

Filing Status

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

Check only one box.

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

Your first name and middle initial Florence C	Last name Brownell	Your social security number 4 7 3 0 4 3 4 5 7
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 7 East Medieval Dr.		Apt. no. 630
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Henrico VA 23228		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
Foreign country name	Foreign province/state/country	Foreign postal code
If more than four dependents, see instructions and / here ▶ <input type="checkbox"/>		

Standard Deduction

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

Age/Blindness

You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> If qualifies for (see instructions): Child tax credit	Credit for other dependents
Juan	Brownell	4 6 5 0 6 8 3 3	Father	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	155,170.00
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
c Pensions and annuities	4c	
5a Social security benefits	5a	20,172.10
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9	7a	
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	179,733.10
8a Adjustments to income from Schedule 1, line 22	8a	
b Subtract line 8a from line 7b. This is your adjusted gross income	8b	179,733.10
9 Standard deduction or itemized deductions (from Schedule A)	9	12,200.00
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10	11a	12,200.00
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	167,533.10

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	53,610.59	12b	53,610.59
b	Add Schedule 2, line 3, and line 12a and enter the total	13a		13b	53,610.59
13a	Child tax credit or credit for other dependents	14		15	
b	Add Schedule 3, line 7, and line 13a and enter the total	16		16	53,610.59
14	Subtract line 13b from line 12b. If zero or less, enter -0-	17		17	42,900.00
15	Other taxes, including self-employment tax, from Schedule 2, line 10	18a		18b	
16	Add lines 14 and 15. This is your total tax	18c		18d	3,400.00
17	Federal income tax withheld from Forms W-2 and 1099	18e		18f	3,400.00
18	Other payments and refundable credits:	19		19	46,300.00
a	Earned income credit (EIC)	20		20	
b	Additional child tax credit. Attach Schedule 8812	21a		21a	
c	American opportunity credit from Form 8863, line 8	22		22	7,310.59
d	Schedule 3, line 14	23		23	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	24		24	
19	Add lines 17 and 18e. These are your total payments	25		25	
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	26		26	
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here	27		27	
b	Routing number	28		28	
d	Account number	29		29	
22	Amount of line 20 you want applied to your 2020 estimated tax	30		30	
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	31		31	
24	Estimated tax penalty (see instructions)	32		32	

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

Refund

Direct deposit?
See instructions.

Amount You Owe**Third Party Designee**

(Other than paid preparer)

Sign Here

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

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

Designee's name

Phone no.

Personal identification number (PIN)

Your signature

Date
05/20/20

Your occupation
Captain

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 8 6 5 3 8 4

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

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

Phone no. 919-884-9745

Email address FlorenceCBrownell999@gmail.com

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ 3rd Party Designee

☐ Self-employed

Paid Preparer Use Only

Firm's name

Phone no.

Firm's address

Firm's EIN

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

Form 1040 (2019)



CO. FILE DEPT. CLOCK NUMBER
Z3R 002079 100003 Q0577 0000335679 1

MEYERS FRIED-GRODIN, LLP

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 Pay			\$ 1291.40	15,496.80

Deductions	Statutory		
	Federal Income Tax	- 129.14	1,549.68
	Social Security Tax	- 64.57	774.84
	Medicare Tax	- 12.91	154.92
	NY State Income Tax	-16.52	198.24
	NYC Income Tax	-11.56	138.72
	NY SUI/SDI Tax	-1.27	15.24
Other			
	Bond	-13.00	156.00
	401(k)	- 90.40	1,084.80
	Stock Plan	-124.00	1,488.00
	Life Insurance	-39.00	468.00
	Loan	-65.00	780.00
Adjustment			
	Life Insurance	106.00	
Net Pay		\$ 830.00	

* Excluded from federal taxable wages

Your federal 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

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TEAR HERE



ACME SUPPLIES CORP.
475 KNAPP AVENUE
ANYTOWN, USA 10101

Payroll check number:

Pay date:

Social Security No.

01385253

Pay to the
order of:

This amount:

SAMPLE
NON-NEGOTIABLE
VOID VOID VOID

BANK NAME
STREET ADDRESS
CITY STATE ZIP

AUTHORIZED SIGNATURE
VOID AFTER 90 DAYS

Authorized Signature

001379 1220004964040110157

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

		a Employee's social security number 554-03-0876		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN) 63-0065650				1 Wages, tips, other compensation 23,677.70		2 Federal income tax withheld 2,841.32	
c Employer's name, address, and ZIP code NORTH 312 151 N Market Street Wooster OH 44691				3 Social security wages 24,410.00		4 Social security tax withheld 1,513.42	
				5 Medicare wages and tips 24,410.00		6 Medicare tax withheld 353.95	
				7 Social security tips		8 Allocated tips	
d Control number GNI851				9		10 Dependent care benefits	
e Employee's first name and initial Anastasia		Last name Hodges		Suff.		11 Nonqualified plans	
200 2nd Street NE Waseca MN 56093				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12 C 2,929.20	
				14 Other		12b	
						12c	
						12d	
f Employee's address and ZIP code							
15 State MN	Employer's state ID number 00-0-0960	16 State wages, tips, etc. 24,410.00	17 State income tax 244.10	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
Copy C—For EMPLOYEE'S RECORDS
 (See Notice to Employee on the back of Copy B.)

2020

Department of the Treasury—Internal Revenue Service

Safe, accurate,
FAST! Use

