

Electronic Filing Instructions for your 2018 Federal Tax Return

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



Emma P St. John
25 East 100 North
Blackfoot, ID 83221

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$295.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 730500361590 Routing Transit Number: 324173639.		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2019. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2018 Federal Tax Return Summary	Adjusted Gross Income	\$	10,087.00
	Taxable Income	\$	0.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	295.00
	Amount to be Refunded	\$	295.00
	Effective Tax Rate		0.00%



Hi Emma,

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

With TurboTax Federal Free Edition:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

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

Your first name and initial: Emma P Last name: St. John Your social security number: 518-53-0100

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions. 25 East 100 North Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Blackfoot ID 83221 If more than four dependents, see inst. and ✓ here ☐

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

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

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

Your signature: Spouse's signature. If a joint return, **both** must sign. Date: Date: Your occupation: student Spouse's occupation:

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

Preparer's name: Preparer's signature: PTIN: Firm's EIN: Check if: ☐ 3rd Party Designee ☐ Self-employed

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

Firm's address:

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	SCH 1200	1	10,014.
2a	Tax-exempt interest	2a	2b	73.
3a	Qualified dividends	3a	3b	
4a	IRAs, pensions, and annuities	4a	4b	
5a	Social security benefits	5a	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	0.	6	10,087.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	10,087.
8	Standard deduction or itemized deductions (from Schedule A)		8	10,364.
9	Qualified business income deduction (see instructions)		9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	0.
11	a Tax (see inst.) 0. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	0.
12	b Add any amount from Schedule 2 and check here	<input type="checkbox"/>	12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>		13	0.
14	Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
15	Other taxes. Attach Schedule 4		15	0.
16	Total tax. Add lines 13 and 14		16	295.
17	Federal income tax withheld from Forms W-2 and 1099		17	
18	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863		18	295.
19	Add any amount from Schedule 5		19	295.
20a	Add lines 16 and 17. These are your total payments		20a	295.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		21	
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		22	
23	Routing number 3 2 4 1 7 3 6 3 9 ▶ c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		23	
24	Account number 7 3 0 5 0 0 3 6 1 5 9 0			
25	Amount of line 19 you want applied to your 2019 estimated tax	25		
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	26		
27	Estimated tax penalty (see instructions)	27		

Electronic Filing Instructions for your 2018 Idaho Tax Return

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



Emma P St. John
25 East 100 North
Blackfoot, ID 83221

Balance Due/Refund	Your Idaho state tax return (Form 40) shows a refund due to you in the amount of \$111.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 730500361590 Routing Transit Number: 324173639.		
Where's My Refund?	Before you call the Idaho State Tax Commission with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Idaho State Tax Commission directly at 1-800-972-7660. From outside of Idaho use 1-888-228-5770. You can also visit the Idaho State Tax Commission web site at http://tax.idaho.gov/ .		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns Copy of the Other State's tax return, if applicable		
2018 Idaho Tax Return Summary	Taxable Income	\$	0.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	111.00
	Amount to be Refunded	\$	111.00

IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN? Check the box.
See page 7 of instructions for the reasons to amend, and enter the number that applies.

State Use Only

STJO

For calendar year 2018 or fiscal year beginning _____, ending _____

PLEASE PRINT OR TYPE	Your first name and initial EMMA P	Last name ST. JOHN	Your Social Security number (required) 518-53-0100	<input type="checkbox"/> Deceased in 2018
	Spouse's first name and initial	Last name	Spouse's Social Security number (required)	<input type="checkbox"/> Deceased in 2018
	Current mailing address 25 EAST 100 NORTH		Forms available at tax.idaho.gov	
	City, state, and ZIP Code BLACKFOOT ID 83221			

FILING STATUS. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above.

1. ☒ Single 2. ☐ Married filing jointly 3. ☐ Married filing separately 4. ☐ Head of Household 5. ☐ Qualifying widow(er)

HOUSEHOLD. See instructions, page 7. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a, and 6b, if they apply.

List your dependents below. If you have more than four, continue on Form 39R. Enter total number on line 6c.

	First Name	Last Name	Social Security Number	Birthdate (mm/dd/yyyy)
Yourself 6a. <u>0</u>				
Spouse 6b. _____				
Dependent(s) 6c. _____				
Total 6d. <u>0</u>				

INCOME. See instructions, page 7.

7. Enter your federal adjusted gross income from federal Form 1040, line 7. Include a complete copy of your federal return	7	10087	00
8. Additions from Form 39R, Part A, line 7. Include Form 39R	8		00
9. Total. Add lines 7 and 8	9	10087	00
10. Subtractions from Form 39R, Part B, line 23. Include Form 39R	10	73	00
11. Qualified business income deduction	11		00
12. TOTAL ADJUSTED INCOME. Subtract lines 10 and 11 from line 9	12	10014	00

TAX COMPUTATION. See instructions, page 7.

Standard Deduction for Most People Single or Married Filing Separately: \$12,000 Head of Household: \$18,000 Married Filing Jointly or Qualifying Widow(er): \$24,000	13. CHECK	a. If age 65 or older <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse b. If blind <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse c. If your parent or someone else can claim you as a dependent, check here and enter zero on line 43. <input checked="" type="checkbox"/>		
	14. Itemized deductions. Include federal Schedule A. Federal limits apply	14		00
	15. All state and local income or general sales taxes included on federal Schedule A, line 5	15		00
	16. Subtract line 15 from line 14. If you don't use federal Schedule A, enter zero	16		00
	17. Standard deduction. See instructions, page 7, to determine amount if not standard	17	10364	00
	18. Subtract the LARGER of line 16 or 17 from line 12. If less than zero, enter zero	18	0	00
	19. Idaho taxable income. Enter amount from line 18	19	0	00
	20. Tax from tables or rate schedule. See instructions, page 39	20	0	00
			NRF	



21. Tax amount from line 20		21	0	00																									
CREDITS. Limits apply. See instructions, page 8.																													
22. Income tax paid to other states. Include Form 39R and a copy of other states' returns ...	22		00																										
23. Total credits from Form 39R, Part E, line 4. Include Form 39R	23		00																										
24. Total business income tax credits from Form 44, Part I, line 9. Include Form 44	24		00																										
25. Idaho Child Tax Credit. Computed amount from worksheet on page 8.....	25	0	00																										
26. TOTAL CREDITS. Add lines 22 through 25	26	0	00																										
27. Subtract line 26 from line 21. If line 26 is more than line 21, enter zero	27	0	00																										
OTHER TAXES. See instructions, page 9.																													
28. Fuels use tax due. Include Form 75	28		00																										
29. Sales/use tax due on untaxed purchases (online, mail order, and other)	29		00																										
30. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44	30		00																										
31. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	31		00																										
32. Permanent building fund tax. Check the box if you received Idaho public assistance payments for 2018 NRF. <input type="checkbox"/>	32	-----10	00																										
33. TOTAL TAX. Add lines 27 through 32	33	0	00																										
DONATIONS. See instructions, page 9. I want to donate to:																													
34. Idaho Nongame Wildlife Fund	35. Idaho Children's Trust Fund																												
36. Special Olympics Idaho	37. Idaho Guard and Reserve Family ...																												
38. Reserved	39. Veterans Support Fund																												
40. Idaho Foodbank Fund	41. Opportunity Scholarship Program ...																												
42. TOTAL TAX PLUS DONATIONS. Add lines 33 through 41	42	0	00																										
PAYMENTS and OTHER CREDITS.																													
43. Grocery credit. Computed amount from worksheet on page 10																													
To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43 <input type="checkbox"/>																													
To receive your grocery credit, enter the computed amount on line 43																													
44. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R	44		00																										
45. Special fuels tax refund Gasoline tax refund Include Form 75	45		00																										
46. Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding	46	111	00																										
47. 2018 Form 51 payment(s) and amount applied from 2017 return	47		00																										
48. Pass-through income tax. Withheld * Paid by entity * Include Form(s) ID K-1	48		00																										
49. Tax Reimbursement Incentive credit * Claim of Right credit * See instructions	49		00																										
50. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 43 through 49	50	111	00																										
TAX DUE or REFUND. See instructions, page 11. If line 42 is more than line 50, GO TO LINE 51. If line 42 is less than line 50, GO TO LINE 54.																													
51. TAX DUE. Subtract line 50 from line 42			00																										
52. Penalty * Interest from the due date * Enter total			00																										
Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal <input type="checkbox"/>																													
53. TOTAL DUE. Add lines 51 and 52. Pay online or make check payable to the Idaho State Tax Commission	53		00																										
54. OVERPAID. Line 50 minus lines 42 and 52. This is the amount you overpaid	54	111	00																										
55. REFUND. Amount of line 54 to be refunded to you		111	00																										
56. ESTIMATED TAX. Amount of line 54 to be applied to your 2019 estimated tax	56		00																										
57. DIRECT DEPOSIT. See instructions, page 11. <input type="checkbox"/> Check if final deposit destination is outside the U.S.																													
Routing No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>2</td><td>4</td><td>1</td><td>7</td><td>3</td><td>6</td><td>3</td><td>9</td></tr></table>		3	2	4	1	7	3	6	3	9	Account No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>3</td><td>0</td><td>5</td><td>0</td><td>0</td><td>3</td><td>6</td><td>1</td><td>5</td><td>9</td><td>0</td><td></td><td></td><td></td><td></td></tr></table>		7	3	0	5	0	0	3	6	1	5	9	0					Type of <input type="checkbox"/> Checking
3	2	4	1	7	3	6	3	9																					
7	3	0	5	0	0	3	6	1	5	9	0																		
				Account: <input checked="" type="checkbox"/> Savings																									
AMENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.																													
58. Total due (line 53) or overpaid (line 54) on this return	58		00																										
59. Refund from original return plus additional refunds	59		00																										
60. Tax paid with original return plus additional tax paid	60		00																										
61. Amended tax due or refund. Add lines 58 and 59 then subtract line 60	61		00																										
<input type="checkbox"/> Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions. REV 11/01/18 TTO																													
SIGN HERE Your signature		Spouse's signature (if a joint return, BOTH MUST SIGN)																											
Date	Taxpayer's phone number (208) 681-5748	Preparer's EIN, SSN, or PTIN																											
Paid preparer's signature * SELF PREPARED		Preparer's address and phone number																											



IDAHO SUPPLEMENTAL SCHEDULE

For Form 40, Resident Returns Only

Name(s) as shown on return	Social Security number
EMMA P ST. JOHN	518-53-0100

A. Additions. See instructions, page 20.

1. Federal net operating loss carryover included in Form 40, line 7	1	00
2. Capital loss carryover incurred outside the state before becoming an Idaho resident	2	00
3. Non-Idaho state and local bond interest and dividends	3	00
4. Idaho college savings account withdrawal	4	00
5. Bonus depreciation. Include Form(s) 4562	5	00
6. Other additions. Include explanation	6	00
7. Total additions. Add lines 1 through 6. Enter here and on Form 40, line 8	7	00

B. Subtractions. See instructions, page 20.

1. Idaho net operating loss carryover	1	00
Idaho net operating loss carryback	2	00
2. State income tax refund, if included in federal income	3	73 00
3. Interest from U.S. government obligations	4	00
4. Energy efficiency upgrades		
5. Alternative energy devices deduction		

Year	Acquired	Type of Device	Total Cost	Percent		
a. 2018			\$	X 40% =	5a	00
b. 2017			\$	X 20% =	5b	00
c. 2016			\$	X 20% =	5c	00
d. 2015			\$	X 20% =	5d	00

e. Add lines 5a through 5d. Can't exceed \$5,000	5e	00
6. Child/dependent care. Complete worksheet on page 21 and include federal Form 2441	6	00
7. Social Security and railroad benefits, if included in federal income	7	00
8. Retirement benefits deduction. Complete Part C	8	00
9. Technological equipment donation	9	00
10. Idaho capital gains deduction. Include Form CG	10	00
11. Active duty military pay earned outside of Idaho	11	00
12. Adoption expenses	12	00
13. Idaho medical savings account. Contributions Interest		
Financial institution Account number	13	00
14. Idaho college savings program	14	00
15. Maintaining a home for the aged or developmentally disabled	15	00
16. Idaho lottery winnings, less than \$600 per prize	16	00
17. Income earned on a reservation by an American Indian	17	00
18. Health insurance premiums	18	00
19. Long-term care insurance	19	00
20. Workers' compensation insurance	20	00
21. Bonus depreciation. Include Form(s) 4562	21	00
22. Other subtractions. Include explanation	22	00
23. Total subtractions. Add lines 1 through 4 and 5e through 22.		
Enter here and on Form 40, line 10	23	73 00

C. Retirement benefits deduction. See instructions, page 22, for qualified retirement benefits.

1. If single, enter \$33,456 or if married filing jointly, enter \$50,184	1	00
2. Federal Railroad Retirement benefits received	2	00
3. Social Security benefits received	3	00
4. Line 1 minus lines 2 and 3. If less than zero, enter zero	4	00
5. Qualified retirement benefits included in federal income	5	00
6. Enter the smaller of line 4 or 5 here and on Part B, line 8	6	00

Name(s) as shown on return	Social Security number
EMMA P ST. JOHN	518-53-0100

D. Credit for income tax paid to other states. See instructions, page 25.This credit is being claimed for taxes paid to: (State name)

1. Idaho tax, Form 40, line 20	1		00	Include a copy of the income tax return and a separate Form 39R for each state for which a credit is claimed.
2. Federal adjusted gross income earned in other state adjusted for Idaho modifications. See instructions	2		00	
3. Idaho adjusted income. See instructions	3		00	
4. Divide line 2 by line 3. Enter percentage here	4		%	
5. Multiply line 1 by line 4. Enter amount here		5		00
6. Other state's tax due minus its income tax credits		6		00
7. Enter the smaller of lines 5 or 6 here and on Form 40, line 22		7		00

E. Credits for Idaho educational entity and Idaho youth and rehabilitation facility contributions, and live organ donation expenses. See instructions, page 25.

1. Credit for contributions to Idaho educational entities	1		00
2. Credit for contributions to Idaho youth and rehabilitation facilities	2		00
3. Credit for live organ donation expenses	3		00
4. Total credits. Add lines 1 through 3. Enter total here and on Form 40, line 23	4		00

F. Maintaining a home for a family member age 65 or older or a family member with a developmental disability. See instructions, page 26.

1. Did you maintain a home for an immediate family member age 65 or older (not including you and your spouse) and provide more than one-half of their support? ☐ Yes ☒ No
2. Did you maintain a home for an immediate family member with a developmental disability (including you and your spouse) and provide more than one-half of their support? ☐ Yes ☒ No
3. List each family member you're claiming:

Family Member's Name First Name Last Name	Family Member's Social Security Number	Relationship to Person Filing Return	Family Member's Birthdate (mm/dd/yyyy)	Check Here if Developmentally Disabled

4. Total amount claimed (\$100 for each qualifying member but not more than \$300). Enter here and on Form 40, line 44. (Credit can't be claimed if you took \$1,000 deduction on Part B, line 15.)	4		00
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G. Dependents: (Continued from Form 40, page 1, line 6)

First Name	Last Name	Social Security Number	Birthdate (mm/dd/yyyy)

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

Your first name and initial: Emma P Last name: St. John Your social security number: 518-53-0100

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions. 25 East 100 North Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Blackfoot ID 83221 If more than four dependents, see inst. and ✓ here ☐

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

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

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

Your signature: Spouse's signature. If a joint return, **both** must sign. Date: Date: Your occupation: student Spouse's occupation:

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

Preparer's name: Preparer's signature: PTIN: Firm's EIN: Check if: ☐ 3rd Party Designee ☐ Self-employed

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

Firm's address:

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	SCH 1200	1	10,014.
2a	Tax-exempt interest	2a	2b	73.
3a	Qualified dividends	3a	3b	
4a	IRAs, pensions, and annuities	4a	4b	
5a	Social security benefits	5a	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	0.	6	10,087.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	10,087.
8	Standard deduction or itemized deductions (from Schedule A)		8	10,364.
9	Qualified business income deduction (see instructions)		9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	0.
11	a Tax (see inst.) 0. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	0.
12	b Add any amount from Schedule 2 and check here		12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here		13	0.
14	Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
15	Other taxes. Attach Schedule 4		15	0.
16	Total tax. Add lines 13 and 14		16	295.
17	Federal income tax withheld from Forms W-2 and 1099		17	
18	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863		18	295.
19	Add any amount from Schedule 5		19	295.
20a	Add lines 16 and 17. These are your total payments		20a	295.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		21	
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here		22	
23	Routing number 3 2 4 1 7 3 6 3 9 c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		23	
24	Account number 7 3 0 5 0 0 3 6 1 5 9 0			
25	Amount of line 19 you want applied to your 2019 estimated tax	25		
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	26		
27	Estimated tax penalty (see instructions)	27		