E 1040 Department of the Treesury—Internal Revenue Service 2019 U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space. Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is one box. a child but not your dependent. > Your social security number Your first name and middle initial Lest name Florence C Brownell 4 7 3 0 4 3 4 5 7 Spouse's social security number Last name If joint return, spouse's first name and middle initial al Election Campaign Home address (number and street). If you have a P.O. box, see instructions. dichere if you, or your spouse if filing 7 East Medieval Dr. ointly, want \$3 to go to this fund. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Checking a box below will not change your Henrico VA 23228 tax or refund. You V Spouse Foreign province/state/county Foreign postal code Foreign country name If more than four dependents, A MINISTER SERVICE eee instructions and / here Your spouse as a dependent Standard Someone can claim: You as a dependent Deduction a dual-status allen Spouse Itemizes on a separate return or you Was born before January 2, 1955 Age/Blindness Is blind Your Were born before January 2, 19 Dependents (see instructions): (4) If qualifies for (see instructions): (a) Relationship to you Child tax credit Credit for other dependents (1) First name WORL TO SULTO 31 on 9 Steel 40 465066833 Juan Father and the Brownell ~ П By wat part of 中國語言 100 155,170.00 1 Wages, salaries, tips, etc. Attach Form(s) W-2 . 2,355.00 b Taxable Interest. Attach Sch. B if required 2b Tax-exempt interest. 2a 2,036.00 b Ordinary dividends: Attach Sch. B if required Qualified dividends . 3a Standard **4**b Deduction for-IRA distributions. b Taxable amount 4a Single or Married 4d 4c d Taxable amount C Pensions and annuities filing separately, \$12,200 20,172.10 20,172.10 Social security benefits . 58 b Taxable amount Married filing Capital gain or (loss). Attach Schedule D if required. If not required, check here 6 jointly or Qualifying widow(er), 78 72 \$24,400 179,733.10 7b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income Head of

88

86

11a

116

12,200.00

Cat. No. 11320B

10

179,733,10

12,200.00

167,533,10

Form 1040 (2019)

household, \$18,350

If you checked

any box under

see instructions

Standard Deduction 80

9

10

Add lines 9 and 10 .

Adjustments to income from Schedule 1, line 22

Subtract line 8a from line 7b. This is your adjusted gross income

Standard deduction or itemized deductions (from Schedule A)

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Qualified business income deduction, Attach Form 8995 or Form 8995-A

Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-

	9)	88			expense	A STATE OF THE	53,610	.59	1000	53.6	10.59	
Form 1040 (201	120	Tax (see inst.) Check *	1. 9. 9	14	N. A. M.	120	33,0.0	11.00	12b			
	b	Tax (see Inst.) Check if any fro Add Schedule 2, line 3, and	om Form(s): 1 88	14 2 4972	3 L	· · · · · ·						
	138	of and line 12a and enter the total						▶	13b	53,	310.59	
	b								14			
	14	Add Schedule 3, line 7, and I	one 13a and enter th	e total					15	53,	610.59	
	- 10	Subtract line 13b from line 1;	ZU. If Zero or less, er	nter -0- · ·				, > ·	10	42,	900.00	
	15	Other taxes, including self-employment tax, from Schedule 2, line 10 Add lines 14 and 15. This is your total tax										
	16	Federal income tay withheld		March Com		经统治						
	17	Federal Income tax withheld from Forms W-2 and 1099										
If you have a	18	Other payments and refunda			11/12/2	180			Editorial			
qualifying child, attach Sch. EIC.	•	Earned income credit (EIC)				186			14 .			
www.have	ь	Additional child tax credit. At	180	3,400.0	00		3.4	00.00				
nontaxable	d	American opportunity credit f			1.75	18d			180		300.00)
Instructions.		and refundable product										
		Add lines 12 and 19a These	uese alle AOUL form	outer payments		••••			20			
	19	Add lines 17 and 18e. These if line 19 is more than line 16,	are your total paym	miles 10 This is	the amount you ov	erpaid .			218			
Refund	20	Amount of line 20 you want re	subtract line 16 from	m line 19. Itio io	ched, check here	376		Savings				
	21a	Amount of line 20 you want in	nunusu to vou, it r	OUL! 9990 19 min		T Checkin	a ц	Javing	11			
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See Instructions.	▶ d 22	Account number	malled to your 2020	nestmeted tex		22	<u> </u>	1,441	23	7,3	10.59	
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321 St. Charles Ave New Orleans LA 70130

Social Security Number: 015-04-3122 Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 3 State: 2

Local: No State Income Tax

Earnings Statement

Period ending: 02/28/2017 Pay date: 03/08/2017

ELVIN MEADOWS 2801 W Memorial Oklahoma City OK 73134

Earnings	rate	hours	this period	year to date					
Regular	22.00	34.00	748.00	8,976.00					
Overtime	24.20	3.00	72.60	871.20					
Holiday	25.30	8.00	202.40	2428.80					
Tuition			268.40	3220.80					
	Gross Pa	ау	\$ 1291.40	15,496.80					
Deductions	Statutory	/							
	Federal In	ncome Tax	- 129.14	1,549.68					
	Social Se	curity Tax	- 64.57	774.84					
	Medicare	Tax	- 12.91	154.92					
	NY State	Income Tax	-16.52	198.24					
	NYC Inco	me Tax	-11.56	138.72					
	NY SUI/S	DI Tax	-1.27	15.24					
	Other	Othor							
	Bond		-13.00	156.00					
	401(k)		- 13.00	1,084.80					
	Stock Pla	un.	-124.00	1,488.00					
	Life Insur		-124.00	468.00					
	Loan	ance	-65.00	780.00					
	Loan		-05.00	760.00					
	Adjustm	ent							
	Life Insur	ance	106.00						
	Net Pay								
	* Excluded from federal taxable wages								
	Your fe	ederal wages	this period are	\$1079.00					

Other Benefits and		
Information	this period	total to date
Group Term Life	1.40	67.20
Loan Amt Paid		3900.00
Vac Hrs		40.00
Sick Hrs		16.00
Title	Operator	
Important Notes		

ACME SUPPLIES CORP. 475 KNAPP AVENUE ANYTOWN, USA 10101

VERTEX DISCURSOR A UTILIST VI-SQUORED AREA MOST CARTIOS III

Payroll check number:

Pay date:

Social Security No.

Pay to the order of:

This amount:

SAMPLE **NON-NEGOTIABLE VOID VOID VOID**

AUTHORIZED SIGNATURE

	a Employee's social security number 554-03-0876 OMB No. 15					This information is being furnished to the Internal Revenue Service. are required to file a tax return, a negligence penalty or other sanct may be imposed on you if this income is taxable and you fail to rep					
b Employer identification number (EIN)					Vages, tip	os, other compensation	2 Fede	2 Federal income tax withheld			
63-0065650						23,677.70	2,841.32				
c Employer's name,	address, and ZIF	P code		3 5	Social se	curity wages	4 Socia	al security ta	x withheld		
NORT	⊔ 212					24,410.00		1,51	3.42		
_	-			5 N	Medicare	wages and tips	6 Medi	6 Medicare tax withheld			
151 N	Market St	reet				24,410.00	353.95				
Woost	er OH 446	691		7 8	Social se	curity tips	8 Alloca	ated tips			
d Control number				9			10 Depe	endent care b	penefits		
GNI85	1										
e Employee's first na	me and initial	Last name	Suff.	11 1	Vonquali	fied plans	12a See	instructions	for box 12		
Anasta	ısia	Hodges					i C	2,92	29.20		
		J			Statutory employee	Retirement Third-party plan sick pay	12b				
				14 C	Other		12c				
200 2n	d Street N	NE					o d e				
Wased	a MN 560)93					12d				
f Employee's addres	s and ZIP code										
15 State Employer's	state ID number	16 State wages, tips, etc.	17 State incon	ne tax	18 L	ocal wages, tips, etc.	19 Local inc	come tax	20 Locality name		
MN 00-0	0-0960	24,410.00	244.10)							

Form **W-2** Wage and Tax Statement

5050

Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)