14b** Amount

2199.00

**Description**

FLEX

**Box 14c** Amount

.00

**Description****Box 14d** Amount

.00

**Description****Box 13** Statutory employee ☐Retirement plan ☐Third-party sick pay ☒Corrected (W-2c) ☐**NY State information:****Box 15a**

NY State

N Y

**Box 16a** NYS wages, tips, etc.

65130.00

**Box 17a** NYS income tax withheld

3408.00

**Other state information:****Box 15b**

other state

**Box 16b** Other state wages, tips, etc.

.00

**Box 17b** Other state income tax withheld

.00

**NYC and Yonkers**  
information (see instr.):**Box 18** Local wages, tips, etc.

Locality a

.00

Locality b

.00

**Box 19** Local income tax withheld

Locality a

.00

Locality b

.00

**Box 20** Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

**Box a** Employee's Social Security number for this W-2 Record**Box b** Employer identification number (EIN)**Box c** Employer's information**Employer's name****Employer's address (number and street)****City****State****ZIP code****Country (if not United States)****Box 1** Wages, tips, other compensation

.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

.00

**Code****Box 12b** Amount

.00

**Code****Box 12c** Amount

.00

**Code****Box 12d** Amount

.00

**Code****Box 14a** Amount

.00

**Description****Box 14b** Amount

.00

**Description****Box 14c** Amount

.00

**Description****Box 14d** Amount

.00

**Description****Box 13** Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐**NY State information:****Box 15a**

NY State

N Y

**Box 16a** NYS wages, tips, etc.

.00

**Box 17a** NYS income tax withheld

.00

**Other state information:****Box 15b**

other state

**Box 16b** Other state wages, tips, etc.

.00

**Box 17b** Other state income tax withheld

.00

**NYC and Yonkers**  
information (see instr.):**Box 18** Local wages, tips, etc.

Locality a

.00

Locality b

.00

**Box 19** Local income tax withheld

Locality a

.00

Locality b

.00

**Box 20** Locality name

Locality a

Locality b

102001191555



NO HANDWRITTEN ENTRIES ON THIS FORM

Additional information from your 2019 New York Tax Return

IT-201: Resident Income Tax Return - Long Form  
Federal Adj Stmt

Continuation Statement

Adjustment Description	Adjustment Amount
EDUCATOR EXPENSE	250.
SE TAX DEDUCTION	55.
STUDENT LOAN INT	2500.
Total	2805.

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

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

OMB No. 1545-0074

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

Name of proprietor <b>Kelly M Clancy</b>		Social security number (SSN) <b>109-72-5105</b>
<b>A</b>	Principal business or profession, including product or service (see instructions) <b>Teaching Summer Camp</b>	<b>B</b> Enter code from instructions ▶ <b>9 9 9 9 9 9</b>
<b>C</b>	Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)
<b>E</b>	Business address (including suite or room no.) ▶ <b>3701 Highland Park NW</b> City, town or post office, state, and ZIP code <b>North Canton, OH 44720</b>	
<b>F</b>	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
<b>G</b>	Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>H</b>	If you started or acquired this business during 2019, check here . . . . . ▶ <input checked="" type="checkbox"/>	
<b>I</b>	Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b>	If "Yes," did you or will you file required Forms 1099? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part I Income**

<b>1</b>	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . ▶ <input type="checkbox"/>	<b>1</b>	<b>775.</b>
<b>2</b>	Returns and allowances . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>775.</b>
<b>4</b>	Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>775.</b>
<b>6</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Gross income.</b> Add lines 5 and 6 . . . . . ▶	<b>7</b>	<b>775.</b>

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

<b>8</b>	Advertising . . . . .	<b>8</b>		<b>18</b>	Office expense (see instructions)	<b>18</b>	
<b>9</b>	Car and truck expenses (see instructions). . . . .	<b>9</b>		<b>19</b>	Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b>	Commissions and fees . . . . .	<b>10</b>		<b>20</b>	Rent or lease (see instructions):		
<b>11</b>	Contract labor (see instructions)	<b>11</b>		<b>a</b>	Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b>	Depletion . . . . .	<b>12</b>		<b>b</b>	Other business property . . . . .	<b>20b</b>	
<b>13</b>	Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>		<b>21</b>	Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b>	Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b>	Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b>	Insurance (other than health)	<b>15</b>		<b>23</b>	Taxes and licenses . . . . .	<b>23</b>	
<b>16</b>	Interest (see instructions):			<b>24</b>	Travel and meals:		
<b>a</b>	Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b>	Travel . . . . .	<b>24a</b>	
<b>b</b>	Other . . . . .	<b>16b</b>		<b>b</b>	Deductible meals (see instructions) . . . . .	<b>24b</b>	
<b>17</b>	Legal and professional services	<b>17</b>		<b>25</b>	Utilities . . . . .	<b>25</b>	
<b>18</b>				<b>26</b>	Wages (less employment credits) . . . . .	<b>26</b>	
<b>19</b>				<b>27a</b>	Other expenses (from line 48) . . . . .	<b>27a</b>	
<b>20</b>				<b>b</b>	<b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶			<b>28</b>			
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			<b>29</b>	<b>775.</b>		
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .			<b>30</b>			
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.			<b>31</b>	<b>775.</b>		
<b>32</b>	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b>	<input type="checkbox"/> All investment is at risk.		
				<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.		



**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . <b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . . <b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . . <b>37</b>
<b>38</b>	Materials and supplies . . . . . <b>38</b>
<b>39</b>	Other costs . . . . . <b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . . <b>40</b>
<b>41</b>	Inventory at end of year . . . . . <b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . . <b>42</b>

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

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶ .....
<b>44</b>	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
<b>a</b>	Business .....
<b>b</b>	Commuting (see instructions) .....
<b>c</b>	Other .....
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," is the evidence written? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

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<b>48</b>	<b>Total other expenses.</b> Enter here and on line 27a . . . . . <b>48</b>