

Review your print out for checklist items.

Filing status: <input type="checkbox"/> Single <input checked="" 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 FOLAU		Last name KAVEINGA	Your social security number 623-55-5260
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 Elizabeth F		Last name Kaveinga	Spouse's social security number 606-07-1855
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien			<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. 4849 W. 111th St			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Inglewood CA 90304			If more than four dependents, see inst. and ✓ here ► <input type="checkbox"/>

Dependents (see instructions):		(2) Social security number	(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
Folauetau A	Kaveinga, Jr	727-85-4821	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mahonri T	Kaveinga	092-65-5498	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fusi A	Kaveinga	160-25-0114	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Firm's address ►

Form **1040** (2018)

Page 2

	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	120,578.
Attach Form(s) W-2. Also attach Form(s) W-2-G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRAs, pensions, and annuities	4b	
	5a	Social security benefits	5b	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	120,578.
	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	118,078.
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.	8	Standard deduction or itemized deductions (from Schedule A)	8	24,000.
	9	Qualified business income deduction (see instructions)	9	
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	94,078.
	11	a Tax (see inst.) <u>12,576.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	12,576.
	12	a Child tax credit/credit for other dependents <u>6,000.</u> b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	6,000.
	13	Subtract line 12 from line 11. If zero or less, enter -0-	13	6,576.
	14	Other taxes. Attach Schedule 4	14	0.
	15	Total tax. Add lines 13 and 14	15	6,576.
	16	Federal income tax withheld from Forms W-2 and 1099	16	6,295.
		17	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 Add any amount from Schedule 5	17
	18	Add lines 16 and 17. These are your total payments	18	6,295.
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	
	20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	
	b	Routing number X X X X X X X X X X Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	21	Amount of line 19 you want applied to your 2019 estimated tax	21	
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	281.
	23	Estimated tax penalty (see instructions)	23	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

FOLAU & Elizabeth F KAVEINGA

Your social security number

623-55-5260

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
	21	Other income. List type and amount ►	21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ►	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	2,500.
	34	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	2,500.

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

Schedule 1 (Form 1040) 2018

Tax History Report

► Keep for your records

2018

Name(s) Shown on Return

FOLAU & Elizabeth F KAVEINGA

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status					MFJ
Total income					120,578.
Adjustments to income					2,500.
Adjusted gross income					118,078.
Tax expense					5,964.
Interest expense . . .					
Contributions					10,501.
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					24,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					94,078.
Tax					12,576.
Alternative min tax . .					
Total credits					6,000.
Other taxes					0.
Payments					6,295.
Form 2210 penalty . .					
Amount owed					281.
Applied to next year's estimated tax .					
Refund					
Effective tax rate % . .					5.57
**Tax bracket %					22.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

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

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

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

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

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

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

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

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

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

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card.

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

Questions? Call 1-877-908-7228

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

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

1040 Worksheet Navigation QuickZooms

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

Form 1040 - Personal Info, Filing Status, Dependent Info

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

Your First Name MI Last Name Your Social Security No.
FOLAU KAVEINGA 623-55-5260
 If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.
Elizabeth F Kaveinga 606-07-1855
 Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.
4849 W. 111th St _____
 City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
Inglewood CA 90304

Schedule 6 - Foreign Address

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

QuickZoom to explanation statement for overseas extension ▶

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

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

Filing Status

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

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

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

Dependents: (1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifies for (see instr): under age 17 qualify- ing for child tax credit Credit for other dependents	
<u>Folaetau A</u>	<u>Kaveinga, Jr</u>	<u>727-85-4821</u>	<u>Son</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Mahonri T</u>	<u>Kaveinga</u>	<u>092-65-5498</u>	<u>Son</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Fusi A</u>	<u>Kaveinga</u>	<u>160-25-0114</u>	<u>Daughter</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

Form 1040, Identifying Information (cont'd)

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

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

Form 1040 Lines 1-5

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	120,578.
2 a Tax-exempt interest		
b Taxable interest	2b	
3 a Qualified dividends (see instructions)		
b Ordinary dividends. Attach Schedule B if required	3b	
4 IRA distributions		
Taxable amount (see instructions)		
Pensions and annuities		
Taxable amount (see instructions)	4b	
5 a Social security benefits		
b Taxable amount (see instructions)	5b	
QuickZoom to Schedule 1 - Additional Income and Adjustments ►		

Form 1040, Lines 6 and 7

6 Total income. Add lines 1 through 5b and Schedule 1, line 22	6	120,578.
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	118,078.
AGI including excludable Puerto Rico Income		118,078.

Form 1040, Line 8 - Standard or Itemized Deduction

8 Standard deduction or itemized deductions (from Schedule A) Standard Deduction for - <ul style="list-style-type: none"> People who checked blind or over 65 or who can be claimed as a dependent, see instructions. All others: <ul style="list-style-type: none"> Single or Married filing separately: \$12,000 Married filing jointly or Qualifying widow(er): \$24,000 Head of household: \$18,000 QuickZoom to the Standard Deduction Worksheet Itemized deductions (from Schedule A) or your standard deduction , see above Subtract itemized or standard deduction from adjusted gross income amount	8	24,000. 94,078.
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Form 1040, Lines 9-11

9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	94,078.

11	a Tax. (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>		
	b Total tax. Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	12,576.
	QuickZoom to Schedule 2 - Tax section <input type="checkbox"/>		

Form 1040, Line 12-15

12 a	Child tax credit/credit for other dependents 12a	6,000.	
	b Add any amount from Schedule 3 and check here <input type="checkbox"/>		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	6,576.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14	15	6,576.
	QuickZoom to Schedule 3 - Nonrefundable credits <input type="checkbox"/>		
	QuickZoom to Schedule 4 - Other Taxes <input type="checkbox"/>		

Form 1040, Lines 16-17

16	Federal income tax withheld from Forms W-2 and 1099	16	6,295.
17 a	Earned income credit (EIC)		No
	Nontaxable combat pay election		
b	Additional child tax credit. Attach Schedule 8812		
c	American opportunity credit from Form 8863, line 8		
	Add lines 17a,b,c and any amount from Schedule 5	17	
18	Add Lines 16 and 17. These are your total payments	18	6,295.
	QuickZoom to Schedule EIC Worksheet, pg 2 if credit is not calculated . . . QuickZoom. <input type="checkbox"/>		
	QuickZoom to "due diligence checklist" substitute for Form 8867 QuickZoom. <input type="checkbox"/>		
	QuickZoom to Schedule 5 - Other Payments and Refundable Credits . . QuickZoom. <input type="checkbox"/>		

Form 1040, Lines 19-21

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

Form 1040, Lines 22-23

Amount You Owe:			
22	Subtract line total payments from total tax <input type="checkbox"/>	22	281.
23	Estimated tax penalty (see instructions) 23		

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

Schedule 1 - Additional Income and Adjustments

1-9b	Reserved		
10	Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	10	
11	Alimony received. . . . Taxpayer _____ Spouse _____	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation (see instr.)	19	
21	Other income. List type and amount (see instructions). _____ _____	21	
22	Combine the amounts in the far right column for lines 10 through 21. Enter here and include on Form 1040, line 6 field to left of amount field. ▶ Total Income. Combine Form 1040 lines 1- 5b and Schedule 1, line 22 , enter on Form 1040, line 6. ▶ <u>120,578.</u>	22	
Quickzoom to 1040 Workseet, line 6 - Total Income ▶ QuickZoom. . ▶			

Schedule 1 - Adjustments to Income

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

Alimony Paid Smart Worksheet

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

31 a	Alimony paid		
b	Recipient's SSN ▶ _____	31 a	
32	IRA deduction	32	
33	Student loan interest deduction	33	<u>2,500.</u>
34	Reserved	34	
35	Reserved	35	
36	Add lines 23 through 35	36	<u>2,500.</u>

Schedule 2 - Tax

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

Schedule 3 - Nonrefundable Credits

48	Foreign tax credit. Attach Form 1116 if required	48		
49	Credit for child and dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Reserved	52		
53	Residential Energy Credit. Attach Form 5695	53		
54	Other credits from Form:	54		
a	<input type="checkbox"/> 3800			
b	<input type="checkbox"/> 8801			
c	<input type="checkbox"/>			
55	Add lines 12a, and 48 through 54. These are your total credits	55		6,000.
a	If amount on line 55 above includes Schedule 3 amount, check here. . . . ▶ <input type="checkbox"/>			
b	Total non-refundable credits			
c	Subtract total credits on line 55 from total tax above		6,576.	
Quickzoom to 1040 Worksheet, line 15 - Total Tax. ▶ QuickZoom. . . ▶				

Schedule 4 - Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form:		
a	<input type="checkbox"/> 4137	b	<input type="checkbox"/> 8919
	Explain underreported tips	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60 a	Household employment taxes from Schedule H	60 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	b	
61	Health care: Individual responsibility. Full-year coverage <input checked="" type="checkbox"/>	61	0.
62	Taxes from:		
a	<input type="checkbox"/> Form 8959		
b	<input type="checkbox"/> Form 8960		
c	<input type="checkbox"/> Instructions; enter code(s)	62	
63	Section 965 net tax liability installment from Form 965-A.	63	
64	Add lines 57 through 62. Total Other taxes amount. ▶	64	0.
	Tax after credits: Add lines 64 and line 55c		6,576.

Schedule 5 - Other Payments and Refundable Credits

65	Reserved for future use	65			
66	2018 estimated tax payments and amount applied from 2017 return	66			
67	Reserved for future use	67			
68	Reserved for future use	68			
69	Reserved for future use	69			
70	Net premium tax credit. Attach Form 8962	70			
71	Amount paid with request for extension to file	71			
72	Excess social security and tier 1 RRTA tax withheld	72			
73	Credit for federal tax on fuels. Attach Form 4136	73			
74	Credits from Form:	74			
a	<input type="checkbox"/> 2439				
b	<input type="checkbox"/> Reserved				
c	<input type="checkbox"/> 8885				
d	<input type="checkbox"/>				
75	Add lines 66, and 70 through 74. These are your total payments	75			6,295.
	Amount included above on line 75 from Schedule 5				
	Amount included above on line 75 from Form 1040, line 17				

Schedule 6 - Third Party Designee

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

Designee's Name

Phone No. Personal Identification Number (PIN)

Signature and Paid Preparer**Sign Here**

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

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

Your Signature	Date	Your Occupation	If the IRS sent you an Identity Protection PIN, enter it here
Spouse's Signature. If joint, both must sign.	Date	Software Developer	
Daytime Phone No.		Spouse's Occupation	
(951) 923-5276		Housekeeper	

Paid Preparer's Use Only

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

Filing Address Information

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

Date

Name(s) Shown on Return FO LAU & Elizabeth F KAVEINGA	Your SSN 623-55-5260
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Line 4b - Adjustment for trade or business income or loss

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

Line 5b - Adjustment for gain or loss on dispositions

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

Capital gain/loss not included in net investment income

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

Calculation of line 5b adjustment due to capital loss carryforward

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

Line 7 - Other modifications to investment income

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

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

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

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

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation:		

	_____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5.	7	
8	Enter the lesser of line 7 or line 4	8	

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

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

Total additional modifications to Form 8960, line 10		

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

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

2) Former Passive Activity Suspended Losses - Schedule D

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

3) Former Passive Activity Suspended Losses - Form 4797

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

Charitable Organization Worksheet

2018

► Keep for your records

Name(s) Shown on Return

FOLAU & Elizabeth F KAVEINGA

Social Security Number

623-55-5260

Charity Name . . . The Church of Jesus Christ of LDS

Address

City State ZIP code

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	(not needed)		Money	10,000.00
			Total:	10,000.00
			Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

FOLAU & Elizabeth F KAVEINGA

623-55-5260

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2018 Amount
1	(not needed)	10,000.00	1	<input checked="" type="checkbox"/>	Once	<input type="checkbox"/>	Recur	10,000.00
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring		Miles Driven		
Other Costs	Description of Other Costs		Value of Miles			
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				

FOLAU & Elizabeth F KAVEINGA

623-55-5260

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:
☒ (a) 50% charity ☐ (b) Other than 50% charity

Charitable Organization Worksheet

2018

► Keep for your records

Name(s) Shown on Return

FOLAU & Elizabeth F KAVEINGA

Social Security Number

623-55-5260

Charity Name . . . Salvation Army

Address

City

State

ZIP code

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	06/15/2018	Furniture, clothes, house items	Items you valued	500.00
2	06/18/2018	Donation made	Mileage	0.98
			Total:	500.98
Prior Year Total:				

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

FOLAU & Elizabeth F KAVEINGA

623-55-5260

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed
1	06/15/2018	Furniture, clothes, house items A - Household	Thrift shop value 500.00	500.00

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2018 Amount
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven			
Other Costs	Description of Other Costs		Value of Miles			
2	06/18/18	Donation made				
7.0	1	<input checked="" type="checkbox"/> Once <input type="checkbox"/> Recur	7.0			
			0.98			0.98
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				

FOLAU & Elizabeth F KAVEINGA

623-55-5260

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☐ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ► ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ► ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:
☒ (a) 50% charity ☐ (b) Other than 50% charity

Charitable Contribution Detail Worksheet

2018

► Keep for your records

Name(s) Shown on Return

FOLAU & Elizabeth F KAVEINGA

Social Security Number

623-55-5260

Donation Description* Furniture, clothes, house items

Part I Donation Value

1 Value of contribution on date of donation* 500.00

Part II Type of Donated Property

2 Check one:*

Tangible personal property

- a ☒ Household items & clothing
b ☐ Motor vehicle, boat, or airplane
c ☐ Art, Other than self-created
d ☐ Art, Self-created
e ☐ Collectibles
f ☐ Business equipment
g ☐ Business inventory
h ☐ Other

Intangible property

- i ☐ Stock, Publicly traded
j ☐ Stock, Other than publicly traded
k ☐ Securities, Other than stock
l ☐ Intellectual property
m ☐ Other

Real property

- n ☐ Real property, Conservation property
o ☐ Real property, Other than conservation

Part III Additional Information

If total noncash contributions are more than \$500, complete Part III

3 Date of donation (mm/dd/yyyy) 06/15/2018

4 Method used to determine the fair market value* . . Thrift shop value

Part IV Acquisition Information

If the value of this contribution is more than \$500, complete Part IV

5 Date the donated property was acquired (mm/dd/yyyy)*

6 How the donated property was acquired*

7 Cost or adjusted basis in the donated property

8 If business equipment, enter accumulated depreciation

Part V Deduction

9 Amount claimed as a deduction 500.

Part VI Type of Charitable Organization

10 Check one: ☒ (a) 50% charity ☐ (b) Other than 50% charity

Part VII Charity's Use of Certain Appreciated Property

Complete when value is greater than cost.

- 11 a Is the charity's use of property related to its exempt purpose? ☐ Yes ☒ No
Check 'No' if the charity sold the donated property.
- b If the date donated or the date acquired is entered as various, was the
property held more than 1 year (calculated if dates entered)? ☐ Yes ☐ No

Part VIII Motor vehicle, boat, airplanes

- 12 a Was a Form 1098-C received? ☐ Yes ☐ No
b If **no**, did you receive other written acknowledgment? ☐ Yes ☐ No
c Vehicle Identification Number
QuickZoom here to enter donated vehicle information.

Part IX Additional Information for Contributions of Property More than \$5,000

Complete Part IX for a contribution of property that has a value of more than \$5,000.

Generally, you must have a written appraisal for these contributions.

- 13 Was an appraisal required for this property? ☐ Yes ☐ No

14 Appraiser Information:

- a Date of Appraisal
- b Appraiser Title
- c Appraiser Identifying Number
- d Appraiser Business Address (including room or suite number)
- e Appraiser City or Town State ZIP Code

15 Charity Information:

- a Charity Date of Receipt of Gift
- b Charity Representative Title
- c Charity Identifying Number
- d Charity Street Address (including room or suite number)
- e Charity City or Town State ZIP Code

16 Other Information:

- a If a group of items was donated, describe any items
which were appraised at \$500 or less
- b For **tangible property**, give a brief summary of its overall physical
condition on the date it was donated
- c For **stock and securities** (checkboxes 2i-2j), enter average trading price
- d For **bargain sales**, enter the amount received

Part X Partial Interest Donations

If entire interest in the property was **not** donated, complete Part X.

Complete Part X for a contribution of property that has a value of \$5,000 or less and for publicly traded stock donations.

- 17 Was the **entire interest** donated for this property? ☐ Yes ☐ No

If **no**, complete line 18

- 18 Partial interest donation information:

- a Amount claimed as a deduction on 2018 tax return _____
- b Deduction claimed for this property on prior years' tax returns. _____
- c Location of tangible property donated _____
- d Name of the person, other than the charity, who has
possession of the donated property _____
- Complete lines 18e through 18g only if different from the charity entered on the Charitable Org Wks:
- e If a partial interest in this property was donated to a different charity
in a prior year, enter the name of the charity _____
- f Street address of prior charity _____
- g City of prior charity _____ State ZIP Code _____

Part XI Restricted Use Property

If restrictions were attached to the charity's right to use or dispose of the property, then complete Part XI.

- 19 Were **restrictions** attached to the charity's right
to use or dispose of this property? ☐ Yes ☐ No

If **yes**, complete line 20.

- 20 Restriction information:

- a Describe the restriction:

- b Did you give to anyone other than the charity on line 1 the right to income
from the donated property or to possession of the donated property? ☐ Yes ☐ No

- c If you checked **Yes** on line 20b, describe the right to income:

- d Were restrictions attached limiting the donated property to a specific use? ☐ Yes ☐ No

- e If you checked **Yes** on line 20d, describe the use limitation:

Federal Information Worksheet

► Keep for your records

2018

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

First name FOLAU
 Middle initial Suffix
 Last name KAVEINGA
 Social security no. 623-55-5260
 Occupation Software Developer
 Date of birth 12/03/1986 (mm/dd/yyyy)
 Age as of 1-1-2019 32
 Daytime phone (951) 923-5276 Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

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

Credit for the Elderly or Disabled (Schedule R):

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

Presidential Election Campaign Fund:

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

Spouse:

First name Elizabeth
 Middle initial F Suffix
 Last name Kaveinga
 Social security no. 606-07-1855
 Occupation Housekeeper
 Date of birth 04/12/1987 (mm/dd/yyyy)
 Age as of 1-1-2019 31
 Daytime phone Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

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

Credit for the Elderly or Disabled (Schedule R):

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

Presidential Election Campaign Fund:

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

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

Address 4849 W. 111th St Apt no.
 City Inglewood State CA ZIP code 90304

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

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

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

Home phone

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

Federal filing status:

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

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

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

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	Qualified child/dep care exps incurred and paid 2018	E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr						
Folauetau Kaveinga	A JF	727-85-4821 Son	12/03/2011 7	L				E	12		Yes
Mahonri Kaveinga	T	092-65-5498 Son	03/14/2013 5	L				E	12		Yes
Fusi Kaveinga	A	160-25-0114 Daughter	06/28/2015 3	L				E	12		Yes

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

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

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

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

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

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

Name of Financial Institution (optional) ☐
 Check the appropriate box ☐ Checking ☐ Savings ☐
 Routing number ☐ Account number ☐

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

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

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

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

Real Estate Professionals:

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

Credit for Qualified Retirement Savings Contributions (Form 8880):

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

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

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

Foreign Tax Credit (Form 1116):

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

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

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

Dual Status Alien Return:

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

Third Party Designee:

Caution: Review transferred information for accuracy.

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

If Yes, complete the following:

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

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

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

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

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

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

Taxpayer:

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

Check the appropriate box:

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

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

Date the taxpayer established residence in state above ▶ _____

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

Spouse:

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

Check the appropriate box:

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

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

Date the spouse established residence in state above ▶ _____

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

Nonresident states:

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

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

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

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

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

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

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

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

Taxpayer's PIN used to sign the return 12387

Spouse's PIN used to sign the return 41287

Taxpayer:

Drivers license or state ID number D8722181

Issued by what state

CA

License or ID

license . ▶ ☒

ID . ▶ ☐

neither . ▶ ☐

decline . ▶ ☐

Spouse

Drivers license or state ID number D7955312

Issued by what state

CA

License or ID

license . ▶ ☒

ID . ▶ ☐

neither . ▶ ☐

decline . ▶ ☐

2018

- Keep for your records

Part I – Taxpayer's Personal Information

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

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

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

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

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

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

Exemption Certificate Number	Exemption Start Month	Exemption End Month

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

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

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

2018

- Keep for your records

Part I – Spouse's Personal Information

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

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

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

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

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

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

Exemption Certificate Number	Exemption Start Month	Exemption End Month

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

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

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

Dependent and Nondependent Information Worksheet

2018

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Folaetau Middle initial . A Last name . . Kaveinga
Suffix Jr

Social security no. . . 727-85-4821

Date of birth 12/03/2011 (mm/dd/yyyy) age as of 12-31-2018 7
Did this person pass away in 2018 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Son

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. 1 — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☒ X

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,150 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ X Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ X No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2018? ☐ Yes ☐ No

Was the person placed with you for adoption after 2018, or was the adoption final in 2018 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ X Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Dependent and Nondependent Information Worksheet

2018

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Mahonri Middle initial . T Last name . . . Kaveinga
Suffix

Social security no. . . . 092-65-5498

Date of birth 03/14/2013 (mm/dd/yyyy) age as of 12-31-2018 5
Did this person pass away in 2018 (deceased)? . . . ☐ Yes ☒ No Date of death

Relationship to taxpayer or spouse Son

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. 1 — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,150 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2018? ☐ Yes ☐ No

Was the person placed with you for adoption after 2018, or was the adoption final in 2018 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Dependent and Nondependent Information Worksheet

2018

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Fusi Middle initial . A Last name . . Kaveinga
Suffix

Social security no. . . 160-25-0114

Date of birth 06/28/2015 (mm/dd/yyyy) age as of 12-31-2018 3
Did this person pass away in 2018 (deceased)? . . ☐ Yes ☒ No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. 1 — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,150 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2018? ☐ Yes ☐ No

Was the person placed with you for adoption after 2018, or was the adoption final in 2018 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2018 _____
 Unreimbursed medical expenses paid for qualifying person in 2018 _____
 Employment taxes paid for dependent care providers in 2018 _____
 Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ No
 Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2018 _____
 Check the appropriate box:
 This person is a resident of the state above for the entire year ☐
 This person is a resident of the state above for only part of year ☐
 Date this person established residence in state above ► _____
 In which state (or foreign country) did this person reside before this change? ► _____

Part VI – Healthcare Coverage

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

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

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

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

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

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

Exemption Certificate Number	Exemption Start Month	Exemption End Month

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

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

Healthcare coverage information has been completed for this person. ☐

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

► Keep for your records

Name(s) Shown on Return

FOLAU & Elizabeth F KAVEINGA

Social Security Number

623-55-5260

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	120,578.		120,578.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	6,295.		6,295.
3 & 7	Total social security wages/tips	120,829.		120,829.
4	Total social security tax withheld	7,491.		7,491.
5	Total Medicare wages and tips	120,828.		120,828.
6	Total Medicare tax withheld	1,752.		1,752.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	11,438.		11,438.
b	Elective deferrals to qualified plans	251.		251.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	11,187.		11,187.
14 a	Total deductible mandatory state tax	233.		233.
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	120,578.		120,578.
17	Total state tax withheld	4,190.		4,190.
19	Total local tax withheld.	974.		974.

Name
FOLAU KAVEINGASocial Security Number
623-55-5260
☐ **Spouse's W-2**
☐ **Do not transfer this W-2 to next year**
Military: Complete **Part VI** on Page 2 below

a Employee's social security No . 623-55-5260
b Employer's ID number 48-1304650
c Employer's name, address, and ZIP code
 TRINET HR CORPORATION

Street 9000 TOWNCENTER PARKWAY
 City BRADENTON
 State FL ZIP Code 34202

Foreign Province _____

Foreign Postal Code _____

Foreign Country _____

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

e Employee's name
 First FOLAU M.I. _____
 Last KAVEINGA Suff. _____

f Employee's address and ZIP code
 Street 4849 W. 111th St
 City Inglewood
 State CA ZIP Code 90304

Foreign Province _____

Foreign Postal Code _____

Foreign Country _____

1 Wages, tips, other compensation
97,568.29**3** Social security wages
97,568.29**5** Medicare wages and tips
97,568.29**7** Social security tips

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

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

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

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

2 Federal income tax withheld
6,295.32**4** Social security tax withheld
6,049.23**6** Medicare tax withheld
1,414.74**8** Allocated tips**10** Dependent care benefits

Distributions from sect. 457
 and nonqualified plans
 (Important, see Help)

Box 12 Code	Box 12 Amount
C	136.80
DD	7,929.00

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____
Spouse _____W: Enter HSA contribution for Taxpayer . . . _____
Spouse _____G: ☐ Employer is **not** a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	09107640	97,568.29	3,642.17

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

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
CASDI09107640	97,431.49	974.31	CA

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

Name
FOLAU KAVEINGASocial Security Number
623-55-5260
☐ **Spouse's W-2**
☐ **Do not transfer this W-2 to next year**
Military: Complete **Part VI** on Page 2 below

a Employee's social security No. 623-55-5260
b Employer's ID number 11-3679284
c Employer's name, address, and ZIP code
COLUMBUS TECHNOLOGIES
AND SERVICES INC
Street 1960 E GRAND AVE # 1000
City EL SEGUNDO
State CA ZIP Code 90245
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

d Control number 004894LOSA/OO1
☐ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
First FOLAU M.I. _____
Last KAVEINGA Suff. _____
f Employee's address and ZIP code
Street 4849 111TH ST.
City INGLEWOOD
State CA ZIP Code 90304
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

1 Wages, tips, other compensation
23,009.77
3 Social security wages
23,260.37
5 Medicare wages and tips
23,260.37
7 Social security tips

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

9 Verification Code
AB98-2F61-DA55-6B6D
11 Nonqualified plans

12 Enter box 12 below

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

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

2 Federal income tax withheld
0.00
4 Social security tax withheld
1,442.14
6 Medicare tax withheld
337.28
8 Allocated tips

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

Box 12 Code	Box 12 Amount
C	<u>10.36</u>
D	<u>250.60</u>
DD	<u>3,111.43</u>

If Box 12 code is:

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>CA</u>	<u>22851349</u>	<u>23,009.77</u>	<u>548.20</u>

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

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

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
<u>SDI</u>	<u>232.50</u>	<u>California SDI tax</u>

Healthcare Entry Sheet

2018

► Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

Short Gap

Eligible*

Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 FOLAU KAVEINGA	623-55-5260	12/03/86	<input checked="" type="checkbox"/>	Short gap:	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Elizabeth Kaveinga	606-07-1855	04/12/87	<input checked="" type="checkbox"/>	Short gap:	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S
3 Folaue tau Kaveinga	727-85-4821	12/03/11	<input checked="" type="checkbox"/>	Short gap:	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
4 Mahonri Kaveinga	092-65-5498	03/14/13	<input checked="" type="checkbox"/>	Short gap:	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
5 Fusi Kaveinga	160-25-0114	06/28/15	<input checked="" type="checkbox"/>	Short gap:	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
6			<input type="checkbox"/>	Short gap:	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the

Health Care Individual Responsibility Smart Worksheet on Form 8965. ►

Completion checkbox:

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

Wages, Salaries, & Tips Worksheet

2018

► Keep for your records

Name(s) Shown on Return

FOLAU & Elizabeth F KAVEINGA

Social Security Number

623-55-5260

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

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	120,578.		120,578.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age . . .			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137.			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2) . .			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ►	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2018			
b _____			

10 Subtotal.			
Add lines 1 through 9	120,578.		120,578.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . .			
13 Scholarship/fellowship income not on Form W-2.			
14 Other non-earned income:			

15 Total of lines 10 through 14.	120,578.		120,578.

► Keep for your records

Name as Shown on Return
FOLAU & Elizabeth F KAVEINGASocial Security No.
623-55-5260

- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2018 and meet the other requirements listed in the instructions for Form 1040.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children under age 17 with the required social security number: <u>3</u> X \$2,000. Enter the result	1	<u>6,000.</u>		
2	Number of other dependents, including qualifying children without the required social security number: <u>0</u> X \$500. Enter the result	2			
3	Add lines 1 and 2	3	<u>6,000.</u>		
4	Enter the amount from Form 1040, line 7	4	<u>118,078.</u>		
5	1040 filers: enter the total of any — • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. } 1040NR filers: Enter -0-. }	5	<u>0.</u>		
6	Add lines 4 and 5. Enter the total	6	<u>118,078.</u>		
7	Enter the amount shown below for your filing status. • Married filing jointly — \$400,000 } • All other filing statuses — \$200,000 }	7	<u>400,000.</u>		
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	8			
9	Multiply the amount on line 8 by 5% (.05). Enter the result	9	<u>0.</u>		
10	Is the amount on line 3 more than the amount on line 9? <input type="checkbox"/> No. Stop. You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a. You also can't take the additional child tax credit on Form 1040, line 17b. Complete the rest of your Form 1040. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i>	10	<u>6,000.</u>		

Part 2

11	Enter the amount from Form 1040, line 11	11	<u>12,576.</u>		
12	Add the amounts from — Schedule 3, line 48 Schedule 3, line 49 + Schedule 3, line 50 + Schedule 3, line 51 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total	12	<u>0.</u>		
13	Subtract line 12 from line 11	13	<u>12,576.</u>		
14	Are you claiming any of the following credits? • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter -0- <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 12. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here. }	14	<u>0.</u>		
15	Subtract line 14 from line 13. Enter the result	15	<u>12,576.</u>		
16	Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> No. Enter the amount from line 10 } <input type="checkbox"/> Yes. Enter the amount from line 15. See the TIP below. }	16	<u>6,000.</u>		

**This is your child
tax credit and credit for
other dependents**Enter this amount on
Form 1040, line 12a**TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 17b, only if you answered

‘Yes’ on line 16 and line 1 is more than zero.

- First, complete your Form 1040 through line 17a (also complete Schedule 5, line 72)
- Then, use Schedule 8812 to figure any additional child tax credit.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2018

► Keep for your records

Name(s) Shown on Return
FOLAU & Elizabeth F KAVEINGA

Social Security Number
623-55-5260

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

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2018

Name(s) Shown on Return
FOLAU & Elizabeth F KAVEINGA

Social Security Number
623-55-5260

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

Name(s) Shown on Return
FOLAU & Elizabeth F KAVEINGASocial Security Number
623-55-5260

1 a	Enter your taxable income from Form 1040, line 10	1 a	94,078.
b	Enter the amount from your (and your spouse's) Form 2555, lines 45 and 50	b	
c	Add lines 1a and 1b	1 c	94,078.
2 a	Enter your qualified dividends from Form 1040, line 3a	2 a	
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	0.
7 a	Enter line 15 of Schedule D	7 a	
b	Enter line 16 of Schedule D	b	
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	0.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	94,078.
15	Enter: • \$38,600 if single or married filing separately; • \$77,200 if married filing jointly or qualifying widow(er); or • \$51,700 if head of household.	15	77,200.
16	Enter the smaller of line 1c or line 15	16	77,200.
17	Enter the smaller of line 14 or line 16	17	77,200.
18 a	Subtr in 10 from ln 1c. If zero or less, enter -0-	18 a	94,078.
b	Enter the smaller of line 1c or \$157,500 (\$315,000 if married filing jointly or qualifying widow(er))	b	
c	Enter the smaller of line 14 or line 18b	c	
19	Enter the larger of line 18a or line 18c	19	94,078.
20	Subtract line 17 from line 16. This amount is taxed at 0%	20	0.
If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.			
21	Enter the smaller of line 1c or line 13	21	0.
22	Enter the amount from line 20 (if line 20 is blank, enter -0-)	22	0.
23	Subtract line 22 from line 21. If zero or less, enter -0-	23	0.
24	Enter: • \$425,800 if single, • \$239,500 if married filing separately, • \$479,000 if married filing jointly or qualifying widow(er), • \$452,400 if head of household.	24	479,000.
25	Enter the smaller of line 1c or line 24	25	94,078.
26	Add lines 19 and 20	26	94,078.
27	Subtract line 26 from line 25. If zero or less, enter -0-	27	0.
28	Enter the smaller of line 23 or line 27	28	0.
29	Multiply line 28 by 15% (0.15)	29	0.
30	Add lines 22 and 28	30	0.
31	Subtract line 30 from line 21	31	0.
32	Multiply line 31 by 20% (0.20)	32	0.

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

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

36	Subtract line 35 from line 34. If zero or less, enter -0-	36	_____
37	Subtract line 36 from line 33. If zero or less, enter -0-	37	_____
38	Multiply line 37 by 25% (0.25)	38	_____
If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.			
39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (0.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	_____
43	Add lines 29, 32, 38, 41, and 42	43	<u>12,576.</u>
44	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	<u>12,576.</u>
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 11a	45	<u>12,576.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2018

Line 11a

► Keep for your records

Name(s) Shown on Return FOLAU & Elizabeth F KAVEINGA	Social Security Number 623-55-5260
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1	Enter the amount from Form 1040, line 10	1	_____
2	Enter the amount from Form 1040, line 3a	2	_____
3	Are you filing Schedule D?		
	<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-		
	3 _____		
	<input type="checkbox"/> No. Enter the amount from Schedule 1, line 13.		
4	Add lines 2 and 3	4	_____
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-		
	5 _____		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	_____
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	_____
8	Enter:		
	\$38,600 if single or married filing separately,	}	8 _____
	\$77,200 if married filing jointly or qualifying widow(er),		
	\$51,700 if head of household.		
9	Enter the smaller of line 1 or line 8	9	_____
10	Enter the smaller of line 7 or line 9	10	_____
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	_____
12	Enter the smaller of line 1 or line 6	12	_____
13	Enter the amount from line 11	13	_____
14	Subtract line 13 from line 12.	14	_____
15	Enter:		
	\$425,800 if single,	}	15 _____
	\$239,500 if married filing separately,		
	\$479,000 if married filing jointly or qualifying widow(er),		
	\$452,400 if head of household.		
16	Enter the smaller of line 1 or line 15	16	_____
17	Add lines 7 and 11	17	_____
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	_____
19	Enter the smaller of line 14 or line 18	19	_____
20	Multiply line 19 by 15% (0.15)	20	_____
21	Add lines 11 and 19	21	_____
22	Subtract line 21 from line 12	22	_____
23	Multiply line 22 by 20% (0.20)	23	_____
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.		
	24 _____		
25	Add lines 20, 23, and 24	25	_____
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.		
	26 _____		
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 11a.		
	27 _____		

2018

Name(s) Shown on Return
FOLAU & Elizabeth F KAVEINGA

Social Security Number
623-55-5260

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

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

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				6,295.	4,190.	974.
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-K and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f				6,295.	4,190.	974.
20	Total Tax Payments for 2018				6,295.	4,190.	974.

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

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2018

► Keep for your records

Name(s) Shown on Return FOLAU & Elizabeth F KAVEINGA	Social Security Number 623-55-5260
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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	118,078.
(2) Nontaxable income entered elsewhere on return	_____
(3) Available income: 2017 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	_____
(5) Total available income	118,078.

b Sales Tax Per State of Residence:

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

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

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

(1) S t a t e	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount
CA	01/01/18	12/31/18	7.2500	7.2500	0.0000	1,228.00	0.00	1,228.00

c Total general sales tax using tables 1,228.00

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

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction
CA	7.2500	Home Improvement	C	3,500.00	7.2500	253.75	253.75
CA	7.2500	Car	D	4,956.72	7.2500	359.36	359.36

e Total sales tax deduction on specific items 613.11

f Total general sales tax per tables plus sales tax on specific items 1,841.11

g Actual State and Local General Sales Tax:

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

h State and Local Income Taxes:

State and Local Income taxes 5,397.00

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

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 5,397.00

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

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

2 State and local real estate taxes:

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

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Foreign real property taxes included in lines 2a-2f above	_____
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	_____
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2017 Amount Enter 2018 description:	
	_____ <u>Chevy Equinox</u> _____	289.00
	_____ <u>Dodge Caravan</u> _____	278.00
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 5c)	567.00
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit).	_____
e	Other taxes.	
	2017 Amount Enter 2018 description:	
	_____	_____
	_____	_____
	_____	_____
f	Foreign real property taxes included in lines 4a-4e above	_____
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	_____

Interest Deductions

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

Schedule A
Line 5

Locality for Sales Tax Deduction

► Keep for your records

2018

Name(s) Shown on Return

FOLAU & Elizabeth F KAVEINGA

Social Security Number

623-55-5260

1 For the state and period of residency of CA (01/01/2018 - 12/31/2018)

2 Check the applicable locality:

a ☐ All cities

b ☐ Not applicable

c ☐ Not applicable

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2018

► Keep for your records

Name(s) Shown on Return FOLAU & Elizabeth F KAVEINGA	Social Security Number 623-55-5260
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State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	4,190.
2 2018 state estimated taxes paid in 2018	2	
3 2017 state estimated taxes paid in 2018	3	
4 Amount paid with 2017 state application for extension	4	
5 Amount paid with 2017 state income tax return	5	
6 Overpayment on 2017 state income tax return applied to 2018 tax	6	
7 Other amounts paid in 2018 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	974.
10 2018 local estimated taxes paid in 2018	10	
11 2017 local estimated taxes paid in 2018	11	
12 Amount paid with 2017 local application for extension	12	
13 Amount paid with 2017 local income tax return	13	
14 Overpayment on 2017 local income tax return applied to 2018 tax	14	
15 Other amounts paid in 2018 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17 <u>State mandatory taxes</u>	17	233.
18 Total Add lines 1 through 17	18	5,397.
19 State and local refund allocated to 2018	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20	21	
22 Total state and local income tax deduction Line 18 less line 21	22	5,397.

Nondeductible State Income Tax (Hawaii Only)

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

2018

- Keep for your records

Name(s) Shown on Return FOLAU & Elizabeth F KAVEINGA	Social Security Number 623-55-5260
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Cash Contributions

[illegible]

Schedule A
Line 17

Noncash Contributions Worksheet

2018

► Keep for your records

Name(s) Shown on Return

FOLAU & Elizabeth F KAVEINGA

Social Security Number

623-55-5260

Part I Name of Charity and Donation Value

1 Name of charity Salvation Army

2 a Value of contribution 500.00

Part II Type of Donated Property

3 Check one:

Tangible personal property

- a** ☒ Household items & clothing
b ☐ Motor vehicle, boat, or airplane
c ☐ Art, Other than self-created
d ☐ Art, Self-created
e ☐ Collectibles
f ☐ Business equipment
g ☐ Business inventory
h ☐ Other

Intangible property

- i** ☐ Stock, Publicly traded
j ☐ Stock, Other than publicly traded
k ☐ Securities, Other than stock
l ☐ Intellectual property
m ☐ Other

Real property

- n** ☐ Real property, Conservation property
o ☐ Real property, Other than conservation

Part III Additional Information

If **total** noncash contributions are more than \$500, complete Part III

4 a Street address of charity _____

b Charity City or Town . . _____ State . . _____ ZIP . _____

5 Unique description of donated property Furniture, clothes, house items

6 Date of donation (mm/dd/yyyy or Various) 06/15/2018

7 Method used to determine the fair market value . . Thrift shop value

Part IV Acquisition Information

If the value of this contribution is more than \$500, complete Part IV

Only enter 'various' for date acquired, if the property was held more than one year.

8 Date the donated property was acquired (mm/dd/yyyy) _____

9 How the donated property was acquired _____

10 Cost or adjusted basis in the donated property _____

11 If business equipment, enter accumulated depreciation _____

Part V Deduction

12 Amount claimed as a deduction 500.

Part VI Type of Charitable Organization

13 Check one: ☒ (a) 50% charity ☐ (b) Other than 50% charity

Part VII Charity's Use of Certain Appreciated Property

Complete when value is greater than cost.

14 Is the charity's use of property related to its exempt purpose? ☐ Yes ☒ No
Check 'No' if the charity sold the donated property.

Part VIII Motor vehicle, boat, airplanes

15 a Was a Form 1098-C received? ☐ Yes ☐ No
b If **no**, did you receive other written acknowledgment? ☐ Yes ☐ No
c Vehicle Identification Number _____

Part IX Additional Information for Contributions of Property More than \$5,000

Complete Part IX for a contribution of property that has a value of more than \$5,000.
Generally, you must have a written appraisal for these contributions.

16 Was an appraisal required for this property? ☐ Yes ☐ No

17 Appraiser Information:

a Date of Appraisal _____
b Appraiser Title _____
c Appraiser Identifying Number _____
d Appraiser Business Address (including room or suite number) _____
e Appraiser City or Town _____ State _____ ZIP Code _____

18 Charity Information:

a Charity Date of Receipt of Gift _____
b Charity Representative Title _____
c Charity Identifying Number _____
d Charity Street Address (including room or suite number) _____
e Charity City or Town _____ State _____ ZIP Code _____

19 Other Information:

a If a group of items were donated, describe any items
which were appraised at \$500 or less _____
b For **tangible property**, give a brief summary of its overall physical
condition on the date it was donated _____
c For **stock and securities** (checkboxes 3i-3j), enter average trading price _____
d For **bargain sales**, enter the amount received _____

Part X Partial Interest Donations

If entire interest in the property was **not** donated, complete Part X.

Complete Part X for a contribution of property that has a value of \$5,000 or less and for
publicly traded stock donations.

20 Was the **entire interest** donated for this property? ☒ Yes ☐ No
If **no**, complete line 21

21 Partial interest donation information:

a Amount claimed as a deduction on 2018 tax return _____
b Deduction claimed for this property on prior years' tax returns. _____
c Location of tangible property donated _____
d Name of the person, other than the charity on line 1, who has
possession of the donated property _____
Complete lines 21e through 21g only if different from the charity on line 1:
e If a partial interest in this property was donated to a different charity
in a prior year, enter the name of the charity _____
f Street address of prior charity _____
g City of prior charity _____ State _____ ZIP Code _____

Charitable Deduction Limits Worksheet For Current Year Contributions

2018

► Keep for your records

Name(s) Shown on Return FOLAU & Elizabeth F KAVEINGA	Social Security Number 623-55-5260
---	---------------------------------------

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

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

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

- | | |
|---|---------|
| 2 Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1. | 10,001. |
| 3 Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value | 500. |
| 4 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value | |
| 5 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations | |
| 6 Enter your contributions "for the use" of any qualified organization | |
| 7 Add lines 5 and 6 | |
| 8 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3) | |

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

- | | |
|--|----------|
| 9 Enter your adjusted gross income | 118,078. |
| 10 a Multiply line 9 by 0.5. This is your 50% limit. | 59,039. |
| b Multiply line 9 by 0.6. This is your 60% limit. | 70,847. |

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations							
11	Enter the smaller of line 2 or line 10b . . .					10,001.	
12	Subtract line 11 from line 2						0.
13	Subtract line 11 from line 10b			60,846.			
Contributions to 50% limit organizations							
14	Subtract line 2 from line 10a		49,038.				
15	Enter the smallest of line 3, 10a or 14 . .					500.	
16	Subtract line 15 from line 3						0.
17	Subtract line 16 from line 15			48,538.			
Contributions not to 50% limit organizations							
18	Add lines 2, 3 and 4		10,501.				
19	Multiply line 9 by 0.3. This is your 30% limit.		35,423.	35,423.			
20	Subtract line 18 from line 10a		48,538.				
21	Enter the smallest of line 7, 19, or 20 . .					0.	
22	Subtract line 21 from line 7						0.
23	Subtract line 21 from line 19			35,423.			
Capital gain property to 50% limit organizations							
24	Enter the smallest of line 4, 17, or 19 . .					0.	
25	Subtract line 24 from line 4						0.
26	Subtract line 21 from line 20			48,538.			
27	Subtract line 24 from line 19			35,423.			
Capital gain property not to 50% limit organizations							
28	Multiply line 9 by 0.2. This is your 20% limit.			23,616.			
29	Enter the smaller of line 8, 23, 26, 27, or 28					0.	
30	Subtract line 29 from line 8						0.
31	Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14					10,501.	

32	Subtract line 31 from line 9	107,577.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2018

► Keep for your records

Name(s) Shown on Return FOLAU & Elizabeth F KAVEINGA	Social Security Number 623-55-5260
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Step 1. List your qualified charitable contributions made during the year.

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

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

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

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

- 9 Enter your adjusted gross income 118,078.
- 10 a Multiply line 9 by 0.5. This is your 50% limit. 59,039. less. 10,501. 48,538.
- b Multiply line 9 by 0.6. This is your 60% limit. 70,847. less. 10,001. 60,846.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations							
11	Enter the smaller of line 2 or line 10b . . .					0.	
12	Subtract line 11 from line 2						0.
13	Subtract line 11 from line 10b			60,846.			
Contributions to 50% limit organizations							
14	Subtract line 2 from line 10a		48,538.				
15	Enter the smallest of line 3, 10a or 14 . . .					0.	
16	Subtract line 15 from line 3						0.
17	Subtract line 16 from line 15			48,538.			
Contributions not to 50% limit organizations							
18	Add lines 2, 3 and 4		10,501.				
19	Multiply line 9 by 0.3. This is your 30% limit.		35,423.	35,423.			
20	Subtract line 18 from line 10a		48,538.				
21	Enter the smallest of line 7, 19, or 20 . . .					0.	
22	Subtract line 21 from line 7						0.
23	Subtract line 21 from line 19			35,423.			
Capital gain property to 50% limit organizations							
24	Enter the smallest of line 4, 17, or 19 . . .					0.	
25	Subtract line 24 from line 4						0.
26	Subtract line 21 from line 20			48,538.			
27	Subtract line 24 from line 19			35,423.			
Capital gain property not to 50% limit organizations							
28	Multiply line 9 by 0.2. This is your 20% limit.			23,616.			
29	Enter the smaller of line 8, 23, 26, 27, or 28					0.	
30	Subtract line 29 from line 8						0.
31	Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14					0.	

32	Subtract line 31 from line 9	118,078.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

Charitable Contributions Summary

2018

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Name(s) Shown on Return FOLAU & Elizabeth F KAVEINGA	Social Security Number 623-55-5260
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
The Church of Jesus Christ of LDS Charitable mileage expense	10,000. 1.	10,000. 1.		
Totals:	10,001.	10,001.		

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Salvation Army	500.	500.			
Totals:	500.	500.			

Part III Contribution Carryovers to 2019

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2018 contributions .	10,501.		10,001.	500.			
2 2018 contributions allowed	10,501.	0.	10,001.	500.	0.	0.	0.
3 Carryovers from:							
a 2017 tax year . . .							
b 2016 tax year . . .							
c 2015 tax year . . .							
d 2014 tax year . . .							
e 2013 tax year . . .							
4 Carryovers allowed in 2018	0.			0.	0.	0.	0.
5 Carryovers disallowed in 2018	0.			0.	0.	0.	0.
6 Carryovers to 2019:							
a From 2018.	0.		0.	0.	0.	0.	0.
b From 2017.							
c From 2016.							
d From 2015.							
e From 2014.							
f From 2013.							

Part IV Special Situations in Your Return for Current Year Donations

- Was the **entire interest** given for all property donated to all charities? ☒ Yes ☐ No
- Were **restrictions** attached to any charities' right to use or dispose of any property donated to any charity? ☐ Yes ☒ No
- Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☒ No
- Was any charity other than a 60%/50% charity? ☐ Yes ☒ No

Name(s) Shown on Return FOLAU & Elizabeth F KAVEINGA	Social Security Number 623-55-5260
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

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

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

Earned Income Worksheet**2018**

► Keep for your records

Name(s) Shown on Return

FOLAU & Elizabeth F KAVEINGA

Social Security Number

623-55-5260

Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	120,578.		120,578.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	120,578.		120,578.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	120,578.		120,578.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	120,578.		120,578.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	120,578.		120,578.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	120,578.		120,578.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	120,578.		120,578.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	120,578.		120,578.

► Keep for your records

Name(s) Shown on Return
 FOLAU & Elizabeth F KAVEINGA

Social Security Number
 623-55-5260

Investment Interest Expense (Form 4952, line 1)

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

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

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

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

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

Investment Expenses (Form 4952, line 5)

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

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

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

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

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

Compliance and Due Diligence Information

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

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

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

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

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

Compliance and Due Diligence Indicator☐ X

Disqualified from Earned Income Credit.☒ Yes ☐ No

Potential qualifying child count▶ 3

Non dependent potential qualifying child count▶ 0

Qualifying child count (max 3)▶ 3

Name(s) Shown on Return FOLAU & Elizabeth F KAVEINGA	Social Security Number 623-55-5260
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Part I Information from Form(s) 1098-E, Student Loan Interest Statement

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
US Department of Education	Spouse	606-07-1855		6,037.
U.S Department of Education	Taxpayer	623-55-5260		151.
Total student loan interest.				6,188.

Part II Computation of Student Loan Interest Deduction

1	Enter the total interest you paid in 2018 on qualified student loans (see Form 1040 instructions).	1	6,188.
2	Enter the smaller of line 1 or \$2,500.	2	2,500.
3	Modified AGI Note: If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$165,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	120,578.
4	Enter: \$65,000 if single, head of household, or qualifying widow(er); \$135,000 if married filing jointly.	4	135,000.
5	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	0.
6	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	0.0000
7	Multiply line 2 by line 6	7	0.
8	Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, Sch 1, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	2,500.

* **Modified AGI** is the amount from Form 1040, line 6, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Schedule 1 (Form 1040), lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2018

► Keep for your records

Name(s) Shown on Return FOLAU & Elizabeth F KAVEINGA		Social Security Number 623-55-5260	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	8,678.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

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

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Name(s) Shown on Return

FOLAU & Elizabeth F KAVEINGA

Social Security Number

623-55-5260

Taxable Income – Line 1

1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.) . . .	1	94,078.
2	Additions to income	2	
3	Add lines 1 and 2	3	94,078.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	94,078.

Taxes – Line 2a

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

Refund of Taxes – Line 2b

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

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

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	118,078.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	118,078.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	106,270.
6	Enter ATNOL carried to 2017 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

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

Alternative Minimum Taxable Income – Line 4

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

Exemption – Line 5

1	Enter \$70,300 if single or head of household, \$109,400 if married filing jointly or qualifying widow(er), \$54,700 if married filing separately	1	109,400.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	118,078.
3	Enter \$500,000 if single or head of household, \$1,000,000 if married filing jointly or qualifying widow(er), \$500,000 if married filing separately	3	1,000,000.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	109,400.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	7	_____
8 a	Enter the child's earned income , if any	8 a	_____
b	Enter any adjustments.	b	_____
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	_____
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 5.	10	_____

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2018

► Keep for your records

Name(s) Shown on Return FOLAU & Elizabeth F KAVEINGA		Social Security Number 623-55-5260
1	Enter amount from Form 6251, line 6	1
2 a	Enter amount from Form(s) 2555, lines 45 and 50	2a
b	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c
3	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3
4	Tax on amount on line 3. <ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; or you reported qualified dividends on Form 1040, line 3a; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40 here. ● All Others: If line 3 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result. 	4
5	Tax on amount on line 2c. If line 2c is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	5
6	Subtract line 5 from line 4. Enter here and on Form 6251, line 7. If zero or less, enter 0	6

Federal Carryover Worksheet**2018**

► Keep for your records

Name(s) Shown on Return

FOLAU & Elizabeth F KAVEINGA

Social Security Number

623-55-5260

2017 State and Local Income Tax Information

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

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

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

2017 Locality Tax Refund Information

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

FOLAU & Elizabeth F KAVEINGA

623-55-5260

Other Tax and Income Information			2017	2018
1	Filing status	1		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		16,465.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		118,078.
6	Tax liability for Form 2210 or Form 2210-F	6		6,576.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

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

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

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2018

► Keep for your records

Name(s) Shown on Return
FOLAU & Elizabeth F KAVEINGA

Social Security Number
623-55-5260

Description	Amount
Income	
Wages	120,578.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	120,578.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	120,578.

Two-Year Comparison

2018

Name(s) Shown on Return

FOLAU & Elizabeth F KAVEINGA

Social Security Number

Income	2017	2018	Difference	%
Wages, salaries, tips, etc		120,578.	120,578.	
Interest and dividend income				
State tax refund				
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income		120,578.	120,578.	
Adjustments to Income		2,500.	2,500.	
Adjusted Gross Income		118,078.	118,078.	
Itemized Deductions				
Medical and dental				
Income or sales tax		5,397.	5,397.	
Real estate taxes				
Personal property and other taxes		567.	567.	
Interest paid				
Gifts to charity		10,501.	10,501.	
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions		0.	0.	
Total Itemized Deductions		16,465.	16,465.	
Standard or Itemized Deduction		24,000.	24,000.	
Exemption Amount		0.	0.	
Qualified Business Income Deduction				
Taxable Income		94,078.	94,078.	
Income tax		12,576.	12,576.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		12,576.	12,576.	
Nonbusiness credits		6,000.	6,000.	
Business credits				
Total Credits		6,000.	6,000.	
Self-employment tax				
Other taxes		0.	0.	
Total Tax After Credits		6,576.	6,576.	
Withholding		6,295.	6,295.	
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments		6,295.	6,295.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund				
Balance Due		281.	281.	

Current year effective tax rate 5.57 %

Tax Summary
► Keep for your records

2018

Name (s)

FOLAU & Elizabeth F KAVEINGA

Total income	120,578.
Adjustments to income	2,500.
Adjusted gross income	118,078.
Itemized/standard deduction	24,000.
Qualified business income deduction	
Taxable income	94,078.
Tentative tax	12,576.
Additional taxes	
Alternative minimum tax	
Total credits	6,000.
Other taxes	0.
Total tax	6,576.
Total payments	6,295.
Estimated tax penalty	
Amount Overpaid	0.
Refund	0.
Amount Applied to Estimate	0.
Balance due	281.

Compare to U. S. Averages

► Keep for your records

2018

Name(s) Shown on Return FOLAU & Elizabeth F KAVEINGA	Social Security No 623-55-5260
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Your 2018 adjusted gross income (AGI) 118,078.
National adjusted gross income range used below from 100,000. to 199,999.

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

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	120,578.	119,624.
Taxable interest		1,343.
Tax-exempt interest		7,356.
Dividends		6,153.
Business net income		26,962.
Business net loss		7,456.
Net capital gain		13,227.
Net capital loss		2,272.
Taxable IRA		28,120.
Taxable pensions and annuities		42,858.
Rent and royalty net income		13,675.
Rent and royalty net loss		8,973.
Partnership and S corporation net income		42,067.
Partnership and S corporation net loss		13,918.
Taxable social security benefits		24,347.
Medical and dental expenses deduction		13,011.
Taxes paid deduction	5,964.	11,774.
Interest paid deduction		9,311.
Charitable contributions deduction	10,501.	4,445.
Total itemized deductions	16,465.	26,894.
Child care credit		600.
Education tax credits		1,506.
Child tax credit	6,000.	1,427.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	118,078.	141,529.
Taxable income	94,078.	106,982.
Income tax	12,576.	17,966.
Alternative minimum tax		2,403.
Total tax liability	6,576.	18,706.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: FO LAU & Elizabeth F KAVEINGA

Primary SSN: 623-55-5260

Federal Return Submitted: April 11, 2019 06:11 PM PDT

Federal Return Acceptance Date: 04/11/2019

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

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

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

TIMELY FILING:

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

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

2. THE ACCEPTANCE DATE.

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

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

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

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

--

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

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

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

IRS regulations require the following statements:

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

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

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

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

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

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

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

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

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

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

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

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

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card.

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

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

Questions? Call 1-877-908-7228

Pro Delegation Worksheet

2018

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

Preparer / Electronic Return Originator (ERO) Information

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

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

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

Select state returns to file electronically:

State(s)

New! State e-file disclosure consent:

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

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

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

Select state returns to file by mail:

State(s)

Practitioner PIN Program:

- ☐ Sign return electronically using Practitioner PIN

Choose one:

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

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

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

Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

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

Documents Used to Verify Primary Taxpayer Identity:

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

Finish and File Info:

- ☐ To indicate a client return download in FnF

Late Legislation Worksheet

2018

Name(s) Shown on Return FOLAU & Elizabeth F KAVEINGA	Social Security Number 623-55-5260
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Is the user impacted by any of the late legislation items below? Yes ☐ No ☒

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

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: 1040 Wks: 1040 Worksheet

Tax Smart Worksheet	
A	Tax 12,576.
Check if from:	
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Tax. Add lines A through G. Enter the result here and include in tax below. 12,576.

SMART WORKSHEET FOR: Federal Information Worksheet

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

SMART WORKSHEET FOR: Federal Information Worksheet

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

SMART WORKSHEET FOR: Dependent Information Worksheet (Folauetau)

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse	<input checked="" type="checkbox"/>
Taxpayer	<input type="checkbox"/>
Spouse	<input type="checkbox"/>

C Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No

D Was this person married on December 31, 2018 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☐ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2018	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If married, filed a joint return for the year	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments.	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately	<input type="checkbox"/> Yes <input type="checkbox"/> No

E Is this person a Full time student? ☐ Yes ☐ No

F Is this person's gross income less than \$4,150? ☐ Yes ☐ No

1 Did you provide over 1/2 the support for this person?
or
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☐ No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the other parent waived their legal right so you can claim this dependent on your tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents
- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return?	<input checked="" type="checkbox"/>
Other parent in different return?	<input type="checkbox"/>
Someone else in different return?	<input type="checkbox"/>

SMART WORKSHEET FOR: Dependent Information Worksheet (Folauetau)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,150 or more or

* They filed a joint return

☐

SMART WORKSHEET FOR: Dependent Information Worksheet (Mahonri)

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse	<input checked="" type="checkbox"/>
Taxpayer	<input type="checkbox"/>
Spouse	<input type="checkbox"/>

C Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No

D Was this person married on December 31, 2018 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☐ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2018	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- If married, filed a joint return for the year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately	<input type="checkbox"/> Yes	<input type="checkbox"/> No

E Is this person a Full time student? ☐ Yes ☐ No

F Is this person's gross income less than \$4,150? ☐ Yes ☐ No

1 Did you provide over 1/2 the support for this person?
or
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☐ No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the other parent waived their legal right so you can claim this dependent on your tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents
- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return?	<input checked="" type="checkbox"/>
Other parent in different return?	<input type="checkbox"/>
Someone else in different return?	<input type="checkbox"/>

SMART WORKSHEET FOR: Dependent Information Worksheet (Mahonri)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,150 or more or

* They filed a joint return

☐

SMART WORKSHEET FOR: Dependent Information Worksheet (Fusi)

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse	<input checked="" type="checkbox"/>
Taxpayer	<input type="checkbox"/>
Spouse	<input type="checkbox"/>

C Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No

D Was this person married on December 31, 2018 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☐ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2018	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If married, filed a joint return for the year	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments.	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately	<input type="checkbox"/> Yes <input type="checkbox"/> No

E Is this person a Full time student? ☐ Yes ☐ No

F Is this person's gross income less than \$4,150? ☐ Yes ☐ No

1 Did you provide over 1/2 the support for this person?
or
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☐ No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the other parent waived their legal right so you can claim this dependent on your tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents
- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return?	<input checked="" type="checkbox"/>
Other parent in different return?	<input type="checkbox"/>
Someone else in different return?	<input type="checkbox"/>

SMART WORKSHEET FOR: Dependent Information Worksheet (Fusi)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

- * They received gross income greater than \$4,150 or more or
- * They filed a joint return

☐

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

Substitute Form W-2 Smart Worksheet

A Treat as substitute W-2 and generate a form 4852 ☐

B Linked substitute W-2 Form 4852 ► _____

C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E **QuickZoom** to completed Form 4852 for reference ► _____

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

Substitute Form W-2 Smart Worksheet

A Treat as substitute W-2 and generate a form 4852 ☐

B Linked substitute W-2 Form 4852 ► _____

C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E **QuickZoom** to completed Form 4852 for reference ► _____

SMART WORKSHEET FOR: Child Tax Cr and Cr for Other Depend Wks

Line 7 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A Enter the social security tax withheld (Form(s) W-2, box 4)	7,491.
B Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld.	1,752.
C Enter any amount from Form 8959, line 7	0.
D Add line A, B, and C	9,243.
E Enter the Additional Medicare Tax withheld (Form 8959 line 22)	0.
F Subtract line E from line D.	9,243.
Additional Medicare Tax on Self-Employment Income.	
G Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13)	
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H Enter the Tier 1 tax (Form(s) W-2, box 14).	0.
I Enter the Medicare Tax (Form(s) W-2, box 14)	0.
J Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N.	
K Add lines H, I, and J	0.
L Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2018).	
M Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2018).	
N Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line and line J	
O Add line L, M, and N	
Line 7 Amount	
P Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7.	9,243.

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

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

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

QuickZoom to Deductible Home Mortgage Interest Worksheet ►

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

A Home mortgage interest and points reported on Form 1098:

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

B Home mortgage interest not reported on Form 1098:

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

C Points not reported on Form 1098:

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

SMART WORKSHEET FOR: Cash Contributions Worksheet

Detail of Mileage and Transportation Costs Worksheet

Note: Summarized from the Charitable Organization Worksheet.
Enter amounts on the Charitable Organization Worksheet.

Name of Charitable Organization	Miles Driven	Deduction For Miles		Other Costs	
		50 % Charity	30% Charity	50 % Charity	30% Charity
Salvation Army	7.0	0.98			
Totals:		0.98			

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ►

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

2 Election for earned income credit (EIC):

Elect taxpayer's nontaxable combat pay as earned income for EIC? ► ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect taxpayer's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ No

B Spouse:

1 Spouse, nontaxable combat pay _____

2 Election for earned income credit (EIC):

Elect spouse's nontaxable combat pay as earned income for EIC? ► ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect spouse's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ No

C You may compare the tax benefit of electing or not electing by checking a box on line A or
line B and reviewing the overpayment or amount due below:

Overpayment _____

Amount due _____ 281 .

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

A Taxable and tax exempt interest _____

B Dividend income _____

C Capital gain net **income** _____

D Royalty and rental of personal property net **income** _____

E Passive activity net income:

1 Rental real estate net income or loss _____

2 Farm rental net income or loss _____

3 Partnerships and S corporations net income or loss _____

4 Estates and trusts net income or loss _____

5 Total of lines 1 through 4 _____

6 Total passive activity net **income**, line 5 if greater than zero _____

F Interest and dividends from Forms 8814 _____

G Adjustments _____

H Total investment income, add lines A through G 0 .

Is line H, **total investment income** over \$3,500?

☒ **No.** You may take the credit.

☐ **Yes. Stop.** You **cannot** take the credit.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Qualifying Children Smart Worksheet									
First name Last name	MI Suff	Social security number Relationship	Year of birth		Was the child permanently and totally disabled during any part of 2018?				Lived with taxpayer in the U.S.
			Yes	No	Yes	No			
Folaetau Kaveinga	A Jr	727-85-4821 Son	2011						
Mahonri Kaveinga	T	092-65-5498 Son	2013						12
Fusi Kaveinga	A	160-25-0114 Daughter	2015						12

2018 California Resident Income Tax Return**540**

APE

DO NOT ATTACH FEDERAL RETURN

623-55-5260 KAVE 606-07-1855
 FOLAU KAVEINGA
 ELIZABETH F KAVEINGA

18

4849 W 111TH ST
 INGLEWOOD CA 90304

12-03-1986 04-12-1987

If your California filing status is different from your federal filing status, check the box here <input type="checkbox"/>																				
Filing Status	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.																		
	2 <input checked="" type="checkbox"/> Married/RDP filing jointly. See inst.	5 <input type="checkbox"/> Qualifying widow(er). Enter year spouse/RDP died <input type="text"/> See instructions. <input type="text"/>																		
	3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="text"/>																			
6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst ● 6 <input type="checkbox"/>																				
► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only																				
Exemptions	7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. . . ● 7 <input type="text" value="2"/> X \$118 = ● \$ <input type="text" value="236"/>																			
	8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ● 8 <input type="text"/> X \$118 = ● \$ <input type="text"/>																			
	9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ● 9 <input type="text"/> X \$118 = ● \$ <input type="text"/>																			
	10 Dependents: Do not include yourself or your spouse/RDP.																			
	<table border="0"> <thead> <tr> <th></th> <th>Dependent 1</th> <th>Dependent 2</th> <th>Dependent 3</th> </tr> </thead> <tbody> <tr> <td>First Name</td> <td>● FOLAUETAU</td> <td>● MAHONRI</td> <td>● FUSI</td> </tr> <tr> <td>Last Name</td> <td>● KAVEINGA JR</td> <td>● KAVEINGA</td> <td>● KAVEINGA</td> </tr> <tr> <td>SSN</td> <td>● 7 2 7-8 5-4 8 2 1</td> <td>● 0 9 2-6 5-5 4 9 8</td> <td>● 1 6 0-2 5-0 1 1 4</td> </tr> <tr> <td>Dependent's relationship to you</td> <td>● SON</td> <td>● SON</td> <td>● DAUGHTER</td> </tr> </tbody> </table>		Dependent 1	Dependent 2	Dependent 3	First Name	● FOLAUETAU	● MAHONRI	● FUSI	Last Name	● KAVEINGA JR	● KAVEINGA	● KAVEINGA	SSN	● 7 2 7-8 5-4 8 2 1	● 0 9 2-6 5-5 4 9 8	● 1 6 0-2 5-0 1 1 4	Dependent's relationship to you	● SON	● SON
	Dependent 1	Dependent 2	Dependent 3																	
First Name	● FOLAUETAU	● MAHONRI	● FUSI																	
Last Name	● KAVEINGA JR	● KAVEINGA	● KAVEINGA																	
SSN	● 7 2 7-8 5-4 8 2 1	● 0 9 2-6 5-5 4 9 8	● 1 6 0-2 5-0 1 1 4																	
Dependent's relationship to you	● SON	● SON	● DAUGHTER																	
Total dependent exemptions ● 10 <input type="text" value="3"/> X \$367 = ● \$ <input type="text" value="1101"/>																				
11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. ● 11 \$ <input type="text" value="1337"/>																				

Your name:

K A V E I N G A

Your SSN or ITIN:

623-55-5260

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. ● 12 120578.00
- 13 Enter federal adjusted gross income from Form 1040, line 7. ● 13 118078.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B . . . ● 14 .00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 118078.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. ● 16 .00
- 17 California adjusted gross income. Combine line 15 and line 16. ● 17 118078.00
- 18 Enter the **larger of** {
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,401
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .
 ● 18 11068.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 107010.00

Tax

- 31 Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ● 31 4526.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504, see instructions ● 32 1337.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 3189.00
- 34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A. ● 34 .00
- 35 Add line 33 and line 34 ● 35 3189.00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 .00
- 43 Enter credit name code ● and amount . . . ● 43 .00
- 44 Enter credit name code ● and amount . . . ● 44 .00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable renter's credit. See instructions ● 46 .00
- 47 Add line 40 through line 46. These are your total credits. ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 3189.00

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions. ● 62 .00
- 63 Other taxes and credit recapture. See instructions. ● 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 3189.00

Your name:

K A V E I N G A

Your SSN or ITIN:

623-55-5260

Payments

71	California income tax withheld. See instructions	● 71	4190	.00
72	2018 CA estimated tax and other payments. See instructions	● 72		.00
73	Withholding (Form 592-B and/or 593). See instructions	● 73		.00
74	Excess SDI (or VPD) withheld. See instructions	● 74		.00
75	Earned Income Tax Credit (EITC)	● 75		.00
76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	4190	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if:



No use tax is owed.



You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	4190	.00
93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93		.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	1001	.00
95	Amount of line 94 you want applied to your 2019 estimated tax	● 95		.00
96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	1001	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97		.00

Contributions

Code Amount

California Seniors Special Fund. See instructions	● 400		.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401		.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403		.00

Your name:

K A V E I N G A

Your SSN or ITIN:

623-55-5260

Contributions

	Code	Amount
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/> .00
110 Add code 400 through code 443. This is your total contribution	● 110	<input type="text"/> .00

Your name: K A V E I N G A

Your SSN or ITIN: 623-55-5260

Amount
You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942867

SACRAMENTO CA 94267-0001

111 .00

Pay online – Go to ftb.ca.gov/pay for more information.

Interest and
Penalties

112 Interest, late return penalties, and late payment penalties **112** .00

113 Underpayment of estimated tax. Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942840

SACRAMENTO CA 94240-0001

115 1 0 0 1 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

☐

Checking

Account number

116 Direct deposit amount

3 2 2 2 7 1 6 2 7

☒

Savings

6 2 9 6 7 8 7 1 3 9

1 0 0 1 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

☐

Checking

Account number

117 Direct deposit amount

☐

Savings

.00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

**Sign
Here**

It is unlawful
to forge a
spouse's/RDP's
signature.

Joint tax return?
(See instructions)

☒ Your email address. Enter only one email address.

☒ Preferred phone number

(9 5 1) 9 2 3 - 5 2 7 6

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

SELF-PREPARED

Firm's name (or yours, if self-employed)

PTIN

Firm's address

Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

()

2018**Wage and Tax Statement****W-2****Important: Attach this form to the back of your original or amended Form 540, 540 2EZ, or Form 540NR (Long or Short).**

Name(s) as shown on tax return

SSN or ITIN

FOLAU & ELIZABETH F KAVEINGA

6, 2, 3, 5, 5, 5, 2, 6, 0

Caution: If this form is filled out, **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return. **All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on the Form(s) W-2.

W-2 Information	1 st W-2	2 nd W-2
a. Employee's social security number*	<input type="radio"/> 623-55-5260	<input type="radio"/> 623-55-5260
b. Employer identification number (EIN)	<input type="radio"/> 48-1304650	<input type="radio"/> 11-3679284
c. Employer's name	<input type="radio"/> TRINET HR CORPORATION	<input type="radio"/> COLUMBUS TECHNOLOGIES AND SERVICES INC
Address	<input type="radio"/> 9000 TOWNCENTER PARKWAY	<input type="radio"/> 1960 E GRAND AVE # 1000
City	<input type="radio"/> BRADENTON	<input type="radio"/> EL SEGUNDO
State	<input type="radio"/> FL	<input type="radio"/> CA
Zip code	<input type="radio"/> 34202	<input type="radio"/> 90245
e. Employee's first name*	<input type="radio"/> FOLAU	<input type="radio"/> FOLAU
Middle initial*	<input type="radio"/>	<input type="radio"/>
Last name*	<input type="radio"/> KAVEINGA	<input type="radio"/> KAVEINGA
Suffix*	<input type="radio"/>	<input type="radio"/>
f. Employee address*	<input type="radio"/> 4849 W. 111TH ST	<input type="radio"/> 4849 111TH ST.
City*	<input type="radio"/> INGLEWOOD	<input type="radio"/> INGLEWOOD
State*	<input type="radio"/> CA	<input type="radio"/> CA
Zip code*	<input type="radio"/> 90304	<input type="radio"/> 90304
1. Wages, tips, other compensation	<input type="radio"/> 97,568.	<input type="radio"/> 23,010.
2. Federal income tax withheld	<input type="radio"/> 6,295.	<input type="radio"/> 0.
3. Social security wages	<input type="radio"/> 97,568.	<input type="radio"/> 23,260.
4. Social security tax withheld	<input type="radio"/> 6,049.	<input type="radio"/> 1,442.
6. Medicare tax withheld	<input type="radio"/> 1,415.	<input type="radio"/> 337.



W-2 Information		1st W-2		2nd W-2		
7. Social security tips	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>		
8. Allocated tips (not included in box 1)	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>		
10. Dependent care benefits	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>		
11. Nonqualified plans	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>		
12. Codes and amounts		Codes	Amounts	Codes	Amounts	
12a.	<input checked="" type="radio"/>	C	137.	<input checked="" type="radio"/>	C	10.
12b.	<input checked="" type="radio"/>	DD	7,929.	<input checked="" type="radio"/>	D	251.
12c.	<input checked="" type="radio"/>			<input checked="" type="radio"/>	DD	3,111.
12d.	<input checked="" type="radio"/>			<input checked="" type="radio"/>		
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay		<input checked="" type="radio"/> Statutory employee		<input checked="" type="radio"/> Statutory employee		
		<input checked="" type="radio"/> Retirement plan		<input checked="" type="radio"/> Retirement plan		
		<input checked="" type="radio"/> Third-party sick pay		<input checked="" type="radio"/> Third-party sick pay		
14. SDI, VPDI, or CA SDI (from box 14 or 19)		Type	Amount	Type	Amount	
	<input checked="" type="radio"/>			<input checked="" type="radio"/> SDI	233.	
15. State and employer's state ID number		State	Employer's state ID number	State	Employer's state ID number	
	<input checked="" type="radio"/>	CA	09107640	<input checked="" type="radio"/> CA	22851349	
16. State wages, tips, etc.	<input checked="" type="radio"/>		97,568.	<input checked="" type="radio"/>		23,010.
17. State income tax	<input checked="" type="radio"/>		3,642.	<input checked="" type="radio"/>		548.

REV 12/17/18 INTUIT.CG.CFP.SP



2018 California Adjustments — Residents**CA (540)****Important:** Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Names(s) as shown on tax return

SSN or ITIN

F O L A U & E L I Z A B E T H F K A V E I N G A 6 2 3 5 5 2 6 0

Part I Income Adjustment Schedule**Section A — Income from federal Form 1040**

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1	<input checked="" type="radio"/> 120,578.	<input type="radio"/>	<input type="radio"/>
2 Taxable interest. (a) <input type="radio"/> 2(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. (a) <input type="radio"/> 3(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRAs, pensions, and annuities. See instructions. (a) <input type="radio"/> 4(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Social security benefits. (a) <input type="radio"/> 5(b)	<input type="radio"/>	<input type="radio"/>	

Section B — Additional Income from federal Schedule 1 (Form 1040)

10 Taxable refunds, credits, or offsets of state and local income taxes 10	<input type="radio"/>	<input type="radio"/>	
11 Alimony received 11	<input type="radio"/>		<input type="radio"/>
12 Business income or (loss) 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions. 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15a Reserved. 15(b)			
16a Reserved. 16(b)			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>	
20a Reserved. 20(b)			
21 Other income.			
a California lottery winnings		<input type="radio"/>	a
b Disaster loss deduction from FTB 3805V		<input type="radio"/>	b
c Federal NOL (federal Schedule 1 (Form 1040), line 21)		<input type="radio"/>	c <input type="radio"/>
d NOL deduction from FTB 3805V		<input type="radio"/>	d
e NOL from FTB 3805Z, 3806, 3807, or 3809		<input type="radio"/>	e
f Other (describe): <input type="radio"/>		<input type="radio"/>	f <input type="radio"/>
22 Total. Combine line 1 through line 21 in column A. Add line 1 through line 21f in column B and column C. Go to Section C. 22	<input checked="" type="radio"/> 120,578.	<input type="radio"/>	<input type="radio"/>

Section C — Adjustments to Income from federal Schedule 1 (Form 1040)

23 Educator expenses 23	<input type="radio"/>	<input type="radio"/>	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction 25	<input type="radio"/>	<input type="radio"/>	
26 Moving expenses. Attach federal Form 3903. See instructions 26	<input type="radio"/>		<input type="radio"/>
27 Deductible part of self-employment tax 27	<input type="radio"/>		
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input type="radio"/>		
29 Self-employed health insurance deduction. 29	<input type="radio"/>		
30 Penalty on early withdrawal of savings. 30	<input type="radio"/>		
31a Alimony paid. (b) Recipient's: SSN <input type="radio"/> - - - - -			
Last name <input type="radio"/> 31a	<input type="radio"/>		<input type="radio"/>
32 IRA deduction. 32	<input type="radio"/>		
33 Student loan interest deduction 33	<input checked="" type="radio"/> 2,500.		<input type="radio"/>
34 Reserved. 34			
35 Reserved 35			
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36	<input checked="" type="radio"/> 2,500.	<input type="radio"/>	<input type="radio"/>
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions 37	<input checked="" type="radio"/> 118,078.	<input type="radio"/>	<input type="radio"/>

Part II Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California ☒ ☐**A Federal Amounts**
(from federal Schedule A
(Form 1040))**B Subtractions**
See instructions**C Additions**
See instructions**Medical and Dental Expenses**

1	Medical and dental expenses	<input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 118,078.		2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 8,856.		3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	<input checked="" type="radio"/>	4			

Taxes You Paid

5a	State and local income tax or general sales taxes.	5a	<input checked="" type="radio"/> 5,397.	<input checked="" type="radio"/> 5,397.	
5b	State and local real estate taxes	5b	<input checked="" type="radio"/>		
5c	State and local personal property taxes	5c	<input checked="" type="radio"/> 567.		
5d	Add lines 5a through 5c	5d	<input checked="" type="radio"/> 5,964.		
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C	5e	<input checked="" type="radio"/> 5,964.	<input checked="" type="radio"/> 5,397.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
7	Add lines 5e and 6	7	<input checked="" type="radio"/> 5,964.	<input checked="" type="radio"/> 5,397.	<input checked="" type="radio"/> 0.

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098	8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8b	Home mortgage interest not reported to you on Form 1098	8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8c	Points not reported to you on Form 1098	8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8d	Reserved	8d			
8e	Add lines 8a through 8c	8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9	Investment interest	9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	Add lines 8e and 9	10	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11	Gifts by cash or check	11	<input checked="" type="radio"/> 10,001.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	Other than by cash or check	12	<input checked="" type="radio"/> 500.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Carryover from prior year	13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14	Add lines 11 through 13	14	<input checked="" type="radio"/> 10,501.	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions.	15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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Other Itemized Deductions

16	Other—from list in federal instructions	16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	<input checked="" type="radio"/> 16,465.	<input checked="" type="radio"/> 5,397.	<input checked="" type="radio"/> 0.

18 Total Adjustments to Federal Itemized Deductions. Combine line 17 column A less column B plus column C ☒ **18** 11,068.

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc.
Attach federal Form 2106 if required. See instructions. ☒ **19**

20 Tax preparation fees. ☒ **20**

21 Other expenses - investment, safe deposit box, etc. List type ☒ ☒ **21**

22 Add lines 19 through 21. ☒ **22**

23 Enter amount from federal Form 1040, line 7 ☒

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. ☒ **24**

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. ☒ **25** .

26 **Total Itemized Deductions.** Add line 18 and line 25. ☒ **26** .

27 Other adjustments. See instructions. Specify. ☒ ☒ **27**

28 Combine line 26 and line 27. ☒ **28** .

29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**
Single or married/RDP filing separately **\$194,504**
Head of household **\$291,760**
Married/RDP filing jointly or qualifying widow(er) **\$389,013**
No. Transfer the amount on line 28 to line 29.
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. ☒ **29** .

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
Single or married/RDP filing separately. See instructions. **\$4,401**
Married/RDP filing jointly, head of household, or qualifying widow(er) **\$8,802**
Transfer the amount on line 30 to Form 540, line 18. ☒ **30** .



**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2018Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

FOLAU & ELIZABETH F KAVEINGA

623-55-5260

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see instructions) **1**
- 2** Enter amount from Form 1040, line 7 **2** 118,078.
- 3** Multiply line 2 by 7.5% (0.075) **3** 8,856.
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4** 0.

**Taxes You
Paid**

- 5** State and local taxes.
- a** State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐ **5a** 5,397.
- b** State and local real estate taxes (see instructions) **5b**
- c** State and local personal property taxes **5c** 567.
- d** Add lines 5a through 5c **5d** 5,964.
- e** Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) **5e** 5,964.
- 6** Other taxes. List type and amount ►
- 7** Add lines 5e and 6 **7** 5,964.

**Interest You
Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).

- 8** Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐
- a** Home mortgage interest and points reported to you on Form 1098 **8a**
- b** Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►
- 8b**
- c** Points not reported to you on Form 1098. See instructions for special rules **8c**
- d** Reserved **8d**
- e** Add lines 8a through 8c **8e**
- 9** Investment interest. Attach Form 4952 if required. See instructions **9**
- 10** Add lines 8e and 9 **10**

**Gifts to
Charity**

If you made a gift and got a benefit for it, see instructions.

- 11** Gifts by cash or check. If you made any gift of \$250 or more, see instructions **11** 10,001.
- 12** Other than by cash or check. If any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500 **12** 500.
- 13** Carryover from prior year **13**
- 14** Add lines 11 through 13 **14** 10,501.

**Casualty and
Theft Losses**

- 15** Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions **15**

**Other
Itemized
Deductions**

- 16** Other—from list in instructions. List type and amount ►
- 16**

**Total
Itemized
Deductions**

- 17** Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8 **17** 16,465.
- 18** If you elect to itemize deductions even though they are less than your standard deduction, check here ☐

Name FOLAU & Elizabeth F KAVEINGA		Social Security Number 623-55-5260		
	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
I Schedule P/P(540NR), Part III, Section A, line 5, column (c)			2,335.	
II Credits that reduce excess tax and have carryover provisions.				
Code Credit Name				
205 Disabled Access			2,335.	
204 Donated Agricultural Products Transportation			2,335.	
190 Employer Childcare Contribution . . .			2,335.	
189 Employer Child Care Program			2,335.	
203 Enhanced Oil Recovery			2,335.	
207 Farmworker Housing			2,335.	
198 Local Agency Military Base Recovery Area Hiring			2,335.	
198 Local Agency Military Base Recovery Area Sales or Use Tax			2,335.	
220 New Jobs			2,335.	
237 New Motion Picture & Television			2,335.	
238 New Donated Fresh Fruits or Vegetables			2,335.	
234 New Employment			2,335.	
175 Agricultural Products			2,335.	
223 Motion Picture and Television Production			2,335.	
209 Community Development Financial Institution Deposits Credit			2,335.	
224 Donated Fresh Fruits or Vegetables Credit			2,335.	
194 Employee Ridesharing			2,335.	
191 Employer Ridesharing (Large)			2,335.	
192 Employer Ridesharing (Small)			2,335.	
193 Employer Ridesharing (Transit Passes)			2,335.	
182 Energy Conservation			2,335.	
218 Environmental Tax			2,335.	
160 Low Emission Vehicles			2,335.	
211 Manufacturing Enhancement Area Hiring			2,335.	
184 Political Contributions			2,335.	
174 Recycling Equipment			2,335.	
186 Residential Rental and Farm Sales . .			2,335.	
206 Rice Straw			2,335.	
171 Ridesharing			2,335.	
200 Salmon and Steelhead Trout Habitat Restoration			2,335.	
179 Solar Pump			2,335.	
178 Water Conservation			2,335.	
161 Young Infant			2,335.	

	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
III Schedule P/P(540NR), Part III, Section B, line 15, column (c)			3,189.	
IV Credits that reduce net tax and have carryover provisions.				
Code Credit Name				
233 California Competes			3,189.	
235 College Access			3,189.	
197 Child Adoption			3,189.	
176 Enterprise Zone Hiring			3,189.	
176 Enterprise Zone Sales or Use Tax . .			3,189.	
172 Low-Income Housing			3,189.	
213 Natural Heritage Preservation			3,189.	
183 Research			3,189.	
210 Targeted Tax Area Hiring			3,189.	
210 Targeted Tax Area Sales or Use Tax .			3,189.	
196 Commercial Solar Electric System . .			3,189.	
181 Commercial Solar Energy			3,189.	
185 Orphan Drug			3,189.	
180 Solar Energy			3,189.	

California Information Worksheet

2018

► Keep for your records

Part I — Personal Information

Taxpayer:

First Name FOLAU
 Middle Initial _____ Suffix _____
 Last Name KAVEINGA
 Social Security No. 623-55-5260
 Date of Birth 12/03/1986 (mm/dd/yyyy)
 or age as of 1-1-2019 32
 Date of Death _____ (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone (951) 923-5276 Ext _____
 Home phone _____

Spouse/RDP:

First Name Elizabeth
 Middle Initial F Suffix _____
 Last Name Kaveinga
 Social Security No. 606-07-1855
 Date of Birth 04/12/1987 (mm/dd/yyyy)
 or age as of 1-1-2019 31
 Date of Death _____ (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone _____ Ext _____

Your email address to print on Form 540, 540NR or 540X (optional) _____

Check to print phone number on Form 540. ☒ Taxpayer daytime ☐ Spouse/RDP day ☐ Home

c/o Address _____

Street Address 4849 W. 111th St

Unit Description _____

Unit Number _____

Private Mailbox (PMB) _____

City Inglewood

State CA

ZIP Code 90304

Foreign province/county _____

Foreign postal code _____

Foreign country _____

Military Filers:

☐ APO ☐ FPO

For Military Extension:

Military indicator ► Taxpayer _____ Spouse/RDP _____

Part II — Main Form

☒ Form 540: Resident Income Tax Return ►

☐ Form 540NR: Nonresident or Part-Year Resident Income Tax Return ►

Enter your state of residence as of December 31, 2018 CA

☒ Resident entire year

☐ Resident part of year

Date you established residence in state above _____

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

QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) ► _____

Part III — Filing Status

☐ Single

☒ Married/RDP filing joint return

☐ Married/RDP filing separate return

☐ You **did not** live with spouse at any time during the year

Yes No

☐ If filing electronically, is spouse a CA Nonresident?

☐ If filing electronically, is spouse Active Duty Military?

☐ Head of household (with qualifying person) **Stop**. See instructions.

If the 'qualifying person' is your child but **not** your dependent:

Child's name _____

Child's social security number _____

☐ Qualifying widow(er)

Year spouse/RDP died ☐ 2016 ☐ 2017

If the 'qualifying person' is your child but **not** your dependent:

Child's First name _____ Last Name _____

☐ Check the box if your California filing status is different from your federal filing status.

Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship
Folaetau	A	Kaveinga Jr	727-85-4821	Son
Mahonri	T	Kaveinga	092-65-5498	Son
Fusi	A	Kaveinga	160-25-0114	Daughter

Part V – Standard Deduction/Itemized Deductions

- ☐ Calculate California itemized deductions even if itemized deductions are less than the standard deduction
- ☐ You are married filing separately and your spouse itemized deductions
- ☐ Take the standard deduction even if less than itemized deductions

Part VI – Other Information**Prior Name:**

If you filed your 2017 return under a different last name, enter the last name **only** from the 2017 return ▶ Taxpayer . _____ Spouse/RDP _____

Dependent of Someone Else:

Taxpayer **Spouse**

☐ ☐ Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties _____

Farmers and Fishermen:

- ☐ At least two-thirds of your 2017 or 2018 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2019

Mandatory Electronic Payments

- ☐ You are required to make California tax payments electronically
- ☐ A waiver is or will be in effect for the current year
- ☐ Force print all payment vouchers even if required to pay electronically

Schedule W-2:

- ☐ You do **not** want to complete Schedule W-2

Executor/Guardian Information:

First Name MI Last Name Suf.

Executor/Guardian _____

Surviving Spouse Indicator ☐ Check this box instead of entering the Spouse/RDP name above

Executor type (if filing electronically) _____

Third Party Designee:

Yes No

☐ ☐ Do you want to allow another person to discuss your return with the Franchise Tax Board?

If yes, enter the person's name Telephone

First Middle init Last Name Suffix

Disasters:

☐ Claiming a disaster loss (see FTB Publication 1034)

QuickZoom to enter disaster explanation ▶ _____

Outside of the USA:

☐ You were living or traveling outside the United States on April 17, 2019

Special Condition Text (prints at the top of Form 540 or 540NR)**Part VII – Direct Deposit Information or Direct Debit Information**

Yes No

☒ ☐ Do you want to elect direct deposit of state tax refund?

☐ ☐ Do you want direct debit of state tax payment (Electronic Filing Only)?

Bank Information:

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:

Name of Financial Institution (optional) Chase

Account type Checking . ☐ Savings . ☒

Routing number 322271627

Account number 6296787139

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

Enter the payment date to debit the account above _____

State balance-due amount from this return _____

International ACH Transactions**Yes No**
☐ ☒ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?
Part VIII – California Contributions

1	California Seniors Special Fund (Taxpayer)	1	_____
2	California Seniors Special Fund (Spouse/RDP)	2	_____
3	Alzheimer's Disease and Related Dementia Fund	3	_____
4	Rare and Endangered Species Preservation Program	4	_____
5	California Breast Cancer Research Fund	5	_____
6	California Firefighters' Memorial Fund	6	_____
7	Emergency Food For Families Fund	7	_____
8	California Peace Officer Memorial Foundation Fund	8	_____
9	California Sea Otter Fund	9	_____
10	California Cancer Research Fund	10	_____
11	School Supplies for Homeless Children Fund	11	_____
12	State Parks Protection Fund/Parks Pass Purchase	12	_____
13	Protect Our Coast and Oceans Fund	13	_____
14	Keep Arts in Schools Fund	14	_____
15	State Children's Trust Fund for the Prevention of Child Abuse	15	_____
16	Prevention of Animal Homelessness & Cruelty Fund	16	_____
17	Revive the Salton Sea Fund	17	_____
18	California Domestic Violence Victims Fund	18	_____
19	Special Olympics Fund	19	_____
20	Type 1 Diabetes Research Fund	20	_____
21	California YMCA Youth and Government Voluntary Tax Contribution Fund	21	_____
22	Habitat for Humanity Voluntary Tax Contribution Fund	22	_____
23	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	23	_____
24	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	24	_____
25	Rape Backlog Kit Voluntary Tax Contribution Fund	25	_____
26	Organ and Tissue Donor Registry Voluntary Tax Contribution	26	_____
27	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	27	_____
28	Schools Not Prisons Voluntary Tax Contribution Fund	28	_____

Part IX – Extension Status**Yes No**
☐ ☒ Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" **or** extended the federal tax return?

If Yes, enter the extended due date

QuickZoom to Form 3519: Payment voucher for automatic extension ►
Automatic extension information for military filers (Electronic Filing Only):

	Taxpayer	Spouse
Beginning Military Date	_____	_____
Ending Military Date	_____	_____
Combat zone/QHDA Operation or Area Served	_____	_____

Part X – Amended Return
☐ Are you filing a California amended return?

Enter the tax year you are amending

Previous California payment made

Previous California refund received

QuickZoom here to Schedule X ►

QuickZoom to Form 540 ►

QuickZoom to Form 540NR. ►

Part XI – Mortgage Interest Adjustment

☐ Reviewed Mortgage and Interest Adjustments

Interest and Dividend Adjustments Worksheet

2018

Name as Shown on Return
FOLAU & Elizabeth F KAVEINGA

Social Security Number
623-55-5260

Interest Income Adjustments	(B) Subtractions	(C) Additions
1 Bonds or obligations of the United States or any of its territories*		
2 Loans made in an enterprise zone		
3 Interest on obligations of District of Columbia issued after December 27, 1973		
4 Additional interest on state, county, city, town or other local government bonds issued by or in a state other than California		
5 California interest adjustments from K-1's		
6 Interest earned from Health Savings Account		
7 Interest from Ottoman Turkish Empire Settlement Payments		
8 Other interest income subtraction		
9 Tax exempt interest from other states or that do not meet 50% rule		
10 a Canadian RRSP undistributed interest income from Form 8891		
b RRSP total interest income for the year		
11 Interest from Build America Bond		
12 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
Total adjustments from taxable interest income. Enter here and on Schedule CA (540/540NR), line 2.		

Dividend Income Adjustments	(B) Subtractions	(C) Additions
13 Controlled foreign corporation dividends		
14 Regulated investment company (RIC) capital gains		
15 Distributions of pre-1987 earnings from S Corporations		
16 U.S. obligations dividends adjustment		
17 California dividend adjustments from K-1's		
18 a Canadian RRSP undistributed dividend income from Form 8891		
b RRSP total interest dividend for the year		
19 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
e Dividend earned from Health Savings Account		
Total adjustments from taxable dividend income. Enter here and on Schedule CA (540/540NR), line 3.		

* Do not make adjustments in either column B or column C for the amount of interest you earned on Federal National Mortgage Association (Fannie Mae) Bonds, Government National Mortgage Association (Ginnie Mae) Bonds, and Federal Home Loan Mortgage Corporations (FHLMC) securities. California law is the same as federal law for these types of interest income.

Schedule CA
Line 21

California Other Income Statement

► Attach to return (after all other FTB forms)

2018

Name as Shown on Return

FOLAU & Elizabeth F KAVEINGA

Social Security Number

623-55-5260

	(B) Subtractions	(C) Additions
1 IRC Section 965 deferred foreign income		
2 Global intangible low-taxed income (GILTI) under IRC Sec 951A . . .		
3 Olympic medals and prize money		
4 Native American income, Form 3504		
5 Reward from a crime hotline		
6 Federal foreign earned income or housing exclusion, from Form 2555		
7 Combat zone foreign earned income exclusion		
8 Beverage container recycling income		
9 Rebates or vouchers from a local water agency, energy agency or energy supplier		
10 Financial incentive for turf removal		
11 Financial incentive for seismic improvement		
12 Original issue discount (OID) for debt instruments issued in 1985 and 1986		
13 Foreign income of nonresident aliens		
14 Cost-share payments received by forest landowners		
15 Coverdell (ESA) distributions		
16 HSA distributions for unqualified medical expense		
17 Distributions rolled over from MSA to HSA account (Form 3805P) . .		
18 Grants paid to low-income individuals		
19 California National Guard Surviving Spouse & Children Relief Act of 2004		
20 Ottoman Turkish Empire Settlement Payments		
21 Student loans discharged on account of death or disability		
22 Qualified equity grants.		
23 Expanded use of 529 account funds		
24 California Achieving a Better Life Experience (ABLE) Program . . .		
25 Federal form 8814/California form 3803 adjustment		
26 Other income, from Schedule(s) K-1		
27 Canceled debt income.		
a Canadian RRSP undistributed other income from Form 8891		
b RRSP total other income for the year		
Other taxable income:		
28 a		
b		
c		
d		
e		
f		
g		
29 Total. Add lines 1 through 28. Enter here and on Schedule CA or Schedule CA(NR), line 21f.		

► Keep for your records

Name(s) Shown on Return
FOLAU & Elizabeth F KAVEINGASocial Security Number
623-55-5260**Part 1 - Home Mortgage Loan Information**

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
Interest paid in 2018					
Points paid in 2018					
Months loan outstanding	12	12	12	12	12
Principal paid on loan in 2018					
Mortgage origination date					
Amortized points allow. in 2018					
Is this a home equity loan?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Mortgage interest was reported to you on Form 1098?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Points were reported to you on Form 1098?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Was all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>

Home Debt Originating on or after December 15, 2017

Beginning of year balance					
Borrowed in 2018					
Principal applied					
Ending balance					

Home Debt Originating after October 13, 1987 and Before December 15, 2017

Beginning of year balance					
Principal applied					
Ending balance					

Home Debt Originating before October 14, 1987 (Grandfathered Debt)

Beginning of year balance					
Principal applied					
Ending balance					

Above Debt Categorized for pre Tax Cuts and Jobs Act of 2017 rules below:**Home Acquisition Debt**

Beginning of year balance					
Borrowed in 2018					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Home Equity Debt (if not all used to buy, build or improve the home)

Beginning of year balance					
Borrowed in 2018					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Grandfathered Debt

Beginning of year balance					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Additional Information - Home Acquisition Debt exceeding limit or Home Equity Debt

Fair market value of homes on date debt was last secured by home ►
 Home acquisition debt and grandfathered debt on date debt was last secured by home ►

Deductible Home Mortgage Interest Worksheet

2018

► Keep for your records

FOLAU & Elizabeth F KAVEINGA

623-55-5260

Page 2

Part 2 – Qualified Loan Limit

1	Average balance of all grandfathered debt	1	
2	Average balance of all home acquisition debt	2	
3	Enter \$1,000,000 (\$500,000 if married filing separately)	3	1,000,000.
4	Enter the larger of line 1 or line 3	4	1,000,000.
5	Add the amounts on lines 1 and 2	5	
6	Enter the smaller of line 4 or line 5	6	0.
7	For home equity debt, smaller of \$100,000 (\$50,000 if married filing separately) or limited amount	7	0.
8	Qualified loan limit (add lines 6 and 7)	8	0.

Part 3 – Deductible Home Mortgage Interest

9	Average balances of all mortgages on all qualified homes	9	
10	Total amount of interest paid	10	
11	Divide line 8 by line 9	11	
12	Multiply line 10 by line 11. This is deductible home mortgage interest	12	
13	Subtract line 12 from line 10. This is not home mortgage interest	13	

Was the mortgage interest limited on federal return?

Yes . . .

☐

No . . .

☐

Does your mortgage interest need to be limited/adjusted for state:

Yes . . .

☐

No . . .

☐

Total interest above reported on 1098 x line 11

Total points above reported on 1098 x line 11

Qualified mortgage interest from Schedule E Worksheet.

Less home mortgage interest/points (reported on Form 1098) deducted on Form 8829

Less home mortgage interest from Form 8396 line 3

Adjusted total interest/points reported on Form 1098

Total interest above **not** reported on 1098 x line 11

Less home mortgage interest (**not** reported on form 1098) deducted on Form 8829

Adjusted total interest **not** reported on Form 1098

Total points above **not** reported on 1098 x line 11

Less points (**not** reported on Form 1098) deducted on Form 8829

Adjusted total points **not** reported on Form 1098

Tax Payments Worksheet

2018

► Keep for your records

Name FOLAU & Elizabeth F KAVEINGA	Social Security Number 623-55-5260
--------------------------------------	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	4,190.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	4,190.
15	Date return will be filed and balance paid	15	

Use Tax Worksheet

2018

► Keep for your records

Name as Shown on Return

FOLAU & Elizabeth F KAVEINGA

Social Security Number

623-55-5260

Use the Use Tax Worksheet to calculate use tax liability if any of the following apply:

- You prefer to calculate the amount of use tax due based upon actual purchases subject to use tax.
- Owe use tax on non-business purchases of individual items of property with a sale price \$1,000 or more.
- Owe use tax on any item purchased for use in a trade or business not registered with the Board of Equalization.

If you have a combination of individual items purchased for \$1,000 or more and individual, non-business items purchased for less than \$1,000 you may either:

- Use the Use Tax Worksheet to compute use tax due on all purchases, or
- Use the Use Tax Worksheet to compute use tax due on all individual items purchases for \$1,000 or more and use the Estimated Use Tax Table to estimate the use tax due on individual, non-business items purchased for less than \$1,000.

Round all amounts to the nearest whole dollar.

Use Tax Worksheet

(a) Purchases from out-of-state	(b) Sales and use tax rate	(c) Sales and use tax rate	(d) (a) x (c)	(e) Use tax paid to other state	(f) Use tax due
		%			
		%			
		%			
		%			

A. Use tax amount based on table above.

Estimated Use Tax Table

Use the Estimated Use Tax Table below to estimate and report the use tax due on individual non-business items you purchased for less than \$1,000 each, instead of reporting your use tax liability determined using the Use Tax Worksheet above.

Adjusted Gross Income AGI Range	Use Tax
Less than \$10,000	\$2
\$10,000 - \$19,999	\$7
\$20,000 - \$29,999	\$11
\$30,000 - \$39,999	\$16
\$40,000 - \$49,999	\$21
\$50,000 - \$59,999	\$25
\$60,000 - \$69,999	\$30
\$70,000 - \$79,999	\$34
\$80,000 - \$89,999	\$39
\$90,000 - \$99,999	\$44
\$100,000 - \$124,999	\$52
\$125,000 - \$149,999	\$63
\$150,000 - \$174,999	\$75
\$175,000 - \$199,999	\$86
More than \$199,999	Multiply AGI by 0.046% (0.00046)

To use the Estimated Use Tax Table to calculate Use Tax, check here ☐

B. Use tax based on California adjusted gross income

1	Sum of Use Tax Worksheet, line A and Estimated Use Tax Table, line B This is the total use tax due. If the amount is less than zero, enter -0-	1	
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California Carryover Worksheet

2018

Use this worksheet to enter information from your 2017 tax return
which will be used on your 2018 tax return

► Keep for your records

Name as Shown on Return FOLAU & Elizabeth F KAVEINGA	Social Security Number 623-55-5260
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2017 Tax and Income Information

1	Filing status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate
		<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)	
2	Tax liability (Form 540, lines 48, 61, 62; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72; plus any IRC Section 453A interest from Form 540 line 63 or Form 540NR line 73)	2		
3	Tax on lump-sum distributions (Schedule G-1)	3		
4	California income tax withheld (Form 540, lines 71 and 73; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83)	4		
5	Excess California SDI withheld (Form 540, line 74; or Form 540NR, line 84)	5		
6	California adjusted gross income (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32)	6		
7	Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125)	7		
8	Balance Due (Form 540, line 114; Form 540 2EZ, line 27; or Form 540NR, line 124)	8		

Loss Carryovers (Non-passive)

		Regular Tax	AMT
9 a	Capital loss carryover	9 a	
b	Capital loss carryover (nonresidents)	b	
10	Schedule D-1 - Nonrecaptured net section 1231 losses from:		
a	2017	10 a	
b	2016	b	
c	2015	c	
d	2014	d	
e	2013	e	

Other Carryovers

11	Disallowed investment interest expense carryforward (Form 3526, line 7)	11	
12	Disallowed alternative minimum tax investment interest expense carryforward (Form 3526-AMT, line 7)	12	
13	Net operating loss carryforward from Form 3805V	13	
14	Disaster loss carryforward from Form 3805V	14	

Form 3510 (Credit for Prior Year Alternative Minimum Tax)

15 Form 3510 information - 2017 Resident filers		
a Schedule P, Part I, line 15 through line 18	15 a	
b Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions on a line other than those listed	b	
c Schedule P, Part II, line 25	c	
d Schedule P, Part II, line 26	d	
e Schedule P, Part III, Section C, lines 22 and 23, column b	e	
16 Form 3510 information - 2017 Nonresident or Part-year residents		
a Schedule P(NR), Part I, line 15 through line 18	16 a	
b Schedule P(NR), Part I, line 1 through line 7, 13b, 13i and any other exclusions on a line other than those listed	b	
c Schedule P(NR), Part II, line 35	c	
d Schedule P(NR), Part II, line 28	d	
e Schedule P(NR), Part II, line 29a and 29h	e	
f Schedule P(NR), Part II, line 44	f	
g Schedule P(NR), Part II, line 45	g	
h Schedule P(NR), Part III, Section C, lines 22 and 23, column b	h	

Charitable Contribution Carryforward

17 Schedule CA/CA(NR) - Charitable Contribution Carryforward		
a 2018	17 a	
b 2017	b	
c 2016	c	
d 2015	d	
e 2014	e	

► Keep for your records

Name as Shown on Return

FOLAU & Elizabeth F KAVEINGA

Social Security Number

623-55-5260

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any

Investment Interest Expense (Form 3526, line 1)

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

Gross Income from Property Held for Investment (Form 3526, line 4a)

5	Taxable investment income from Schedule B, K-1s and Form 3803.		
6	Royalty income from Schedule E		
7	Net passive income from publicly traded partnerships		
8	Income from nonpassive trade or business without material participation		
9	Other investment income:		
a	_____		
b	_____		
c	_____		
d	_____		
10	Total investment income. Add lines 5 through 9		

Net Gain from the Disposition of Property Held for Investment (Form 3526, line 4b)

11 a	Net gains from Schedule D, line 8		
b	Less net gains from property not held for investment		
c	Net gains from property held for investment. Line 11a less line 11b		

Net Capital Gain from the Disposition of Property Held for Investment (Form 3526, line 4c)

12	Net capital gain from the disposition of property held for investment		
-----------	--	--	--

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any
--	--	--

Investment Expenses (Form 3526, line 5)

13	Royalty expenses		
14 a	Investment expenses included as itemized deductions (subject to the 2% limitation)		
b	Investment expenses included as itemized deductions (not 2% limitation)		
15	Expenses from nonpassive trade or business without material participation		
16	Other investment expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
17	Total investment expenses. Add lines 13 through 16.		

	(a) Regular Tax	(b) Alternative Minimum Tax
--	-----------------------	-----------------------------------

Allocation of Investment Interest Expense

18	Allowed investment interest expense, from Form 3526, line 8		
19	Less interest expense deducted on other forms and schedules:		
a	Deducted on Schedule E, page 2 for passthru entities		
b	Deducted on Schedule E, page 1 for royalties		
c	Other amounts deducted on other forms and schedules		
d	Total amount deducted on other forms and schedules		
20	California investment interest expense.		
21	Allowed federal investment interest expense deducted elsewhere . .		
22	Allowed federal Schedule A investment interest expense		
23	Adjustment for interest expense deducted on other forms and schedules. Subtract line 21 from line 19		
24	Adjustment for itemized deductions. Subtract line 22 from line 20. Enter here and on Schedule CA, line 9		

California Depreciation Options

2018

Name as Shown on Return FOLAU & Elizabeth F KAVEINGA	Social Security Number 623-55-5260
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MACRS Convention

The program uses the half-year convention for all MACRS personal property assets placed in service in 2018 unless you check 'Mid-quarter convention' below.

- 1 ☒ Half-year convention
2 ☐ Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Section 179 Limitation

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of the Section 179 Worksheet. This is the copy that appears on the menu as Form 3885A:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Section 179 Worksheet for that activity.

Section 179 Information

1 a	Calculated "Total cost of Section 179 property placed in service"	1 a	
b	Additions or subtractions to calculated value	b	
2	If Married Filing Separately, enter:		
a	Total cost of eligible property placed in service this year by spouse.	2 a	
b	Allocation percentage elected for your return, if other than 50%.	b	%
3	Taxable Income for the Section 179 Limitation		
a	Federal taxable income for the Section 179 limitation	3 a	
b	California Adjustments (calculated)	b	
c	Other additions or subtractions to taxable income	c	
d	California Taxable Income for the Section 179 Limitation	d	

Two-Year Comparison

2018

FOLAU & Elizabeth F KAVEINGA

Income	2017	2018	Difference	%
Federal AGI and California Adjustments:				
Federal adjusted gross income		118,078.	118,078.	
California adjustments				
Adjusted Gross Income		118,078.	118,078.	
Standard or Itemized Deduction . . .		11,068.	11,068.	
Taxable Income		107,010.	107,010.	
Tax		4,526.	4,526.	
Exemption credits		1,337.	1,337.	
Tax less exemption credits		3,189.	3,189.	
Schedule G-1 and Form 5870A tax . . .				
Tax before credits		3,189.	3,189.	
Credits				
Tax after credits		3,189.	3,189.	
Alternative minimum tax				
Other taxes and IRC interest				
Total Tax After Credits		3,189.	3,189.	
Withholding		4,190.	4,190.	
Estimated payments				
Other payments				
Total Payments		4,190.	4,190.	
Use tax		0.	0.	
Contributions				
Form 5805/5805F penalty				
Other penalties and interest				
Applied to next year's estimated tax . . .				
Amount Refund		1,001.	1,001.	
Amount Due				

Current year effective tax rate 2.70 %

Tax Summary
 ► Keep for your records

2018

Name(s) FOLAU & Elizabeth F KAVEINGA	
Federal adjusted gross income	118,078.
Net California adjustments	
California adjusted gross income	118,078.
Itemized/standard deduction	11,068.
California taxable income	107,010.
Tax	4,526.
Exemption credits	1,337.
Tax less exemptions	3,189.
Tax from Schedule G-1/FTB 5870A	
Credits	
Other taxes	
Total tax	3,189.
Total payments	4,190.
Use tax	0.
Contributions	
Underpayment penalty	
Interest, late filing and late payment penalties	
Refund	1,001.
Balance due	
Tax bracket	8.0%

California Electronic Filing Information Worksheet

2018

► Keep for your records

Name as Shown on Return	Social Security Number
-------------------------	------------------------

Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name	Social Security Number/Preparer Tax ID Number	
Name	Phone Number	Fax Number
Address	Employer Identification Number	
City	State	Zip Code
Country	EFIN	
	E-mail Address	

Paid Preparer Information

Firm Name	Social Security Number/Preparer Tax ID Number	
Name	Employer Identification Number	
Address	Phone Number	Fax Number
City	State	Zip Code
Country	E-mail Address	

Electronic Filing Review Check

If any of the questions below are checked yes, the return may not be filed electronically		Yes	No
1	Are there more than fifty W-2s, or twenty 1099-Rs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Are there more than ten copies of Form 3803 or ten copies of Form 3805E?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Are there more than twenty five copies of Schedule S?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Is this an amended return, or is there an amended Form 3805P attached?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Are any invalid entries made on Form 3805V page 3, part III? (See help)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Are there more than 97 detail lines on forms to be filed? (See help)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Is this a fiscal year filer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Is the Federal filing status married filing joint and the California filing status married filing separate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Is Federal Form 4852 (substitute W2) being used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Check that you have the correct selections for the RDP return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	On the 3506, are there any foreign care providers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Is Direct Debit selected and no balance due on the return?	<input type="checkbox"/>	<input type="checkbox"/>

Smart Worksheets from your 2018 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

Form 540 California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet 4,190.
B	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A
Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.	
C	California income tax withheld for line 71. Subtract line B from line A 4,190.